



Housing and Services Resource Center

Building and Sustaining Home Modification Collaborations: Strategies for Your Community

HSRC Office Hour | July 6, 2022 | Transcript

SHERRI CLARK: Hello and welcome to the Housing and Services Resource Centers Office Hour. Today, our focus is on building and sustaining home modification collaborations strategies for your community. You're going to learn a lot from our presenters today, and we hope to hear a lot from you as well, because this office hour is designed to support a lively discussion. Thank you so much for joining us today. Next slide.

My name is Sherri Clark, and I am an Aging Services Program Specialist in the Administration on Aging, which is part of the Administration for Community Living, an operating division within the U.S. Department of Health & Human Services.

I'll be serving as your moderator for today's Office Hour with national experts who can offer strategies related to your state or community and help you with the goals and challenges you may be facing in the home modification arena. The office hour format is also a way for our participants to learn from their peers. This can only happen if you stay engaged and part of the discussion.

Next slide, please. First, before we get going too far, when you have a webinar, there's always housekeeping. This meeting is being recorded. By staying to participate, you are consenting to the recording. Also, all attendees have been muted for audio quality. But please note we very much want to hear from everybody today. Please frequently use the chat to make comments and submit your questions any time in the Q&A feature in the Zoom dashboard. Or you may email a question or comment to hsrc@acl.hhs.gov. We reserve time to address your questions. You can also use the chat or email if you are having technical issues during this broadcast. Later during the office hour, there will be an open comment period where participants can briefly speak directly. We will give you those instructions as we get closer to that time. Next slide, please.

I'd like to tell you a little bit about the Housing and Services Resource Center, or HSRC, which stems from a new partnership between the Administration for Community Living and other Department of Health and Human Services Agencies, and with the Department of Housing and Urban Development.

In every state and community, there are a number of entities and programs helping people access housing and supportive services. But many times these two systems are siloed. Stronger collaboration between these systems would enable more older adults, people with

disabilities, and people experiencing homelessness to achieve housing stability, live with dignity and independence in the community and avoid homelessness and costly institutional care. So, people with disabilities and older adults can stay stably housed, healthy and active in their communities.

The Housing and Services Resource Center provides assistance across federal agencies to cultivate cross-sector partnerships that bring together housing, homelessness services, aging and disability services, along with health, physical, behavioral and mental health. After the office hour, I hope you will visit the Housing and Services Resource Center website at acl.gov/housingandservices. At the end of the webinar, we'll share our email address too so you can keep up with us that way.

Next slide. Today's office hour has been organized by one of our idea partners, ACL's long term partners, the University of Southern California, or USC, Leonard Davis School of Gerontology. They have brought together a team that has expertise in both home modification and also partners, developing state and local partnerships.

I'd like to first introduce Emily Nabors, Program Manager of the Fall Prevention Center of Excellence at the University of Southern California, Leonard Davis School of Gerontology. She conducts applied research and professional training in home modification to reduce falls and to support aging in place. Emily also co-facilitates the National Home Safety and Home Modification Workgroup with the National Council on Aging. And a key aspect of her work is building and maintaining partnerships to promote home modification. She is joined today by two of her esteemed colleagues.

Catia Garell is the co-founder of Thrive for Life LLC, the only residential accessibility consulting firm in the state of Hawaii, where she partners with the U.S. Department of Veterans Affairs, the Department of Health & Human Services, insurance providers and non-profits.

She is an instructor at USC's Executive Certificate in Home Modification Program and brings nearly two decades of direct occupational therapy experience in providing home modification of clients with disabilities. She loves achieving her clients' goals to be safe, comfortable and thriving in their homes.

We also are pleased to have Seymour Turner. He's an instructor for USC's Executive Certificate in Home Modification Program, a chair of the National Home Safety and Home Modification Workgroup and an advocate and subject matter expert for universal design and aging in place. Previously, Seymour was a managing partner at one of the country's largest design build and remodeling firms and a founder of its residential mortgage brokerage subsidiary. He has also provided business development strategies and performance solutions to building material supply channels and national home improvement service providers. It's my pleasure now to turn the session over to Emily for her to take it away.

Thank you so much.

