



Meeting People Where They Are: Partnerships with Independent Living and Assistive Technology Programs to Address Homelessness and Housing Stability for People with Disabilities and Older Adults

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ERICA McFADDEN: Hi everyone, we'll get started in a minute.

I want to welcome you all to today's webinar by the Housing and Services Resource Center. It's called "Meeting People Where They Are." I want to introduce myself; my name is Erica McFadden. I'm the director of the Office of Independent Living Programs at the Administration for Community Living. We are an operating division under the US Department of Health and Human Services. I will be serving as the facilitator for today's webinar, and it's a privilege to have so many of you here with us today. Your involvement in this webinar is essential for us to have an engaging discussion. So we look forward to that.

A couple items we wanted to go over as we get this started. One thing I want you all to know is that this meeting is being recorded, so, if you are on the meeting that means you gave consent. All attendees on this meeting have been muted to ensure audio quality.

We are asking people to please use the chat to make comments and submit your questions at any time. You do not have to wait until the very end. You can put them in the Q&A feature on the Zoom dashboard. We also reserve time at the end to address

your questions. You can also email a question or comment to HSRC@ACL.HHS.gov, which is on the slide. Just so you know, everybody should have a copy of the slides and receive them following the webinar. They will also be shared again along with a feedback form for today's webinar.

Finally, throughout the webinar we will be using QR codes on the screen. This is the one time you can use your phone. (Laughs) We encourage you to do so. There will be clickable links in the chat that we will share with you as well. So, consider having your phone handy. Next slide.

A note on accessibility: as you see, we have an interpreter today. Emily Stiles, thank you for being here. She will be visible throughout the webinar. You can enlarge the window for the ASL interpreter by using the pin feature. Simply click on the interpreter's window and select the pin icon to make their window larger.

To ensure the ASL interpreter will be visible in the webinar recording, we've also asked presenters and panelists to limit their use of their own camera, only when speaking. For those using screen readers wanting to silence unwanted chatter in the chat and QA boxes, activate the speech on demand feature by pressing insert, space bar, and then pressing the letter S on the keyboard. OK, next slide.

Before we get to today's topic, we wanted to ask you all a question, if you could respond to the short poll. Does your program have a partnership with your state's Assistive Technology Program?

If you can select one of the answers that would apply to you, we would appreciate that. And then onto the next slide.

While we're processing the results on the poll I want to say a few words about the Housing and Services Resource Center. Or what we affectionately call it, HSRC. This is a partnership between the US Department of Health and Human Services and Housing and Urban Development.

The HSRC is part of an interagency initiative to streamline and expand access to affordable, accessible housing and the critical services that make community living possible. To that end, the HSRC sponsors cross-sector partnerships between organizations and systems that provide housing resources and homelessness services across health care, mental health, independent living, and other supportive services.

After the webinar, I hope you will look at the HSRC website noted on this slide, and we will share an email address at the end as well. So, you can be in touch with us and get periodic updates on what we are up to.

We have the poll results. I would like to remind everyone to use the chat and the Q&A function throughout the webinar. We really want to hear your comments and questions. It looks like it's across the board on people's partnerships with Assistive Technology

Programs: 17% say they have formal partnership, 27% said they do not partner but they may in the future, and some even provide I&R. Thank you all for doing that today.

We just want to encourage those of you that have formal partnerships with your AT providers or your Assistive Technology Programs, we would love to know who you are involved with. If you could write down or type in the chat who those partners are with your agencies, we would love to know that. That is a great example of cross-sector partnerships. OK, next slide.

Now to the main event, why you are all here for today's webinar. This is a quick overview of what we will discuss today. We will be learning about dynamic and responsive partnerships between our Centers for Independent Living, our continuums of care, and our statewide Assistive Technology Programs.

I will first talk about the Centers for Independent Living, or CILs, as we call them, and their role in assisted people with disabilities who are experiencing or at risk of homelessness. And then we will hear from Rob and the way statewide Assistive Technology Programs can help keep people housed. Then we're going to hear from our three partners in New York and take some time to talk to them about what they are experiencing in the field and how their collaboration helps address homelessness in their communities. We will end with Q&A from you before we close, so be sure to type your questions into the Q&A function.

And so, first let's start off by talking about Centers for Independent Living. There are more than 350 federally funded and authorized Centers for Independent Living in every state and territory. They are led by and for people with disabilities.

