# **Our Homes, Not Nursing Homes Session**

#  **Transcript**

# **OCTOBER 13, 2022**

>> CAPTIONER: Good afternoon. Are you going to do introduction or should I on go ahead?

>> SPEAKER: Evan is going to do introduction.

>> SPEAKER: I'll get people time to get connected.

I'll give our on housekeeping rules.

>> SPEAKER: Here we go.

>> SPEAKER: All right guys.

We are going to get started.

I am Evan Shockley the board member and coordinator.

I am 29 years old multi cultural male with short brown hair and goatee that goes down 3 or 4 inches.

I wanted to thank you for joining today's workshop.

Our homes not nursing homes.

Benefits of living in the community rather than nursing homes.

First you scroll over the screen and I memory yew bar pops up ‑‑ top or bottom of the screen.

There is where you will find the closed captioning for today's session ‑‑ select the CC tab to the menu bar.

Sign language interpreting, find the interpreting on the screen with the name Sally.

Fur only able to see the speaker, make sure you are in the gallery view ‑‑ you can see the interpreter and presentation at the same time.

You can change the view at the top of the screen under the tab for view.

If you have any technical issues, use the chat feature.

We're here to help.

We want everyone to get the information and what we hope out of this session.

Find the board bubble for the chat feature.

Use it or turn it off with AL T H.

Also you can select the raised hand option ‑‑ we'll select you and let you have your turn.

Those on the (inaudible) stress star 9 or AL T Y ‑‑ we'll let you know when you can participate.

Keep the background noise down as much as possible.

So we can hear clearly.

It is a save and secure space for marginalized communicates ‑‑ we ask you treat everyone with respect.

Every session with good intensions ‑‑ respecting names, pro foundation and use avoiding use of derogatory language.

That's all I have to say.

I'm going to pass to Katrina here to talk about nursing homes.

>> SPEAKER: How is everybody today? My name is Katrina parsons.

I am independent care wafer supervisor ‑‑ training specialist at disability link in metro Atlanta ‑‑ independent care wafer ‑‑ medicaid wafer ‑‑ people with severe disabilities living in their own homes with support.

I am white Caucasian female with blue ice ‑‑ I have a gray T‑shirt with disability link on it.

Light brown hair.

I would like to talk about benefits of living the community rather than the nursing home.

How many of you have ever known somebody ‑‑ family member ‑‑ or somebody that has lived in a nursing home for a length of time.

Raise your hand if you have.

Okay.

Well, before I came to disability link I new a couple of my family members lived in nursing home for short stays ‑‑ but ones I came to disability link I got familiar ‑‑ around 20 or 30 years old.

That opened my eyes to some of the problems and how young people can acquire severe elemental disabilities to be eligible to life in the nursing home.

Introduction.

I am good to share a quote.

Everybody will become disabled if they are lucky enough.

Aging is a privilege.

Far too few get opportunity to be a ripe old age.

If you do get opportunity, you will likely become disabled.

This is from the president and CEO of the American association of people with disabilities.

Integration for everyone.

Here is the Ohmstead act ‑‑ for those who don't know ‑‑ it's a pivotal movement in (inaudible) allowing people to start living in the community instead of a nursing home.

Actually happened here in Georgia with 2 women.

The story beginning with 2 women with mental illness ‑‑ voluntary admitted to state psychiatric hospital omental health professionals stated they were ready to move to community based program.

They each remained in the institutions ‑‑ they filed suit for release from the hospital.

Here's the decision.

On June 22nd the United States Supreme Court ‑‑ unjustified segregation of people with disabilities ‑‑ court held that public entities must provide community based services with to people with disabilities ‑‑ 1, 2 and 3 ‑‑ reasonably accommodated take into account the resources available ‑‑ receiving disability services from the entity ‑‑ when I'm talking about community ‑‑ it means living outside the nursing home in the community at large.

And here is a photo of the 3 women involved in the Ohmstead act ‑‑ plan see screen (‑‑ how many of you think people have benefited from the Ohmstead act.

Raise your hands.

So what is a nursing home.

Sometimes called nursing facilitate ‑‑ residents with disability ‑‑ needing total care or AD L's ‑‑ grooming, transferring, bathing, hygiene ‑‑ as well as getting out of the home such as running errands ‑‑ going to movies ‑‑ anything that they need to do otherwise ‑‑ now does anybody have any questions so far? No? Okay.

>>STUDENT: This is Evan.

I see none.

>> SPEAKER: Okay, the average age is 80 and older.