EMILY NABORS: Thank you so much, Sherri, and thank you to HSRC for hosting this event today and allowing us to have the opportunity to discuss this important topic. Next slide.

So, we would like to make it clear from the get-go that while we're talking about partnerships in home modification, we're not thinking that all of you are going to be starting your own home modification programs. There are a variety of different roles that each of you can play in the whole modification process, and here are just a few on the slide on the screen.

One involves embedding home assessments into programs. An example would be a home-delivered meals program where individuals are already in the home and have the opportunity to see potential benefit for home modification services. Then, number five could commend referring program participants to home modification services, to a partner that actually has that program or services. Also three and four, educating program participants about home modification funding possibilities.

There are a number of sources out there that not everyone is aware of and educating program participants about the benefits of home modification to increase receptivity. A number of these resources are on our website, homemods.org, and we'll be providing links at the end of the presentation. Next slide.

So, we wanted to give some examples of partners to begin this discussion. And these examples come from surveys that we conducted with aging network agencies, we, the Fall Prevention Center of Excellence, had conducted. So, you can see a number of departments and programs on this slide, and we'll get into more detail soon. But we wanted to give a sampling of what we're talking about. Next slide.

Here's another slide that focuses on the "who" aspect of partners. Who are we talking about here when we're talking about potential partners and home modifications. You'll see some of these groups may involve government agencies like the previous slide, but it's zooming out a little bit and it's also organized by sector.

These four sectors play a key role in commodification service delivery. So, take a look at the sector that you might be working in and also the other sectors to think about during this discussion. What types of groups and professionals might be able to expand the work that you're doing. Next slide. OK.

So, we talked a little bit about "who" and now we'll focus on "how." Zooming out a little bit to put into action and how these potential partners could help expand your services. You could refer to Rebuilding Together or Habitat for Humanity for service delivery. These are non-profits in various states and regions and localities. Agencies have also worked with their state Medicaid waiver programs, which provide funds to modify homes of individuals at risk of institutionalization. Agencies also educate individuals aging with a disability about home modification and repair services that are available to them as part of their rehabilitation plan. Weatherization experts could integrate a false risk screening into the work that they're already doing, and agencies can participate in coalitions and task forces.

Almost all states right now have a fall prevention coalition, and there are many more county and community fall prevention coalitions and other task forces of relevant initiatives. Next slide. So, we wanted to give a few tips for how to put this into action.

It can help to demonstrate the need in your community when approaching potential partners. If they're not aware, you can go to [census.gov](https://www.census.gov). Type into the search bar, "Quick facts," and you can get some quick data. Or if you want to find more in-depth information, type into the search bar, "American Community Survey," and that will help you look at types of disability, disability by age group, more details about housing. These statistics could help direct services in terms of the rate of homeownership. Should you focus on homeowners?

Or would it be better to educate renters and landlords about the Fair Housing Amendments Act? For example, looking at the poverty rate could help you understand the importance of providing those funding sources to individuals who need support to obtain home modifications.

Then describe how your services, resources and knowledge effectively address these needs. Next slide. It's important to communicate to the potential partner what type of impact your partnership could have, and also how it would support their goals and mission. It's ideal to find strategies that would be mutually beneficial for both entities, and then once you begin a partnership, it's helpful to track successes that can demonstrate how your work is making an impact in the community. Sustain that relationship and you could use that to apply for funding and secure new partnerships as well. Next slide.

We're now going to start the open comment period of this office hour. It's going to be 15 to 20 minutes. And during this time, attendees will be able to request to speak. After this open comment period, we'll shift to discussion based on your questions and comments that you enter in the chat and Q&A feature. We're doing this to give similar attention for attendees who need to or prefer to participate in different ways.

So, to participate in this open question and comment period that's about to begin, please raise your virtual Zoom hand. To do this, look for the reactions button in your Zoom menu bar at the bottom of your screen. And there's a diagram on the slide here as well. So, you should look for that reactions button and click on it and you'll get a pop up with a raised hand button to click.