They are nonprofit, nonresidential, and they provide a plethora of services like information, referral, peer support, independent living skills training, and individual and systems advocacy to remove barriers that they have based on disability. They also help people transition out of homeless shelters or institutions and nursing homes, and into community-based housing.

With homelessness service providers seeing an increase in serving people with disabilities and older adults who are experiencing homelessness, CILs can use their unique disability-driven perspective to help people get housing. They can connect them to services that will help them stay housed. They provide services to help them stay permanently housed. On that note, I know later on in the panel we will have John talk about CILs in his presentation, but I will first turn it over to Rob. Do you want to talk about assistive technology?

ROB GROENENDAAL: Thank you Erica. My name is Rob Groenendaal, and I serve as the Assistive Technology Program Manager at the Administration for Community Living in the Center for Innovation and Partnership.

This slide has a picture of two people using a communication device. Aging and disability is a natural process that is part of life and the human experience. Assistive technology is any item, piece of equipment, or product system that is used by a person to perform functions that would otherwise be difficult or impossible.

AT devices and services enable individualized adaptations to everyday challenges. Depending on need and implementation, AT ranges from no or low-tech to mid-tech and high-tech. The Assistive Technology Act programs were first authorized by Congress in 1988 to help people with disabilities across the lifespan access technology solutions that address functional needs and challenges at home and in the community, at school and on the job as well for accessibility as well as mobility.

The AT Act was recently reauthorized in late December 2022 as the 21st Century Assistive Technology Act. State and territory AT programs enable people to make informed decisions through AT device demonstrations and short-term loans. A person can experience and borrow an AT device, and try it out at home in the community, to determine if that device meets a person's specific needs.

This slide has a picture of a person using a mobile support device to safely enjoy gardening at a planter box. Assistive technology, durable medical equipment, and home modifications enhance housing accessibility. Technology specialists work with individuals who have functional needs to determine which AT or home modifications are appropriate for that person's home environment.

AT programs help people to live in the home of their choice through devices and daily living activities, safety improvements in the home such as installation of grab bars and hand railings, and accessibility modifications. This includes ramps and accessible bathrooms. Working with housing agencies and aging and disability networks is key to advancing housing stability in the community. Next slide please.

To locate the AT program in your state or territory, go to the AT3 Center website on the slide, which contains three small pictures of people using personal devices. I will hand it back to you, Erica.

ERICA McFADDEN: Thank you, Rob. On that note, we will talk about continuums of care next.

On the US Department of Housing and Urban Development, I'm sorry, HUD, has continuums of care. These are backbone organizations that are designed to permit a community-wide commitment to end homelessness. The fact they are a coalition of community-based organizations means they work together to find solutions to homelessness.

So, continuums of care, or CoCs, are funded by HUD, which awards over \$2 billion each year to around 400 CoCs. They then allocate funding to local nonprofits, state and

local governments, and public housing authorities to fund specific projects designed to reduce homelessness.

We will be putting a link in the chat to a page that will provide you with more information about the CoC program, including a list of all the 2022 awards, so you can see as a reference. There is also a link on the slide as well. Next slide please.

So, now we will be joined by three of our wonderful partners in New York State. We have John Zick, who is the chief operating officer of a CIL called AIM Independent Living Center. Kelsey Addy is the director of planning for CARES of New York, Inc.; this is the collaborative applicant for HUD CoC program. Finally, we have Melinda Dolezal, the TRAIID Director at the New York State Justice Center, the state's AT program.

They will each share a little bit about the work the partnership helped inform and benefit the work they are doing to address rising homelessness among older adults and people with disabilities. With that said, John, I will turn it over to you.

JOHN ZICK: Thank you so much Erica. Good afternoon, everyone. My name is John Zick. I'm a chief operating officer at the Independent Living Center in New York. We are located upstate in the southern tier about two hours south of Rochester and an hour west of Binghamton. I know Erica already told us what a CIL is, but as a reminder, these are peer-run support centers for people with disabilities.

Traditionally, I think Erica mentioned it, nonresidential. Traditionally they do not operate housing or residential services; we primarily try to get people out of institutions. And to promote integrated and independent living opportunities.

So, why am I here? We've known for a very long time that finding accessible and affordable housing for people with disabilities and CIL consumers has always been a challenge, and people with disabilities are at increased risk of homelessness.

Because of this, AIM decided we needed to act and shift away from tradition in an innovative way. If you want to see systems change, sometimes we need to change. Next slide please.