As people get older.

But like I said before, younger people can life in the nursing home too ‑‑ even some kids with developmental disabilities.

More women than men.

Phrase from ‑‑ nobody too offended by this ‑‑ women get sicker and men die quicker ‑‑ meaning they have to move into the nursing home because they don't have males to care for them ‑‑ this probably alludes to back in the day omen who joined the workforce ‑‑ jobs that made their health deteriorate faster ‑‑ majority of residents are signal ‑‑ common disability even if not the primary ‑‑ majority are single ‑‑ a lot of people go into nursing homes because they don't have family to provide care.

Dementia ‑‑ common disability found in residents ‑‑ a lot of them have physical disability ‑‑ as well as intellectual and cognitive disabilities ‑‑ they can develop dementia.

25 people stay 3 months or less.

After hospital stay.

Somebody had a severe car accident ‑‑ not severe that they're permanently disabled ‑‑ they don't need to life there for a long time ‑‑ or somebody who had a fall and can recover enough to move back home and not have to life in the nursing home about 3 months or so ‑‑ half the people that go in stay a year or more ‑‑ and about 20% of people in nursing home stay for 5 plus years.

Bringing it to life.

I'm going to talk about a consumer ‑‑ Jimmy ‑‑ put in a nursing home in his 20s.

He had a severe disability.

He had Anna attendant that came to bathe him every day and gave him a meal and that was it.

Ones the money ‑‑ federal program to transition people out of nursing homes to the community ‑‑ I transitioned at about age 32 ‑‑ he got more help getting from work during the day and at work use the restroom or something ‑‑ he had a better quality of life than he did in the nursing home.

There's a photo at the right of the presentation ‑‑ Texas (inaudible) members ‑‑ our homes not nursing homes on a poster ‑‑ it shows ADA ‑‑ Americans with disabilities act ‑‑ adapt ‑‑ we'll ride ‑‑ 3 individuals in this picture ‑‑ man on the right‑hand side in a wheelchair ‑‑ another guy on the left‑hand side in a wheelchair and woman behind resting her hands on his shoulders.

Services provide in a nursing home.

Skilled nursing care.

Wound care.

Breathing treatments.

Physical occupational or speech therapy.

Respite care ‑‑ sort speed Dick care.

It's more than just bathing somebody ‑‑ it's more somebody technology dependent ‑‑ putting somebody on an IV ‑‑ again under skilled nursing there is wound care and breathing treatment for people on ventilators ‑‑ there is respite care ‑‑ that's for somebody who has a caregiver going out of town or natural family caregiver going out the town and need someone to care ‑‑ take care of the individual.

And there is sort speed Dick care and IV care and assistance with AD L's or activities of daily living.

Just because they're mentioned as being provided in the nursing home, that doesn't mean they actually are provided to the extent and quality one might like.

There are staff shortages resulting in people not getting the treatment they need ‑‑ and insurance issues as well that cause people to miss services they need to nursing homes because insurance won't pay for it.

Any questions?

>> SPEAKER: This is Evan.

What does AD L stand for?

>> SPEAKER: Activities of daily living.

Pretty much chores you would do.

Bathing, cleaning, cooking, dressing ‑‑ getting out and running errands or transferring from wheelchair to bed or vice versa.

>> SPEAKER: Thank you very much for that. I'm sure it gives clarity.

>> SPEAKER: Risk factors going into nursing home are age.

Again we said that even though anybody at any age can go ‑‑ typically the people that go into nursing homes are age 80 or older ‑‑ little or no resources ‑‑ I'm going to talk about this in more depth ‑‑ so imperative for somebody with disability ‑‑ who needs a lot of help ‑‑ to have family support to help them ‑‑ if they have no family or family that life far away and can't help on day to day basis ‑‑ they're at risk for going into a nursing home.

Also not a lot of money.

Can't afford a house or things to help them life independently in the community ‑‑ especially with the extra expense he's.

Severe physical or mental disability.

Like somebody with mild learning disability won't go in nursing home.

It has to be a disability where someone need significant help with day to day activities.

Now I'm going to talk about problems and safety issues of nursing homes.

There are slow response to calls.

I have an example ‑‑ about 20 years ago before my grandmother died in Illinois ‑‑ she was in a nursing home after a hospital stay ‑‑ she had to go to the bathroom one day ‑‑ pushed the on call button for somebody to assist her to go to the bathroom ‑‑ her need to go got to so bad ‑‑ she climbed out of her bed and tried to walk to the toilet.

