

WEBVTT

00:11:02.467 --> 00:11:04.467  
Stephanie?

00:11:05.275 --> 00:11:14.275  
We have 5 members of the DD Board. And 3 members. 4, no, 4, sorry.

00:11:13.842 --> 00:11:23.842  
4, I was thinking of you in the other - the expo representative. No, we have 4 mental health board members.

00:11:25.592 --> 00:11:29.592  
Do we have a quorum? So the DD board won.

00:11:31.023 --> 00:11:38.023  
Oh, Molly, said, yeah, okay, but do we have a quorum for the purpose of starting this?

00:11:40.344 --> 00:11:42.344  
That

00:11:44.151 --> 00:11:46.151  
Alright.

00:11:44.591 --> 00:11:51.591  
Yes, you do. This is Shandra. I think Stephanie is still on mute.

00:11:46.657 --> 00:11:58.657  
Okay, so both of the board presidents are here and they oh and the presenter is joining us, so if you all wanna, if you 2 wanna get it rolling.

00:11:57.654 --> 00:12:06.654  
I will stop talking. Okay. It's a joint study session.

00:12:06.714 --> 00:12:20.714  
So, Miss Vicki Niswander and I will call the combined CCDDDB and CCMHB joint study session to order. Can I get a roll call please?

00:12:26.400 --> 00:12:38.400  
I think. Can you early on? So I'm gonna do a couple things. Stephanie can't unmute.

00:12:37.789 --> 00:12:44.789  
Molly is asking if she can roll call from in from online, Stephanie can't unmute.

00:12:41.149 --> 00:12:46.149  
Molly is asking if she can roll call from in from online, which not exactly we need to do this first and then vote her in.

00:12:44.585 --> 00:12:54.585

So I'm going to try to do the roll call. From memory. Let's see. I email you guys all the time, so I should know.

00:12:53.904 --> 00:13:02.904

We'll start with the DD board since you're all here. Dr. Susan Fowler.

00:13:02.838 --> 00:13:07.838

Present. Dr. Anne Robin. Here.

00:13:07.721 --> 00:13:12.721

Dr. Kim Fisher. Here. Mrs. Georgiana Schuster.

00:13:13.775 --> 00:13:16.775

Here, Mrs. Vicki Niswander.

00:13:18.340 --> 00:13:24.340

Okay, and I'm going to go to the mental health board. Okay.

00:13:23.714 --> 00:13:33.714

Jane Sprandel? Yes. Jen Straub. I know she's not coming tonight.

00:13:34.035 --> 00:13:42.035

Dr. Lisa Liggins Chambers. Present. Okay good.

00:13:43.538 --> 00:13:50.538

Chris, Chris Miner, yes, he was gonna come. But he's not here, but he was gonna, okay.

00:13:50.587 --> 00:13:59.587

And that's 1, 2, 3, 4, 5, Elaine Palencia. With Molly McLay, and we'll get back to her.

00:13:58.589 --> 00:14:05.589

Okay. And Dr. Jon Paul Youakim. Here.

00:14:03.403 --> 00:14:26.403

All right. Now you all can vote to let Molly participate. Yeah. I will move for a motion to approve for, what is this specifically Molly or is any board member?

00:14:24.470 --> 00:14:31.470

Just have to do one F a time Molly has she has one of the qualifying reasons to be able to participate virtually and you have to go one at a time.

00:14:30.782 --> 00:14:35.782

So I'll move for a motion to approve for Molly McLay to attend the board meeting virtually.

00:14:34.524 --> 00:14:40.524

All those. Oh, sorry. We need a second. I'll second that motion.

00:14:35.028 --> 00:14:47.028

Thanks, Jane. All those in favor say aye. Aye. All those opposed, same sign.

00:14:44.401 --> 00:14:57.401

Those in favor have it. So Molly is allowed to participate virtually. All right, and then I guess we'll need a motion to approve the agenda.

00:14:56.967 --> 00:15:04.967

So moved. Is there a second? Sorry, I'm gonna put the agenda on the on the screen for you.

00:15:04.035 --> 00:15:10.035

I'll second it. Alright. It's not a budget item.

00:15:08.841 --> 00:15:14.841

We don't need a Well, I just, I think we wanna put it on the screen just so that

00:15:16.595 --> 00:15:18.595

The public can see what your vote on.

00:15:17.904 --> 00:15:28.904

There we go. So that was Susan and Susan made the motion. No. Oh, Anne made the motion and Susan second.

00:15:30.276 --> 00:15:33.276

Yes. Okay.

00:15:33.293 --> 00:15:43.293

There it is. All those, Approve say aye. Aye. All opposed same sign.

00:15:42.595 --> 00:15:49.595

All right, those in favor have it. So we'll move on to citizen input and public participation.

00:15:49.587 --> 00:16:02.587

All those in the audience may participate and at this time I will limit public participation to 5 min for person or 20 min per person or 20 min total.

00:16:02.467 --> 00:16:06.467

Is there anyone? Online that would like to make a comment.

00:16:10.853 --> 00:16:19.853

Alright, with that we'll move on to the chairperson's comments. You know, we'll keep it

00:16:18.839 --> 00:16:24.839

Short since it's going to be a short study session. So. You know, I don't really have any comments.

00:16:24.029 --> 00:16:30.029

I'm just glad for the warmer weather. I'm sure everyone is too. And hopefully everyone's mental health will improve with more sunlight.

00:16:29.527 --> 00:16:35.527

So. Okay. I don't know. We got it for a little bit and then it went away.

00:16:34.277 --> 00:16:47.277

Yeah, yeah, right. Yeah. With that we'll move on to the study session, which is remote support services, empowering independent living.

00:16:46.282 --> 00:16:53.282

We have, Kule Corbin, um the director of business development at Safe in Home.

00:16:52.777 --> 00:16:58.777

And should I just read the whole thing then? Just, yeah, no, I don't mind.

00:16:58.974 --> 00:17:08.974

In his twenty-plus years, at 20 plus-year career, he has experience with almost every aspect of service delivery in the intellectual and developmental disability field.

00:17:07.462 --> 00:17:19.462

His background offers a unique perspective when discussing remote support services and community engagement with providers, individuals, and representatives of the state agencies.

00:17:18.279 --> 00:17:34.279

He has held roles in both public and private side in the public and private side of service delivery. And has worked closely with stakeholders in multiple states to develop rules and guidance promoting the use of supportive technology across the nation.

00:17:33.465 --> 00:17:43.465

He was instrumental in the push to make Ohio the first technology technology first state and helped dramatically increase the number of individuals.

00:17:40.341 --> 00:17:48.341

Using supportive technology nationally.

00:17:49.841 --> 00:17:53.841

Is there any other comments or additions you wanted, Lynn?

00:17:56.711 --> 00:18:06.711

Yes, so, this is Kim. And so I know Kyle through a professional network of mine of ours.

00:18:01.721 --> 00:18:17.721

We work together in an interest network or like a special interest group of the national organization called the American Association on Intellectual and Developmental Disability.

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And our special interest group focuses on technology and access and use of technology by people with intellectual and developmental disabilities.

00:18:24.212 --> 00:18:35.212

And so actually Kyle has participated in our group and done a lot of work to promote access to technology to help people live

00:18:34.596 --> 00:18:46.596

More independently in the community through the use of technology. So, I, he also has been instrumental in other states.

00:18:43.535 --> 00:18:59.535

And, Kyle, I hope you'll talk about this a little bit: in other states actually approved and I'm not going to say this correctly probably but like approving the use of technology as a fundable support, which is not here.

00:19:00.588 --> 00:19:09.588

Local agencies and across different states and then to get it actually into state policy. So. Right.

00:19:09.336 --> 00:19:16.336

I asked if he could come. So Kyle, for coming,

00:19:12.151 --> 00:19:24.151

Thank you. I appreciate the invite. Thank you for for having me and you'll get to hear me talk about something I'm quite passionate about.

00:19:23.665 --> 00:19:32.665

So as mentioned, I worked for the Ohio department of developmental disabilities, helped develop the service there and then moved it

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Out across the country the way I ended up working, back on the private side for Safe in Home was as we established remote support and I'll go over in detail what that is and assistive technology as a service in Ohio.

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And really became one of the leaders... multiple states would reach out and ask for assistance with how do we set this up in our state?

00:19:55.526 --> 00:20:05.526

How can we help serve folks in our state within election developmental disabilities to connect this service? And I was spending a lot of time,

00:20:04.906 --> 00:20:15.906

So much time working with other states that that my boss said to me, you know, you get paid by the state of Ohio to do Ohio work, do Ohio work.

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I said, okay, that's fair. So when the opportunity became available for me to do a more on a national scale, I left at the opportunity because this is really what I enjoy and assisting.

00:20:31.846 --> 00:20:40.846

Different states to how they can set this. System up and make it successful. So I'm going to share my screen.

00:20:44.713 --> 00:20:46.713

So

00:20:46.650 --> 00:21:08.650

Should be seeing the PowerPoint there. With the opening screen. So again, as mentioned in my bio, I've been doing this for for over 20 years, about 23 years now and I've worked for the state, I worked at the county level, I ran a provider agency, I've started off doing direct care.