About six years ago we began to explore how we could create housing opportunities for people with disabilities most in need, i.e., homeless or at risk of homelessness. This all started when we applied for a grant opportunity in New York to provide permanent supportive housing to people with disabilities.

There are always two different components to supportive housing; there is the support services side and then there is the actual physical housing, the capital side. By law, Independent Living Centers or CILs are not supposed to have residential housing. So, what AIM did was start a separate corporation to hold properties. CIL is a support service provider and this new corporation in community living would be essentially a property owner and run the property. Next slide please.

In the last six years, we have done quite a bit of work. As we said, AIM currently operates two permanent supportive housing projects that are independent and integrated in the community. We have a third project that is nearing the startup; we hope to have it operational by the end of 2023. And we have secured two additional permanent supportive housing grants with a targeted opening of 2025.

The populations we are currently serving are seniors who need assistance with an ADL, veterans with a disability, people with intellectual or developmental disabilities, youth, people with substance use disorders, and ones in 2025 are more senior housing, veterans, and chronically homeless housing. Next slide please.

Through this process over the last six years, we had to work with our local CoC for support. When we started, I did not know what this was; now I'm very familiar with what CoC is. We learn more about the local system for homelessness services, and during the process we provided our insight and expertise on disability and what people with disabilities were facing as it relates to housing. Partnership proved so fruitful we were actually asked to join the CoC board, which I did in 2018 or '19. And then later on, I was asked to consider running for the CoC co-chair position. I'd been in that capacity since 2021.

As a representative of the CoC, AIM acts in the best interest of all people who are homeless, but we continue to ensure that the system considers disability and its strategies and practices. Next slide please.

So, the partners in AIM works hand-in-hand with CARES of New York. We really work with CoC at their paid staff. You will hear from Kelsey in a few minutes. We work to include the supply of affordable and accessible housing in the state, and we have sought assistance and expertise from the AT program. We will hear from them in a little bit.

The program provides short-term loans in part to allow people to access their homes. These partners are also working to provide solutions to homelessness and housing instability for people of New York, by making the existing housing more accessible. Next slide please.

I don't even know if these are best practices or just a little bit of advice, but some common sense probably as well. Partnerships can help bridge the gaps in service delivery. Understanding the process and red tape of various regulations and programs allows for a greater understanding of how best to serve shared populations. So, if you have the right people at the table, you are in a far better position to problem solve or get through that red tape or come up with innovative solutions. Sometimes it's best to step outside your comfort zone and use your voice in a way that maybe you are not traditionally used to.

Next slide please, the next one may not be mine, this may be the last thing I have to say. I have one more slide.

Success story, so, we have 20 operational units now. We had 10 people when we first opened in 2019, our first project. Ten of those folks who rented up in the first month are still in their housing. A lot of better residents found this to be super beneficial.

Resident recently told us (Reads) "Transition from a skilled nursing facility to this program gave me opportunities that I had not had nor what I would have had. Gave me the opportunity to transition to a nice, safe, affordable unit. I had literally nothing and would not have had anything. It is allowing me to be out in public. Due to my disability, I thought I would always be stuck inside. Meeting friends, having the support here has certainly helped my mental health." So, that is a real-world kind of experience from someone our partnership has helped.

And with that, I think I am now passing it off to our AT partner, Melinda Dolezal.

MELINDA DOLEZAL: Thank you John, thank you everybody for being here on the session on a lovely afternoon; hopefully it's lovely where you are.

As John said, my name is Melinda Dolezal, and I'm the director of the Technology-Related Assistance for Individuals with Disabilities Program, the AT program in New York. If you have not had contact with your state AT program, I highly recommend you check out the AT3 link. We get questions all the time, I got one yesterday from someone in New Jersey asking whether program was. I'm happy to get you guys in touch if you are not sure.

I will just give you an overview of how we do things in New York as far as our AT program and how it relates to John and Kelsey's work with homelessness in their region. If you go to the next slide please.

Our services in New York are pretty much the same in many ways as services that you will see in your different states as well. If you go to the next slide, without going into too much detail, we offer things such as device loans, kind of like a library of taking things home to see if they will work for you or for the person you are working with. There are 12 regional TRAIID centers in New York. They offer loans as well as demonstrations, which is comparing and contrasting devices to see which will work best for somebody. We offer training, public awareness, technical assistance, everything that falls under the AT Act. Many of our centers also do 3D printing.

