

Webinar: #6549 TFL and DAS Training - AT 101 and TFL

Overview

Date:5/20/2021

This is a Captioned transcript provided by CIDI to Facilitate communication accessibility and is not a Verbatim record of the session.

>> Martha Rust: Thank you for your patience.

We're going to start a little bit late while we get people on board. Again, thank you for your patience. We'll start in just a minute.

>> Rachel Wilson: So great to see so many of yere today.

>> Martha Rust: If you need live captioning, there's a link in the chat box. You can click on the link and have this captioned. Our lovely captionist Heather will be captioning. So if you need that, there's a link for you. For those who have just joined, I'm so sorry for the technical difficulties with Blackboard. We appreciate your patience as we get this up and running.

>> Rachel Wilson: We'll give it one more minute. Welcome. We have a lot of people trying to get into the room. Sorry for the delay but we'll get started in just a few minutes.

>> Martha Rust: Hello, and welcome. We want to apologize for the technical difficulties. Several of you just got the link. So we're going to hold off for another minute or two before we get started. Again, so sorry about the delay. We appreciate your patience.

Thank you for being here. I think we'll go ahead and get started. I know there may be some more people joining as we go on.

>> Martha Rust: This will be recorded. This will be on the Tools for Life website. If you need captioning, it's in the bottom bubble. You can click on that link for captioning.

I think that we're being recorded. Thank you. Hello, everyone. We're so glad everyone is here today. We're very excited to get this webinar and the kick off this exciting new project that we'll be doing. We were going to do a little bit about Tools for Life and share about the project that we'll be working with you on and how to refer people to us. Before, I want to introduce myself. My name is Martha Rust. I'm the direct service team manager at Tools for Life. My team works one on one with people to help find assistive technology solutions so individuals can be more independent in any way they want to be. With me today I have --

>> Rachel Wilson: Hi, everyone. I'm an assistive

technology specialist at Tools for Life. I'm excited that you're here. I love seeing all the familiar names and a lot of new names too. So we'll go over some stuff that some already know and that will be a refresher and let the new folks know who we are and what we do and the services that we can provide for you. And Sal?

>> Sal Kibler: Hi, I'm the on the direct services team at Tools for Life. I'm a gerontologist working on them with their aging programs.

>> Martha Rust: Thank you. You'll be hearing from all of us during this time we have left. If you have questions, put them in the chat box. Depending on the time we may wait to get to them but we'll try our best to get them answered today. Before we get started, I want to have an agenda. Though we're going to cover Tools for Life. You're assistive technology program. There's so many familiar faces and names on here. Some of you already know about us. For those who don't know about us, you'll learn a little bit about Tools for Life. Then we'll do an over view of the division of aging services, DAS cares act. We have created a portal for those who will refer individuals to us through this cares act. And then we'll wrap up with questions.

So, Tools for Life is Georgia's assistive technology act program. We provide Georgians of all ages, disabilities the opportunity to... [Reading from PowerPoint].

So with Tools for Life every state and territory has an assistive technology act program. We are located in Atlanta but we work with several community partners that you will hear more about later. I see specifically Tiffany who is on here from Walton options. If you're in that area, Walton options is an assistive technology resource center. So what we do and what we're charged with doing are these 6 activities. We work on information and assistance when it comes to assistive technology. What type of assistive technology is out there. How can I get this piece of assistive technology. We too assistive technology demonstrations. We have a lab at our office at Georgia Tech. I know that in Walton options you have people come in too. Well we will be too but we're still in quarantine right now. So we can demonstrate assistive technology so individuals know the features and how it can work for them. Just because a device works for me doesn't mean it will work for Rachel. We are big on try before you buy. We've equipment lending program. So people can try out items to make sure it works for them in the workplace or out in the community or to make sure it works in the home. We want to make sure -- assistive technology can be expensive -- that it is working where it needs to work. If I'm going to spend the money I know it will be worth it. We do group trainings. We do a lot of webinars through this pandemic. Sometimes when in person we do large group training. We also do funding education and

solutions. So if this piece of technology works for an individual we don't just say good luck with that. We try to find funding solutions whether it's a grant or others who may assist with the piece of technology if it's too expensive. And then of course we do assistive technology reuse. We have Walton options and FODAC, Friends of Disabled Adults and Children who are our two large ones who work on reuse of pieces of equipment that people are not using but they are cleaned and sanitized and given back out so someone else with use it which is great.