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Done employment services. I've touched on a little bit of everything throughout my career. And it does give me a unique perspective when approaching.

00:21:17.774 --> 00:21:30.774

Remote support as a new change to how service delivery can occur because I have had the opportunity to try all the existing models for years and years and years.

00:21:29.968 --> 00:21:37.968

So. Let's talk about what remote support is and and how we got here and what it is.

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And so we're all. Aware, I'm certain we're all aware that we are in the middle of a pretty significant staffing crisis and This has been an issue.

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It isn't new. It isn't since COVID. And this is actually something that we've been working on for 20 years.

00:21:54.032 --> 00:22:07.032

But the COVID-19. Pandemic really exacerbated the issue and It is continued from there.

00:22:04.903 --> 00:22:13.903

So we've continued to see work the workforce diminished. We've continued to see the staffing crisis grow and grow.

00:22:11.405 --> 00:22:20.405

And we know that it's going to be an ongoing issue from here on out. We know that there isn't enough.

00:22:20.158 --> 00:22:29.158

Staff available for for people that need it. We know that those people aren't coming back. If they were ever there to begin with.

00:22:28.719 --> 00:22:43.719

We also know that there are. The aging population is growing. And that the intellectual developmental disability folks are competing with the aging population for the same staff because they have the same needs.

00:22:42.466 --> 00:22:51.466

They wanna be independent in their home. They need some care. They need some assistance. So all of that is.

00:22:50.215 --> 00:23:00.215

A larger way to say. We have to look at how things are being done and then choose a new way because the existing model.

00:22:59.973 --> 00:23:05.973

Just isn't effective anymore. And this is not to say that that we should do it with staff.

00:23:04.526 --> 00:23:11.526

We'd love our staff. Our staff are the backbone of the industries. We just know there isn't enough staff available.

00:23:11.409 --> 00:23:30.409

To serve all of the individuals that are that are needed. And I can say with absolute certainty that we have at safe and home and anyone that's utilizing remote support as a search delivery plan has never replaced a direct service worker.

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We have not replaced a person. We have just filled the gaps where there is no longer the number of folks to serve that need.

00:23:40.464 --> 00:23:53.464

And I should have mentioned this before, but I will have time for questions at the end too. So, if you do have questions and I'm sure you will, please feel free to hold on to those and I'll be happy to go through them.

00:23:52.773 --> 00:24:05.773

One by one. So. Remote support is a very person center process and it it starts with.

00:24:07.781 --> 00:24:13.781

Looking at what else is possible for someone and and how can we help someone be more independent? Oh my goodness.

00:24:14.408 --> 00:24:24.408

Even had it on do not disturb. So sorry. The My meat is done. I have a smoker going.

00:24:19.910 --> 00:24:35.910

It just let me know that it's time to take it off. Alright, so what I was saying was that it starts with a request for assistance, right?

00:24:28.407 --> 00:24:50.407

A an RFP goes out request for proposal and that is we've identified someone that looks like or we think that they might be a good fit for technology services but we're not sure where to begin, what technology would be a good fit, how it would work together.

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So at Safe in Home, what we do is we have account executives that are in each state and they will convene with the team, sit down and discuss.

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Exactly those things. What's important to someone? What's important for someone? The whole process is directed by the individual.

00:25:06.961 --> 00:25:27.961

If you're familiar with the HCBS settings rule that just went into effect last year, March, that actually just almost exactly a year ago, after being in development for 9 years, it says that plans have to be driven by the person that everything has to be that person's decision.

00:25:23.902 --> 00:25:36.902

What? Exactly those words, what's important to, what's important for. And so this is a process that the team sits down together and they look at different solutions.

00:25:31.528 --> 00:25:47.528

So what does that look like? Well, say we're we're looking at serving Kyle and we know that Kyle has A few safety concerns.

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Cause a seizure disorder, falls are an issue. We wanna make sure that he is safe and if he has a fall that someone can respond.

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We also know that at times in the past Kyle has invited someone into his home that hasn't had his best interest in heart has done him harm.

00:26:02.465 --> 00:26:11.465

So we want to ensure that he's safe for that. And Kyle also wants to be more independent in the kitchen, wants to be able to do more.

00:26:10.588 --> 00:26:26.588

Recipes on his own cookies and meals, but in his own meals. So now we've identified things that are important to the individual and things that are important for an individual and now we would build a service around that using different technology based pieces.

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So at Safe in Home we have about 92 different pieces. Those grow and over time some we phase out.

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And those are all sorts of different sensors and items that will do all sorts of different things. And I'll again show I'll show videos that will make this make a little more sense, I promise.

00:26:48.964 --> 00:26:57.964

But say we're looking at that scenario that I talked about with me with Kyle. And we know that the falls are an issue. So what do we do?

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So maybe we decide that we're going to put some movement sensors around the home. And these will track.

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These will be pre-programmed to track movement throughout the house. And if movement isn't recorded, will say in 15 min we see no movement.

00:27:14.154 --> 00:27:25.154

That'll trigger an alert for our our staff and we have 24 7 staff that are available. And that's staff would then reach out to the individual.

00:27:20.024 --> 00:27:30.024

Either through our tablet system or through cell phone, all of this would be predetermined in the person's plan.

00:27:30.403 --> 00:27:37.403

And there would be a discussion of, are you okay? Is, is everything going? Yep, I'm just sitting here watching a movie, everything's fine.

00:27:35.839 --> 00:27:46.839

Or maybe we don't get a response. And maybe in the plan it says you call 3 times if you don't get a response in 3 times and you move up to the next step on on the call tree.

00:27:44.851 --> 00:27:58.851

So maybe that's maybe that's mom and dad who live next door. Maybe that's another provider at an agency that is already providing tile service or maybe it's we directly call 9 1 1 when these things occur.

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All again all of these things would be pre-planned and would be. Laid out for the staff person to know exactly how to respond.

00:28:05.471 --> 00:28:20.471

Maybe we use a ring doorbell with a set list of who we know are good actors and bad actors on Kyle's behalf and if we have some folks that we know have done him harm in the past.

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When someone comes to the door, it triggers that camera, staff are able to check in, see who that person is, check against the list as to whether or not this person is someone.

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Who should be there or not and then notify Kyle as to, hey, here's who's at your door, what would you like to do?

00:28:31.216 --> 00:28:47.216

And staff can intervene at that point and say, hey, you know, You're not supposed to be here or whatever that message is, again, all these things would be in the plan.

00:28:46.599 --> 00:28:56.599

And then the third one we talked about wanted to be more independent in the kitchen. So our services, our staff connect typically through an iPad.

00:28:55.964 --> 00:29:02.964

We would take that iPad into the kitchen and maybe I get stuck on or midway through a recipe.

00:29:01.098 --> 00:29:07.098

I can push the button. I can talk to my staff, say, hey, I forget what I'm supposed to do after I put the eggs in.

00:29:05.652 --> 00:29:14.652

What's the next step? Staff can look that up, walk me through it and help me get to that next step so that I can move through my day.

00:29:15.469 --> 00:29:17.469

And finish that recipe.

00:29:17.968 --> 00:29:26.968

So, remote support is a whole. It really just is an empowerment system. It's a service.

00:29:25.529 --> 00:29:34.529

It's not a thing. And it really is designed to help people be more independent. Their homes and it really is designed to help people be more independent.

00:29:34.278 --> 00:29:43.278

Their homes in their community at their homes in their community at their at their job. And it just taps into different technologies that are out there to really make this happen and make it possible.

00:29:46.857 --> 00:29:57.857

Wow. So I've got a video I wanna show and I'll have a, there's another video that I'll show throughout this presentation too.

00:29:51.901 --> 00:30:04.901

So I can talk about it. I can explain it, but it's, a little different to have someone actually show you what's going on.

00:30:06.658 --> 00:30:09.658

So. Hopefully the sound will work.

00:30:16.654 --> 00:30:19.654

Just wanna double check. Is everyone hearing the sound of the video?

00:30:21.039 --> 00:30:23.039

Before I paused it.

00:30:23.585 --> 00:30:28.585

No, I think we had a little bit of it before you paused, but it might have been quiet.

00:30:28.736 --> 00:30:37.736

Okay, let me, I wonder if I didn't click the... Alright, I'm gonna stop sharing the share again just to make sure that we're all getting what we're supposed to.

00:30:51.106 --> 00:30:57.106

Yes, I'm fairly sure I forgot to click share sound, which is the bane of presenters everywhere.

00:30:58.227 --> 00:31:01.227

Alright, we shall try this again.

00:31:00.309 --> 00:31:06.309

My name is Alex Casma. I am the remote support training manager here at Safe and Home.

00:31:09.128 --> 00:31:11.128

All good now?

00:31:12.183 --> 00:31:14.183

Yes.

00:31:13.123 --> 00:31:15.123

Excellent.

00:31:14.504 --> 00:31:32.504

The remote support team is a bunch of people who believe in a very powerful proposition. Independent living, dignity, full partnership in the game of human being for everyone that we work with in every capacity both here at safe and home and in life.