The work at AIM has made a huge impact in the region. I oversee the statewide program in terms of the services that we are offering in data collection. But I would be remiss if I did not mention Hannah Harness, the TRAIID staff at AIM. She's fantastic. She consults and provides technical assistance for the homeless housing project that

serves people with a variety of backgrounds in [...] County. The other 11 TRAIID centers are doing work in their various regions with people of all ages and all demographics.

These are a couple examples. There are thousands of kinds of equipment out there that would fall into assistive technology. Each center has its own inventories and its own equipment. If you start up in the picture in the top left, that is some assistive technology for someone to use the bathroom. It's a movable stand that can help somebody brace themselves. There's many different types of equipment that can be used for these different things.

The blue item slightly to the right is a device that can help somebody get out of bed; this helps leverage them in order to do so. The last picture in the top right is a device that is used to help somebody stir food in a bowl. The bottom left is an administration device for medication for people who might forget; it has an alarm on it and can be locked, so people cannot get in and move things around.

Next – and that is a sock aid to help somebody get dressed that may be unable to. Maybe they have some injuries to their back or do not have a lot of flexibility. This is a great device and very simple and easy to use.

Some of our stuff can be as simple as large print playing cards, which you can see there, and someone wants to get out and spend time with her friends but maybe as they get older need something extra to be able to see clearly. And then on the right all the way there is an alarm clock. This particular alarm clock has a disc to the right that vibrates to help somebody wake up that may be hard of hearing. This is extra loud as well, which will help somebody. These are just some examples of daily living devices. With select our inventory based on feedback from community members and stakeholders.

So, people that we partner with such as Department of Health, we work for them for Money Follows the Person as well as early intervention for the little guys, birth to three years old. We also work with ACCES-VR, which is a state vocational services agency, so, we have the most variety of equipment as possible that people can use at home, school, and at work.

Of the 12 TRAIID centers, we have a great variety. Seven are independent living centers just like AIM is in the region. We love our Independent Living Centers; they are one-stop shops for everything from benefits advisement, many of them have resources, not all but some of them have resources for food banks, different waiver enrollments.

Of the other centers that are not Independent Living Centers, we really encourage them to get in touch with those in the region. Three are human services agencies such as cerebral palsy associations. We have one that is a wraparound service-based agency to our state universities.

So, our center at the University of Buffalo and SUNY Plattsburg, for those of you have been way up north, one is a University Center of Excellence in Developmental Disabilities. All 12 bring amazing flavor to the table and are great at what they do. And they do it all differently based on the feedback in the region. So, we can go to the next slide.

How do we do with the assistive technology in housing? If you go to the next slide.

As I mentioned, we work with the Department of Health for Money Follows the Person. We focus a lot on helping people transition out of nursing homes and congregate settings. Between 2020 and 2022, we helped over 2,500 people transition out of nursing homes and back into independent housing across New York State. If they needed equipment we helped them borrow it; this helps to maintain independence at home and in the community. We also provided training and technical assistance to aging staff.

I apologize I do tend to speak a little bit quickly. I want to make sure that other speakers have plenty of time to share their very valuable information. So, we try to support people in the field as well as the people that are borrowing our equipment as well. So, they can share this information in as many settings as possible. If you can go on to the next slide.

Each of our 12 TRAIID centers works with various community organizations. We have two examples. One of them, in Plattsburgh, works with Alzheimer's Disease Assistance Center's Caregiver Support Initiative, which works with family members and staff that are supporting family members to take care of aging parents or aging relatives so that they have the equipment you need for the family to stay independent at home as much possible.

In wraparound services of the Hudson Valley's Project ACT helps people discharging from nursing homes find equipment in the community that is no longer needed that can be donated to individuals to keep, to maintain their independence. If you can go on to the next slide.

Just some other notes about New York, really quickly, we do provide temporary loans as I said, very much like a library. People can borrow from us, either the person using the AT or their family members, the staff they work with, in order to help them—it does not matter to us as long as the AT is applicable. We do not do home modifications in New York, but we do share resources that can help people, which includes waiver programs like our home and community-based services waiver.

There are low-interest AT loan programs in New York such as the National Disability Institute and the Equipment Loan Fund, and there are various university organizations we can refer people to as well. But several devices that we have been able to loan people that we can go in and provide to somebody and then successfully take them back once they are no longer needed are things like temporary grab bars for bathrooms, door alarms, some types of ramps that can be like suitcase ramps that can be

temporarily put in as long as it's ADA compliant; we want people to be safe and able to maintain independence.