As time allows, we will select attendees who have raised their Zoom hand to speak, and if you are selected, you will receive a pop up asking you to accept an invitation to be a panelist. So, please click yes and wait for me to call on you by name before you unmute yourself. And we'd love it if you would also turn on your camera so we could see you. Please keep your question or comment short. We want to provide as many people as possible with the opportunity to ask a question or make a comment. And after your turn is over, we will return you to webinar attendee status. So, right now, our USAging team is putting people into our queue so we can hear from the attendees on the call.

And we're very excited to have this opportunity to hear from you all. And I'm also happy to start out with a question that you could put in the chat or the responses you could put in the chat, or you could raise your hand to speak. And then we'll just see, one more moment if we have someone who pops up. Here's a question for you, "Do you recommend r..." Let's see. Actually, it's a question for us, not for you all. OK great. Actually, we have someone here. Adrienne Walnoha, thank you. And please go ahead with your question or comment.

ADRIENNE WALNOHA: Great. Thank you so much. These times that we're together have been so exciting and so inspiring and something that we've been talking a lot about locally, and I would like it if you could speak to, is creating the context for collaboration as opposed to competition. When we have scarce resources, when there's all these restrictions and regulations, sometimes organizations can get into a scarcity or survival mode, which may undermine that collaborative spirit of both sharing resources and knowledge. I would love to hear how you've been able to. Or if you have experienced that, what has been your strategies? How have you responded?

EMILY NABORS: Thank you so much. Cat, I think I will pass that question to you first because I know you have very solid partnerships where you are. Would you like to comment?

CATIA GARELL: Sure. I can take a stab at that one. You know, I'm an occupational therapist. I'm a health care provider that also has a home modification consulting firm here in Hawaii. And I have one story, just a quick story, where there's other vendors in the islands that do say chair lifts, chair glides. And I remember when we first started out over 10 years ago feeling like they were going to take all of our business, that scarcity model and getting really worried. Ten years later, it did take a few years to kind of let them understand and also with contractors to understand that we're going to work together, that we have....

Oftentimes the consumers will call multiple agencies because they want to get multiple opinions on what's going on. And so, through the years, we've learned to collaborate with each other and help each other out. So, in my instance, I can help with the medical piece and help make recommendations that are medically necessary. And now, sometimes they'll reach out to me and decide, "Want to know, is this really the most cost-efficient solution possible?" Because what we also see is vendors who only have one piece of equipment like a chair glide.

They're only going to recommend that piece of equipment. So, really kind of just fostering that collaborative approach to home modifications. But I'm happy to answer more questions than that in that sense, but I know the feeling of that sort of scarcity model where we have to get all of the work and there's plenty of need out there. So, really just trying to support each other in all agencies is really the right approach for home modifications.

EMILY NABORS: Thank you, Cat. I think that's great but each agency or individual has their own background, experience and expertise to contribute and that we're focusing on broader goals, broader shared goals. Excellent. Thank you so much, Arlene. Adrienne, I'm sorry. Thank you. OK, let's see. So, do we have this Neil available. Neil, want to ask a question? Actually, we have Angel. Angel, feel free to turn on your camera if you like. And go ahead.

ANGEL DENARDI: Hey everybody, this is Angel Denardi and I had just right before I switched over saw someone else was working with the Center for Independent Living, which is what I do as well with our home modification program. My question is, looking at these partnerships, we've explored some of these options and just keep hitting these dead ends, brick walls, everything. My question kind of comes down to marketing in a way and community buy-in and how do you get the message across that we're trying to help, we're not going to overtax one individual with multiple requests. We want to spread out because

we service 20 counties. And that's a pretty large area. But the bulk of our waiting list is right here in Chatham County where we are. And it's a fairly big city, Savannah is. And we just don't seem to have the volunteer buying into it. Stretching our funding dollars, of course, is key. And so, you can hire an expensive contractor. But what we're trying to do is really reinforce our volunteer grant program, the Ramps for LIFE program.

But it's... Boy, I feel like I ask and ask and ask and ask, but I don't get any buy-in, and I don't get any real sense of community, except for just a couple of groups that we're already working with that are fantastic. But I guess, how do you market this program? How do you explain to people how important this is and that it really is a matter of doing right by their community?

EMILY NABORS: Excellent question. I know both Seymour and Cat, you might have something to offer there. Seymour, would you like to speak to this one or.

