**Townhall Discussion on Institutional Diversion**

**Presented by Tim Fuchs and Darrell Jones**

**December 15, 2016**

 >> TIM FUCHS: Hi, everyone. Good afternoon. This is Tim Fuchs with the national council on independent living. I want to welcome you to our Independent Living Research Utilization town hall discussion on institutional diversion. Today's presentation is brought to you by the IL-NET, technical assistance project. The IL-NET is operated through a partnership between ILRU in Houston, NCIL here in Washington and ACLI in little rock. We are recording today's call as always so that we can archive it on ILRU's website. But today's call is a little different than our normal presentations. So we have organized this as a town hall, and many of you probably noticed that. Some of you all might have not, and that's okay. But the idea today really is to hear from you so, you know, in a way diversion from institutional living is nothing new for center for independent living. But having it as a core service is. And as we prepare to react to that and to provide you all training and technical assistance, we want to hear how you all are addressing this now and how you plan to address it going forward. So today's call will be really interactive. We're going to have some clarification around what the law and the regs say and then we'll open it up with targeted questions that you may have taken a look at when you got the PowerPoint earlier today. Anyway, I just wanted to highlight that.

 And if you have comments or questions, there's a few ways that you can submit them. If you're on the Webinar, as most of you are today, you can type them in the chat and, of course, that's the text box underneath the list of attendees. Type your question or comment out there and hit enter. You can do that at any time during the call.

 If you're only on the phone or if you're on the phone and prefer to make your comment or ask your question out loud, you can press star pound to indicate that you have a question and we'll take those in the order that they come up.

 Also, those of you on the Webinar see the captioning running there. But some of you who have logged into the full screen CART captioning, that has a chat feature as well. I'm logged in there and you are more than welcome to type your comments and questions there and I'll voice them during our discussion. Okay? And I'll remind you of those each time we open up the call. I just wanted to highlight that.

 Also, we do have an evaluation form for today's call. So please do let us know what you thought and there will be a link to that at the end of the presentation today. I'll point that out when we bring it up.

 With me today to help with today's discussion is Darrell Jones. Darrell, of course, is the project director of IL-NET at ILRU and she's going to cover a lot of the background information today and put a lot of work into the questions and thinking through today's event. So thanks, Darrell.

 And before I turn it over to Darrell, I'm going to go ahead to slide 3 -- oops, to slide 3 and just walk through the objectives. So, of course, we're going to begin today by reviewing the definition of diversion in the final IL rule and find out what centers, all of you, are thinking about the new core service of diversion and share those ideas.

 And I'm going to start by turning it over, going to slide 4 here, and turning it over to Darrell.

 Darrell?

 >> DARRELL JONES: Okay, thank you, Tim. Hi, everyone. We're so glad you were able to join us today to start this important national conversation about one of the new core services. As Tim said, we have just a little bit of presentation. But this is mostly going to be a dialogue with you because we don't have a lot of answers to give you. We mostly have questions to ask you.

 So starting on slide 4, slides 4 through 7 actually, we have the final definition from the recently published final regulations of what independent living core services means. Now, probably every one is familiar with this, so we're not going to read these slides word for word. But we just want to give you an orientation to it, then we'll go back and read word for word the definition that deals with diversion.

 But here on slide 4 we have a list of the original core services that have been around since the beginning of IL. On the next slide, slide 5 -- thanks, Tim -- we have the definition for one of the new core services, one of the three new services which is dealing with transition, facilitating the transition of individuals from nursing homes and other institutions to home and community-based residences.

 Then if you move over to slide 6, you'll see the final definition of this definition of diversion we will be talking about today. Let's go on to slide 7 before we run this one about diversion. We'll come back to Slide 6 in a second.

 On slide 7 we have a definition that deals with facilitating the transition of youth who are individuals with significant disabilities, from secondary education to postsecondary life. And as we said, we're not dealing with either the first or the third new core service on today's call. We're focusing only on the second one. So let's go back to slide Number 6.

