SEAMLESSLY INTEGRATING TRANSITION AND DIVERSION INTO CORE SERVICES

PRESENTERS: DARREL CHRISTENSON, MICHELLE CRAIN, BRUCE DARLING, AMINA DONNA KRUCK

BRUCE DARLING: SO, BEFORE WE BEGIN WITH THIS

SECTION, I JUST WANT TO PUT SOME CONTEXT AROUND THIS. SO

DURING THE VIDEO WE SAW SOME SHORT IMAGES OF WILLOWBROOK. OUR

CENTER ACTUALLY SERVES FOLKS WHO – AM I SLIDING THIS DOWN?

SORRY LOGISTICS. THE BANE OF MY EXISTENCE.

SO, WE WORK WITH FOLKS WHO WERE IN WILLOWBROOK. THEY ARE PART

OF OUR CENTER AND THE OTHER DEVELOPMENTAL CENTERS IN NEW YORK,

WHICH DID NOT HAVE THE FORTUNE OF GERALDO RIVERA COMING

THROUGH THE FRONT DOOR. WILLOWBROOK WASN'T JUST ONE.

IT WAS ONE OF A NUMBER OF DEVELOPMENTAL CENTERS AROUND NEW YORK.

TO GIVE YOU SOME CONTEXT OF WHAT THAT WAS LIKE FOR FOLKS.

BECAUSE THERE WAS URINE AND FECES ALL OVER THE FLOOR, TO GET

TO THE ROOM WHERE THEY FED YOU,

YOU WOULD PUSH YOUR WHEELCHAIR BY PUTTING YOUR FINGERS

IN THE SPOKES AND MOVE YOUR WHEELCHAIR. YOU WOULD NEVER

TOUCH ANYTHING OUTSIDE OF THE SPOKES, BECAUSE YOU WOULD

GET YOUR HANDS FILTHY AS YOU WERE TRYING TO GET TO YOUR FOOD.

SEXUAL ASSAULT WAS COMMON. THE YOUNG WOMEN,

THE WOMEN IN THE DEVELOPMENTAL CENTER, WERE

SEXUALLY ASSAULTED REGULARLY.

BUT I LEARNED AN INTERESTING FACT. THAT THE STAFF WERE

CONCERNED THAT THE YOUNG WOMEN WOULD BECOME PREGNANT,

SO, IT WAS ACTUALLY WORSE ON THE BOY’S SIDE.

BECAUSE THE STAFF KNEW THAT WHATEVER THEY DID TO THEM

WOULD NOT RESULT IN A SURPRISE PREGNANCY AMONG THE RESIDENTS.

THIS ISN'T JUST HISTORY TODAY.

AT THE JUDGE ROTENBERG CENTER, DISABLED PEOPLE ARE ATTACHED TO A

DEVICE WITH ELECTRODES ON THEIR BODY. THE STAFF PEOPLE THERE

HAVE SOMETHING ON THEM NOT UNLIKE A GARAGE DOOR OPENER.

IT HAS A PERSON'S PICTURE ON IT AND THEY CAN PUSH

A BUTTON AND IT ZAPS THE INDIVIDUAL.

SO, IT IS LIKE A TASER SHOCK.

BUT BECAUSE WE ARE RESPONSIVE AND TRY TO FIGURE THINGS OUT,

YOU CAN BRACE FOR SOME KIND OF PAIN IF YOU KNOW

WHERE IT'S COMING. SO, THEY PLACE ELECTRODES ON A

NUMBER OF DIFFERENT PARTS OF THE BODY OF THE

DISABLED INDIVIDUAL AND THERE'S A MICROCOMPUTER

THAT THEY DESIGNED THAT DECIDES RANDOMLY

WHERE IT'S GOING TO SHOCK THE DISABLED INDIVIDUAL

SO, THEY CANNOT PREPARE FOR THE ASSAULT.

AND INDIVIDUALS HAVE BEEN BURNED BY THAT.

DISABLED INDIVIDUALS IN NURSING FACILITIES –

I KNOW OF A VERY SPECIFIC EXAMPLE IN OUR COMMUNITY.

AN ELDERLY MAN WHO IS A VETERAN AND SERVED HIS COUNTRY.

BECAUSE HE VIOLATED A RULE WITHIN THE NURSING FACILITY,

THEY TOOK HIS WHEELCHAIR AWAY AND CONFINED HIM TO

BED FOR FOUR DAYS. THIS IS NOT UNCOMMON.

IT ACTUALLY HAPPENED TO ONE OF OUR FOLKS INVOLVED

WITH OUR CENTER WHEN HE WAS IN THE SAME INSTITUTION,

A NURSING FACILITY.

WHEN HE WENT OUT DRINKING ON HIS 21 ST BIRTHDAY,

AS MANY PEOPLE DO WHEN YOU BECOME LEGAL.

HE GOT IN LATE AND AS PUNISHMENT, THEY TOOK HIS

WHEELCHAIR AWAY. IF THIS HAPPENED IN A HOUSEHOLD,

IT WOULD BE CONSIDERED DOMESTIC VIOLENCE.

PEOPLE HAVE HAD -- SO THE INCREDIBLE LOSS OF HOME,

FAMILY AND FREEDOM. BUT THE THING THAT STRUCK ME

IN A LOT OF THE CONVERSATIONS – BACK IN THE DAY –

SOMEONE DESCRIBED THE SITUATION AT WILLOWBROOK

AS THE PEOPLE THERE WEREN'T HUMAN.

THEY WERE LIKE ANIMALS --- REFERRING TO THE RESIDENTS

OF WILLOWBROOK.

AND EVEN TODAY, AT THE JUDGE ROTENBERG CENTER,

WHEN THEY TALK ABOUT DEFENDING THE DEVICE,

THEY SAY PEOPLE LIKE THAT DON'T FEEL PAIN LIKE YOU AND ME.

WE NEED TO HAVE SOMETHING TO CONTROL THEIR BEHAVIOR.