SEYMOUR TURNER: Yeah, thanks Angel. I'm actually involved with a nonprofit in Chicago that works in a six-county metro area. And our volunteer program has been best staffed when we've gotten some corporate buy in. So, we've gone to a local.... It does not mean it's a Fortune 100 company in Chicago. Just it's almost like when you see all the folks behind the telephone banks at a PBS fundraiser and we've kept what they've worked on pretty consistent and also unfortunately, you know, grouped at a time of year where we could get more than just one company to be involved.

So, examples are spring painting and fall weatherization. We've had good success in that we've managed to promote the program a little bit more by actually taking some of these more active volunteers, especially those who have been real advocates within their organizations, and we created an associate board and managed to get them to really spread the word. Beyond the volunteers though, looking to hire an expensive contractor. There's different ways to reach that group.

One is to look at local home improvement retailers and by local, they could be a big box, Home Depot, Menards, Lowe's. But working with their either regional or store manager, and you'd be surprised to see how many pros are there who want to give back to their local community. The leverage there is that you might end up getting some material discounts that are substantial. Again, I'd keep it pretty simple. I wouldn't go in and try to do a ramp program. At the same time, you're trying to do something like a simple bathroom safety, device modification, like a grab bar. Just focus on one, get that off the ground and then you could start expanding. I hope that's helpful.

ANGEL DENARDI: It's very helpful. And this is primarily, my focus is the ramps, because they're the most common request and they're costly because the cost of materials have gone up and everything and we've kind of gone at this from a couple of different angles, and we do have a couple of contractors, but they're just very expensive. They're reliable. But our funding dollars, for one ramp, I could do three or four ramps by volunteers for the cost of one that you're paying a contractor to do. So, I'm looking at this from both angles. But my issue is, you get someone that shows up that seems interested and then you explain the program and you explain the partnership and everything else. Then crickets, they disappear. They lose their desire to help or their momentum. So, I think that's....

EMILY NABORS: Thank you so much. And Cat, before we continue moving, did you have anything to add to because I imagine this is something a lot of people could relate to?

CATIA GARELL: Yeah. Yeah. I'm just thinking one way to sort of market, it sounds like what you're looking for is how can I approach volunteers? Because you would like to get to be able to do more ramps with volunteers and paid contractors. One thing that I've done just through the years is marketing through case study example. So, really that before and after here's... if you do have a client or consumer who's okay with being public, really showing their struggles before the ramp was installed, and then how their lives are changed after some testimonials, I even on my website have a video here and there of just how lives have been changed and then maybe how your volunteers' lives have been changed as well. And so, really kind of interviewing them before and after, really helping them feel what could this lead to for them from their perspective, but really capturing the effects.

ANGEL DENARDI: That's exactly the road I've been going down. I'm actually working on the potential for doing a documentary, a small documentary about a ramp story. I don't want to do it in a disrespectful way. It needs to be realistic and tasteful. But I think that there is a lot about the story that needs to be told. And of course, the "after" people love to see the results and the effects. So, thank you for reinforcing that idea.

EMILY NABORS: Thank you so much. We'll see if we can get another question in. We do still have some time. And we'll wait just a moment as the attendee gets piped through here. OK, great. We have Arlene Grasso. So, Arlene, welcome, and feel free to ask your question. Unmute and go ahead.

ARLENE GROSSO: Arlene Grosso, Saint Petersburg, Florida. And Emily is a great instructor, I have to add, for the ECHM course (LAUGHS). I wanted to know if having our coalition become a 501(c)(3) would be beneficial. I've already talked to the Pinellas Community Foundation and they said, "An organization like yours, because we combine the Falls Prevention Coalition and Home Modification Coalition all in one, because it's very difficult for me to say where one stops and the other starts. So, it's a combined effort called False Free Pinellas." And they said they would give us funding for our work if we would become a 501(c)(3) and I'm just wondering if that's the path we should approach.

SPEAKER: I can speak to that briefly. And then I know Seymour would have some comments as well. It is great to become a 501(c)(3). I think that that would expand your ability to apply for grants from foundations and government sources. It would expand your ability to bring in funds. And the Kansas University Community Tool Kit has some helpful resources on how to become a 501(c)(3). But I will throw in my hat saying that it could expand opportunities for you. But Seymour, please go right ahead.