 And let's read that one together because we want to be on the same page with that. The final regulation says it this way: Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individuals may remain in the community. A determination of who is at risk of entering an institution should include self-identification by the individual as part of the intake or goal-setting process. There are three things that I want to draw your attention to about this definition. The first is that that second sentence about self-identification by the consumer is new language that was not in the law, but it is now a defining phrase in the regulation.

 The second thing is that the word "diversion" is never mentioned in the law or the regs. All of us have been using the term "diversion" because it's much more efficient than the mouthful of words that's in the rule. But, also, it's an accurate word because diversion is what it is.

 The third thing that I wanted to mention is not something that you'll see in the slides. This is very new. It's something that we want to give you a heads up about because there is not yet official guidance from ACL but ACL has asked us at the IL-NET to start changing our language because it is their intent to stop using the term "fifth-core service" when referring to these three prongs of the new core service. And that's simply because of the confusion that's out there when it is referred to as "the fifth core service" but in reality it is three separate services.

 So you may start to notice that we will be calling these new services simply the new core services. We're going to be using that language in the materials that we put out at the IL-NET, and we believe that you will be hearing from ACL with that clarification.

 Let's move up to slide 8 now where we're going to state the obvious. And Tim actually already said this. Assistance to avoid institutionalization or as we're calling it diversion from institutions, is now a required service. But we all know that centers have a long history of providing this service without having been required to do so. The reason for that is because it's a natural, and it's a critical role of centers as part of your mission. If your mission is to offer choices to people where and how they live, then being able to avoid going into an institution is critical.

 We just now have an opportunity to call out that service much more concretely that we have done so in the past. On slide 9 and 10, we have collected a few definitions from centers about how you guys have been approaching this concept all along. And we wanted to share just a few of those things, and we know some of you are on the line with us today and we're hoping that you can give us more information about your definitions. And anyone else who has a definition to share.

 The first example that we have is from a center -- and specifically in this situation it's from Ability 360 in Phoenix. They have a specific program in which they work with consumers who are in rehabilitation facilities because I think everybody in independent living knows if you are coming out of a rehab facility, the risk factor goes up significantly for ending up in a nursing home and getting trapped in that nursing home. We did a Webinar on that particular example with ability 360 in September.

 In another state, they had a definition that individuals who meet the qualifications for waiver services are considered to have been diverted from nursing home case. We also have known for a long time that a number of centers have believed that any person with a disability is at risk of institutionalization if at any point in time they lose any of their support system, whether it's affordable housing, personal assistance services, accessible transportation, whatever it is. If that thing is lost, the risk goes up substantially for being forced into an institution.

 On Slide 10, we have a couple of other definitions that are also interesting. Some centers feel that they should give their priority to people who have come out of institutions because that group of people tends to be much more vulnerable for re-institutionalization perhaps than some other folks.

 We also know that a lot of centers focus on the need for expanding affordable, accessible, integrated housing. Many centers have said for a long time that the lack of affordable housing is one of the top reasons that people are forced into institutions in the first place.

 Let's move up to Slide 11. And let's just do a quick review of the second sentence that's in the final rule about this particular core service where it says, a determination of who is at risk of entering an institution should include self-identification by the individual as part of the intake or goal-setting process.

 ACL also said in the supplementary information that was attached to the final rule that, quote, if a consumer feels he or she is at risk of institutionalization and self-identifies as being at risk as part of the intake or goal-setting process, then he or she should be treated as being at risk. CILs in these situations conduct discussions around the person's circumstances, possibilities, and risks. But the designation ultimately must be informed by consumer choice. I think everybody in independent living agrees with that. If we are operating from a consumer-directed service environment, then the consumer has to be at the forefront of that designation.

 But one of the questions that we want to have you answer from your point of view today is diversion that's straightforward. If the person says yes, do you just check a box that says yes? And if they say no, do you just check another box? Or is there more involved in the process for you determining that you are going to classify that particular service as diversion now that you will be tracking it as a specific service?

 So as Tim said, we want to learn what all of you are thinking about this service. That's going to help us all going forward to have this conversation today.