WHEN WE ARE FIGHTING THE FIGHT FOR COMMUNITY INTEGRATION,

WE ARE FIGHTING FOR THEIR FREEDOM.

BUT THERE IS AN UNDERLYING ISSUE ABOUT DISABLED PEOPLE

ARE NOT HUMAN.

SO WE ARE ALSO FIGHTING FOR OUR OWN HUMANITY

AND I JUST WANT TO MAKE SURE THAT WE ALL REMEMBER THAT.

BECAUSE EACH AND ALL OF US, EVEN THOUGH WE ARE NOT

LOCKED UP IN AN INSTITUTION, THE PUBLIC AT LARGE

QUESTIONS OUR HUMANITY AND WHETHER WE ARE ACTUALLY PEOPLE.

AND IT'S THE COLLECTIVE FIGHT AROUND COMMUNITY INTEGRATION

THAT PUTS IT ALL IN CONTEXT.

SO, A SHAMELESS PLUG IF YOU ARE NOT FAMILIAR WITH THE

DISABILITY INTEGRATION ACT, WHICH WOULD ADDRESS SOME OF

THESE ISSUES, THE WEBSITE IS EASY TO REMEMBER.

IT IS DISABILITYINTEGRATIONACT.ORG.

MADE SIMPLE FOR PEOPLE LIKE ME.

I JUST WANT TODAY THROW THAT OUT FOR FOLKS TO PUT SOME

CONTEXT AROUND WHAT WE ARE TALKING ABOUT.

WE ARE GOING TO TALK ABOUT THE CORE SERVICES.

YOU ACTUALLY SAW THIS IN DARREL'S PRESENTATION ON THE

MORNING OF DAY TWO.

SO, IT LISTS ACTUALLY THE FOUR CORE SERVICES,

INFORMATION AND REFERRAL, INDEPENDENT LIVING SKILLS TRAINING

PEER COUNSELING INCLUDING CROSS DISABILITY PEER COUNSELING,

INDIVIDUAL AND SYSTEMS ADVOCACY.

AND THEN WE ADDED IN CORE TRANSITION SUPPORT SERVICES

AND I AM NOT GOING TO READ THE SLIDE BECAUSE WE

HAVE BEEN THROUGH THIS A NUMBER OF DIFFERENT TIMES.

I CAN DO THAT, BUT IT BASICALLY TALKS ABOUT THE TRANSITION OF

FOLKS WITH SIGNIFICANT DISABILITIES FROM NURSING HOMES AND

OTHER INSTITUTIONS, THE PROVISION OF ASSISTANCE TO FOLKS

WHO ARE AT RISK OF ENTERING INSTITUTIONS, WHICH IS DIVERSION,

AND FACILITATING THE TRANSITION OF YOUTH.

WE HAVE SEEN THAT. BUT HAVING THE WORDING IS HELPFUL.

JUST LIKE WHEN THERE'S QUESTIONS AS TO WHY IS A CENTER DOING THIS.

YOU CAN ACTUALLY PULL THESE OUT.

ILRU IS AN INCREDIBLE RESOURCE, BOTH THE INDIVIDUALS WHO WORK THERE

AND COLLECTIVELY AS A GROUP.

I GO THERE OFTEN TO GET ADDITIONAL INFORMATION.

THE CORE INDICATORS -- BASICALLY THE INDICATORS OF MINIMUM COMPLIANCE.

THIS IS THING THAT LINKS THOSE BACK TO WHAT WE ARE SUPPOSED TO DO.

I HAVE COVERED THE LEGAL PART OF THIS. I REALLY DON'T DO IT WELL.

BUT I DO WANT YOU TO HAVE A SENSE THAT THERE IS

A FRAMEWORK THAT UNDERSCORES WHAT WE ARE TALKING ABOUT.

BEYOND THIS, THERE CAN BE A FAIR QUESTION

AND WE DID THREE DAYS WHERE WE STRUGGLED WITH THIS.

WHEN WE ARE TALKING ABOUT NEW CORE SERVICES,

ARE THESE REALLY SERVICES? AND WE HAD TO ACTUALLY RECOGNIZE

LIKE, WELL, ACTUALLY NOT REALLY.

WE USE THE OTHER FOUR CORE SERVICES TO ACCOMPLISH THESE THINGS.

SO, IT KIND OF RAISES THE QUESTION OF

IS IT SEAMLESS SERVICE DELIVERY OR HAVE WE JUST MIXED UP

ALL THESE TERMS INTO SOMETHING OF A PUDDING

OR A SALAD OR SOMETHING.

WHERE IT'S ALL KIND OF PUSHED TOGETHER?

AND THEN WHAT WILL HAPPEN IS YOU ARE GOING

TO BE AT THE POINT WHERE YOU ARE GOING TO

TRY TO FIGURE OUT IS THIS AN INFORMATION REFERRAL?

OR IS THIS SUPPORT FOR TRANSITION? AND THERE’S RESOURCES

TO TALK IT THROUGH.

BUT I WANT YOU TO, WHEN YOU ARE DEALING WITH THIS,

TO FEEL FREE TO BLAME ME.

SO, NOT THAT I AM THE ONE WHO CAME UP WITH IT OR I WAS

THE ONLY ONE INVOLVED IN FIGHTING FOR THE FIFTH CORE SERVICE.

THERE WERE A LOT OF US. BUT I WILL GLADLY SHOULDER THE RESPONSIBILITY

FOR NOT TRYING TO THINK THROUGH OR CLAIMING IT AS A GOAL

OR AN OUTCOME. IT WAS KIND OF WHAT IT WAS.

IT WAS AN EASY RHETORIC TO USE.

BUT I THINK IT'S HELPFUL FOR US TO UNDERSTAND WHY WE DID THIS.

SO, I AM GOING TO GIVE YOU FROM THE ADAPT PERSPECTIVE.

AS WE WERE TALKING ABOUT IT -- AND I GO BACK 28 YEARS WITH ADAPT.