The last piece of information that I have for you is my contact information. This contact information is on the AT3 website, but if you ever have questions about your AT programs or would like to go over anything, please feel free to reach out. That is my direct email and my phone number. With that, I will pass it off to Kelsey so she can share her awesome information as well.

KELSEY ADDY: Thank you very much, Melinda. My name is Kelsey Addy. I am the director of planning with CARES of New York. This is a nonprofit organization based in Albany that empowers communities to end homelessness through community planning, program data, supportive housing, and awareness building. Next slide please.

We achieve this mission in a number of ways, including owning and operating supportive housing, as well as being the administrative arm of several continuums of care in upstate New York, like John mentioned. The piece of work I will reference the most today is our role as a CoC collaborative applicant and planning lead.

You already heard a little bit about this, but I will go deeper into what is a continuum of care for those of you who may not be familiar.

A continuum of care is a federal funding stream through HUD and the planning body. CoC funding provides funding to address homelessness largely through funding rental assistance and support services. Those eligible to apply include nonprofits, Tribal entities, and government agencies.

And there are a variety of types of housing programs that you can design with CoC funding. This includes things like long-term Permanent Supportive Housing or bridge programs like Rapid Re-housing. But ultimately, the takeaway is that funding is intended to serve households experiencing homelessness, who have the most severe service needs.

As mentioned before, the term CoC is also a planning body that is made up of a board, membership, and committees. Stakeholders join the continuum of care and work on different communities in an effort to inform how CoC funding is spent, and to collaboratively work on processes to best address homelessness in their area. CARES's role in this as a collaborative applicant of the continuum of care is to support the annual funding application to HUD for these housing programs and to work on a year-round basis with the board, membership, and committees to move locally identified work forward to best address homelessness in the area.

AIM, you heard from John earlier, is part of the NY 501 Continuum of Care, which is in the southern tier of New York State.

Ultimately, we are very lucky to have AIM on the CoC board, as one of the CoC's goals, and one of HUD's expectations, is the CoC is representative of relevant organizations serving homelessness populations within the CoC area.

We see many benefits as a result of AIM being on the continuum of care board and from attempting to ensure that we have a board of diverse community providers.

So, first having players at the table who were not entrenched in CoC work allows for good questioning about how COC operates. This ensures that we are really doing necessary level-setting work all the time, so we are welcoming to new members who may not know the alphabet soup. It also brings a fresh perspective to the table, questioning how things have maybe always been done but could be done in a different way that is more effectively reaching our goals.

The second is having AIM and other agencies that serve various populations at the table allows for representative input on how to prioritize COC funding based on the needs that those agencies are seeing.

Third and probably most important is collaboration has allowed us to better meet the needs of those experiencing homelessness and living with disabilities. What we have seen is that when agencies collaborate to streamline housing and services, that burden of coordinating is taken off of the client. Making it easier for those experiencing challenging circumstances to get the support that they need.

So, an example of this that John had talked about is how AIM developed permanent support housing for persons experiencing homelessness and living with disabilities. In implementing that program, AIM has coordinated with CoC to take clients off of CoC community-wide waitlists when they have openings. This coordination ensures that clients are not having to apply to multiple programs to access housing and services. This really puts the burden of the coordination on us as agencies and service providers.

And fourth, when agencies collaborate across systems of care for support, it allows for sharing of best practices.

As you heard CILs are peer-run support centers; similarly CoC is deeply committed to having peers and persons with lived expertise of homelessness make up its membership and boards. We have a lot we can learn from AIM on how to establish peer-run leadership, and we look forward to doing that. Next slide please.

I just want to thank you for your time and having me, and I look forward to the Q&A portion.

ERICA McFADDEN: Thank you so much Kelsey for sharing that. I want to thank all of our amazing presenters for the information they shared with us today. I ask you all to stick around, so that we can answer some of the questions that are in the chat.

But while we pull those, I just want to ask you all, I know earlier we had asked on the poll if you had partnerships with your AT programs, I know some of the AT programs are an AT program. So, yes I do (Laughs). This is your chance to be able to answer your question on if your agency partnered with CILs in your state. We do not have a poll for this one, but if you can just put it into the chat, that will help us to know who all is partnering with who. If you have not partnered with a local Center for Independent Living, we'll also put a link in the slide and on the chat, for you to be able to access that.

We are up to our question-and-answer component, and I will just kick it off with a question for the panel that was received from KC Austern. (Reads) "While permanent supportive housing is vital here in my area, we see significant areas with folks who are currently homeless and being in shelters that are unable to support their care needs with AT or other supports. Have you all found any ways of addressing the short-term needs while permanent housing is found?" Does anybody on the panel want to be able to tackle that question?