 I'm going to hand this back to Tim now to begin our discussion. And if you have any questions about anything that has been said so far, feel free to include those questions as part of this discussion.

 So, Tim, back to you.

 >> TIM FUCHS: Great. Thanks, Darrell. And, indeed, we're going to open this up. I'm going to go ahead to Slide 12 where we're going to organize the conversation through these discussions -- through these questions, excuse me.

 So the overarching question that we want to begin with is: In addition to self-identification by individuals who consider themselves at risk, what other elements does your center believe need to go into identifying someone as being diverted from institutional placement?

 And I'm going to start by asking: Do all people who are at risk know that they are at risk? And are they able to self-identify? So let's start there. We have got a big audience and it's just little old me. I don't have a room of producers or call screeners. So I'm going to do my best to get all of your feedback. Again, let me review. You can type your questions in the chat either on the Webinar or on the full-screen CART. And you can also press star pound if you're on the phone. And I'll remind you all periodically. It looks like we have got some good comments coming in. So let's start there.

 Lew says we are all bombarded with paperwork. The less paperwork, the better. I agree, Lew. That's a common concern and not something we want to see added because of this.

 Lewis says diversion is really a goal, no the a service. Many services can go into achieving the self-identified goal of diversion. Choosing diversion as a service really just siphons away from other services which we would have otherwise chosen that might be more accurate.

 And Pam says: Diversion should be in our mission because it covers all services we provide. So it's an amalgamation of the core services that centers offer.

 Looks like we have someone on the phone. Let's go there. Caller, you can go ahead. Caller, your line is open if you want to go ahead.

 >> Hi, can you hear me?

 >> TIM FUCHS: We sure can.

 >> My comment is I'm not so sure if you ask someone if they are at risk for institutionalization if they understand what that means. So there would need to be some questions or kind of a set of guidelines that you would use for that discussion.

 >> TIM FUCHS: Exactly. Yeah, so what kind of guidance facilitation do you think someone might need to self-identify as at risk of going into an institution?

 >> DARRELL JONES: Tim, could we ask that person to identify herself, please.

 >> TIM FUCHS: Oh, yeah.

 >> This is Dixi yes from the independent living center in Colorado Springs. I think that set of questions would be the things we would determine on this phone call, health needs, lack of housing, are you able to care for yourself. I mean, do they have needs that put them at risk because of those health needs?

 Carlotta from Oklahoma says her center is currently working with two individuals that she offers as examples that probably don't realize they are at risk.

 Darrell, you had a follow-up question?

 >> DARRELL JONES: Yeah. I was just going to ask Dixie if they have a specific checklist or assessment form that guides that conversation?

 >> No, we currently do not have that. That's something that I would be very anxious to put together and be part of determining that.

 >> DARRELL JONES: Okay.

 >> TIM FUCHS: Thanks, Dixie.

 All right. We have another caller on the line. Let's go there. And, caller, you can go ahead.

 >> Hey, Tim. It's LouAnn Kibby. Hi, Darrell.

 What I was going to bring up, I mean, I think obviously the self-identification is important. When NCIL is working on comments on regs, we had a lot of discussion -- the work groups had a lot of discussion on this particular area of defining who is at risk. And obviously we determined that self-identification, self-disclosure is the primary way to measure that. But there are times where there might be someone that a staff person may think is at risk. Some of the things we came up with -- I was just looking at our notes was for the satisfy person from the center to be able to try to help that individual say see that they are at risk. And that would be looking at different negative home environment things. If they're a hoarder, there could be an issue there or lack of or loss of any significant services, if they had a spouse or family member that had been assisting them and that person passed away, do they need more -- do they need someone else to help them now? Or any other kind of adverse change in their life, that kind of thing.

 But ultimately, we really felt that the self-identification is the most important because, I mean, as a personal with disability, I can tell you my definition of "at-risk" may not be the same as Tim Fuchs or Darrell Jones. So, you know, as always, with independent living, I think it's just so vital that we also make sure that we listen to the individual's voice. So...

 That's it.