AS WE WERE TALKING ABOUT COMMUNITY TRANSITION,

THE THING THAT WE RECOGNIZED WAS ALL OF THE RHETORIC

AND ADVOCACY IN THE WORLD WOULD GO NOWHERE

IF THERE WASN'T A SYSTEM AND PEOPLE TO ACTUALLY DO THE WORK.

AND WE LOOKED AT THE WORLD AROUND US AND WE IDENTIFIED

THAT BASICALLY FROM THE ADAPT PERSPECTIVE, THERE WAS ONE

GROUP WHO COULD AND WOULD DO THIS WORK THAT WE TRUSTED.

AND I WANT TO MAKE SURE I UNDERSCORE THAT.

ADAPT, WHO IS KNOWN FOR BEING A BIT CRANKY AND CALLING PEOPLE OUT,

HAD ONE GROUP WHO WE TRUSTED TO DO THIS WORK

AND THAT WAS THE CENTERS FOR INDEPENDENT LIVING.

SO, I REALLY WANT YOU TO HAVE A SENSE OF THAT.

IT IS NOT JUST THAT ADAPT FOLK WERE INVOLVED IN BOTH.

WE REALLY DID ACTUALLY HAVE SOME HARD CONVERSATIONS

ABOUT WHO COULD DO THIS. AND IT WAS

BECAUSE CENTERS HAVE PASSION, WE HAVE THE EXPERIENCE,

AND BECAUSE WE ARE MADE UP OF PEOPLE WITH DISABILITIES,

WE CAN CUT THROUGH THE ABLEISM AND SEE THROUGH IT VERY EASILY.

WE WILL ACTUALLY MAKE THIS HAPPEN.

SO, THERE IS IN THE END NO BETTER GROUP TO DO TRANSITION

AND DIVERSION WORK THAN THE CENTERS.

WE RECOGNIZED THAT THERE IS NO MONEY THAT CAME WITH THIS.

AND I THINK THAT THAT IS ONE OF THE THINGS THAT MANY

DIRECTORS STRUGGLE WITH.

HOW ARE WE GOING TO DO THIS WITHOUT ADDITIONAL MONEY?

AND DARREL IS GOING TO TALK ABOUT HOW WE INCORPORATE

THIS ALL IN TOGETHER.

BUT I WANT TO REASSURE FOLKS THAT THERE ARE SOME VALID REASONS

THAT TAKING THIS ON MADE A LOT OF SENSE.

FIRST IT CLAIMED TERRITORY.

SO, THINK ABOUT HOW THE TERM INDEPENDENT LIVING

HAS BEEN PERVERTED BY OTHER FOLKS.

SEARCH INDEPENDENT LIVING AND WHAT DO YOU FIND?

BUNCHES OF ASSISTED LIVING FACILITIES.

ALL SORTS OF OTHER FOLKS USING OUR LANGUAGE TO ADVANCE THEMSELVES.

WE HAVE SEEN THE ADRC'S DEVELOP AND SLIDE IN AND BE TOLD

THEY ARE GOING TO DO WHAT WE HAVE BEEN DOING FOR YEARS

AND GET TONS OF MONEY TO DO THE SAME THING.

SO REALLY, HAVING THIS BE A SERVICE FOR CENTERS ALLOWED US TO

CLAIM TERRITORY.

WE ALSO BELIEVE THAT WHEN YOU CREATE A NEED, THE MONEY WILL FOLLOW.

SO, WITH A NETWORK AND A REQUIREMENT, IT PUTS US IN A POSITION

TO ADVOCATE FOR THOSE FUNDS.

AND THAT IS ACTUALLY A VERY CONCRETE CONVERSATION

THAT'S HAPPENING AT THE POLICY LEVEL RIGHT NOW IN DC.

ALTHOUGH WE CAN BE FRUSTRATED WITH ACL AT TIMES, THEY ARE

ACTUALLY PARTNERS WITH US IN HAVING THESE CONVERSATIONS

AND TRYING TO NAVIGATE A VERY COMPLICATED POLITICAL

ENVIRONMENT TO BRING THOSE DOLLARS TO US.

AND THEN FINALLY, WHEN WE ARE THINKING ABOUT WHERE WE ARE

IN TERMS OF TALKING ABOUT MONEY WILL FOLLOW THE PROGRAM,

THINK ABOUT MONEY FOLLOWS THE PERSON.

THERE IS AN EFFORT RIGHT NOW TO REESTABLISH THAT.

WHEN WE CREATED MONEY FOLLOWS THE PERSON,

THERE WAS NO REQUIREMENT THAT CENTERS DID TRANSITION SERVICES.

WE WERE NOT CONSIDERED UNIQUE AT THE STATE LEVEL.

SO, IN PROGRAMS THAT ARE KIND OF SHODDY AT THE STATE LEVEL,

BECAUSE THEY HAVE NOT INVOLVED US, MOVING FORWARD AND

REAUTHORIZING MFP, CENTERS ARE IN A VERY DIFFERENT POSITION

TO SECURE THOSE FUNDS.

SO, I WANTED TO DRAW FOLKS ATTENTION TO THAT.

INSTITUTIONAL TRANSITION. FACILITATE THE TRANSITION OF

INDIVIDUALS WITH SIGNIFICANT DISABILITIES FROM NURSING FACILITIES

AND OTHER INSTITUTIONS INTO THE COMMUNITY WITH SERVICES

AND SUPPORTS. IT INCLUDES SYSTEMS ADVOCACY.

FOR THE PERSON WHO WAS TALKING ABOUT THE DIRECTOR

WHO WAS UNCOMFORTABLE WITH DIRECT ACTION.

IF SOMEONE WANTS TO GET OUT OF AN INSTITUTION,

ONE FORM OF DIRECT ACTION WOULD BE TO HELP THAT INDIVIDUAL BE A

PART OF A GROUP OF PEOPLE WHO ARE RAISING THE PROFILE THAT THEY CAN'T

BE IN THE COMMUNITY. THAT'S A FORM OF DIRECT ACTION

THAT MAKES IT VERY PERSONAL AND ACTUALLY A LOT OF PEOPLE

ARE COMFORTABLE WITH IT. AND IF ANYTHING, THE DIRECTOR WILL

PROBABLY GET A LOT OF PRAISE FOR THAT WORK

SO IT'S A POSITIVE REINFORCEMENT.