00:31:32.433 --> 00:31:55.433

That proposition gives you a really powerful way of being while you're working with someone. Whatever struggles they may have going on, X or Y or Z happening in their home life, and you get them on the line, it's an opportunity to fulfill on that proposition by being really curious, wanting to know what's going on with them, and leaving them with a sense of, hey, I stand for you and your

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independence, and I've got your back. If something happens in the home, you can give me a call.

00:31:57.387 --> 00:32:11.387

You got something on your test you need to get off. You can give me a call. And there's a team full of people in this building and they are all here for you in the exact same way.

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The goal of remote support in general is to help the individuals we support live independently. Live lives with self-determination and live lives with dignity.

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When we work with somebody on remote supports, we're working pretty much any circumstance in life, whether somebody's in their twenties and living on their first in their first place alone or in their thirtys.

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You know, living with family or in their, you know, fifties or older, living with roommates in in a home that they share out in the community.

00:32:46.771 --> 00:33:01.771

So our goal is to meet them wherever they are and help provide services that will next level their independence and decision making and give them the skills and support to go from where they are now to where they want to be in a relatively low touch.

00:33:00.646 --> 00:33:10.646

We get to experience privacy, doing it for themselves, and knowing that they have the backstop of if they really run into something.

00:33:11.638 --> 00:33:13.638

Remote supports is there.

00:33:17.009 --> 00:33:26.009

It's also there for passive things. One of the obstacles to independence may be something like a risk of falls or some other passive danger in the home.

00:33:28.138 --> 00:33:39.138

Remote supports uses sensors and other electronic tools. To help detect patterns of activity and minimize those sorts of risks.

00:33:46.824 --> 00:33:48.824

You

00:33:51.655 --> 00:33:53.655

My name is Alex.

00:33:51.714 --> 00:34:08.714

So, always better to see a video, see people telling their stories. I'm gonna have another video coming up here in a few minutes that tells the story of Brian and and how he Started his journey and and came to to remote support.

00:34:02.840 --> 00:34:14.840

So as I mentioned before, can't tell you this enough. It's remote support as a service.

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It's not a thing. It again, it's not replacing humans with technology. It's a trained workforce that uses technology to support people.

00:34:19.284 --> 00:34:37.284

And in similar ways to how they're supported in the home, but also in new and exciting ways that help people gain more independence and do more things on their own.

00:34:37.279 --> 00:34:52.279

So we talked a lot about how we support the person and make it. A very person centered process and they are driving this service from the beginning all the way through.

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Every single one of our solutions is individualized. So. It's not a here's a box of technology and good luck to you.

00:35:01.344 --> 00:35:08.344

It isn't here's some items that we think you might use and and we'll set them up for you and then you're on your own.

00:35:06.649 --> 00:35:18.649

It is a incorporated service. That is billable through the waiver. That's how our service is typically funded is is through 1915 sea waivers.

00:35:17.962 --> 00:35:28.962

And all Medicaid and It fluctuates just like any plan would. So we try some things if they work wonderful if they don't work.

00:35:27.336 --> 00:35:35.336

Let's try something else. And we'll keep working until we get the right mix. It's a supportive environment.

00:35:33.649 --> 00:35:42.649

It's not directive. It is letting people choose their path at their own speed at the way that they want to do it.

00:35:42.030 --> 00:35:55.030

And it really shows a lot of building independence when you look at the data. And, you know, for someone that ran a provider agency for a number of years, you know, I've seen that first hand as well.

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If you have someone that will come in, staff will come into your home and do things for you. It's very easy to say, well, why should I do this?

00:36:03.462 --> 00:36:11.462

I'll let the staff do it. But if that person is not there and I'm, it's either I do it or doesn't happen.

00:36:10.034 --> 00:36:20.034

All of a sudden we start seeing some skills that maybe no one knew existed all of a sudden pop up like oh i i can do my own laundry.

00:36:19.419 --> 00:36:31.419

I am doing the dishes. I am cooking my own meals. I didn't have to do that before, but now I'm given the opportunity and the expectation that I should be doing this, that I can do this and that I will do this.

00:36:31.119 --> 00:36:44.119

I want to mention again our staff, we, our staff are available, 24 7. So we, we have 2 support centers, one in Tempe, Arizona, one in Walnut Creek, California.

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These are HIPAA compliant environments. Staff have to badge in, they badge out.

00:36:51.746 --> 00:37:03.746

Share data we use the same encryption methodology as banks do so there is no shared data that is going out and can hack our system and steal data.

00:36:59.810 --> 00:37:13.810

No one is is looking at what's going on in someone else's home. We have supervisors that are there, 24 7 to ensure that our staff are doing the things that they're expected to do.

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Our staff are direct support professionals. They are trained just like staff in the home. Actually, they are trained more than staff in the home because we are in 19 states and each state has some similarities on what training is required, but they also have some some differences in our staff since they could be getting a call from any of the 19 states have to be trained.

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To. The standard of each and individual state.

00:37:41.560 --> 00:37:49.560

So what do our support solutions look like? Here's an example of some of the things that we can cover.

00:37:47.308 --> 00:37:57.308

This is certainly not an extensive list. This is just a example. Medication management is one we see quite a bit using.

00:37:57.564 --> 00:38:14.564

Medbinders or medication towers. And it can be something as simple as an alarm goes off and I know when to take my meds or it could be as complicated as I need someone to watch me take my meds on camera.

00:38:12.005 --> 00:38:23.005

And so I will log in to. The through the iPad, talk to staff at my prescribed medication time and then take my medication with the staff that are there so they can log that.

00:38:23.093 --> 00:38:37.093

That's extreme. We don't see that very often, but that's that would be the top level of where people are and and then the next level or the

lowest level would be staff reaching out and saying, hey, did you remember at a prescribed time?

00:38:35.373 --> 00:38:44.373

Overnight support is one we see a lot that's certainly one where when new states are moving into this service or new providers.

00:38:43.626 --> 00:38:54.626

Often they start there because it's a place where people are often overserved where we usually have staff in the home for just in case reasons we get a lot of just in case.

00:38:53.943 --> 00:39:02.943

And it's easy to look for sites that might be a good fit because their staff, 24 7 and nothing ever occurs overnight.

00:39:01.807 --> 00:39:06.807

There's no incident reports. There's no issues. It's just staff that are there.

00:39:06.436 --> 00:39:16.436

Doing you know whatever the overnight duties are and so remote support can be substituted in it's certainly not an all or nothing service.

00:39:14.309 --> 00:39:28.309

It's not you either have staff or you have or you have remote support, you can have a combination, you can have both, and maybe I have, if we're looking at the 24 7 model, maybe I have 16 h of staff in my home and I have 8 h of overnight remote.

00:39:30.006 --> 00:39:41.006

Allotment is one we get a lot of questions about. How can we? Work on this how does remote support work with elopement And why do people elope?

00:39:39.186 --> 00:39:48.186

Well, it's 1 of 2 reasons they are either running towards something to get somewhere or they're running away from something.

00:39:49.493 --> 00:39:57.493

And often that something could be that staff person in the home. Again, county board I was a case manager.

00:39:56.559 --> 00:40:10.559

How many times for any of you that are case managers or providers, how often is the biggest issue that this individual is having is that they just can't get along with the staff in their home.

00:40:10.435 --> 00:40:21.435

And quite a bit often that can lead to aggression. So now we have an individual that is being aggressive towards staff in the home that staff person isn't safe.

00:40:20.235 --> 00:40:39.235

So what do we do when that occurs? We add a second staff. So now we have 2 staff that are working with this individual and now we have doubled the problem and we're heading in the wrong direction and that That's the model that we've used for 30 or 40 years and.

00:40:37.134 --> 00:40:50.134

There really wasn't any other good solutions. So utilizing remote support so you ease someone into this and we've seen this time and time again is it when we remove that model.

00:40:49.823 --> 00:40:56.823

Of having the staff person in the home, that person no longer has a reason to get away from staff.

00:40:55.578 --> 00:41:09.578

And so allotment goes away and we see a lot of. Significant. Improvements in just day to day life, quality of life and people being able to do their own thing.

00:41:08.326 --> 00:41:17.326

One of my favorite stories. Is an individual exact situation had 2 on one staff. He was aggressive. He'd had police involvement.

00:41:09.950 --> 00:41:30.950

They were looking at potential jail time they were looking at state developmental centers those still exist in Ohio. It just wasn't working for this guy and He was a danger to himself.

00:41:28.696 --> 00:41:40.696

He was danger to others. To staff and Remote support was introduced as an option because the team said we've got to try something else.

00:41:35.453 --> 00:41:44.453

This just isn't working. This guy has so much potential. He's so much possibility here.

00:41:43.573 --> 00:42:00.573

We are failing him. Let's figure something else out. So they started implementing remote support slowly over time and it went from 2 staff to one staff and remote support to no staff and remote support and then eventually he worked himself off.

00:41:59.008 --> 00:42:04.008

So this was over the course of 4 years. He worked himself off of remote support. Completely.