 >> TIM FUCHS: Yeah, thanks, Lou Ann. Great comment. A few people have offered some other ideas online. Pam asks if something could be done that's similar to the BIP long-term questionnaire. In Ohio, that's a balancing incentive plan. So modifying or replicating questionnaires that you all are already using or plan to use from other funding sources.

 Vanessa said in West Virginia one of the problems is funding for transitioning people from institution. There's no additional money for this service. And, of course, you could say that out of all the new core services. And, you know, that was something I heard about this week in advance of this call.

 And it's outside the scope of the call, but putting on my NCIL hat, as I did on the youth transition call yesterday, we're going to continue to push for increased funding in light of these new core services. So rest assured we're well aware of that here.

 Mark says with our ramp program, we just ask individuals if they would end up in a nursing facility if they didn't get the ramp that they were providing. You can imagine other examples where that would be relevant. Instead of asking if you are at risk of institutional placement, giving the example, if you didn't receive services X, Y, or Z, do you think you would end up at a nursing home or go back to a nursing home or rehab or whatever.

 Okay. What if someone refuses to self-identify even though multiple agencies would agree that they are at risk? And that's a good point. To Lou Ann's point about, you know, IL and trusting people to speak for themselves, I think at some point you have to respect that. And really at that point, you're not prevented from providing them services. You might not be able to mark that person at risk, but that doesn't mean that you can't still work towards their goals or a system in the way that they'd like.

 Tank says we consider anyone referred to by certain service providers, like visiting nurses, a social worker, or care provider to be at risk. Also, anyone who requires aassistance from our minor home modification program is at risk. That's a simple approach.

 Lewis says this could be as simple as an intake question, worded properly, of course. But at this time, we have no easy way to report these numbers. Good thoughts.

 I will introduce this last piece here to continue the conversation. Should housing, personal assistance, state of health, family/friends support networks, et cetera, be factors for consideration? If so, how? Tink just provided a good example of that as did some others. You are welcome to chime in there.

 Pam says transportation accessible also super important in our area. There is nowhere that isn't true. Looks like we have a caller on the phone. Let's go there. Caller, you can go ahead.

 >> Hi, this is Darrell Christensen down at ability 360 in Phoenix with Stacy Zimmerman here. I think a couple of points have been made quite well. As far as the self-identification, I think there's many times where people don't know what they don't know. Therefore, they're not likely to self-identify maybe they're at risk. I think the points about having OT or PT assessments from another agency to me strikes a little bit more of a medical model and I would be concerned about that.

 Third point is I would really love to hear if anybody across the country has some type of a checklist that they've already incorporated into their intake, again, keeping paperwork down, but doing what we need to do.

 And as has been said before, the housing and money, the lack of the funding, are two really key components of making that transition or not. So that's what I have to say.

 >> TIM FUCHS: Great. Thanks, Darrell. Thanks for your thoughts. We will talk about checklists on the next slide. I want to give some time to wrap up this conversation. But we will talk about that in just a minute. I think that's on a lot of minds of a lot of people.

 Kathy baker shared most of our consumers will respond: I'm not going into one of those, if we ask about nursing homes. It's not until I explain what I mean that they would say yes or no. And then we just check a box on our app. She said, I try to make them think about the things that Lou Ann talked about.

 So thanks, Kathy, that's good. Providing the context and educating people, that's no different than what we already do and working with people to realize their goals. This is all self-directed. We take consumer control really seriously. That doesn't mean you don't guide people, provide context and read between the lines as they determine their goals. It's no different here.

 Any parting thoughts about self-identification and how to help consumers along there before we move on? Just checking to see if we have anyone else on the phone. I don't want to move ahead before we're ready.

 Okay. Well, good. Thanks for your thoughts there.

 I'm going to click ahead to Slide 13. You know, we're really -- again, we're wondering how you all are proceeding with this understanding the fact that, A, in a lot of ways we've all been doing this for years but, B, this is also very new. So to Darrell's question, I'd love to hear from you all: What checklists or self-assessment of risks have you developed? Many of you probably already ask about these sorts of things. Anybody have examples or ideas to share with the group?