MY EXPERIENCE FROM THE RECEIVING END IS IT DOES ACTUALLY WORK.

INSTITUTIONAL DIVERSION. PROVIDING ASSISTANCE TO FOLKS WITH

SIGNIFICANT DISABILITIES WHO ARE AT RISK OF ENTERING INSTITUTIONS.

WE ARE GOING TO TALK A LOT ABOUT THIS.

DETERMINING WHO IS AT RISK ENTERING AN INSTITUTION

SHOULD INCLUDE SELF IDENTIFICATION BY THE INDIVIDUAL.

WE ARE GOING TO TALK ABOUT SOME OF THIS LATER.

WHAT IT MEANS TO BE AT RISK.

SO, FOR A PERSON WHO IS AT RISK OF ENTERING AN INSTITUTION,

HOW COULD IT BE AVOIDED?

SOME PEOPLE BELIEVE THAT HAVING A SIGNIFICANT DISABILITY

ALONE MAKES A PERSON AT RISK OF INSTITUTIONALIZATION.

AND IN SOME PLACES, THAT MAY ACTUALLY BE THE CASE.

SO THIS IS GOING TO BECOME INDIVIDUALIZED.

IN SOME CONTEXTS. SO, I REALLY FELT LIKE IN NEW YORK,

FOR MANY YEARS, JUST HAVING A SIGNIFICANT DISABILITY

DID NOT PUT YOU AT RISK. BUT WITH THE ADVENT OF MANAGED CARE

AND SOME OF THE CHANGES IN STATE POLICY, I BELIEVE THAT WE ARE

MOVING IN THAT DIRECTION -- WHERE EVERYONE WITH A SIGNIFICANT

DISABILITY IS AT RISK.

BUT THAT HAS A CASCADE EFFECT IN TERMS OF DELIVERY OF SERVICES.

SOME BELIEVE THAT THE CONSUMER SELF-IDENTIFICATION ALONE

MAY BE ENOUGH TO CONSIDER A PERSON AT RISK.

I AM ONE OF THOSE PEOPLE.

I BELIEVE THAT IF YOU FEEL THAT YOU ARE AT RISK, I AM NOT GOING TO SAY,

OH NO, THAT'S NOT REAL. BECAUSE HONESTLY, EVEN IF I DON'T SEE IT AT FIRST,

THERE'S SOMETHING GOING ON. YOU ARE LIVING THE LIFE; YOU KNOW THIS.

AND WE ARE GOING TO TALK ABOUT THAT AS WELL

AND ACTUALLY OPERATIONALIZE THAT.

OTHERS BELIEVE THAT SELF IDENTIFICATION AND HAVING A

SIGNIFICANT DISABILITY ARE KEY COMPONENTS BUT OTHER

FACTORS OR A COMBINATION THEREOF MAY PRESENT A MORE

COMPREHENSIVE PICTURE OF RISK.

SO, THERE'S A LOT OF THINGS TO GO INTO CREATING THAT SENSE

OF RISK FOR THE INDIVIDUAL.

SO PREVIOUSLY WE TALKED ABOUT HOMELESSNESS.

SO SOMEONE WHO DOESN'T HAVE A PLACE TO LIVE.

THAT CLEARLY DOES PUT A PERSON AT RISK.

ANYONE EVER SECURED HOME AND COMMUNITY-BASED SERVICES

FOR SOMEBODY WHO DIDN'T HAVE A HOME?

AUDIENCE: REPEAT THE QUESTION.

BRUCE: HAVE YOU EVER SECURED HOME AND COMMUNITY-BASED

SERVICES FOR SOMEONE WHO DID NOT HAVE A HOME?

AUDIENCE: ONE TIME.

BRUCE: ONE TIME. OKAY. THAT IS ONE TIME THAT I HAVE HEARD OF

IN ALL OF THESE YEARS. ONCE.

SO, IT REALLY IS A SIGNIFICANT FACTOR -- HOMELESSNESS.

CHRONIC MEDICAL CONDITIONS. SO PARTICULARLY WHEN

YOU START TO GET INTO HEALTH-RELATED TASKS AND SUCH,

THEY ARE VERY MUCH A PART OF IT.

SUBSTANCE ABUSE. SO THAT WILL BE A FACTOR.

OKAY. I AM NOT ONE TO POLICE OTHER PEOPLE'S BEHAVIOR.

EVEN IF YOU ARE ONE WHO IS LIVE AND LET LIVE;

YOU ARE GOING TO DO WHAT YOU ARE GOING TO DO,

THE SERVICE SYSTEMS TAKE THESE THINGS VERY SERIOUSLY.

SO, DRUG AND ALCOHOL USE IMPACTS YOUR ABILITY TO SECURE SERVICES,

WHICH CAN RESULT IN INSTITUTIONALIZATION.

I HAVE HAD PEOPLE WHO HAD DRUG AND ALCOHOL USE HISTORIES

WHERE FOLKS SAID THEY NEEDED TO BE IN THE INSTITUTION

TO STAY FREE OF ALCOHOL. IT'S LIKE REALLY?

ISSUES WITH TAKING MEDICATIONS. IT'S PROBLEMATIC

BECAUSE IF YOU HAVE ISSUES WITH TAKING YOUR MEDS,

YOU CAN END UP HOSPITALIZED. SO, IT'S NOT JUST WHAT HAPPENS.

IT'S HOW YOU END UP MOVING INTO THE SYSTEM.

SO, IF YOU MIX UP YOUR MEDICATIONS, YOU OVERTAKE, YOU MISS THEM.

YOU CAN HAVE COMPLICATIONS THAT RESULT IN HOSPITALIZATION.

THAT HOSPITALIZATION OFTEN IS A STRAIGHT RUN INTO A NURSING FACILITY.