On her way ‑‑ just made it to the bathroom ‑‑

MR. BOUVIER: Broke her hypo that was another issue that eventually caused her dye a fewer weeks later. Again, this wouldn't have happened if the nursing home staff was there to help her get out of bed to use the restroom ‑‑ there is poor food quality ‑‑ I know some people don't eat because they don't like what is being cooked for them ‑‑ staff shortages ‑‑ especially with the COVID‑19 pandemic ‑‑ little or no social interaction ‑‑ they might be in their own rooms or have a roommate ‑‑ there are some activities ‑‑ but the majority of time people are by themselves ‑‑ family might come by to check on them ‑‑ but otherwise they don't have much social interaction ‑‑ there is sleep disruptions ‑‑ caused by ‑‑ one of the residents has a roommate ‑‑ might have to get medication at 3:00 o'clock in the morning when somebody is asleep ‑‑ the staff comes in at 3:00 o'clock in the morning to give somebody's roommate medication ‑‑ and can disturb their sleep.

Interview incorrect medical care.

An example of this ‑‑ I just had a consumer in the hospital for a broken toe and went to a rehab facilitate a couple weeks afterwards ‑‑ she said it was terrible and didn't take care of catheter properly and led to UTI.

Abuse and neglect.

High infection rates.

Any questions?

>> SPEAKER: None right now.

Everyone is enthralled with what you're saying.

>> SPEAKER: That brings me to nursing homes and COVID‑19.

There have been about a million ‑‑ over ‑‑ confirmed cases according to centers for Medicare ‑‑ (inaudible) deaths and more confirmed cases among staff than residents ‑‑ the staff are going from resident to resident ‑‑ first identified case was at a nursing home in Washington state ‑‑ when I first saw that on the news ‑‑ I new COVID‑19 must be this big mysterious thing ‑‑ I didn't know it was going to on infect people that didn't have 7 here disabilities I don't know how you felt when you heard that when COVID‑19 broke out ‑‑ to me it was pretty mysterious.

There are reports of staff taking stimulus chokes pay for their stays ‑‑ reports that the vaccine were distributed to nursing homes were given to wealthy donors rather than residents ‑‑ they have lists of donors that donate a significant amount of money to the nursing home.

>> SPEAKER: There is one question.

How do they insure accountability in the case of abuse and neglect.

>> SPEAKER: How do they insure accountability ‑‑

>> SPEAKER: Like your consumer with UTI ‑‑ how are those people held accountable when something happened ‑‑ usually somebody would make a report to adult protective services that's going on.

Sometimes it doesn't.

If it's severe enough you can call in police and law enforcement as well.

Does that answer your question?

>> SPEAKER: It gave me more clarity.

Just sounds like it's a lot on us.

The disability community ‑‑ up to us to advocate and speak up when things are not what we like.

>> SPEAKER: Yeah.

That's what this conference is about.

Telling to you advocate for your needs and rights as well.

Empowers you to do that.

>>STUDENT: Thank you.

>> SPEAKER: Thank you.

>> SPEAKER: You're welcome.

Now we're moving past the horror stories ‑‑ but what is out there to move consumers into their own homes ‑‑ I want to talk about programs are at disability link used to transition to the community ‑‑ we use the Georgia money ‑‑ Georgia nursing home transition ‑‑ and IC W P.

These are policemans that assess with transition out of the nursing home.

After they're transitioned ‑‑ the consumer will go onto the IC W P program ‑‑ to have them out in the community long‑term.

I'll talk about this later ‑‑ somebody with IC W P wafer doesn't necessarily have to come from a nursing home but have a disability severe enough that they would have to life in one if they don't have support for the community ‑‑ services that the Georgia M F P provides ‑‑ we use voucher for finding low and income based housing ‑‑ furniture and other household furnishings ‑‑ we use a furniture bank that can provide donated furniture to people with disabilities ‑‑ moving expenses ‑‑ security and utility deposits.

And also some other services that the Georgia M F P provides is caregiver support and education ‑‑ vehicle adaptation ‑‑ transportation from the nursing home ‑‑ when leaving the nursing home to go to your own home in the community.

And supported employment.

When people with severe disability ‑‑ those are eligible to life in nursing home or community with supports ‑‑ they have extensive help with employment search ‑‑ and ones they get a job for job retention.

Caregiver supports and education.

I'll talk about this in a bit.