00:42:02.326 --> 00:42:10.326

But before that happened and while he was being successful I had the opportunity to talk to him. And, and I asked him, I said, what?

00:42:10.011 --> 00:42:17.011

What is your favorite part of remote support? Why is this so successful for you? Why is this working?

00:42:16.195 --> 00:42:26.195

And he said, well, I love the remote part. Okay, so you love the fact that staff are at a distance and that you can interact with.

00:42:25.080 --> 00:42:33.080

No, no, that's not what I'm saying. What I love is when I come home, my remote is where I left it.

00:42:31.946 --> 00:42:40.946

Someone is not sitting on my couch watching my TV. I can watch what I want when I want and I don't have to listen to someone else, tell me to change the channel.

00:42:40.272 --> 00:42:47.272

Which it's the little things in life, right? Just being able to, or for some people, that's a huge thing.

00:42:46.638 --> 00:42:56.638

To be able to watch your TV. Just be able to. Decompress when you get home from work and not having somebody that's right there telling you what you have to deal.

00:42:55.459 --> 00:43:05.459

So that was that was fun and fun story. And eye opening as to what makes sense for folks.

00:43:04.573 --> 00:43:19.573

Kitchen safety, we have different things that we can utilize there. Water sensors if someone walks away and leaves the sink on, we can shut the water off before, flows, same with the stov.

00:43:16.325 --> 00:43:24.325

If If I want to cook, but I have the tendency to walk away from the stove or forget that I'm cooking.

00:43:23.518 --> 00:43:31.518

That gets to a certain temperature or certain time where it isn't being adjusted and the state will shut off on its own.

00:43:31.083 --> 00:43:46.083

Seizure management, talked about falls and what that can look like. We also have seizure management wrist bands that can identify if someone's having a seizure, seizure, few other pieces that we can put in place.

00:43:41.636 --> 00:44:02.636

That can alert staff and let people know when something is occurring. Youth transition age. So those folks that are graduating high school getting ready to move out on their own, whether that's on the college, whether that's into the workforce.

00:44:02.386 --> 00:44:09.386

Perfect group for utilizing technology. They've already been using it their whole lives. They're comfortable with it.

00:44:07.962 --> 00:44:16.962

Mom and Dad are likely comfortable with it as well. It's an easy transition for them to continue to use it to be independent in the home.

00:44:17.514 --> 00:44:27.514

After school and work support, this is a huge one. And when I was trying to fill schedules is that person who gets home from school at 3 o'clock, mom and dad don't get home from work until 5 o'clock.

00:44:20.014 --> 00:44:37.014

I need some supervision during that time period, but I live 45 min away from town and I can't get someone to drive,

00:44:30.518 --> 00:44:48.518

A staff person to drive 45 min each way for 2 h of work. This is a perfect spot for something like remote support where it can fill that gap and fill that role.

00:44:47.768 --> 00:44:56.768

And I know that I'm, turning yellow as the sun sets. Unfortunately, the way my office is, I is just.

00:44:57.509 --> 00:45:00.509

In the windows. So,

00:45:00.823 --> 00:45:07.823

I can't control the sun yet, but someday. So I told you I had another video this is Bryon.

00:45:09.137 --> 00:45:18.137

Bryon lives in Tacoma Washington, and this is his story as to how remote supports worked for him.

00:45:25.392 --> 00:45:27.392

And

00:45:27.261 --> 00:45:42.261

So you see my dad's behind me. In the present time. But the memories of him are still here, and they're in this apartment

00:45:42.887 --> 00:45:55.887

Everywhere. I miss him. I loved him. I was that close to him. This is the day he died.

00:45:57.140 --> 00:45:59.140

Practically tore my heart in pieces.

00:46:00.637 --> 00:46:02.637

The day I buried him.

00:46:04.263 --> 00:46:10.263

Still hurts.

00:46:11.011 --> 00:46:21.011

Bryon was put on the core waiver for supported living services when his father passed away. His father was his primary caregiver.

00:46:21.448 --> 00:46:41.448

And Bryon loved him very dearly. And so when he passed away He was left without anyone to really Provide that care he had received his whole life as can happen with people with disabilities in smaller towns that don't have programs like supported living.

00:46:40.634 --> 00:46:45.634

He was put in an old folks home and that was very difficult for him.

00:46:47.134 --> 00:46:58.134

I want my own privacy. I wanted to come home whatever I wanted without anyone knowing where I was all the time. That was a constant nightmare to the point where

00:46:59.513 --> 00:47:09.513

I wasn't gonna put up with this. He was there, from my understanding, approximately 3 years.

00:47:15.706 --> 00:47:29.706

He fell into a trap that we actually see far too commonly in this line of work where he was exploited for his funds, but I know it's very painful for him to talk about.

00:47:30.081 --> 00:47:35.081

I spent my whole entire life moving from here to there.

00:47:36.774 --> 00:47:43.774

All places I moved to, I never in my whole entire life, I never had a stable place to go.

00:47:45.700 --> 00:47:47.700

Ever. And never had a stable life. Ever.

00:47:49.571 --> 00:47:54.571

I spent a whole year in a hotel before I came to before I came to Hope Human Services.

00:47:54.388 --> 00:48:01.388

So we had gotten his referral here at Hope. And we were picking him up and I was assigned to be his program manager.

00:47:56.135 --> 00:48:08.135

Bryon told me he had always dreamed about having his own apartment. But he thought it would never be a reality for him.

00:48:07.705 --> 00:48:20.705

And that got my brain thinking because I feel like everybody deserves that independence and so I went to my supervisor and asked How do we get Bryon into the studio?

00:48:20.078 --> 00:48:27.078

So the problem about moving Bryon out of a housemate situation was he wouldn't have staff 24 hours a day.

00:48:27.199 --> 00:48:34.199

And that would be the first client at Hope to not have staff, 24 7. So it was hard.

00:48:33.822 --> 00:48:44.822

It was a hard sell. But luckily, Safe in Home had just recently put on a demonstration for all the service providers.

00:48:47.015 --> 00:48:53.015

And Cheryl Kind of stepped in and decided she wanted to go with this option for Bryon.

00:48:53.383 --> 00:49:03.383

They help me find this place which is... I was really excited this time. I have my own place, my own place, yay.

00:49:05.015 --> 00:49:16.015

I was so excited. I think he has gotten to see kind of a new world outside of his little small town and I think he enjoys that.

00:49:24.520 --> 00:49:37.520

Feels pretty good just to be my own, to be my own self actually. Here I end up free as a bird.

00:49:36.582 --> 00:49:44.582

I love to cook, so much fun. You just create your own meals, sleep in my own bed.

00:49:45.390 --> 00:49:50.390

just get up and just be able to do the things that I want to do.

00:49:50.020 --> 00:49:58.020

It was so exciting to figure out what does he want to do and the 3 main things he wanted to do Get a full-time job.

00:49:57.321 --> 00:50:08.321

Learn to drive. Find a long term relationship. And so those were goals that we kind of put in place these stepping stones to work on.

00:50:09.449 --> 00:50:15.449

I work at the freight department at Home Depot. I love it. 5 months now.

00:50:16.512 --> 00:50:23.512

I've never driven a vehicle in my entire life, I've never been behind a wheel. Ever.

00:50:25.509 --> 00:50:29.509

So it's gonna be a brand new adventure I'm looking forward to it.

00:50:28.638 --> 00:50:43.638

I have the right equipment to be safe to work or wherever I was going. His geocom is always there and it always reaches me and it always reaches safe in home and it's it's just something that we know will always keep him safe.

00:50:42.324 --> 00:50:54.324

Hey Bryon, how's it going? I'm good, how are you? I'm doing well, what's up, how can I help you? I'm kinda lost and turned around. Are you turned around?

00:50:53.517 --> 00:50:56.517

Let me look at your location.

00:50:55.779 --> 00:51:05.779

It looks like you're in downtown Tacoma, is that right? Right. Awesome. Let me get you directions back to the bus, okay?

00:51:06.077 --> 00:51:07.077

I appreciate it.

00:51:08.076 --> 00:51:16.076

I think having services like Safe in Home available is shaping a whole new world for what services could look like.

00:51:15.697 --> 00:51:38.697

It's up to us as health care workers to take that leap and move these services into a new age, a new era, and it's our responsibility to figure out how do we make sure we are providing the highest level of services and making people's dreams come true.

00:51:39.825 --> 00:51:42.825

I highly recommend SafeinHome.

00:51:47.511 --> 00:52:02.511

I've seen that dozens of times and it still moves me every time I see it. It's such a really cool story of when people look outside the box at new solutions on how to help help someone and how it can have an impact on their lives.

00:52:01.772 --> 00:52:08.772

So you saw Bryon holding this geocom, that was that the device that looked like a pager with a red button in the middle.

00:52:09.014 --> 00:52:23.014

And we talked about a lot about home safety, but that is also our community safety and that's a GPS enabled device that connects directly to staff with the push of the button and exactly like you saw, hey I've got turned around.