JOHN ZICK: Sure, Melinda please.

MELINDA DOLEZAL: I mean as far as TRAIID, we do loan certain types of devices to people whether they are homeless or not, for us it does not matter if the person's housing situation or background, obviously some things that are bigger or have a lot more stuff to them would be difficult, but we have loaned things like durable medical equipment for mobility are some of the most common ones.

We have had referrals from our No Wrong Door Agency in New York, which is New York Connects. We had a woman who was referred to us whose home had burned down, and she was living in a hotel. We got her a wheelchair to be able to navigate until more permanent housing was found for her. For now there is not a perfect answer, but as far as TRAIID is concerned, we will continue to be a resource for people in that situation.

ERICA McFADDEN: Thank you Melinda, and does anybody else have any other comments on that?

OK, then I have specific questions for all of you, and for those attending today, if you have questions you want our panel to address related to this issue about homelessness and AT, please feel free to put it into the chat. The first question I have is for AIM, John, what do you think is one milestone your CIL would be unable to reach without the partnership you have now? Think of it before and now, what has been the biggest difference?

JOHN ZICK: Honestly, we would not have our housing program without the expertise and the leadership and partnership of CARES of NY and the CoC in general. We knew there was a need in the people we were serving for housing and we wanted to help find a solution, but we had no expertise in it. We did not know how to really go about

establishing more housing. And going about it the right way, being a part of a larger partnership locally, the homelessness supportive services system.

We really leaned on our partners in the CoC and our partners in CARES to provide us. And it's been mutually beneficial. We have been able to increase the stock of permanent supportive housing. And we have been able to lend our disability expertise to all of our other partners who are addressing homelessness locally.

ERICA McFADDEN: Thank you, John; I appreciate that.

This is a question that continues to come up around funding for people with disabilities who need AT but cannot afford it. Because they are in poverty, this came from Harm Tarrant, but I know we had another question if it's covered under health insurance as well.

Specifically, Harm brought up we have a donate and recycle program for AT, but there is not much funding outside of their CIL for funding besides donations. I don't know if anyone wants to tackle funding for AT and what options are available or if there's anything under insurance that would cover that.

MELINDA DOLEZAL: I can take that one.

ERICA McFADDEN: Thanks, Melinda.

MELINDA DOLEZAL: You're welcome. In New York there are two low-interest loan programs that are very underutilized. The first is the Equipment Loan Fund, which is operated by the Commission for the Blind, which provides, like I said, low-interest loans. It is underutilized. Almost nobody applies who would probably benefit from it. They are very flexible. We understand that people, many people are on limited income and it's especially difficult now. When I say that they will go as low as \$10 payments a month. They are fantastic.

We also encourage people to explore things like the HCBS Waiver. There are other waivers in New York that would sometimes cover home modifications and assistive technology. Some assistive technology is covered by insurance, but not everything. If anybody is ever denied or has questions about it, there is Disability Rights New York. Every state should have a similar type of agency that helps with questions related to eligibility for things like Medicaid or denial for different things, even outside of assistive technology.

You can also check your state PNA, protection and advocacy agency, for us it is DRNY; they have a specific wing of their agency that has a PAAT, or Protection and Advocacy for Assistive Technology. We try to give people as many bits of information as possible and try to know what organizations in certain counties might be able to help as well.

So, your local Lions Club, Rotary, a lot of times they have community projects like this that will help with modification; not all of them. Some of them even have their own inventories, their own loan closets. In New York, TRAIID is not the only game in town. We want to know and collaborate with who your neighbors are and who your networks are.

ERICA McFADDEN: Thank you. I appreciate that; that is really helpful. It seems like there's a lot of questions too around AT. I know there's been a lot of talk about the rise of homelessness among people with disabilities and older adults.

I think for any of you on this panel, can you speak about how any of your programs assist with discharge planning from institutions for people that have histories of homelessness, like chronic homelessness?

And is there any data collected on the successful efforts? I'm thinking, Kelsey, is there anything with a CoC that they are collecting? Can any of you speak about that, how you are addressing chronic homelessness and how these programs assist?

KELSEY ADDY: Sure, I can start by saying discharge planning is a topic that comes up a lot among continuums of care from all sorts of systems, from re-entry, from criminal justice, health care, mental health care. This is certainly a challenge. I think that the more we can partner with those other systems, for example educate on our community-wide waitlist, which is called coordinated entry, and the process for supporting households in applying for housing through the system, the more we can hopefully make those transitions as smooth as possible. I don't know if anyone else would add anything.