Caregivers ‑‑ both family caregivers and paid caregivers in the community need support ‑‑ caring for somebody with a disability is not always easy ‑‑ also some education on how to better be able to become a better caregiver for the consumer.

Any questions?

>> SPEAKER: This is Evan.

Innocent Q and A or chapter I had a personal question.

What did you call M F P stand for?

>> SPEAKER: Money follows the person.

>> SPEAKER: Nothing else.

>> SPEAKER: Want to pose a question.

I know money follows the person is in more states than Georgia ‑‑ how many of you living where they have these programs ‑‑ are the services similar to Georgia? Similar to what we offer in Georgia?

>> SPEAKER: I see one hand up in the chat.

>> SPEAKER: Now we're going to the NH T or nursing home transition program.

With this program you can pretty much get anything help somebody with transition into the community that's $2,000 or less ‑‑ that includes first month rent on apartment ‑‑ equipment the consumer might need ‑‑ or yew stilts they might also need ‑‑ again, a lot of reasons why the money follows the person program and nursing home transition program ‑‑ provide all this furniture and adaptive equipment ‑‑ before in the nursing home consumers had a that provided in the nursing home ‑‑ including a bed they don't have that income all of a sudden where they can buy all this furniture and equipment.

Here I'm going to talk about the home and community based services ‑‑ (inaudible) would it be fair to say ‑‑ preferred alternative ‑‑ independent care wafer program ‑‑ IC W P ‑‑ CCS P ‑‑ service options using community wafer ‑‑ the source program ‑‑ now the new option wafer ‑‑ comprehensive support wafer ‑‑ comp program ‑‑ Katey Becket and pediatric program for children and young adults up to age 21 ‑‑ IC W P program is for individuals ages 21 to 64 ‑‑ severe disabilities or traumatic brain injury ‑‑ individuals ‑‑ you can be under the age of 65 but a lot of people on this program are 65 are older ‑‑ the same thing with the source program.

For the CC P and source program ‑‑ you have to pay a cost share with the services ‑‑ these are all medicaid would it be fair to say ‑‑ you have to qualify for medicaid in order to qualify for any of these programs.

In the comp would it be fair to say are also for individuals with mental disabilities ‑‑ the pediatric programs are individuals up to age 21.

A lot of times when kids reach ‑‑ young adults reach age 21 on Katie Becket or grap GAP P freshman ‑‑ they can transfer to a different wafer for older adults.

Services that the wafers provide.

Support coordination and case management.

What we provide here at disability link for independent care wafer program.

IC W P is case management.

Coordinator of all services the consumer receives ‑‑ personal support services such as attendance to help with AD L's ‑‑ medical surprise ‑‑ home modifications ‑‑ emergency response systems ‑‑ medical supplies ‑‑ anything like wipes, briefs ‑‑ Chucks, under pads occasionally medicaid has to pay ‑‑ more durable medical equipment.

Home modifications are things like ramps to somebody's home or widening bathroom doors ‑‑ emergency response systems ‑‑ just those help alert buttons that pretty much call 911 or the police or fire department to come and check on them.

And the home delivered meals which are meals on wheels or moms meals he.

Skilled nursing like I talked about before.

More intense medical services.

Also respite.

All these wafers only pay for a certain amount of hours per day ‑‑ family members to help the consumer outside these hours ‑‑ if I family member has to go out of town ‑‑ respite hours can come in ‑‑ paid caregiver can stay the weekend while family member is out of time.

Program from adults with disabilities can go during the day and do activities.

Such as reading the newspaper or ‑‑ my aunt went to an adult program volunteered at a cat shelter.

Any questions?

>> SPEAKER: This is Evan.

So far, we do not have any questions.

>> SPEAKER: All would it be fair to say include personal support services.

I didn't mention in the last slide but not all would it be fair to say cover everyone of those services.

Certain would it be fair to say cover certain things.

Personal aides are not paid for 24 hour individual care ‑‑ it's crucial individuals have support from family and close friends ‑‑ an individual living in the community ‑‑ actually gets about 65 to 70 more care than in a nursing home.

Even though on paper it's 24 hours a day ‑‑ the actually amount of care they get is about 4 hours ‑‑ the reason why somebody would get more care in the home with these wafer services ‑‑ the attendant or personal care aid is not going from person to person ‑‑ might have different shifts ‑‑ but they can provide that care on an individual basis ‑‑ typically the amount of care the would it be fair to say provide per day.