This is our Tools for Life website. It's GATFL.GATECH.edu. This will be in the slides for you later. We call it more of a resource page. It's not just a website. This is where you can find information about training and funding and publications and webinars, et cetera. So we encourage you if you haven't checked it out to take a look at it. We'll also put portal information on this website as well too.

Our Tools for Life network is growing. We work with lots of partners and a lot of you guys that we have worked with in the past with your assistive technology tool kits. So we keep expanding and growing and hopefully one day our goal is that no one has to travel more than an hour to put their hands-on assistive technology.

>> Rachel Wilson: I want to add too because there are a few new names on the list here. We did provide assistive technology tool kits to all the AAA, ADRC's. I know during the

pandemic things may have changed but there may be assistive technology in a closet that you may not be aware of. So ask around and if you have not seen anything because there's assistive technology that is right there at your disposal to share with your community.

>> Martha Rust: Great, thank you Rachel. And then want to cover a guiding principal and a public law that means a lot to us and we try to live by at Tools for Life and that is disability is just a natural part of the human experience and it does not diminish the right of individuals to live independently, enjoy self-determination... [Reading from PowerPoint].

That's a public law. That's what I love about assistive technology is that sometimes we can find pieces of equipment or devices to help bridge that gap so that a person with a disability can do all of these things and so much more just by using assistive technology.

So who are we serving? Well, people with disabilities are the largest minority group in America. This group cuts across racial, ethnic, religious, gender and age boundaries. Anyone can become a member of this minority group at any time. As we age, our eye sight might be weaker. Our hearing is getting weaker. Sometimes with mobility it may present later in age. So this is a group that we all could be a part of and it just -- there's no -- it cuts across all the

racial, ethnic, religious and gender boundaries as well. So we talked about our assistive technology demonstrations. We enjoyed doing these at the office. During the pandemic we have been doing these demonstrations virtually. So that people can see how they work and come up with strategies of how they can work for them. Our AT demonstrations are free of charge. We learned about the different devices and then we work with individuals to make sure they have the informed choices and consumer choice in the device. I don't know if you remember but I think it was 2007 when the iPad came out. Everyone seemed to want an iPad. Everyone thought the iPad was that device that will help them be more independent. What we found is the iPad may work for this person but it may not have the features we need for another person. Especially when it comes to software. Apps are great. If someone needs the full piece of software then maybe that app may not be the best solution for them. So that's why we do these demonstrations so individuals can see the difference between the app version and a software version.

Again, with our AT lending library we are very big on try before you buy. Our loans are between 3-4 weeks. We can extend it longer. We do try to train on items before borrowed. We have continued our AT lending library throughout the pandemic. We are mailing pieces of equipment to individuals to try at their house and we will do a virtual meeting before hand or after they get the piece of equipment before they buy

it. We will lend to anyone. We can lend to you or the individual themselves. So we have been able to keep that up and running throughout the past year for sure.

Okay. We're going to talk about a few TFL initiatives. The first one when it comes to aging and I will pass this over to Rachel to talk about tech sage and the initiatives when it comes to aging in place.

>> Rachel Wilson: This is a program that's really cool looking at aging and aging with chronic illness and disability and what kind of assistive technology might be needed or are currently needed and if there are gaps. Through the NIDILRR which is a grant program we work collaboratively with university of Illinois and with the folks at Georgia Tech and look at what kinds of technologies are going to be needed in the future and some really cool information. They're always looking for participants. So periodically I might reach out to you to help us with advancing some of these kinds of research projects.

The other project that we are currently working on that we're excited and proud to be a part of has been working with the CDC. So right here is an image of the website that was created especially for COVID response and providing accessible resources to everybody and that includes braille, minimized text complexity. So someone who might not be literate or have intellectual disabilities so that the information is

clear and understandable for everybody. So if you haven't had a chance to check us out, I highly recommend you -- it's getting better and continues to evolve over time. So it's really up to date information.

>> Martha Rust: Thank you, Rachel. We'll talk a little bit about social isolation and start that off with you guys we have a short video that we want to play for you all.

[Video].