 And while we're waiting, Mark shares assistance from our minor home modification is at risk. You can press star pound if you have a comment on the phone or type into the chat box.

 >> DARRELL JONES: Could I ask the question a little bit differently. We know that a lot of centers have checklists or self-assessment type things that they do for for people who want to transition out of institutions. Has anybody given thought to taking those checklists and using it for the flip side of the coin for the diversion process?

 >> TIM FUCHS: We have a caller on the phone. Go ahead.

 >> Hi, this is sherry in southeast Kansas. I was trying to get my phone to work to your last comment. We haven't had any problem people self-identifying. In Kansas, we have been doing diversion for a few years. But people will actually call -- sometimes it's the initial intake call. Sometimes it's people we have been working with. But they say, if I can't get this barrier removed -- they don't use the word "barrier" -- if I can't get my housing proved, if I can't get a ramp on my house, if I can't get attendant care, whatever, they say I'm at risk of going into a nursing home. I'm going to have to go to a nursing home. Or families will call and say things like: You know, I will have to put my mom into a nursing whom if I can't blah, blah, blah, blah, blah. I feel like that self-identification has been really not a problem at all for us. And I think there's times that we probably go, man, this person is really at risk. I hear people all the time say "I rather not go to a nursing home, I rather die." I will live in this extremely bad condition if that's what I have to do because I'm not going to a nursing home. That doesn't mean they are not at risk. I think at that point we don't count them at risk because they're identifying they're not going anyway. Anyways, I just wanted to share that.

 >> TIM FUCHS: Thanks, sherry.

 >> DARRELL JONES: Sherry, this is Darrell.

 >> Hi, Darrell.

 >> DARRELL JONES: We had heard that Kansas was one of the states that was using the qualifications for waiver services as part of their diversion definition. Have you worked with that at all at your center?

 >> I think that there are times when people are -- we are diverting them by getting them on. But most of the time that's in somebody is in a crisis. So if somebody -- the crisis criteria in Kansas has changed over the last few years with managed care and the Brauback administration, but if somebody is terminal and clearly has to have supports immediately or somebody is in a domestic situation where violence -- or, you know, abuse is happening and we get a crisis exception for them and get them on to waiver services where they may not have been able to get on waiver services that quickly or whatever, then we count that as a diversion, yes.

 >> DARRELL JONES: Okay. But it's not like a central definition for you?

 >> No. I wouldn't say that the thousand people that we are providing payroll services for were all diverted from nursing facility care every year. I think that, you know, that's on a case-by-case situation.

 >> DARRELL JONES: Okay. Thanks.

 >> A lot of people we provide services for are, like -- right now we are working with a child that we are trying to get on services and the family is telling us, we're going to have to go to an institutional placement if we don't get help because we couldn't do it anymore. They are very frustrated. And we have been working with them for about 18 months of before we were working with them, we were trying to help them access services. Now that's changed. Now, I believe the family is at that point, that breaking point. If things don't change, now this level has changed and I think we are going to be in a diversion mode. Hopefully we will be able to divert this child from going into an institutional setting. Does that make sense, Darrell?

 >> DARRELL JONES: Yes, it does. Thanks, Sherry.

 >> TIM FUCHS: Thanks, Sherry.

 All right. We've got another caller on the phone. Before I open up that line, though, Charlotte has offered that the life run CIL in Lubbock, Texas, has developed a diversion checklist. She says Michelle Crain is the E.D. there. Good to know. Thank you, Charlotte.

 >> DARRELL JONES: Are you willing to share it?

 >> TIM FUCHS: I think she's speaking for Michelle.

 (laughter)

 So we'll have to dig into one a little bit. I know Charlotte well. I can check in with her after the call.

 >> DARRELL JONES: Okay.

 >> TIM FUCHS: Great, thank you, Charlotte. Like I said, we have got another caller on the phone. Let's go there now. Caller, you can go ahead.