Right here we have an African American woman sitting in her power wheelchair in front of a computer at home ‑‑ and the home has green occur dance Nance the background and a rug on the floor behind her ‑‑ there is a quote on on here that says creating a successful supportive living environment for those under our care ‑‑ I think it's from united Sarah ball palsy ‑‑ this woman might have that. Now we talk about the cost savings.

In Georgia the average cost of private room in nursing care is as on on the screen.

Below the national average.

The average cost of home care is much less as on the screen ‑‑ below the national average in Georgia.

That's a 40,000 per year difference on ‑‑ that's also when we hear about advocating state legislators ‑‑ more slots in these community based would it be fair to say ‑‑ this is why ‑‑ not only does it produce better quality of life for many individuals but also it's a lot less expensive for the state to pay for in home care versus nursing home care.

So support for caregivers ‑‑ caregivers can experience extreme burnout ‑‑ you are ‑‑ typically is ‑‑ has the physical burden of picking somebody up ‑‑ transferring from place to place ‑‑ cooking and cleaning on a daily basis ‑‑ wear people out ‑‑ as well as experiencing some emotions as well ‑‑ especially if the consumer's conscious is declining ‑‑ or if they're from us freighted ‑‑ sharing signs of frustration with caregiver ‑‑ also experience burnout because of this ‑‑ caregivers should reach out for support ‑‑ practice self care ‑‑ scheduling downtime and being and advocate for people they're caring for ‑‑ important they practice self care ‑‑ like take vacations and going out and doing things on their own ‑‑ just having some exercise or eating healthy food ‑‑ making a practice of that can help too.

Scheduling downtime ‑‑ time they used to leisure activities.

And being an advocate for the person they're caring for ‑‑ important when the consumer goes to the doctor's office ‑‑ be an advocate and tell the doctor what they think ‑‑ adding in what they think the consumer might need to experience a higher quality of life ‑‑ or if in a lot of pain ‑‑ advocates for medicine ‑‑ might help consumer.

Any questions?

>> SPEAKER: This is Evan.

Nothing.

Everyone just busy writing down all the info.

We do have actually ‑‑ just came up ‑‑ there hand is up ‑‑

>> SPEAKER: You can unmute and ask your question or type in the chat.

>> SPEAKER: Thank you very much.

The question I have ‑‑ I ones lived in nursing home myself ‑‑ spinal injury ‑‑ it's been 28 years or so ‑‑ I've been living on my own ‑‑ I work ‑‑ very expensive ‑‑ I saw this coming years ago ‑‑ caregiver was paid more than Mac Donald's ‑‑ but now it's difficult to higher and keep caregivers ‑‑ they're repaid paid better elsewhere ‑‑ also, the gap has become wider and wider ‑‑ any ideas ‑‑ obviously coming up in congress to increase the pay ‑‑ do you see there is wider gap and pay is to slow low ‑‑ they won't be able to get the care they need to life in their own home ‑‑ what are your thoughts?

>> SPEAKER: The nursing home staff typically that take care of consumers in the nursing home ‑‑ they're experiencing lower pay too ‑‑ it's a problem nationwide ‑‑ the caregivers aren't being paid enough ‑‑ one suggestion might be talking to ‑‑ see if your state has direct workforce coalition voice your concerning to them ‑‑ and it's all about advocates with state representatives ‑‑

>> SPEAKER: Yeah ‑‑ I was an advocate for 20 some years ‑‑ we've done that ‑‑ just wanted to throw it out there.

We need to have a ‑‑ do a better job advocating ‑‑ I foresee a situation coming that will be difficult for many of us to maintain in our homes ‑‑ mostly care that has been able to help was that money ‑‑ this year ‑‑ next year ‑‑ I think that as advocates we really should increase their pay ‑‑ issue that can help with this ‑‑ my certain is I've seen a big shift in the amount of money it is going to cost to stay at home and pay good caregivers ‑‑

>> SPEAKER: Yes I a lot of my consumers have lost good caregivers ‑‑ the pay is so low ‑‑ Georgia pace lower than some other states do.

We've got the baby boomers aging too ‑‑ so need for more home health care in the next several years.

>> SPEAKER: Thanks.

>> SPEAKER: You're welcome.

>> SPEAKER: Katrina, I don't see any other questions so far.

>> SPEAKER: Resources for caregivers ‑‑ there is the Elizabeth dole foundation ‑‑ national alliance for care giving ‑‑ Rosalind Carter institution fruit care giving ‑‑ national respite coalition network ‑‑ AA R P and Christopher reefs foundation.

I'm not sure how many of you have heard of any of these resources before? Okay.