SEYMOUR TURNER: No, I think it's an excellent direction to go in. I mean, there's not a lot of work costs time to get it set up. There's obviously a little bit that just make sure that you have an accounting person or team that's used to reporting on 501(c)(3)s. But I don't think there's really much of a downside if you're not looking to do something where there's a for profit element to it. So, I'd say go for it.

ARLENE GROSSO: And the other thing I wanted. Press meant was that we grew exponentially when we partnered with Regional 911 emergency management systems, our fire department, educators in the community, our boots on the ground, and whatever programs we develop as a coalition. They are the people who go out there and they are paid consumer advocates to go out.

We also strongly recommend the AARP HomeFit program when someone has fallen in the [...]. Emergency personnel go out to visit them. And if they've fallen a second time, Our HomeFit guide is one of the easiest ways to go through. And it was collaborated on from the Center for Falls Prevention Excellence. (CROSSTALK) Paris or whatever that did that. Yeah. So this is it's a great leave behind. So, you can go and educate and talk to people on false risks and home assessments. But this we don't have to read duplicate information. It's already done and it's free. All you have to do is contact AARP and they'll send you out. They send out 100 at one time.

So, it's a great resource and we do a lot of HomeFit presentations as a community and give back. The other thing is we have an intergenerational falls prevention tool for started out for Grandparents Day, but now we do it with the schools to gift to the older person in their life—a grandparent, a special neighbor. And it has the six steps of falls prevention on each petal in a flower, and then it's put in a small terracotta pot.

EMILY NABORS: Well, that's lovely. And I'm so sorry. I want to just make sure that we have time for one more person. No, not at all. I really appreciate your sharing these resources. And if you have links, please put them in the chat so other people can access them because it sounds really great. And thank you for the AARP resource as well. And I think we have time for just one more person, Michelle, if she is queued up. And thank you again, Arlene. See, I think she's getting posted to the panelists. So, it's a little bit of a process here as we promote people to be able to speak and I think we have room for Molly. Or should we move on to the next part?

MOLLY FRENCH: Why don't we? I don't know that Michelle is able to accept the invitation to be promoted to speak. So, let's go ahead and promote Gabrielle.

EMILY NABORS: That would be great. Excellent. Gabrielle will be our last attendee to ask a question or comment before we move on to the next portion where there's more of a focus on the chat and Q&A box, which I see has been very active. Okay. So Gabrielle is just getting added to our panelists. Here she is. Welcome, Gabrielle. Feel free to put on your camera, and we'd love to hear your question or comment. And also, if you're able. Okay, perfect.

GABRIELLE WALTON:

I am so sorry, but I must have inadvertently. Hit something. That I had a comment or question but I do not. So I am very sorry about that.

EMILY NABORS:

Okay. Well, then if you.

GABRIELLE WALTON:

But I appreciate the invitation to speak.

EMILY NABORS: Sure. Seems like this would be a perfect time to move on to the chat and Q&A portion of the office hour where we are still very excited to engage with you and we'll be focusing on chat questions. We have a few to foster discussion, but we'd really love to hear about the work that you're doing and to hear your questions.

We have Cat and Seymour here, who are experts in the areas of service, home modification, service delivery and funding. And we have a number of questions. So, I will go ahead and begin with those.

When forming partnerships, what are the most effective tools to identify sources of additional funding for home repairs other than federal government sources? So looking at partnerships for identifying sources of funding for home repairs other than federal government sources. And what are the most effective tools to do that? Seymour, would you like to speak to that first?

SEYMOUR TURNER: Sure. I'd start local. I still think government money is out there. It's sometimes going to be through an agency. Sometimes it's going to be through even a lender that's trying to spend some Community Reinvestment Act dollars. But, you know, we've had great success at the city and county level. And I know through the funding course that I do for the ECHM certification that is a pretty good place to start.

Little bit more direct if you are dealing with a specific constituency, though, if you're doing a fair bit of work for, let's say, veterans, then that's a federal program. I would say stay at that level.