 >> This is Stacy from Ability 360 and kind of piggybacking on the last individual, unfortunately, like, doing the re-integration program, so many people are contacting us kind of out of deseparation and trying to make their situation better or different. I guess part of it is how do we reach the community more, getting more awareness out there about the centers so that people aren't coming to us as kind of a last-ditch effort.

 And the other thing we have noticed here with our SNIFs is with changes in insurance coverage and funding, before where SNIF didn't want you coming in and helping people to move out to the community, now they're actually reaching out and saying, hey, we have more referrals for you.

 >> TIM FUCHS: Right. Right. And that's a good thing.

 All right, good. Thank you, Stacy.

 Kathy from Georgia says, I have a questionnaire that helps with getting someone to focus on what they may need. I inherited it and made it my own because we are in a very rural area of Georgia. Cool, thanks, Kathy.

 Feel free to continue to respond about the checklists and other thoughts, including other general questions you have.

 I wonder, how are you all discussing this with your staff? So what conversations are you having about these definitions and about diversion? Or are you? Or are you waiting for more information before you do that? So where are you with that in discussing this with your staff? We'd love to hear. Scott asks if someone has a checklist can it be disseminated to those on the call or even posted to as a resource on the ILRU website.

 Scott, we are open to that. I would be happy to. One of the reasons for the call as Darrell said we have as many questions as you do. As we look to support you all and organize these resources and get them out, we really wanted to start by asking you all by where you are. So let us see what we turn up. Let us look into it. And that's the ultimate goal.

 I don't want to put the cart before the horse, but we are going to do a multiday onsite training next year through the IL-NET on diversion and transition. So, you know, we're also kind of getting our ducks in a row for that as well. And believe me, that will be packed full of those types of resources and examples. Okay.

 Okay. Pam says we're going to start a staff discussion after this Webinar. Well, great. (chuckles)

 That's good to hear.

 Tink said I agree with Sherry's experience in Kansas. So we're in the sierra mountains east of Sacramento and over 60% of our consumers are older adults. That's partly a reflection of our demographics and also our longstanding collaboration with our area agency on aging. The consumers do tell us they are at risk and adult children will tell us how difficult the situation is and moving mom and dad to a facility. Our PA regional and referral source has close contact with the consumers and often hearse comments about fear of being placed in a SNF. Clearly for older adults this is a very real concern. That's, right, tink. Great examples. Thanks.

 We have a caller on the phone. Caller, you can go ahead. Caller, if you are still there, you can go ahead.

 >> Hi, this is Dixie in Colorado Springs. We haven't started that conversation with our staff yet. We have been waiting for the rules to come out and waiting for some guidance before having those conversations. But we will definitely get started with that.

 >> TIM FUCHS: Great, thanks, Dixie. Mark says we've tried to identify and track diversion activities for some time. However, consistent tracking has been difficult. We need a more formal process to make sure we are more consistent in identification and tracking.

 And Tim says: Diversion seems like a reporting term. Other IL services may be critical in diversion. It seems to me to be a new method of reporting.

 So diversion, again, like we said at the beginning of the call, I think, you know, that diversion really takes core services to do. So it's a perspective on this as a core service to really do it successfully, you need to use the other core services to achieve it and then report it as diversion. That's similar to a conversation we had on the youth transition call yesterday.

 Thanks, Tim.

 Okay. How about -- have you all altered any of your services to more specifically target individuals who are at risk, who report being at risk, or would you? So how do you handle that? Do you alter your services differently for individuals who are at risk of going into an institution? Got someone on the phone. Let's go there now. Caller, you can go ahead.

 >> Hi, this is Ability 360 again. You know, I guess as I'm hearing this, I'm not sure that we can really track diversion as a separate category of service. We hear it's made up of IL skills, peer mentoring, attendant care, information. And so if you make diversion a new category for documentation or 704 purposes, then are you not just taking away from your numbers in those other service areas?