Did you see anybody Evan?

>> SPEAKER: Yes, Patricia Mac Rachel Ginis raised a hand.

Jake Morris commented ‑‑ I have heard of the Christopher reef foundation ‑‑

>> SPEAKER: They made presentations before ‑‑ I'm not sure if they did this year or not.

Some success stories.

I worked with an individual who was dischargeing from the nursing home ‑‑ 2020‑‑ I remember Mar 12, 2020 I first went to visit him and his family in the nursing home ‑‑  I didn't know COVID‑19 was going to be such a huge thing yet and it was a serious problem ‑‑ the front desk said I can't go upstairs to see my consumer because he is high risk ‑‑ I had to answer a lot of questions if I had been sick or not ‑‑ I think I was required to wear gloves and other PPE they had for me ‑‑ I was able to meet the family in the hallway to go over the paperwork with them that I needed to help him discharge into the community ‑‑ fast forward a couple weeks ‑‑ when the consumer was ready to discharge ‑‑ he is moving into father's house ‑‑ in his 90s and has dementia ‑‑ I get a call from personal care attendant he was found on the ground barely breathing ‑‑ and had to be rushed to the hospital ‑‑ a lot of that was because his father ‑‑ who had dementia was unable at the time to provide the care he needed ‑‑ and his sister as well ‑‑ who said on the discharge forms she would help out with his care ‑‑ lived at the other end of the city ‑‑ not able to help as much ‑‑ this happens 4 or 5 times within the first few months ‑‑ the nursing home transition coordinator ‑‑ advocated with IC W P program ‑‑ we had to advocate with the nurse for him to get more hours of care per day ‑‑ since his father and sister couldn't help him that much ‑‑ they kept saying he's at budget ‑‑ we started making the case ‑‑ the nurses wanted him ‑‑ I even got a message from an IC W P I even got a message saying you should move him back into a nursing home ‑‑ but the nursing homes weren't taking new admissions ‑‑ COVID‑19 was so bad ‑‑ after a lot of pushing he he was approved for 2 extra hours of care in his home ‑‑ he has been to the hospital a couple times ‑‑ but not back to the nursing home and he is happy and satisfied in his own home.

Another example ‑‑ working with an individual ‑‑ transitioning out of the nursing home ‑‑ 4 or 5 years ago ‑‑ mid 30s ‑‑ ones he transitioned out of the nursing home ‑‑ he has been there since 2011 ‑‑ since going home he is doing more activities ‑‑ like the L A fitness Jim with his aid ‑‑ he has traumatic brain injury ‑‑ working on on math workbooks for third and fourth graders to retrain him in math skills ‑‑ he just went to Tennessee with this aid for a weekend ‑‑ definitely doing a lot more activities he likes to do in the community.

>> SPEAKER: This is Evan.

I wanted to mention ‑‑ Patricia Mac again I say ‑‑ (inaudible) has a good program and five minutes warning as well.

>> SPEAKER: Thank you.

For that resource.

>> SPEAKER: This is Evan.

I also wanted to see her hand has been up for a while ‑‑ I didn't know if she wanted to say somebody personally as well.

>> SPEAKER: Patricia ‑‑ I peesh this ‑‑ there are a lot of programs in North Carolina ‑‑ we look to Georgia ‑‑ maybe modeled some of our programs ‑‑ you've talked about nursing homes and things ‑‑ we have a problem in North Carolina with ‑‑ people with mental illness or substance abuse ‑‑ the interview volunteer commitment rate in the past ten years has had a 91 % increase and you're talking about how long people stay in these nursing homes and things ‑‑ I wonder how long in these mental institutions when they end up there ‑‑ there is a lot of work to be done.

>> SPEAKER: Yes they can stay in mental institutions too ‑‑ living in the community provides more choice for people with severe disabilities.

Here are my references and my contact information.

You can contact me at Kay parsons at disability link .org‑‑ any final questions?

>> SPEAKER: This is Evan.

I didn't see anything.

Thank you very much Katrina.

I'll finish us off with thanking everyone for joining the session.

All the questions.

Looking forward to understand and solve what we can and what to advocate for ‑‑ please don't forget that take time to complete the short evaluation so we know what to do better moving forward.

If you're registered for the youth conference ‑‑ join us here at 7:00 p.m. ‑‑ tomorrow at 12:00 p.m.

>> SPEAKER: Thank you guys so much for coming.

>> SPEAKER: Thank you.

>> SPEAKER: You're welcome.