But, you know, in Chicago, we have several different levels of aging departments that have worked together and do know the needs and the local marketplace. One caution there is that, and Cat touched on this before, about too many suppliers think that they are competing with each other. Too many local nonprofits sometimes feel like they're competing for attention from those agencies.

And what we found most successful through the years is to basically create a little coalition of our own little housing network nonprofits, so that when we do go to the county or the city, they're not getting inundated with 15 voices, but one unified voice. And that seemed to work very well for us.

EMILY NABORS: Excellent. Thank you. Cat, would you do you also have anything to respond to add?

CATIA GARELL: Just reading the question. The most effective tools to identify sources of additional funding. That's I mean, it's just creating one-on-one relationships with small nonprofits is the way I've done it through the years, that then they do small sort of trainings about fall prevention and home modifications in general. I do that with church groups, with caregiver support groups, and then those nonprofits reach out to me and let

me know, okay, we would like to try funding a few of these home modifications and see how it goes.

And then again, that case study before-and-after approach is helpful. It is tricky when we're only looking for federal government sources. How do we step back and say, wait, let's look at other areas? So, it's more on a one-on-one basis. But I do like those ideas of joining those fall prevention coalitions maybe in your state and seeing who's out there and in those groups.

SEYMOUR TURNER: And Emily, you might want to touch on the resources that we have available with our map for the Home Modification Information Network, because I know I have contributed and I'm surprised every time I open up a local geography and I see the changes.

EMILY NABORS: So, yes, thank you. I that was on my mind mentioning: a tool to identify sources of additional funding and also identify partners. The Fall Prevention Center of Excellence developed, as part of our project funded by the Administration for Community Living that we had worked on, we developed a resource called the Home Modification Information Network, and it is an inventory of home modification providers, programs and funding sources that you can search by state. And so that could be a helpful resource to you all. We'll provide the link at the end, but it is on our website, homemods.org.

We also have a question about a certification process for home assessment. The person who wrote in, or it's possible two people did, but it's they're from a Center for Independent Living, and they're working with other centers to bring home accessibility assessments to the forefront of home modifications. They're looking for an avenue to certify their process in order to bring uniformity and a specific level of service.

So they're looking for a either a certification to offer the same level and quality of service or a certification available, right, that they could seek out. So, a program that we offer is the executive certificate and home modification online program, which the three of us here are instructors and it provides a strong foundation in home modifications, knowledge. It's for people of all levels of experience from the aging, disability, housing and health care sectors. It would not necessarily provide that uniformity and quality of service that you're speaking of. However, it would just inform the people involved in providing these services. I'll pass it to Cat first to see if you have a comment on this question.

CATIA GARELL: Yeah, I would say there's a lot of education out there as far as helping educate your group. It's at the Center of Independent Living. I hesitate a little bit when there are cases that are above and beyond what sort of basic home modification fall prevention challenges in the home. If, I would say, if somebody is doing an assessment and they see things that just are above and beyond what their skill level is, don't hesitate to reach out to their primary care provider, an occupational therapist. They're trained clinically to help. Really. I customize what the home modification needs might be to support independence and also look for those cost-efficient solutions based on their diagnosis and symptoms that they're having and prognosis. If we're looking at aging in place, how can we look at their diagnosis and plan for future decline? But there are also wonderful resources

available for basic fall prevention approaches out there to do home modification assessments.

It's just creating processes within your agency to identify when it's time to move to or refer to a health care provider. That's really important. I think some people do at times get in over their heads for lack of the right expression on that. And it really—it's okay to let the health care providers know to ask for an occupational therapy or a therapist assessment. If that's true, that's actually the right way to approach it. And then it's that collaborative approach. Then we can all work together and really make sure the recommendations made are appropriate. Excellent.

EMILY NABORS: And I also see here that Karen Koch had posted, "It's not the assessment, but the person with the expertise that makes a difference." And I was also thinking home modification. It's ideal to have a team. And while not all team members may be necessary for every single job, it's important to have those connections or reach out to specialists when needed. If there's a high level of structural changes that need to take place, which might involve an architect or a contractor with a high level of skill versus volunteers. Yeah. So, a level of partnerships, background with training and experience. I think all of those are important.