 And I know Dixie from Colorado Springs, she and her staff were down here in Phoenix just the last couple days this week and indicating that she knows that there's different inconsistencies in the way that diversion is tracked in her experience in that some are very liberal in saying that if you give some information to someone, information is knowledge and power. Therefore, you have diverted them from institutions. And I would say that's very liberal. And I think then you run the risk of skewed funding when someone else, another center might have more services involved in a diversion or, you know, whatnot. Then you run into the whole funding equation.

 So starting to put it out there, Dixie. But do you have anything to follow up?

 >> TIM FUCHS: Thanks, Daryl. Dixie and others if you want to respond, that will be key to this conversation to determine. That's what we're discussing here, to make sure it's something that's reasonable and measurable fits with the IL philosophy but isn't just -- isn't too liberal. Well, if they are receive the IL services, we are keeping them out of the institution. Good point, Daryl. We'll see if anyone responds.

 Meanwhile, Kathy says diversion is a reporting term and it doesn't always reflect the individual needs or concerns. It looks like we have someone else on the phone. Let's go there now.

 Caller, you can go ahead.

 >> Daryl, thanks for bringing up that point. This is Dixie. I think it's going to be very important for us for outcome purposes and for our funding to make sure that we're counting things pretty similar. Otherwise, what kind of outcomes can we really show across the country? I mean, are they really good outcomes if we're all counting differently? But I really didn't have anything new to add, but I'm glad you brought that up, Daryl.

 >> TIM FUCHS: Thanks, Dixie.

 >> DARRELL JONES: I wonder if -- this is Darrell Jones. I wonder if one of the things that we could do is to come up with a recommendation to give to ACL for how this should be reported. I think Daryl Christensen has made a really strong point here. If the services that are being rendered are IL skills training and peer support and housing location and that whole spectrum of services and it's really -- the diversion is an outcome or a result of those things, I wonder if we might be able to get some consensus from centers about how they want to see that category listed on the 704 report that is currently under revision. Because it really sounds like it should be two checkmarks, one that goes under the services of, for example, independent living skills training and what goes under column that says this person was at risk of institutionalization.

 So it's not two services. But it's a categorization of the person.

 >> TIM FUCHS: Right. That's a great point. Amber says, yes! Recommendation on reporting would be extremely beneficial for the sake of reporting consistency.

 Tink says we think of diversion and transition as goals because there are so many components to achieving the outcome.

 >> DARRELL JONES: Yes.

 >> TIM FUCHS: And we have someone on the phone as well. Pam says, could diversion be a priority area?

 Let's go to the phone now. And, caller, you can go ahead.

 >> Okay. This is Bruce. I like the idea of having some consistency. I agree -- this is Bruce from Rochester, New York. I agree we don't want to overreport where we haven't done much. So if someone has a very stable of care and we are just serving as a payroll agent, we may not count them. But a lot of the folks that we're working with across the year have things that are happening to them. So they might get service coordination or support from us throughout the year. They end up in the hospital. And that's the point where they're at risk of going into a nursing facility. And we are -- we are doing something there to intercede.

 The other point, you can't count every disabled person that comes through the door as being diverted because not everyone meets level of care. But at the same time we don't want to be doing level of care screenings on everyone. So we've tended to sort of hedge our bets and we're probably underreporting slightly because we're focusing -- you know, we look at the individual. We identify they have a very significant disability. We can see what's going on in their life. We don't specifically say: Are you at risk of going into an institution because some folks take pride in their independence and they don't want to have that attacked.

 If there are people who are concerned or raising questions and they have a home care nurse out in the community calling for their institutionalization and we're fighting back on that or we're interceding in a hearing with a managed care company who is trying to cut their services, it's very clear we are diverting someone from placement. I think this conversation is an important place to start in terms of getting some consistency in these thoughts. Thank you.

 >> TIM FUCHS: Great. Thanks, Bruce.

 And Lewis offers: A simple check box in our database goal screen would suffice. It would tell us if the person identified this goal as helping them avoid a facility, and it would be quantifiable for the 704.

 >> DARRELL JONES: Makes a lot of sense to me.