LIVING ALONE WITHOUT SUPPORT. LGBTQ INDIVIDUALS OFTEN DON'T

HAVE A LOT OF FAMILY SUPPORT.

THIS IS WHY FOLKS ARE AT RISK OF INSTITUTIONALIZATION.

I AM KIND OF REALISTIC ABOUT WHAT MY TRAJECTORY IS,

SO I HAVE BEEN WORKING WITH MY HUSBAND TO EXPLAIN TO HIM

WHAT HE WILL NEED TO DO TO STAY IN THE COMMUNITY.

I ENCOURAGE HIM TO LOOK -- AT HE WILL NEED TO PLAN FOR A REVERSE

MORTGAGE, SO HE HAS MONEY COMING IN AND CABANA BOYS.

YOUNG BOYS TO LIVE WITH HIM TO MEET HIS EVERY NEED. (LAUGHTER)

IT’S A REFRAMING OF ATTENDANT SERVICES.

I’LL BE GONE; I WILL BE FINE WITH IT.

AGE IS AN ISSUE. LACK OF ASSISTANCE WITH ACTIVITIES OF DAILY LIVING.

THIS IS WHERE THE SERVICE SYSTEMS CAN ACTUALLY PUSH YOU IN.

INCOME ISSUES; FAMILY SUPPORT. SO, NO MATTER WHAT APPROACH THE

CENTER USES IN ASSESSING RISK; THE ULTIMATE GOAL IS TO DIVERT CONSUMERS FROM

INSTITUTIONAL SETTINGS BY UTILIZING THE CORE AND AUXILIARY

SERVICES THAT CENTERS ALREADY PROVIDE.

I AM GOING TO TURN IT OVER TO DARREL, WHO IS GOING TO TALK

IN MORE DETAIL ABOUT THE PROVISION OF SERVICES.

DARREL CHRISTENSON: SO, PROVIDING DIVERSION

AND TRANSITION SERVICES THROUGH EXISTING CORE SERVICES

AND EARLY INTERVENTIONS.

I JUST WANT TO SAY WITH DIVERSION AND TRANSITION AS A FIFTH CORE,

THAT HAS MANY TIMES KEPT PEOPLE UP AT NIGHT

AND WONDERING OH, MY GOD. THIS NEW MANDATE –

A FIFTH CORE SERVICE AS MANDATED TO ME. AND THERE'S

NOT ADDITIONAL FUNDING.

AND HOW IN THE WORLD AM I GOING TO DO IT?

I AM HERE -- WE ARE HERE TO TELL YOU THAT

TO A LARGE EXTENT YOU ARE ALREADY DOING IT.

YOU ARE ALREADY DOING IT.

THROUGH THE CORE -- ORIGINAL CORE SERVICES

OF I & R, PEER SUPPORT, INDEPENDENT LIVING SKILLS TRAINING,

THE INDIVIDUAL & SYSTEMS ADVOCACY.

THOSE ARE ALREADY WAYS IN WHICH YOU

ARE DOING DIVERSION AND TRANSITION.

SO, FOR PEOPLE IN MANAGEMENT, JUST TAKE A DEEP BREATH.

IT'S ALL GOOD.

AND FOR FRONT LINE STAFF WHO ARE WORKING WITH CONSUMERS,

JUST KEEP DOING WHAT YOU ARE DOING. IT'S ALL GOOD.

JUST TAKE A DEEP BREATH. OKAY?

THE FIRST FEW SLIDES ARE JUST REFRESHERS OF THE FOUR CORES.

INFORMATION AND REFERRAL, PEER COUNSELING, ILS TRAINING,

THE INDIVIDUAL ADVOCACY AND SYSTEMS ADVOCACY.

THOSE FIVE SLIDES ARE PRETTY STRAIGHT FORWARD STUFF.

I AM NOT GOING TO TAKE OUR TIME ON THOSE.

BUT I WILL TALK PROBABLY ABOUT THE EARLY INTERVENTION

PROGRAM HERE IN PHOENIX.

EARLY INTERVENTION STARTED ABOUT 17 YEARS AGO.

AGAIN, LIKE SO MANY ANCILLARY SERVICES, WE IDENTIFIED A COMMUNITY NEED.

AND LIKE BRUCE ALLUDED TO, YOU SEE THE COMMUNITY NEED

AND THEN YOU GO OUT AND GET THE MONEY TO DO IT.

EARLY INTERVENTION, SOMETIMES EARLY ON HAD BEEN -- EARLY ON.

17 YEARS AGO, IT WAS A LITTLE CONFUSING TO SOME PEOPLE

BECAUSE EARLY INTERVENTION TO SOME MEANT ZERO-TO FIVE.

BIRTH TO FIVE YEARS OLD WAS EARLY INTERVENTION.

BUT THIS IS NOT THE CASE HERE. THIS IS ACTUALLY GOING

INTO REHAB CENTERS AND TALKING ABOUT IL. SO, BEFORE PEOPLE

START TO TUNE OUT ON ME AND SAY I DON'T HAVE A REHAB

CENTER OR REHAB FACILITY IN MY AREA BECAUSE WE ARE OUT IN

THE COUNTRY. HEAR ME OUT. OKAY? DON'T SHUT DOWN YET.

YOU HAVE DONE GOOD ALL WEEK.

SO, THE PROGRAM HERE PROVIDES OUTREACH TO PEOPLE IN

REHAB HOSPITALS THAT ARE NEWLY ACQUIRED DISABILITIES. AND

AS WE KNOW, THE TIME AT WHICH FOLKS STAY IN REHAB HAS JUST

DRAMATICALLY PLUMMETED. IT USED TO BE THREE, FOUR MONTHS

WORTH OF STAY. NOW IN ABOUT THREE WEEKS TIME, YOU ARE OUT

THE DOOR GOING HOME. OR THAT TEMPORARY STAY IN A NURSING HOME.

SO, BECAUSE OF INSURANCE AND HEALTHCARE AND WHATNOT.

SO, OUR TASK IS TO GO OUT REGULARLY AND GO OUT TO

REHAB CENTERS AND SUCH. BECAUSE THERE'S SUCH A CONSTANT

TURNOVER. EVERY THREE WEEKS FOLKS ARE COMING.