>> Sal Kibler: I want to speak with you about social isolation since that is the topic of the cares act money. There's a lot of words thrown around with social isolation and loneliness. The populations that we work with for people that are often socially isolated. They have an absence of social connections and interactions. It's important to feel needed as others as others feeling needed by you. So people can be disconnected in lots of ways. The loneliness is the functional indicator which is the feeling of not belonging and lacking companionship. We know people who have loads of people around them doing things that still feel lonely and feel disconnected because of other reasons.

Next slide.

Okay. It was certainly exacerbated by COVID-19. There's 7.7 million people who have socially isolated. 7 in 10 say the pandemic has made it more difficult to connect with

family and friends. 1/3 say this is the longest they have gone without interacting with others. And 83% of caregivers report a decrease in help and support. They have lost a lot of help and support due to the pandemic. People feel isolated at home and in the community. Everything we have heard about nursing homes and the inability to interact there because of the disease made people that are even living next to each other feel isolated. Normal activities have been interrupted, family events have been limited and care giving has been interrupted.

Sadly, social isolation can lead to a lot of health problems, in addition to the mental health problems. The statistic that gets to be is as damaging as smoking 15 cigarettes a day. It's worse for your health than obesity and causes premature death. It's higher in those who live alone. 50% less motivated. 41% more anxieties.

We want to look at caregivers. 83% of them have reported increase loneliness. We know they often neglect their own health. They have high levels of depression and cardiovascular issues. They often don't go to their own doctor's appointments. The pandemic has limited connections from family and friends or outside paid services. People could not come in and help in many cases.

>> Rachel Wilson: Thanks. Now we want to talk to you about how you all play into this Cares Act. We're excited.

This is a project that we've been working on for quite some time. We're thrilled to be able to be here today to bring it forward and move the ball. It's a partnership with us and division of ages services and the no long door ADRC funding. The goal is to provide assistive technology to help people improve their situation of social isolation and connectiveness and improve their activities of daily living for their state of Georgia. We're charged with working with 39 consumers and in total it will be 55 individuals all together. So what we're going to do is -- we have this until September 30th. We have a lot of work to do in a short period of time. What we're planning to do is make sure we're going to provide the information not only to you all but also to the consumer directly. So we really want to make sure that even as the pandemic is seeming to hopefully have a light at the end of the tunnel, we know that social isolation still persists. We have shined a light on it during the pandemic of the problem that will continue but we hope to minimize that. We are providing trainings. This is the first one we're providing. The dates for the next three will be June 23rd, July 22nd, and August 19th. We'll talk about several different topics and dive in deeper for different assistive technology and how we want to help in various scenarios across the state. We're going to work directly with the consumers and determine what kind of assistive technology they will need. So once we get the

referral from you all, we'll pretty much take the ball and run with it. Your biggest roll in this is to provide the referrals to us and we'll be able to work with them and figure out how we can suit their needs and provide some assistive technology to improve their daily lives.

The other thing we'll do is order some assistive technology for them, and also mail it and ship it to them with explicit instructions on how to set it up. We'll set up time to do training, if it's possible to do video demonstrations we will provide that, and if they have questions we'll be available to help them.

So how does that really look? Where do you become involved? With the AAA, the ADRC and the CILS, you will get the phone calls and you will tell us who will benefit from this. We'll set up -- we have a portal for referrals. So those folks that will be designated staff we will provide you the link and information to access the portal and you'll go directly into the portal which we'll show you how that looks and what to do. You'll fill out the form and once you fill out that form we would like for you to talk to the consumer, let them know about this program, get their permission, let them know we'll be calling them. And then from there we take over. We are now opening it up. Get the referrals into us as soon as. We need a total of 55 by September 30th. So we need your help for that.

>> Martha Rust: I want to clarify that we do have

some parameters around that. If you can go back a couple slides. I want to go back to this slide here. With our 39 consumers, we need at least 3 in all of the 12 area of aging areas. So we need 3 of those. With the assessments we only can take the maximum of one in the Atlanta area and one from the other 12 triple A's. You can refer individuals for both the assistive technology and the assessment. So you can have one that you prefer that you like to have both as well.

>> Rachel Wilson: Thank you for clarifying that.

So the folks that will make the referrals could please send myself or Martha an e-mail to make sure -- send us your information or the person that will make the referrals to us and we'll set you up to access to the portal.