00:52:19.824 --> 00:52:25.824

I'm not sure where I'm supposed to go. We see where you're at. We can help you get where you need to be.

00:52:24.570 --> 00:52:38.570

All right, let's look at your list. Okay, here we go. And, you know, he wore around his neck, you keep it in a pocket, you touch it to a belt.

00:52:25.381 --> 00:52:31.381

Used that at work as well as I'm stuck on a task. I'm not sure what I'm supposed to do next.

00:52:37.830 --> 00:52:47.830

Wherever, you want to keep it and it just looks like any other piece of equipment. It doesn't single someone out or say, Hey, I, you know, I have a disability.

00:52:48.008 --> 00:52:55.008

Just I'm using equipment just like I'm just using technologies like anyone else. So how does our remote support system work?

00:52:54.952 --> 00:53:07.952

This home here model you would look at different sensors throughout the home all of those would talk to each other and then they would talk to our system in our sports center.

00:53:06.072 --> 00:53:15.072

They would trigger alerts, they would. Which may be reasons for us to reach out to the individual or to progress on the call tree.

00:53:14.948 --> 00:53:24.948

Or just to, sometimes we get alerts that that are just for documentation purposes to ensure that, that things are occurring the way they are supposed to.

00:53:26.076 --> 00:53:30.076

And so it all rolls in together in one proprietary service.

00:53:29.640 --> 00:53:38.640

So as mentioned, it's it isn't a separate plan. It's part of the overall existing plan.

00:53:37.013 --> 00:53:46.013

We utilize the we're part of the team. We utilize that that service plan and we look at how technology can fit into that existing model.

00:53:39.014 --> 00:53:55.014

And help people become more, more independent. I talked about our remote support staff, how we're there, 24, over 7, the training that they go to.

00:53:54.136 --> 00:54:09.136

They're also trained in ACT behavioral techniques. And if you're not familiar, those are non directive behavioral techniques where the the onus is on building authentic relationships and I'm really assisting folks through their day.

00:54:08.320 --> 00:54:13.320

It's not we're gonna tell you what to do. I'm going to do it.

00:54:12.462 --> 00:54:20.462

It is we're going to work together and look at. What next steps are and how we can help you be more independent.

00:54:22.009 --> 00:54:33.009

One of the great things about our service once it's in place say you have someone we go back to that 24 7 model and we're doing 8 h of overnight and the person has 16 h of in person staff.

00:54:32.197 --> 00:54:40.197

Staff doesn't show up. You know, maybe they got sick. COVID. They quit no call no show.

00:54:40.143 --> 00:54:51.143

We can we can cover those gaps that they can. Staff can reach out to us the individual can reach out to us case manager and say hey we need We have a gap here.

00:54:51.072 --> 00:54:57.072

We need help with this. We can fill that role. So I wanted to talk a minute about what our.

00:54:56.824 --> 00:55:21.824

Documentation looks like. This is an important piece too. So any time that we have an alert, whether it's 1 of the sensors going off or it's a initiated call either by our staff or by the individual it generates a report and so our staff then go in and they will document exactly what occurred, what time it occurred, and everything that went along with that.

00:55:07.774 --> 00:55:09.774

Okay.

00:55:11.841 --> 00:55:13.841

Yeah.

00:55:19.142 --> 00:55:34.142

And then those reports are available for the provider agency that may be working with the individual for the case manager, anyone that would be part of that team that wants to see that documentation just like any documentation that you would have in the home.

00:55:34.153 --> 00:55:49.153

And as a provider again as a previous provider agency, I know how frustrating it would be when I had a staff person that was working an eight-hour shift with someone and I would go in to check the log book and at the end of the day and it would say, had a good day.

00:55:49.073 --> 00:55:54.073

And that would be all that was there. And well, what does that mean? What was this person doing?

00:55:53.390 --> 00:56:02.390

What did that good day look like? Tell me, tell me what happened. So this gives a lot more in depth detail.

00:56:01.071 --> 00:56:08.071

And it can be used it for some really creative things. I've used it through some really creative things.

00:56:02.523 --> 00:56:04.523

Thank you.

00:56:06.515 --> 00:56:29.515

Sleep schedule, certainly one of them. If we have sensors that that are tracking movement throughout the home, we can see if someone's up and about in the middle of the night and you know if they're only in bed for 2 or 3 h versus you know 8 h that could be an issue with medication, that could be anxiety, could be a lot of things that can be the team can then relay that to the

00:56:17.446 --> 00:56:19.446

Okay.

00:56:23.639 --> 00:56:25.639

Okay.

00:56:27.574 --> 00:56:46.574

position. Bathroom schedule if we have so often what we'll do obviously we don't put things in bathrooms like cameras or anything we actually rarely use cameras, but we often put sensors at doors and you could have someone that has bathroom safety concerns and so they trigger the suit sensor when they go in.

00:56:33.950 --> 00:56:35.950

Okay.

00:56:44.011 --> 00:56:46.011

Okay.

00:56:45.415 --> 00:56:52.415

Denser set for 15 min. If the sensor isn't triggered for the person coming out, staff are reaching out.

00:56:51.264 --> 00:57:06.264

But that can work too ways one to ensure bathroom safety but 2 we can see how often someone's been in and out of the bathroom and so if they're using the bathroom 1213 times a day we know that that could be an issue and again those things that could be.

00:56:53.894 --> 00:56:55.894

Bye.

00:57:05.771 --> 00:57:16.771

Sent to the position for further discussion. So what does remote support look like? So this would be in a state that has it established.

00:57:14.952 --> 00:57:25.952

It starts with that consultation. That consultation occurs again with the whole team. It can be within 24 h time of the request.

00:57:24.391 --> 00:57:47.391

We have staff that are there in place in state. Our staff, our account executive will then. Could a proposal together and that will incorporate of the discussion that occurred during that so there's not going to be any surprises that technology will be incorporated into here the needs what's important to what's important for then it is sent along to.

00:57:26.262 --> 00:57:28.262

Yeah.

00:57:32.257 --> 00:57:36.257

Okay.

00:57:37.824 --> 00:57:50.824

Here the needs what's important to what's important for then it is sent along to either the state entity or the county entity depending on the state for approval.

00:57:49.267 --> 00:57:57.267

Under that Medicaid service. And once we get that approval piece. Then we have the installation. Installation occurs by our staff.

00:57:56.008 --> 00:58:17.008

We have field service technicians that we train. They come out, they know our system. They they are trained by us on how to interact with families with individuals and and They are the ones who will be there to put the equipment in to train people on how to use it if something goes wrong if something breaks if it needs replace those are the same folks that will come out and do the replacement of it.

00:58:15.201 --> 00:58:34.201

Once that occurs, then service can start. And so the biggest piece of this of course is education and, you know, was asked is talk more about how states can get involved with this and how they can start it especially in a state that doesn't have this service already in place.

00:58:33.586 --> 00:58:45.586

So the first place to start when you're building those rules out and you know that how long that can take for the time someone starts the rule process till the time of implementation.

00:58:45.200 --> 00:58:58.200

Can be 2 years depending on what we're looking at. The easiest way is don't try to create a service specifically for remote support and assist technology.

00:58:56.524 --> 00:59:08.524

Tie it to an existing service. So tie it to your direct care service already and just utilize remote support as a separate way to provide the service that already exists.

00:59:07.328 --> 00:59:17.328

Because it really is the same service. It's just being delivered in a different way. And when states approach it with that mindset.

00:59:17.516 --> 00:59:22.516

One, it makes life a little easier when they're going to CMS and saying, Hey, here's what we would like to do.

00:59:21.391 --> 00:59:32.391

And here's the. Budget that we would like to attach to it. And 2, it's a little, it makes more sense for providers for individuals and things.

00:59:30.075 --> 00:59:35.075

They're not trying to learn something new. It's just, oh, we're just going to do staffing.

00:59:34.142 --> 00:59:41.142

We're just going to do it a little different. So that's that's 1 key component to it.

00:59:39.081 --> 00:59:45.081

Then the second one of course is ensuring that there's an actual workable budget that's attached to it.

00:59:44.083 --> 00:59:55.083

So whether it's attaching it to that existing service and tapping into their current budget, which some states do, or it is creating a separate billing line item for that that service delivery.

00:59:54.328 --> 01:00:04.328

We are cost of course is is important with anything in life, right? Whether it's it's buying something or serving individuals.

01:00:04.140 --> 01:00:12.140

The what our standard rate is. We actually have a couple different rates depending on the on the states and how they are.

01:00:04.326 --> 01:00:20.326

Set up but we operate our remote sports service at \$9 an hour and then plus the cost of system technology equipment.

01:00:18.889 --> 01:00:32.889

So if you look at what the cost is. For in person service delivery were usually about a third to a quarter of what the cost is for that service so it's it's much more affordable.

01:00:31.949 --> 01:00:40.949

We also have a all encompassing model that we utilize in states that set an overreaching budget.

01:00:33.328 --> 01:00:45.328

So, so you look at a higher, for example, they remote support is at 8 99.