I MEAN, THINK ABOUT OKAY TODAY IS MAY 4TH.

IF YOU GO BACK THREE WEEKS, YOU ARE MID-APRIL.

THAT WAS PROBABLY ABOUT TAX DAY.

THINK ABOUT IT IF YOU HAD AN INJURY, MAYBE A SPINAL CORD

INJURY, ON TAX DAY APRIL 15TH. AND HERE WE ARE MAY FOURTH

THREE WEEKS LATER THEY ARE SENDING YOU HOME. HOW IN THE

WORLD DO YOU THINK ABOUT YOUR NEW LIFE IN THAT SHORT

PERIOD OF TIME?

MY GOSH. THAT'S JUST CRAZINESS. RIGHT?

SO, WE WANT TO GET IN THERE AND RATHER THAN HAVING PEOPLE

THINK NURSING HOME AND THIS IS ALL THAT I CAN EXPECT IN MY

LIFE BECAUSE THAT'S ALL THEY ARE TELLING ME IN REHAB,

RIGHT? YEAH.

SO, RATHER THAN THINKING THAT WAY, LET'S GET IN THERE EARLY ON

AND TALK ABOUT IL. HAVE A PEER MENTOR COME IN AND

DEMONSTRATE WHAT LIFE REALLY CAN BE LIKE OUT THERE.

THAT'S PART OF THE DEAL WITH EARLY INTERVENTION.

SIXTY PER CENT OF THE UNDUPLICATED INDIVIDUALS

WITH NEWLY ACQUIRED DISABILITIES CONTACTED IN THE PROGRAM

HAVE A SPINAL CORD INJURY OR A TRAUMATIC BRAIN INJURY.

THOSE ARE OUR NUMBERS. AND BY THE WAY, LAST

THREE OR FOUR YEARS NOW, OUR ONE FULL TIME STAFF MEMBER

HAS SEEN ABOUT 550 INDIVIDUALS EACH YEAR.

JUST TO GIVE YOU A NUMBER.

SO, 60 PERCENT OF THOSE SPINAL CORD OR TRAUMATIC BRAIN INJURIES.

THE VISITS TO REHAB FACILITIES ARE REGULARLY SCHEDULED TO MEET WITH

INDIVIDUALS AND THEIR FAMILIES SHORTLY AFTER A CATASTROPHIC

TRAUMA RESULTING IN A PROFOUND DISABILITY.

WE TALK ABOUT FAMILY SYSTEMS WITH YOUTH. WELL, HERE AGAIN

PICTURE YOURSELF IN REHAB ON TAX DAY

AND YOUR SPOUSE IS THERE WITH YOU ADJUSTING AS WELL.

THERE'S A FAMILY DYNAMIC GOING ON.

OH, AND IF YOU HAVE KIDS, WHAT ABOUT LIFE NOW AS A FAMILY

IF MOM OR DAD HAS A SPINAL CORD INJURY?

WE MEET WITH EVERYBODY.

I REMEMBER BACK WHEN I WAS DOING MY GRADUATE INTERNSHIP

AT A CENTER IN RURAL WISCONSIN AND THE VISUAL WAS

HE WAS NEWLY INJURED. HE WAS IN A HOSPITAL BED IN THE

MIDDLE OF THE LIVING ROOM. A VERY SMALL COMMUNITY

IN WISCONSIN.

AND TO USE THEATRICAL TERMS, HE WAS CENTER STAGE. OKAY?

HOSPITAL BED IN MIDDLE OF THE LIVING ROOM. CENTER STAGE.

ALL THE ATTENTION. BOTH RANDY AND I WERE FOCUSING ON HIM.

AND AS A YOUNG INTERN, GRADUATE INTERN, I LOOKED OVER IN THE KITCHEN

AND VERY QUIETLY HIS WIFE WAS SITTING THERE IN THE WINGS, OFF STAGE.

SPOTLIGHT WASN'T ON HER.

BUT HER ADJUSTMENT TO WHAT WAS GOING ON CENTER STAGE

WAS JUST AS REAL AS WHAT WAS HAPPENING ON STAGE AND OFF STAGE.

AND SOME OF US WHO HAVE BEEN INVOLVED IN THEATER

KNOW THAT IT TAKES A FULL PRODUCTION TO PUT ON A GOOD PERFORMANCE.

IT TAKES THE STAGEHANDS TO HELP OUT

WITH WHAT'S GOING ON SHOW TIME.

IT'S A COMBINED EFFORT. AND THAT WAS THE CASE HERE.

SO, I JUST SHARE THAT WITH YOU TO SAY THAT WE DO WORK

WITH THE FAMILY SYSTEMS ALL THE WAY AROUND.

THE SERVICE AREA HERE IS MARICOPA COUNTY AND THE PHOENIX METROPOLITAN AREA.

OUR DEMOGRAPHICS JUST TO GIVE YOU AN IDEA, 70 PERCENT MALE,

30 PERCENT FEMALE. ALMOST HALF ARE BETWEEN THE AGES OF 31 AND 54.

FAIRLY REPRESENTATIVE OF OUR POPULATION

WITH 71 PERCENT CAUCASIAN, 15 PERCENT HISPANIC

AND EIGHT PERCENT NATIVE AMERICAN.

75 PERCENT EARNING LESS THAN $10,000.

BECAUSE WHEN YOU ARE INJURED, YOU ARE NOT WORKING.

THERE AGAIN, ADJUSTMENT FINANCIALLY, RIGHT?

AND WE ARE WORKING VALLEY WIDE.

SOMEBODY ASKED ME THE OTHER DAY, HOW BIG IS THE VALLEY?

IF YOU WENT FROM APACHE JUNCTION TO THE EAST TO BUCKEYE

AND BEYOND ON THE WEST SIDE, YOU ARE ABOUT

A 90-MILE STRETCH EAST TO WEST. 90 MILES.