 >> TIM FUCHS: So what do channels for referrals have you all created, if any? We heard some about SNFs change their attitude and being willing to reach out to the CIL. But how else are you all getting referrals? Again you can press star pound if you are on the phone or type your chat in the comment -- or type your comment in the chat.

 We have a couple of callers. We will go to the phone.

 >> This is Stacy again from Ability 360. I find a lot of times the natural supports are making the referrals. Lately, I'm getting a lot of referrals through the ombudsman for people where we work conjointly. I've actually had APS, adult protective services, call with referrals. It's so across the board for us.

 >> TIM FUCHS: Okay, good. Thanks, Stacy.

 Yeah, I think that's true for most people.

 Amber says we reached out to our state's MFP subcontractors and providers for referrals.

 Carlotta says we received referrals from housing service coordinators when residents are failing inspection. Interesting.

 And Kathy says the area agency on aging, the ADRC, social workers, we've even had referrals from SNF administrators. And killsy says our center gets a lot of -- Kelsey gets a lot of calls from our consumers. And Kathy says ombudsman, too,, of course, right? That makes sense.

 Okay. We have someone else on the phone. Caller, you can go ahead.

 >> Yes. It sounds like everybody hit pretty much the referral sources. We get a lot from the ADRC, the disability and aging resource center and the AAA which in Kansas is kind of the same thing. Most of our referrals probably come from there. We get some from adult protective services and some people call in from their families with natural support, as was said earlier.

 >> TIM FUCHS: Great, thanks, Sherry. Pam says what about referrals from veterans agencies? I think that's probably indicative of the fact that we all feel like we could get better referrals from veterans agencies.

 I see a few more people typing. We have a few minutes left but we are going to start to wrap up in and I many.

 I would welcome you all to start to share parting comments and thoughts. Charlotte says north Texas, the 211 call info line referrals. That's interesting. So people that contact the state's help line presumably.

 Again I would welcome your general comments and thoughts here before we close here. We have a few minutes left.

 And I'm going to click over to this last slide asking for final comments. It also has a link to the evaluation form.

 And I just want to, you know, reinforce the fact that I think you all heard me loud and clear but that this is really step one. We're doing this with each of the new core services. And, you know, you all know, IL-NET is a partnership among NCIL, ILRU, and APRIL. So all the usual suspects in the national IL movement. And this is going to be part and parcel to our 2017 training activities. So you can expect that we're going to take the comments from today, the resources that we dig up, and we'll be doing a lot to support you all as we figure this out together.

 So next year's onsite training, I wish I had more information ready for today. I can tell you that it will be in June and that we'll have information, like a "save the date" out early in the year. So be on the lookout for that. We'll make sure it hits your inbox.

 And I don't see any additional comments. So, look, I want to thank all of you for joining us today and for engaging in the conversation. I think this went really well and it was nice to hear from so many of you from around the country.

 Tink says this aspect of the fifth core service is very important. We do far more diversion than deinstitutionalization because of issues like housing, transportation, and care-giver availability in our rural mountain communities. Thank you for this.

 Well, thanks, Tink. I appreciate it. And that's true, not just unique to your center either.

 And amber says thanks for today's Webinar.

 Today, you all led the Webinar. Thanks to all of you for being engaged. Just know that we'll be supporting you all through the next year. Hey, if you all think of any other comments, questions, things you want to share, please do reach out to us. Again, Darrell and I are working with the folks at NCIL and APRIL to organize this stuff. If you all have things you want to share or burning questions, we would love to hear from you. We're up to our eyeballs in this now and thinking about how best to address this. So please do reach out. My email is real simple. It's just Tim@ncil.org. I would love to hear from you all.

 Do me favor, if you would, click on that evaluation link and fill it out. Let us know what you liked, what we could have done better. I hope to hear from you all going forward. With that, we will close. I hope you all have a wonderful afternoon. Bye-bye.

 >> DARRELL JONES: Thanks, guys.

 >> TIM FUCHS: Thanks, Darrell. Bye.

 >> DARRELL JONES: Bye-bye.

 (Webinar has concluded.)

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