01:00:44.900 --> 01:01:01.900

An hour and AT equipment is built at The manufacturer suggested retail price plus 30% for installation, delivery, repair, training.

01:01:00.204 --> 01:01:12.204

It's all kind of laid out in their rule. And then there's an additional allowance of \$75 per month per item for things like subscription fees to keep things up and running.

01:01:11.154 --> 01:01:30.154

So that's 1 model. Then there's another model. You look at like a Maryland, for instance, and they have a \$64,000 annual budget for technology based services and in a state like that, we will charge \$13 an hour for remote support but that also includes any technology that goes along with.

01:01:30.140 --> 01:01:40.140

That to make it functional. And so it does make life a little cleaner. It stops some of the conversation between

01:01:39.644 --> 01:01:51.644

Case manager and is this piece of equipment needed? Did you add this unnecessarily? Because there's always questions because There's so much equipment out there that no one could possibly know at all.

01:01:47.137 --> 01:01:58.137

So being a good steward of public money, the expectations questions are asked. So going through that.

01:01:57.837 --> 01:02:11.837

That process sometimes can can bog down when we start from having service requested to when it's actually approved, but using that combined model, races any of that and can really speed things up.

01:02:12.327 --> 01:02:20.327

Education, education is the key. We're looking at a culture change. We're looking at serving people in a way that they've not been served before.

01:02:13.705 --> 01:02:29.705

This is a a service model that Pretty much didn't exist before 2,017, so it's still brand new.

01:02:28.082 --> 01:02:39.082

It's in its infancy. We were as I mentioned in 19 states, we're serving about 2,500 people across that.

01:02:33.386 --> 01:03:06.386

So when you look at the 1.8 million folks that are on some form of 1915 seawa that's just you know barely scratching the service and there's about 3 other companies like us that are national we all do things a little different the world friends and so we share a lot of information But it really is just kind of really scratching the surface of what what can be done.

01:03:06.699 --> 01:03:15.699

So, If you want to use that QR code link there, that will link you to our YouTube page.

01:03:12.139 --> 01:03:29.139

And there are some more videos like Brian's video or the the overview with Alex Cosma that I showed early on, but some really great stuff there, just people out there living their lives using technology and and it really kind of walks through what it looks like and how it all works together.

01:03:27.698 --> 01:03:37.698

So, Really appreciate you guys having me and having This discussion, I'm happy to answer any questions that you have.

01:03:38.642 --> 01:03:44.642

And. Or any other discussion points that you'd like to talk about.

01:03:49.633 --> 01:04:03.633

Thank you. Mr. Corbin for the presentation. And I, I think, you know, a lot of us would, would love to see something like that in Illinois.

01:03:55.589 --> 01:04:17.589

Obviously, we have a severe shortage of DSP workers staff because of many reasons obviously, financial is one of the biggest issues of just not being able to pay paid them an adequate wage.

01:04:16.903 --> 01:04:28.903

You know, with the model that you guys have, one of the questions I was wondering was, How do you guys pay your employees?

01:04:28.839 --> 01:04:40.839

More so that they are able to, you're able to staff these positions because Isn't it typically mandated by the state how much you can pay the workers?

01:04:42.788 --> 01:05:01.788

And so is it just that Arizona and California? Where you're where you are located allows you to I mean I assume it's through the each individual state so each 19 each of the 19 states will have dictated amount of how much you can pay each employee, like how do you pay your workers more so that you can have adequate staff.

01:04:58.846 --> 01:05:12.846

It's actually so dictated by the state that they're working in. So since our folks are located in either California years, I know we actually pay a much higher model than you would have for in person staff.

01:05:12.280 --> 01:05:27.280

And that that typical reimbursement rate is. The, model. That service model. So we're able to utilize one staff to serve multiple folks.

01:05:26.838 --> 01:05:37.838

If you go into one of our service centers or any of the service centers of anyone that is providing this service, you would, if you think call center, you're wrong.

01:05:37.088 --> 01:05:41.088

Because that's always the first thought is, oh, it's just going to be hectic.

01:05:39.972 --> 01:05:45.972

It's not. It is people just living their lives and we're just there to support when needed.

01:05:45.214 --> 01:05:57.214

So oftentimes it's very quiet and and then you have interactions just like we're having right now and checking in seeing how things are going and then they move on.

01:05:56.098 --> 01:06:07.098

So one person. May only have direct interaction with an individual. 3 or 4 times a day.

01:06:04.540 --> 01:06:21.540

So they can serve multiple people over that period of time. And so volume based, the It allows us to pay staff at a very competitive rate and boy, we really, so I love the opportunities go out to the call centers.

01:06:19.462 --> 01:06:25.462

One just to sit in and watch how those interactions are and have a chance to talk to the folks that we're serving.

01:06:22.233 --> 01:06:33.233

But 2, that they have unlimited snacks in their in their break room. It's like you open that that refrigerator.

01:06:32.335 --> 01:06:37.335

It's Nirvana like there's, did you like pop? We got them all.

01:06:36.222 --> 01:06:43.222

Do you need an energy drink? Got all those too. Are more health conscious? How about some fruit juice, right?

01:06:40.837 --> 01:06:46.837

Like there's so like there's anything that people want plus just piles and piles of snacks.

01:06:45.463 --> 01:06:53.463

And they get a, a, a door dash. Daily Doordash allotment.

01:06:52.279 --> 01:06:58.279

So if you want to bring in have lunch delivered. So yeah, they're they're they're spoiled.

01:06:58.214 --> 01:07:04.214

They really are. They're treated very well. And for that reason, our turnover was very low at our support centers.

01:07:05.095 --> 01:07:13.095

That's excellent. I I'm not as familiar with DSP work and I was just curious.

01:07:14.300 --> 01:07:26.300

Any individuals does a typical employee usually care for versus how many in individuals does one of your typical employees oversee.

01:07:24.718 --> 01:07:32.718

So it really depends on the needs of the individual, right? Whether it's in person or via remote support.

01:07:29.654 --> 01:07:42.654

So you may have situations where you have one staff that are working one on one with someone. Very often though you'll have staff that are working one to 4 or even one to 6 in some situations.

01:07:42.219 --> 01:07:49.219

I, you know, I would, I would say that, one to 2, one to 4 model is probably a little more common.

01:07:48.277 --> 01:08:03.277

Of course, the problems that you run into with that are numerous, you know, if I'm working with 4 folks and somebody, you know, Kyle wants to go to the store, but Bob doesn't want to go to the store and we both have to have the supervision.

01:08:02.152 --> 01:08:10.152

We either were either all going to the store or nobody's going to the store, right? Like so, I mean, we run into those problems and those are not new.

01:08:06.904 --> 01:08:16.904

So looking at the remote model, what does that look like? Well, it depends on same thing, of the individual.

01:08:15.100 --> 01:08:25.100

Do you have someone that requires more time and attention from the staff? If so that they're going to have a lesser case load and it also depends on time of day.

01:08:25.663 --> 01:08:44.663

So, 7 am. Lot of calls a lot of people getting up ready for work starting their day medication reminders different things going on to ensure that everything is going smoothly with that person's they get up and get ready 5 o'clock in the evening, very similar.

01:08:40.278 --> 01:08:59.278

So you're gonna have a much smaller staffing ratio of individual to to staff. 3 in the morning not much going on so people are gonna serve at a

at a much higher ratio and so that's all really built into our scheduling model as we plan out.

01:08:53.277 --> 01:09:01.277  
The days and weeks.

01:09:10.282 --> 01:09:23.282  
I appreciate all this information. You know it's it's there's just so many questions I'm sure other people have a lot of questions they want to ask you so I'll open it up to everybody else.

01:09:22.534 --> 01:09:30.534  
And Kyle, I'm sorry, I'm probably not gonna be able to get my camera right on them so you'll hear voices.

01:09:30.969 --> 01:09:36.969  
People in this room, I'm sorry. But we could. Doing great.

01:09:31.915 --> 01:09:35.915  
Okay. Oh, different.

01:09:37.336 --> 01:09:44.336  
This is Vicki Niswander. I have a question for you that should be a quick answer.

01:09:44.154 --> 01:09:49.154  
Do you provide services in Illinois anywhere? Currently.

01:09:47.649 --> 01:09:58.649  
Not currently. So we come to states as they're ready for us, right? And so some of that is do you have rules and regulations in place that allow for this service to be delivered.

01:09:56.847 --> 01:10:18.847  
Is there a budget available? So that that's 1 of my roles is is not only to navigate the red tape behind becoming a partner with the state and and being a provider agency and that in but also working directly with the the heads of the state when they're building this service out because it is something that I've done.

01:10:19.103 --> 01:10:30.103  
In the past that I'm always happy to. Just pass along any information, offer suggestions. Some state, some states are very happy to talk with me.

01:10:28.667 --> 01:10:36.667  
Some states are like, now we got this. We don't need you. So it really That depends on on the state and who's in charge.

01:10:32.795 --> 01:10:42.795  
But yeah, unfortunately, currently not in Illinois at this time, but I will say there are 3 kinds of states.

01:10:41.856 --> 01:10:50.856

They're ones that are currently using this service and using it well. They're the the second kind is those that are just getting started with it.