AND IF YOU GO NORTH TO SOUTH, IT'S ABOUT 40 OR 50 MILES.

SO, FOR THOSE OF YOU IN MONTANA OR RURAL NEVADA

WHEREVER YOU ARE AT, IF YOU TOOK A 90 BY 50-MILE STRETCH,

THAT'S THE LAND MASS THAT WE COVER IN THE VALLEY.

SO, THE PROBLEM BEING ADDRESSED. YOU COULD HAVE A STROKE,

AN AUTOMOBILE ACCIDENT, DRIVE BY SHOOTINGS. WE SEE THOSE.

WHATEVER THE CAUSE, ACQUIRING A DISABILITY MEANS LOSING

THE USE OF A SIGNIFICANT PART OF ONE'S PHYSICAL, SENSORY, OR COGNITIVE ABILITY.

IT CAN HAPPEN QUICKLY, AND IT IMPACTS INDIVIDUALS,

MARRIAGES, FAMILIES AND COMMUNITY. NO ONE IS EVER

EXPECTING A DISABILITY OR PREPARED TO DEAL WITH IT.

I TELL PEOPLE IN COMMUNITY PRESENTATIONS THAT

IT'S AN EQUAL OPPORTUNITY CLUB -- HAVING A DISABILITY.

YOU CAN JOIN ANYTIME.

YOU DON'T WAKE UP ON A FRIDAY MORNING AND SAY OH,

I AM GOING TO GO TRAINING AND THEN AROUND NOON

I AM GOING TO GO ON THE HIGHWAY AND I THINK I WILL

GET ME A DISABILITY TODAY.

RIGHT? YOU DON'T PLAN FOR IT. IT HAPPENS.

MEDICAL PROFESSIONALS DO A GREAT JOB OF PUTTING BODIES BACK TOGETHER.

WE TALKED ABOUT THIS ALL WEEK ABOUT WHAT'S BROKEN?

IS IT THE SELF OR THE INDIVIDUAL OR THE COMMUNITY THAT'S BROKEN?

MEDICAL PROFESSIONALS WOULD ARGUE THAT IT'S US.

THEY NEED TO REPAIR US.

HOWEVER, THE THINGS NEEDED FOR THE PSYCHOSOCIAL ADJUSTMENT TO

DISABILITY ARE NOT NECESSARILY AVAILABLE THROUGH MEDICAL

PROFESSIONALS OR INSURANCE COMPANIES. WE KNOW THAT.

SO, ACCORDING TO NATIONAL COUNCIL ON DISABILITY –

STILL, AGAIN, I’M PREACHING TO THE CHOIR --

UNEMPLOYMENT RATE IS ABOUT 70 PERCENT.

SUICIDE RATE FOR PEOPLE WITH SPINAL CORD INJURY SIGNIFICANTLY

HIGHER THAN FOR PERSONS WITHOUT A DISABILITY.

SO THEREFORE, WITH EARLY INTERVENTION, MANY INDIVIDUALS

WITH NEWLY ACQUIRED DISABILITIES OFTEN FEEL UNABLE TO COPE,

BECOME ISOLATED, GO THROUGH BOUTS OF DEPRESSION,

STRUGGLE TO READJUST, EXPERIENCE FAMILY TURMOIL AND SEPARATION,

AND OFTEN ACCEPT A LIFE ON PUBLIC ASSISTANCE.

AGAIN, I AM PREACHING TO THE CHOIR. SORRY ABOUT THAT.

SO, THE PROGRAM'S PURPOSES AND MEASURABLE GOALS

AND OBJECTIVES. WE INTRODUCE PEOPLE TO THE INDEPENDENT

LIVING PHILOSOPHY OF SELF-DETERMINATION RIGHT UP FRONT.

WE PROVIDE PEER SUPPORT AND WE PRESENT AN OVERVIEW OF

STRATEGIES, RESOURCES AND SERVICES NEEDED FOR LIVING WITH A DISABILITY.

WE HAVE EVEN CREATED A DISABILITY SURVIVAL GUIDE.

IT'S A 24 PAGE BOOKLET OF RESOURCES AND INFORMATION

AND JUST OTHER MATERIALS FOR THE FULL FAMILY TO GET MORE

INFORMATION. KNOWLEDGE IS POWER. RIGHT?

ALSO, WE PROVIDE INFORMATION AND PEER SUPPORT THAT INCREASES

THE LIKELIHOOD THAT CONSUMERS WILL ADAPT TO A DISABILITY

AND BE DIVERTED FROM AN INSTITUTION BACK INTO THE COMMUNITY.

IF YOU GET THAT INFORMATION UP FRONT AND KNOW THAT THERE'S

POSSIBILITIES, YOU ARE NOT GOING TO SETTLE FOR THAT NURSING HOME.

SHOW

THROUGH SELF-REPORTING THAT EDUCATION OF RESOURCES GIVES

KNOWLEDGE AND SELF EMPOWERMENT. IT REALLY DOES INTEGRATE

ALL OUR SERVICES AND ADDRESSES THE WHOLE PERSON,

AVOIDING INSTITUTIONALIZATION.

SO, THESE ARE SOME OF THE OBJECTIVES THAT ARE COMING RIGHT

OUT OF OUR GRANT SO FEEL FREE TO PLAGIARIZE, STEAL AND

BEG AND BORROW OR USE THEM.

FIRST OBJECTIVE WE SET WAS TO COLLABORATE WITH THE LOCAL

REHAB FACILITIES AND EXTENDED CARE CENTERS TO CONDUCT

OUTREACH MEETINGS AND SITE VISITS.

I SHOULD SAY THAT OVER THE YEARS, IT'S MUCH MORE DIFFICULT TO GET IN

BECAUSE OF HIPAA GUIDELINES. BACK 17 YEARS AGO,

STAFF WOULD SAY, OKAY HERE IS THE CENSUS, NAMES AND ROOM NUMBERS.

FEEL FREE TO HAVE AT IT. THEY CAN'T DO THAT NOW.