JOHN ZICK: As Kelsey mentioned, there are several different types of institutional settings, but as an Independent Living Center, I think Melinda was touching on this, we have a lot of different programs that work with folks as they discharge from long-term care, like a skilled nursing setting to set up a successful discharge to make sure all the services, equipment, is in place for a successful discharge.

That is just one variety; it certainly does get more challenging as you talk about leaving incarceration or sometimes mental health settings. But AIM does have a role to play in some discharges from institutional settings. We find that there are far more successful when there is a collaborative plan in place between an institution and a community-based provider.

KELSEY ADDY: I just thought of one more thing I wanted to add. This is Kelsey. One of the major challenges when we have these conversations about discharge planning is that there is so much more need for housing than there is available. And so, I think the other part of this equation is the development of housing. That is why we are so grateful to players like AIM and John for stepping in that field even though it is not traditionally

been stepped into by their agency. Without creating additional housing opportunities, we will always have this bottleneck effect.

ERICA McFADDEN: Thank you, Kelsey. Yes this is one of those wicked problems that will continue unless we engage in these collaborative partnerships. I also want to start another question for the group.

What is the most creative solution—I guess, Melinda, this is for you. I think a lot of people are wondering what kind of AT should be used in some of these shelter settings or short-term settings or transition settings. What is the most creative solution you have implemented to meet an accessibility need, for someone who is experiencing homelessness?

MELINDA DOLEZAL: Wow! There's so much out there. Creativity wise, I will back up and say we get asked this a lot, what is the most common thing that will apply to a big group of people? I really want to emphasize that each person is unique in terms of what their needs are, so we have had questions about things like mobility. What is the best type of mobility device for somebody, and you have to look at a lot of different things, like are they able ambulate for certain amount of distance where they are looking to move, how wide are the doorframes? Are there steps? Is there a ramp? Does there need to be a ramp? How high are the counters if they are in a wheelchair? Are they able to get at these different things? I would say rather than saying what are the most common pieces of equipment, look at the person in particular with the person-centered approach as much as possible, and look at the types of AT that are out there.

Maybe a roll-ater for certain types of things, that is basically a walker with a seat, that is what we hear quite a lot of people describe it as. If they need a wheelchair because of lack of ambulation but do they need a power chair? An electric—not an electric but a manual wheelchair or transport chair?

Creativity wise, there are more and more things coming up in terms of smart home technology. Probably a lot of you use this in your own homes, maybe not realize it, these are things like Alexa. They can control things like lighting, whether or not somebody's at the door. They can have a lot to do with whether or not someone needs to call 911. A lot of times they are inexpensive; people think they're more expensive than they are.

We help people be successful with minimal pieces of equipment like that, if somebody is worried about safety in a residence or whether that somebody is able to maintain safety once they are there. We are doing a lot of things with 3D printing for the time being; when I say time being, we are planning indefinitely as well. Little things can go a long way. Some things we're making are things like zipper pulls or key cards for communication devices for people that may have difficulty getting to a button on an iPad without it. I don't want to go on too long, but I would say some people respond really well to less technical things that are lower-tech, and some to the more high-tech.

I wish I could give you more examples, again I could go on all day. If you're curious, please feel free to reach out to me. Each case is unique in terms of somebody might need just the tiniest little thing.

I will say one quick story. Not so much about, sort of about independence at home. We had a gentleman with Parkinson's come in who had difficulty feeding himself because of tremors. There the device called a Liftware spoon, if you've never seen it it's a self-balancing spoon. This counterbalances a tremor. He was able to eat independently and was so happy with finding that device, he turned to his wife and told her they would go out for dinner; that can make a huge difference. Look at things like that when you work with your AT programs. I hope that's kind of what you are looking for. I'm sorry.

ERICA McFADDEN: No, that's great, Melinda. I think sometimes we think about sheltering people that are homeless and including people with disabilities and older adults. Sometimes we forget there are little things that can help to make sure people retain their housing and do not end up back homeless. Basically these ideas and resources are very helpful to be able to add to the bag of things we could do to help address it.

I guess I just want to say, we have a few more minutes before we have to start closing. I want to give you all a chance to do closing comments. Is there something that you want to say that the audience should get before we leave today? Go ahead, John.