>> Martha Rust: And I was going to -- there's no age criteria. There was a question from Angela. It will be just whoever you feel meets the criteria of social isolation or needing some assistive technology for being independent.

So this is our Cares Act portal that we have created. There's a website right there that you will go in and you log into. We made it pretty easy. I'm going to do a live demonstration. I wanted to do a few screen shots with you guys. This is why we need those of you who are going to be putting in the referrals to us so we can get you in. We'll create a user name and password for you and you'll be able to log in and fill out this next slide that shows basically what you'll be doing.

Just to complete the form. Any item with an ask risk need to be completed. Then you submit and that goes to us. I know this picture is very small. Don't worry, we'll include this the e-mail that we send back once we get you into the portal. Now I will show you a live demonstration. I will share my screen. If you have any questions, feel free to go ahead and put them in the chat box and we will try to answer them as we go along.

I think everyone can see the screen now. Once you get your e-mail with your username and password you go to this website. It will also be on our TFL webpage as well. You log in with your user name and password. Most likely we set it up that we give you a password and then you will be required to change that. So I will log in. Since I don't need to change my password it will come straight to this referral page right here. I have no referrals yet. So I will click on the add button in the top left corner. As you can see, this form will pop open. We are required to look at what regions and take information about what region you come to. So scroll down and choose your region. Complete the form to the best of your knowledge. First name, last name, address of the person. Anything with an asterisk is what we need. Date of birth. We would like to know the primary language. If they prefer English or Spanish or American sign language. We would like to know if they are a veteran if possible. If you know that that's great. If you don't, we will fill it in when we talk to the

individual. We also know there might be an alternate contact or primary caregiver. The rest of the information that you see if you do know the information it would be great if we got it from you. If you don't, that's okay as well. We will be calling everyone after we receive the referral to fill in any information. This is just information so we know about the setup of where they live, if they have internet, et cetera. And under service request you will make the request whether or not you would like an assessment and/or assistive technology. So you can choose both of them for an individual, but we are only going to be able to complete 16 of the assessments. And then very important is to "where should the report be sent if you're just asking for an assessment." We need to know the staff name and the counselor e-mail. We will be writing the reports and then sending it back confidentially through a drop box link.

And difficulties you don't need to fill out. We will follow up on it. If you know that information it would be great. And then anything else. And then hit the submit button. So we tried to make this simple and quick for you guys. Not to give you any more forms to fill out because I'm sure you already fill out a lot of forms as is. So I'm going to stop sharing.

>> Rachel Wilson: It looks like ginger has two questions. Number 1, what if we do not have anyone to submit since our AT person handles referrals? Of course, if it was

something that needed TFL support we would forward?

The way I answer that is let people know this opportunity does exist and especially for the Atlanta region. There's only one that is allotted for Atlanta. Definitely spread the word that this is something that is available for people. We're still available to help even outside this project of course. So if anybody has other specific AT needs or questions we are working in that realm too. Number 2: Since this is cares funding, does the referral need to be COVID related?

That's a great question. The way this is set up is to address the social isolation and loneliness. So during this period of time it was designated specifically for COVID, but it's not like somebody has to have COVID or experience COVID. It's really the effects of the pandemic and how it has affected people. So there's not criteria that says it has to be a certain thing. Somebody asked about an age. There's no age requirement either. We want to make sure we use the funding appropriately and to the best of our abilities to provide for people. I hope that answers the question.

>> Martha Rust: Ginger, if your AT person works in the office with you, you can set them up as the person to put the referrals in. We just need the name and e-mail of the person who will put the referrals in.

>> Rachel Wilson: On our website, there will be a

little button underneath the AT referrals on the left side of the page. It's intended to have the division of aging services logo where you can have a direct access to the link if you don't have it handy for yourself. So know you can go to the website to access the link and get the referrals in. So as far as --

>> Martha Rust: These are great questions. If you have more questions, keep them coming.

>> Rachel Wilson: Absolutely. So why assistive technology? First of all, just to refresh, assistive technology is any device or software or anything that can help somebody especially with a disability be able to improve or maintain or be able to be as safe and independent as possible. It could be low-tech, mid-tech or high-tech. This picture is a gentleman with a headset on and underneath him are an older couple looking at a tablet. I love why assistive technology and really for a person without a disability, assistive technology makes life easier for a person with a disability, assistive technology makes life possible. I love that it becomes like a universal device and anybody can use it and it can be helpful even more so for anybody with a disability.