01:10:50.990 --> 01:10:57.990

They have rules and regulations in place. They, they have a budget. They're, they're right on the cusp.

01:10:58.045 --> 01:11:08.045

And the third is the ones who are getting ready. Because they really is no alternative. The in-person staffing model just isn't able to to continue the way that it has in the past.

01:11:08.604 --> 01:11:20.604

Hi, Corbin. It's Lisa. I have a couple of questions, but I'm not gonna dominate all of the questions, but I wrote like a couple of questions on each slide.

01:11:15.801 --> 01:11:28.801

So interrupt. Do I have questions? No, don't put the camera on me. I'm sorry. No, no.

01:11:21.978 --> 01:11:23.978

Okay

01:11:25.558 --> 01:11:35.558

Okay, so first I'm in Ohio and so I'm really happy to share that with you.

01:11:35.806 --> 01:11:41.806

Wonderful. Awesome. Oh yeah.

01:11:37.566 --> 01:11:39.566

Yeah, are you in Ohio?

01:11:42.437 --> 01:11:44.437

O H

01:11:44.375 --> 01:11:49.375

I O Yes.

01:11:44.437 --> 01:11:54.437

My man. Alright. About the criterion, you know, those that you take for this wonderful service.

01:11:54.688 --> 01:11:59.688

I hear you saying developmental disabilities. Does that include adults with autism?

01:11:57.557 --> 01:12:10.557

It's certainly does, yes. Anybody with an intellectual developmental disability, we're actually also in some states looking at how we can work with them to increase this to the aging population as well.

01:12:11.934 --> 01:12:18.934

But yeah, anyone that qualifies and has a waiver services, we do some private pay, but that's rare.

01:12:19.247 --> 01:12:25.247

Almost as if you can read my mind because I was going to ask you about the elder. So you already answered it.

01:12:22.184 --> 01:12:32.184

Yeah, there's a few states that have started that process. Oklahoma actually has people on service and are moving forward with it and very successfully.

01:12:31.373 --> 01:12:55.373

Colorado and Washington have language in their. And they're waivers for the aging population to use it but they haven't haven't taken that step to getting somebody on yet and then Ohio, Indiana and just someone else, Tennessee, discussed how to get those next steps and get that there.

01:12:51.314 --> 01:13:17.314

It's funny, so I worked for the Ohio Department of Disabilities for a number of years and every year without fail I would have a meeting with the the high department aging and they tell us again about this remote support service and I'd give them the presentation and go over through it and make it this is wonderful this is great we're really going to get this moving forward for our population we'll get back to you.

01:13:18.617 --> 01:13:20.617

Every year.

01:13:22.183 --> 01:13:31.183

Well, we like it in Illinois. Speaking of the waiver, you mentioned the \$9 and some of the breakdown of the payments.

01:13:24.429 --> 01:13:26.429

Okay.

01:13:30.179 --> 01:13:35.179

Is that all covered by Medicaid or Medicare? Medicaid, right?

01:13:32.685 --> 01:13:50.685

Yeah, it is through. It's Medicaid and it is through through waiver. So the the 19 most states of 1915 seawors is other other letters that go in there as well but yeah for those folks that have those waivers it is all covered through that.

01:13:50.807 --> 01:13:56.807

It depends on the budget in the state, but it is an allowable service.

01:14:00.506 --> 01:14:06.506

So I'm gonna, this, I'm Susan Fowler. I'm gonna ask a question.

01:14:05.559 --> 01:14:15.559

About Illinois and I'm sitting here and just dreaming about how wonderful this service would be for my son.

01:14:14.559 --> 01:14:31.559

We have something called a home based waiver service. Yes, for individuals with intellectual disabilities, autism, etc, who have qualified through the state.

01:14:30.367 --> 01:14:42.367

Through what's called persons with urgent need of support. So I have a son who qualified 7 years ago.

01:14:41.432 --> 01:14:51.432

And. We do have trouble finding people. To provide enough services for him.

01:14:50.435 --> 01:15:00.435

His favorite, which had to end when we went to the electronic verification visit system at the state level.

01:14:55.871 --> 01:15:10.871

And I'll explain that is. He loved being on the computer and having long conversations about issues that he was trying to problem solve.

01:15:10.495 --> 01:15:19.495

With a couple of his providers. He clammed up if they were in the living room. But he could do it.

01:15:18.933 --> 01:15:31.933

Through remote and I have been told explicitly and reprimanded when I attempted to charge hours. And they couldn't verify they were in his home.

01:15:31.746 --> 01:15:43.746

Because it's a GPS Identifiable. Verification system. So I, I am not using very much of my home base waver.

01:15:44.000 --> 01:15:59.000

Right now because they will not allow any kind of remote service. And probably. The problem solving has been more effective at keeping my son safe.

01:15:56.993 --> 01:16:06.993

At home making good decisions. Than having someone in the house. In fact, he often won't answer the door.

01:16:06.809 --> 01:16:17.809

When someone comes to quote unquote help him clean. He'd rather just have someone. Giving him a task analysis and staying away.

01:16:17.375 --> 01:16:24.375

But I, I don't know how, how to deal with the state. And have to.

01:16:23.934 --> 01:16:38.934

Think more broadly, I just had a conversation a week ago. With IDHS when I fired. A person who had not been showing up but had been able somehow illegally to submit hours.

01:16:39.366 --> 01:16:49.366

And the state said, well, That's your problem. And I said no. It's I wanna fire him.

01:16:46.061 --> 01:16:55.061

He knows he's being terminated because he's not. Providing direct support. He's not even providing.

01:16:54.376 --> 01:17:07.376

Telephone support. They said, well, you can't provide telephone support. So here I was in the middle of this situation where someone wasn't showing up.

01:17:06.806 --> 01:17:16.806

With Billing Hours and the state just won't even consider. So, you know, they, they finally agreed that I could fire this person.

01:17:16.812 --> 01:17:26.812

But they won't consider the remote support. And I'm, you know, I was about ready to just say I don't want the waiver anymore.

01:17:26.751 --> 01:17:38.751

Because. So how do we go about in Illinois, looking at technology supported services. I mean, telepractice is.

01:17:28.375 --> 01:17:30.375

Yeah.

01:17:35.186 --> 01:17:37.186

Yeah.

01:17:40.124 --> 01:17:45.124

Happening in all kinds of health systems, but it's not happening

01:17:46.367 --> 01:17:50.367

In in our system.

01:17:47.805 --> 01:18:04.805

And it's a mindset, right? Like it is a wrapping the they're getting the wrap their heads around the fact that there's a different way to do service delivery and it has to start at the top whether that's all the way at the governor level whether that's at the director of DD services.

01:18:01.807 --> 01:18:26.807

But one, you know, someone at that, that level has to say, hey, this needs to be successful and it needs to be conversations from, you know, family's parents such yourself they're saying we need this our the current system is failing us we need a different approach to how this can be delivered we need you to look at what other states are doing and adopt that model.

01:18:25.305 --> 01:18:32.305

And you can even show them or tell them and they can find out for themselves this is a cost-effective model.

01:18:30.688 --> 01:18:51.688

That was how it started in Ohio. It was we knew that the current system was gonna fail because of overtime and the the reimbursement rate for provider agencies and the inability for them to keep doors open because of cost margins were so thin and technology was looked at as well, maybe this is some way we can serve people cheaper.

01:18:50.694 --> 01:19:06.694

And as we dug into it and realized, oh my gosh, this is just a better way of serving people and it provides more independence that whole shift pivoted into we're gonna do this because it's the right thing to do and it just happens to benefit everyone involved because it's also a cost savings.

01:19:05.881 --> 01:19:13.881

So yeah, those that that has to be driven upwards to get the attention and say, hey, you have to do it.

01:19:12.995 --> 01:19:27.995

I have a lot of conversations at the state level with numerous states for exactly the same things and reasons. I spend time at national conferences talking to different state.

01:19:26.744 --> 01:19:36.744

I spend time at national conferences talking to different state, national conferences talking to different state level employees, director level and national conferences talking to different state level employees, director level and, and I unfortunately have not had the opportunity to speak with anyone.

01:19:34.247 --> 01:19:44.247

At that level for push that service up, let them know that it's there and demand.

01:19:45.753 --> 01:19:49.753

Different ways of. Service delivery.

01:19:50.059 --> 01:20:02.059

Thank you. I'm looking at some of my colleagues on the DD board and hoping that maybe we can come up with a way to get this information.

01:20:01.555 --> 01:20:08.555

Into the system because they're just So resistant. I'm also looking at Lin. Is pretty.

01:20:09.934 --> 01:20:12.934

But thank you.

01:20:11.242 --> 01:20:25.242

And I'm not certain of the structure. In Illinois, and I apologize for that, but you know, if you have county board associations, that can be a great place to push that up to the state level, provider agency organizations because your providers are drowning out there if they don't have the staff.

01:20:20.242 --> 01:20:37.242

They don't have the ability to continue pay over time. They need a life preserver. Getting them on board and pushing it up and saying, hey, we demand a change that can be helpful.