I also encourage more people to chime into the chat. If you have experience with this topic here. Another question that we have: "Can you give examples of partnerships with hospitals and community nonprofits like Centers for Independent Living to conduct safety assessments and home modifications? How are the assessments and modifications funded?" One idea that comes to my mind, it actually relates to the webinar that the Housing and Services Resource Center recently conducted.

But in Iowa they are ACL grantees, and they conduct an evidence-based program called CAPABLE, and they partner with a hospital to get referrals for individuals in need of home modifications and other services to help them maintain their independence in their homes. And there are also community nonprofits involved in the CAPABLE program that refer as well. And I am not sure if they play a role in conducting the safety assessments and home modifications, but in other scenarios or models, that would certainly work because that's kind of the CAPABLE model and requires these partnerships. So, and in that case, in terms of how the assessments and modifications are funded, but that is through an Administration for Community Living grant for evidence-based programs.

But there are, as we've talked about, a number of different programs and funding sources for home assessments, home modifications. Seymour, I could pass it to you to see if you have additional comments about partnerships with hospitals and community nonprofits, with Centers for Independent Living to conduct the home safety assessments in homes.

And then also, how is that funded?

SEYMOUR TURNER: Yeah, as sort of the CAPABLE light option is available if you have in the Chicago metro market a discharge planner that is somewhat aware of the environment they're sending the person back to, they might get involved with a housing supportive

service nonprofit to either do prescriptive home modifications or at least do an assessment to figure out what might be needed. It is a little bit quicker.

I mean, when, you know, so much of this is reactive that it makes it very difficult to not just do it on a, you know, do another and a quick and you know, the CAPABLE model is great, but it does require—it's not so much for discharges preventative. So you know, we have actually found ourselves most accomplished by working with some home health care agencies that are getting a referral. And they, their folks know that something needs to be done. They don't know how to do it. Again, the local nonprofits that are doing housing supportive services would already have existing standing relationships with those home care agencies there, maybe, depending on whether it's a Medicare Advantage program or not, there may be a few dollars that could be thrown at it.

But most of the time, it's just what is within the capabilities of the nonprofit. (CROSSTALK) It's not a simple.

EMILY NABORS: Right. There are a number of, you know, it could be, of course, there's the Older Americans Act Title III funding. There is also Title III funding, using funding for caregiver programs and home modifications that support the work of the caregiver and the care recipient. There are Medicaid waivers that provide, you know, home and community-based services such as home modification, assistive technology, state assistive technology programs, community development block grants through HUD. So, there are many different types of potential funding out there and potential partners to try to access that funding. Cat, did you have anything to add before we move to the next question?

CATIA GARELL: I mean, I have one partnership story recently where a children's hospital reached out because of a child was being discharged, really needed to be discharged, soon we were able to get a ramp installed. So that discharge was facilitated. The hospital actually ended up throwing some funds towards that, just. I think that as insurance plans are asking patients to be discharged sooner, hospitals are starting to look at, well, let's—we're not going to be paid for those extra two or three days. If there's barriers to the home that are preventing discharge, like needing a ramp or some kind of access into the home. I think there's an opportunity there to approach hospitals and create some type of partnership. One case at a time, really building that trust with the hospitals and letting them know that you're able to react and respond appropriately and quickly. That's along the lines of what Seymour was saying with the home health care agencies, too. I think there's really—that they know that person's being discharged.

Okay. And so how do we get them discharged quickly to home?

SEYMOUR TURNER: I just want a real quick shout-out to Laurie, who put a note in the chat about UPMC and their senior home safety resources. That's a great example of a managed care organization that just really seems to have a full wraparound approach to folks transitioning from one level of care to another hospital or a home for them, for instance. And the link to that program is in the chat.

EMILY NABORS: Thank you. We are going to see if we can bring in one more participant to ask a question live. So, we'll see if we can bring that person in. It's always nice to have a

face-to-face interaction. I think that we're working on that. And just takes a moment to. Do the behind-the-scenes work. And I think it's going to be David. She's working with him on. It would be great to have this one more question, and then we can share some information about resources. So, OK, we're going to try someone else here really quickly. Okay, great. We've got Pamela. We have time for one more question. Pamela, please go ahead when you are able to. You're on mute. Pamela, would you unmute, please? Ask me.