Assistive technology can assist with aging in place. And this is something we have found to be true. Trying to help people stay in their homes as long as possible. Their home of choice. Any type of assistive technology can help with

all different aspects of life and all different aspects of change in life. So whether it's mental health or physical needs or speech components. There's so many different ways that somebody can continue to live as productively in their own home with the right assistive technologies in place. So we're here to help try to figure out what would be the best solution for those scenarios. So I love this picture. This is just going into somebody's hope. It's a cartoon of all different kinds of stuff around the home. A lot of times we identify things that can be helpful and beneficial so someone can be safe in their home and offer solutions, especially with assistive technology but offer solutions to reach that goal.

>> Martha Rust: Rachel we have a few questions. Bill asked if we refer clients to TFL, will they contact you for any set-up use of assistive technology questions, not the ADRC and AAA, correct? Bill, if you're referring to the Cares Act portal, if you put someone in there we will reach out directly to them. When we mail equipment to them, we will have how-to guides and a letter that goes in there to let them know they received this through the Cares Act fund and here is our TFL name and number and all that. So they could contact us for any questions. So they can definitely contact us directly. So I hope that answers that question. Tony, hi! You said if you have been around for a little bit like me, I had an original user name and password when we started the initial program with

TFL. Is this the same database we used previously. It may be the same. I will look at your name. If you send us an e-mail and let us know you're the one putting the referrals in. I may just have to add one thing to your user name as long as your password is still working. So we can definitely work that out with you. Angela the same thing. You will just e-mail us that you are the referrers and we will look at your user name within our data base and we may just have to add the DAS portal to your name. So we will work with both of you on those so you don't have to come up with another password. Hopefully that's how I understand it with our IT. Cela, what does the assessment entail. Rachel, will you take that one?

>> Rachel Wilson: So based on the referral form that you fill out is already giving us some preliminary information and we'll have a conversation with the individual or their care provider or family member. We'll ask them -- we'll have a conversation and ask questions and really try to hone in on some specific items that might be helpful for them. It's not a formal assessment, but it's just based on information that we know to ask to be able to access the situation in the home and with our ADL and those kinds of things. These are great questions. We did come up with a loose questionnaire that we have. We'll just kind of gear it towards that individual. It's all person-centered. So a lot of times how you have the conversation it can go in various directions.

So we have a list of questions to refer to but we'll just try to do our best to get to know the person virtually. These are great questions. Just to give you some ideas -- I know we have a couple folks who have been with us throughout the years but for newer folks, we have a wide variety of assistive technologies for communications. Making sure that people as things change different kinds of telephones that would still help people stay connected. It doesn't need to be super high tech but maybe it could be. Or it could be as simple as a picture phone that might help them stay connected to their family.

>> Martha Rust: We have another great question from Danielle: So what happens to those referrals that do not have an assessment done? We will call and talk to them and they will get pieces of assistive technology. We'll go through a short interview with them and talk about their needs and things like that. Then we'll come up with some technology solutions. We'll purchase those solutions and mail them directly to them. So they won't get a report unless you want a report for them. They will just get the pieces of equipment.

>> Rachel Wilson: While the questions keep coming in I will go through the slides. These are just some examples of different things to help people get back into the community and feel comfortable in the community. Some simple things like a button-down shirt but using magnetic closures can make a

difference. There are some people who don't want to go to church or go out to eat now that things are opening back up because they don't want to go out with just a T shirt on. So showing how different kinds of technologies can help improve or do different things makes a world of difference. Put on some make up and clothes and get back out into the community. So lots of different kinds of technologies. We know a lot of anxiety has happened. A lot of different technologies that can be beneficial like a music player or a weighted vest. Once we get to know the person and talk to them we can determine what's the best thing for their situation. Also looking at leisure. Getting back outside and do fun things in life. Introducing ideas that they may not have thought about. Finding ways to engage in the community, as well as things to have people spend their time in a way that's not sitting behind a TV or not doing anything productive.