JOHN ZICK: I think my closing sentiment is a piggyback on what Melinda was just talking about, and it's utilize your local partners. The question was we are having difficulty in our local shelter with accessibility or assistive equipment. Contact your Center for Independent Living or your local AT program, and they can provide that level of expertise to help you try to problem solve.

I think that would be my biggest takeaway; use the resources we have locally for people who are experts in that field. Get them to the table and you never know what kind of innovative solutions you can come up with. And thank you everyone for attending and listening to me rant for an hour. Thanks.

ERICA McFADDEN: Thank you John. Anybody else have any other closing comments they would like to say?

MELINDA DOLEZAL: Network, network, network. Go to as many committee meetings, conferences, councils, fun events, more serious events. You never know who you will meet. We have had college students reach out to us because they want to fabricate toys for children with disabilities; we would love to meet with them. We have had people reach out to us because they wanted to help with different events in the community for cycling or for recreation and getting outdoors.

Remember their names; keep it in your back pocket in case something comes up. So many big things can grow from those partnerships. You really get them by going out and in my case being the bubbly boisterous person that is always trying to make those connections. Just like what John said, he said, get to know your neighbors especially in AT programs. We are friendly people, and we love meeting you. Keep us in the back of your mind.

ERICA McFADDEN: Thank you Melinda. Kelsey, I was going to say, give you a chance as well.

KELSEY ADDY: I just wanted to say, if you are not connected to your continuum of care as was mentioned, there are 400 nationwide. One of the benefits of being at the table is that collaboration. Groups of stakeholders meeting regularly, brainstorming on how to best address homelessness, and the second piece I will say is again just reinforcing that if you are working with the population and seeing there is not housing available for the population, maybe think about stepping into that development sphere.

Just because there is such a lack of housing at all levels, and for all different types of populations right now. I am sure that your CoC would probably be supportive as needed in order to make that happen.

ERICA McFADDEN: Thank you Kelsey. Rob, my ACL colleague, did you have final thoughts?

ROB GROENENDAAL: I thought this was excellent, resource and information about Independent Living Centers, CILs. Get to know your partner and think ahead. Think about fall prevention and alerting systems for fire alarms, all the things available out there to help sustain living in the home of your choice.

ERICA McFADDEN: Thank you Rob. We saw a whole bunch of questions we were unable to get to in the chat. People were asking about those coming out of corrections are those who are hoarders.

Think about who's on your team because you're not expected to be experts on everything. That is why CoC is there to collaborate. Know that we know we did not give you all your answers today, so I will give you some resources to follow up to be able to help connect you with more information.

I just want to say first of all a big thank you to all of our panelists. You all did a great job! A lot of information in a short amount of time. We just want to thank you for your innovative ideas and programs. And we hope you as the audience learned the importance of partnerships and what made them effective and how they work together. I think we all heard opportunities we can probably act on in the coming weeks.

And just before we close, I want to remind you all that in the coming days, we will post the recording of this webinar and the slides on the HSRC website. You will be able to

send it to people who weren't able to attend or refer back to something; you can access it.

In the meantime, keep using the HSRC website, which staff is putting into the chat. It is also on the slide, so, you can access it later.

Before you go, remember we only gave you a little bit of information—well, a lot in a short amount of time, but we wanted to alert you to another HSRC webinar that is coming up on August 7. It will expand on some of the themes we discussed today, so we hope you will register for that one as well, so you can get more information.

If you want to be added to our HSRC email group, if you have not already, just send an email to HSRC@ACL.HHS.gov. It is also on the slide to be added to our list.

On the next slide is our QR code. Let us know how we are doing; take three minutes to answer. There are only five questions; it's not too intense. Provide some feedback about today's webinar. Staff will also put the link into the chat.

If you have other comments about today, you can provide them as well. Just know that we read all of your comments, and we always look for ways to act on your input when you are providing information. Next slide.

So, we want to hear from you. The HSRC is your Resource Center. Please feel free to email us anytime if you have any technical assistance ideas, trainings, website suggestions, success stories, or if you want to share more information about your own innovative cross-sector partnerships.

We want to hear from you because that is how we learn, from hearing from our community as well.

Finally, we cannot end without thanking Mission Analytics; USAging; Emily Stiles, our ASL interpreter and keeping up with us as we talk fast; and Mary our CART specialist, thank you also for keeping up with us and all of your roles in producing today's webinar.

We are especially grateful for everyone that joined us today, we appreciate you attending. We hope you have a great day or evening wherever you are. Thanks again.