NINA: It's Nina as Pamela. Hello?

NINA: So, I can't remember because I shot a lot of things in the chat. Which question specifically, but I work for a non-profit. We started a social enterprise called Home where we do aging in place. So, anything that's related to your home and health. Our focus areas are lead paint, asthma and aging in place because those are things that we see in our area, too. I just want to make a comment to the group where we talked about starting a 501(c)(3) trade. I think they would have better luck partnering with the 501(c)(3) even if they didn't do the work, supporting them in getting the grant, and then being the front piece. Because the accounting and the administration that goes with running a nonprofit is very sophisticated, especially with federal dollars. They do not make it easy, nor do they allow you to make any money. So if you are coming from a for-profit background, that just makes it more complicated. So, that was the gist of what I wanted to mention earlier.

[...]: Excellent. Well, and certainly in light of the topic here, partnerships, I think that that's a great point. Very helpful. Thank you. Arlene.

ARLENE GROSSO: Thank you.

EMILY NABORS:

Sure. OK. And we'll see. We might be able to hear from one more person, actually. See, it's great to hear peer-to-peer learning as well and hear what's going on in your individual communities. A lot of these strategies can be replicated or adapted. We just put out an invite to one more person to see if she's available to provide her question or comment. And it'll just take a moment here. And feel free to continue posting in the chat if you have any resources that you would like to share. For any thoughts on ways to expand access to home modifications in various states and communities of varying needs.

I think we are. Unfortunately, that didn't work out. But we have had a wonderful range of questions and comments. And as I said, we'd like to move to sharing some resources for more information. And here are our emails, if you would like to contact any of us, as well as a link to the resource that I had mentioned earlier, the Home Modification Information Network and on homemods.org.

There's an image here on this slide of our consumer awareness section, where we have developed fact sheets and videos about home modification topics that are specific to, or tailored to, these specific populations: older veterans, Native Americans, older adults, adults aging with disabilities and many other populations. Next slide. I'm going to pass the slide deck back to Sherri. Thank you so much.

SHERRI CLARK:

Wow. That was so good. I was sitting here waiting to hear more questions because there were a lot of excellent questions and so much good information. We brought the A-Team today. I'm so appreciative to have Emily Seymour and Cat joining us today and for conducting this office hour. Before we close, we might remind everyone that later in July we'll notify you when the recording of the office hour and the slides are available on the Housing and Services Resource Center website. In the meantime, keep using the Housing and Services Resource Center website, using the URL that is on the screen and also put in the chat. Next slide.

The Housing and Services Resource Center team is excited that, working in partnership with USC, we'll be offering a free six-week training on home modifications. At this time, space is limited to organizations in the aging and disability networks. If you are a professional working in the Aging and Disability Network, you must apply by July 11 for the training, which will run from July 19 to August 30.

To learn more, please go to the website, using a URL we are posting in the chat. Excellent. We also want to let you know about two upcoming webinars in August. The Housing Services Resource Center will notify you when registration opens for a webinar on August 4th on the topic of state programs to support transition back to the community from nursing homes and hospitals. Then on August 22nd, our webinar will feature emerging models for community transition and integration for people with mental illness and disabilities. Next slide, please.

We want to hear from you. We want to improve. That's what we're all about, to continue to improve and to grow and make sure we're serving what you need. Now, I want to ask you to just please take 3 minutes to answer our short feedback survey; staff is also—we'll be putting that link in the chat. There are just five questions asking you to rate different aspects of what we're doing. If you have other comments you can provide that. Please know we read them, and today's office hour incorporates changes from what we've learned in the past.

Next slide. We want to hear from you. Please. Here is the e-mail address. Feel free to share with us information, any issues you have with the website or the partnerships or the things you think we should know in order to grow this work. Next slide.

None of this would be possible without, of course, our dear friends at USC. But we also want to thank Mission Analytics and USAging for their work in helping to make this office hour possible. And we are especially grateful for all of you who are taking time away. I know it's a busy day to join us today. So thank you and have a great rest of your afternoon.

Acknowledgment

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