And also a big factor is managing medications. We know this has been a problem for a lot of people. So making sure that how are they able to access their medication? Are they able to keep up with it? There's lots of different solutions in this arena. Another situation too is making sure people have access to groceries and how are they getting their groceries if somebody is not able to get out of their home or don't have transportation or whatever the scenario is. So looking at different solutions to figure out the best way

especially in rural parts of the state or anywhere to make sure people get the nutrition they need. We can help with some of those as well. We love our artificial intelligent robotic animals. Something as simple as a computer dog can make a world of difference for somebody. A little companion. We're seeing so many people with dementia these things can help brighten someone's day. Smart home technologies. As things evolve in life in general maybe there's something whether it's being able to turn on the lights or adjust the thermostat in the house or turning on music instead of having to rely on somebody or wait for the care provider to come back for the second shift in the afternoon. Having that ability to control your environment can make a world of difference for somebody. So we can work on that as well. It's not as costly as it used to be.

So really at the end of the day AT makes life possible. So it's changing the environment and making things adaptable and accessible for somebody. We want you to have that mindset that if there's a challenge, let's figure it out and not focus on what they can't do but the things that they enjoy doing and find something that can help them achieve those goals. It looks like tony says: If someone gets an assessment, they also get AT equipment as well or only the report? It sounds like the person who gets the assessment should be someone who scores high on the social isolation verses someone who might need just the adaptive phone or medication. We can

provide both. Tiffany says what about devices that need internet access?

>> Martha Rust: We're going to talk with the individual first because we do have money to cover up until September. So we're aware that this is a quick turnaround that we have with the Cares Act fund. So it really depends on what that individual needs and also if they're able to afford it after September. We definitely do not want to give someone a piece of equipment that needs the internet that they won't be able to afford after September. So that is one of the reasons we're asking about cell phone service and if they have internet connection. We know several devices may require the internet but if they are not able to keep that funding -- this funding is coming out of the Cares Act money. So that's why we are able to buy the pieces of equipment for individuals. Again, if the person needs something with internet there will be a conversation involved about what happens after September when that money runs out. We know this is a fast turnaround. We only have a few months left. So we'll have to see on a one on one basis.

>> Rachel Wilson: It won't cost the individual any money out of pocket. There are a couple of devices as the video that was shown the GrandPad does have a prescription attached to T. The first year we can cover that. Again, we don't want to put anybody in a hardship. So that's something

that we'll explicitly discuss with them and let them know up front and we'll have something written when we ship it out to them that they are aware and understand. It's one of those things they can try out and if they wind up not renewing that the subscription that's fine. They can just keep the device and not have the program attached to T. We don't want this to be a hardship on anybody.

>> Martha Rust: Thank you. Tiffany, yes. We have thought about that. Like Rachel said, we don't want anybody in a hardship. We do need you all to send us the names and emails of the people who will be referring to the portal. If you have access to the portal, let us know and I will try to work on our IT on our end to make sure that you don't have to do something different. I can't guarantee that but we'll do our best. If you have a link and are in our database let us know. I see your comment Angela, is there a budget to keep in mind based on what the consumer may need? We'll do that on our end with a budget and what type of equipment that we'll be able to give to those people. So we'll take care of that. That's a great question. So we'll definitely be doing that on our end as well.

>> Rachel Wilson: If you have follow up questions after we end this today, feel free to reach out to Martha or myself with any follow up questions as well. We want this to be simple and easy and get the equipment as quickly to the consumers as possible. So any questions you have, reach out to

us. If we can get your name and e-mail by next Wednesday, May 26, that will be great. We are ready to begin working with you guys. So the sooner we get your names the sooner we'll be able to work with these individuals around the state of Georgia. Thank you for your time. I appreciate your patience with us. We had a little technical difficulty at the start of this. Please reach out to us if you have questions. When can we start? As soon as we get referral names. We would like the names of referrers by May 26. As soon as we get emails and names and e-mail addresses from you guys the sooner we'll be able to load those up in the portal. So beginning May 26 or 27th. Yes, we will send the PowerPoint to Yolanda and Karen. I'm sure Yolanda and Karen will get this PowerPoint out to all of y'all. I know there were some people that were not able to join today and they would like this information as well. Great question.

If there's not any more, I hope you have a great rest of the day.