01:20:37.181 --> 01:20:45.181

When somebody is receiving remote support, it's \$9 an hour. Is that 24 hours a day?

01:20:45.500 --> 01:20:47.500

365 days a year.

01:20:46.504 --> 01:20:52.504

The, yeah, the price doesn't change. It doesn't matter what time it is with.

01:20:53.566 --> 01:21:06.566

What part of the date is that often you see a lot of models that build in 15 min units. So it's significantly cheaper than than in person service delivery, but yeah, 24 7 365.

01:21:08.123 --> 01:21:19.123

So just just as a quick follow-up. I think in Illinois right now we're stuck with the system where you get a certain amount of money per month.

01:21:18.494 --> 01:21:28.494

This home based waver and they don't really care if you pay someone \$50 an hour or \$15 an hour, you just get that.

01:21:29.305 --> 01:21:37.305

\$2,500, \$2,700. That's it. And regardless of whether or not you need more services.

01:21:38.182 --> 01:21:42.182

That's what's available. You work with in that budget.

01:21:41.811 --> 01:21:43.811

Sure.

01:21:42.311 --> 01:21:52.311

It would be almost \$80,000 a year. But, but not everyone would need 9, 24, 7, 365 days to see here.

01:21:50.687 --> 01:22:02.687

I mean, but I think there are a lot of individuals who have made progress and living independently. Who just need.

01:22:04.620 --> 01:22:09.620

A certain number of. Opportunity hours, maybe. Yeah.

01:22:09.006 --> 01:22:18.006

Yeah. We may have 2 or 3 people out of that 22,500 that are 24/7 like it's rare.

01:22:15.691 --> 01:22:29.691

It's very very rare. Typically what we have is maybe 4 h, 6 h of a set time period, but often what we have is a few hours and then we're available, right?

01:22:28.182 --> 01:22:46.182

So if you don't need someone monitoring you continuously over a period of time and you just need to have maybe a reminder call at 6 o'clock or overnight I want to be able to push a button so I heard there's a great example.

01:22:46.066 --> 01:22:51.066

Something woke me up at 3 o'clock in the morning. It was a noise. I'm not sure what's going on.

01:22:49.753 --> 01:23:01.753

I'm afraid someone's in my home and I need to talk to somebody. So instead of calling 911, I can push the button, talk to staff, we can check the sensors to see if there's any movement in the home.

01:23:00.248 --> 01:23:06.248

There's nobody there, everything's good, everything's still locked, you know, you're in a good spot.

01:23:06.558 --> 01:23:22.558

So that's a 1-minute call. That you know you wouldn't bill hours for right so that's that that's part of our service it's just really included into our service if you're receiving you know 4 h you have that ability to push that button any time and say, hey, I need to talk to someone.

01:23:28.715 --> 01:23:37.715

And just for group discussion, you know. I think the like, \$2,500 a month. You, you know.

01:23:37.056 --> 01:23:50.056

Spread it out, it'd be around a little over 6 h. At \$13 an hour. If you don't want to pay for like the medical, other the technological equipment upfront, that'd be about a little over 6 h.

01:23:49.867 --> 01:23:57.867

A day that I would So, well, it's like 6.2, 6.3 h per day.

01:23:57.502 --> 01:24:06.502

At \$13 an hour. Per month. So 6 hours a day you would get covered for that 20, I guess if you use that \$2,500.

01:24:05.743 --> 01:24:12.743

For that cost. You would cover a little over 6 hours day of DSC, a DSP.

01:24:11.807 --> 01:24:28.807

Yeah, if you used it all. I mean, you would probably more likely use 2 HA day and then utilize that other money for direct service providers to do things like take me out into the community or you know help me get back and forth to work do preemployment services.

01:24:13.000 --> 01:24:14.000

So.

01:24:27.995 --> 01:24:34.995

Job coaching, whatever else is incorporated in that budget. So I mean, again, we're just part of the piece, right?

01:24:35.201 --> 01:24:38.201

We're just a tool that would fit in there and where it makes sense.

01:24:39.689 --> 01:24:51.689

I do wanna ask, I'm only gonna ask one more question. I can look at your website and try to figure out, you're laughing and figure out the rest of my questions, but I do want to ask about ACT, acceptance and commitment therapy.

01:24:50.062 --> 01:25:01.062

You said your staff is trained based upon that model. I was just curious who's training them?

01:25:01.061 --> 01:25:05.061

Is that person certified or licensed in ACT?

01:25:06.123 --> 01:25:21.123

Yes, absolutely. Yes, we utilize licensed trainers. And when we first started, we had reached out and had the supply someone for us and then as we've gotten bigger, we have had our own trainers in house.

01:25:22.371 --> 01:25:24.371

Gotcha. Thank you, Buckeye.

01:25:24.932 --> 01:25:26.932

L.

01:25:33.434 --> 01:25:35.434

Any other questions, comments?

01:25:35.878 --> 01:25:40.878

Well, I want to thank you, Mr. Corbin. This is Dr. Youakim.

01:25:38.820 --> 01:25:53.820

Hopefully our state will be one of the Next ones to adopt something like this in the future. Sooner rather than later, I hope.

01:25:39.934 --> 01:25:46.934

This was very informative. You know, it gives us a lot to think about and hopefully also hope for for the future.

01:25:54.684 --> 01:26:02.684

I do want to answer the question that was in the, I see that there was one in the chat about delegated nursing services.

01:25:55.931 --> 01:25:56.931

Thank you so much.

01:26:01.436 --> 01:26:11.436

So, excuse me, we don't employ nursing services and so we're unable to do any kind of delegated nursing service.

01:26:12.058 --> 01:26:27.058

We can do some assisted medication. Again, it depends on what the needs are of the person. It could be something like I mentioned simple as just giving reminders verbal reminders or we can watch someone take their bills to verify that they were taken.

01:26:26.877 --> 01:26:31.877

But, But yeah, we're not able to do any other delegated services.

01:26:34.628 --> 01:26:45.628

Thank you. So much for letting me sit in on your group for the evening and very much pleasure if you have questions, please feel free to share my information.

01:26:45.559 --> 01:26:51.559

You can reach out to me anytime. I'm happy to answer anything that you have that you think of later on.

01:26:54.497 --> 01:26:57.497

Thank you so much. Thank you, Kyle.

01:26:57.808 --> 01:27:05.808

Alright, with that, we'll move on to agency input. Is there any agencies out there that would like to make any comments?

01:27:07.054 --> 01:27:14.054

And now is the time we'll leave it up to 5 min for agency. Oh, perfect.

01:27:24.311 --> 01:27:38.311

It's a very weird looking one. Hello, my name is Josh. I work for developmental services center here in town.

01:27:37.682 --> 01:27:50.682

I don't specifically have any questions about this service. It is fascinating. It'd be terrific to have something like this in Illinois at some point.

01:27:49.748 --> 01:27:57.748

Okay. I can say it at DSC we are working toward a lot of these things.

01:27:56.809 --> 01:28:09.809

In increasing and changing the supports that we offer. Unfortunately, it's trying to get the state to keep up with us that,

01:28:10.807 --> 01:28:13.807  
You know, is a big problem.

01:28:15.745 --> 01:28:19.745  
Yeah, but I guess that would be my comment for the night.

01:28:21.873 --> 01:28:26.873  
Okay, thank you. Any board announcements or input?

01:28:28.124 --> 01:28:35.124  
Alright, same. We have one here. Thanks, Dr. Youakim.

01:28:34.061 --> 01:28:41.061  
Just thank you for everybody to come and thank you for. Yeah, coming and listening to this presentation.

01:28:42.123 --> 01:28:58.123  
Can I have a quick thank you? Okay, so this is my board comment may not be a hundred percent acceptable, Mike Ingram you might know has, the last couple of years helped sponsor the great CU prom giveaway.

01:28:51.434 --> 01:29:09.434  
So several of us are volunteering this weekend to pick up dresses, jewelry, shoes for ladies and gentlemen.

01:29:05.936 --> 01:29:14.936  
And then what we do is we allow these young folks to come in free of charge. They get what they need for prom night.

01:29:15.055 --> 01:29:22.055  
And it gives me goosebumps talking about it. So if you see any of the posts, there are drop-off locations.

01:29:21.493 --> 01:29:27.493  
Again, pretty much any of us if you say swing by my house, here's the address.

01:29:27.378 --> 01:29:36.378  
I think any of us will swing by and get it and It's 1 of the most rewarding things that I've done and I will kid around a little bit with Mike.

01:29:29.061 --> 01:29:44.061  
I'm - him and I are polar opposites politically, but I absolutely love working with Mike on this event and I've met some really great people.

01:29:43.246 --> 01:29:52.246  
So if you see the post and You know, you can donate, it would be much appreciated and share it with any young folks.

01:29:50.869 --> 01:29:52.869

You know, it is free of charge.

01:29:53.247 --> 01:30:02.247

That's great. With that, I'll move to adjourn. Alright, yeah.

01:30:03.563 --> 01:30:05.563

See you guys next month.