SO, WHAT WE DO INSTEAD IS MAKE SURE THAT WE ARE USING FOLKS

THAT ARE ALREADY THERE TO ASK FOR OUR SERVICES.

AND IF SOMEONE ASKS FOR OUR SERVICES, WE ARE FREE TO GO IN.

AND, WE MIGHT JUST HAPPEN TO TALK TO THEIR NEIGHBOR IN THE NEXT BED

OR THE NEXT ROOM AS LONG AS WE’RE THERE. BECAUSE A LOT OF TIMES

IF SOMEBODY SAYS HEY, I AM RECEIVING SERVICES FROM ABILITY 360

AND THEIR ROOMMATE SAYS HEY, I WANT A PIECE OF THAT ACTION,

WE ARE GOOD.

AUDIENCE: DARREL, I HAVE A QUESTION.

DARREL: NEED A MIC. YES.

AUDIENCE: SORRY. I HAVE A REALLY LOUD VOICE. I HAVE BEEN TOLD THAT.

DARREL: SORRY. YOU DON'T. GO FOR IT.

AUDIENCE: MY QUESTION IS VERY SIMPLE. IN ADVANCE OF ALL THIS,

ARE YOU AND YOUR STAFF DEVELOPING RELATIONSHIPS WITH DISCHARGE PLANNERS

AT YOUR HOSPITALS AND THINGS LIKE THAT SO THAT THERE'S PERHAPS A CHANCE TO

IDENTIFY SOMEBODY BEFORE THEY GET TO A REHAB CENTER? AND IF YOU DO THAT,

WHAT'S YOUR PROCESS?

DARREL: YES. LIKE WE HAVE SAID IN OTHER CAPACITIES,

IT'S ABOUT RELATIONSHIP BUILDING.

BECAUSE WE HAVE BEEN DOING THE PROGRAM FOR 17 YEARS NOW,

FOLKS KNOW OUR REPUTATION.

AND SO THAT REALLY HELPS TO GO A LONG WAYS.

I MEAN CERTAINLY YOU ARE GOING TO HAVE STAFF TURNOVER

AT THE HOSPITALS OR REHAB FACILITIES, BUT BY AND LARGE

OUR MATERIALS ARE OUT THERE, OUR REPUTATION IS OUT THERE

AND THAT REALLY DOES HELP TO GET US CONNECTED.

AUDIENCE: THANK YOU.

DARREL: YOU ARE WELCOME.

SO, INTRODUCING THE IL PHILOSOPHY TO NEWLY DISABLED INDIVIDUALS.

WE FACILITATE PEER MENTOR MATCHES. I THINK, APRIL AND POLLY,

WE HAD SOMEBODY WHO JUST CELEBRATED 20 YEARS AS A

PEER MENTOR WHO HAS BEEN IN REHAB FACILITIES.

AND SAL IS HISPANIC AND HE HAS BEEN A PEER MENTOR

UP IN THE REHAB FACILITIES FOR20 YEARS.

SINCE 1998 HE STARTED. AND I AM LIKE HOW COOL IS THAT?

AND HE IS STILL GETTING AFTER IT WITH PEOPLE. A GREAT ROLE MODEL.

SO, THE OBJECTIVE FOUR, ASSIST US AND THE VOLUNTEER COORDINATOR

TO RECRUIT, TRAIN, AND OVERSEE NEW PEER MENTORS.

SO, THIS STAFF MEMBER, THE EARLY INTERVENTION PROGRAM

COORDINATOR, WORKS WITH OUR VOLUNTEER COORDINATOR.

OBJECTIVE FIVE, CONDUCT FOLLOW UP SURVEYS POST DISCHARGE TO

ASSESS AND EVALUATE ADAPTATION AND COMMUNITY INTEGRATION AND

RE-INTERVENE WHERE APPROPRIATE. THIS ONE IS REALLY TOUGH.

THIS ONE IS REALLY, REALLY, REALLY TOUGH BECAUSE AFTER THREE

WEEKS THEY ARE GONE. THEY ARE OUT. YOU DON'T KNOW WHERE

THEY ARE GOING. YOU DON'T KNOW THEIR HOME ADDRESS OR IF

THEY ARE GOING BACK TO ANOTHER STATE BACK HOME. THIS ONE

QUITE HONESTLY IS A REAL CHALLENGE FOR US. WE HAVE ANNUAL

GOALS, BUT IT'S A PROBLEM. SO, I’LL BE TRANSPARENT ABOUT THAT.

OBJECTIVE SIX, DISTRIBUTE COPIES OF OUR ABILITY 360

DISABILITY SURVIVAL GUIDE. I TALKED ABOUT THAT.

FOR THOSE OF YOU WHO ARE COMING OVER, YOU CAN SEE THOSE.

REMIND US TO GET COPIES DURING THE TOUR.

OBJECTIVE SEVEN, PARTICIPATE IN CIVIC COMMISSION,

COMMITTEE, COUNCIL, OR OTHER RELATED COMMUNITY-ORIENTED

ORGANIZATION MEETINGS THAT FOCUS ON DISABILITY ISSUES.

BUILDING THE PROGRAM. AGAIN, WE TALKED ABOUT IT.

ESTABLISH RELATIONSHIP WITH REHAB CENTERS, CASE MANAGERS,

OCCUPATIONAL AND PHYSICAL THERAPISTS, AND REHAB DIRECTORS.

WE DO IN-SERVICES TO EDUCATE THEIR STAFF ABOUT US AND THE

IL PHILOSOPHY.

IF YOU HAVE LOCAL COLLEGES OFFERING DEGREES RELATED TO REHAB,

OFFER TO INSTRUCT A CLASS. IN SOUTH CAROLINA, WE TALKED ABOUT THAT

USING THE COLLEGES FOR MANY REASONS.

AND SO, WE EDUCATE FOLKS COMING THROUGH AND

BEING THE PROFESSIONALS OF TOMORROW.

HAVE A PRESENCE AT CONFERENCES, SUMMITS AND HEALTH FAIRS.

BE AS VISIBLE AS POSSIBLE.

PART OF MARKETING -- GET THE WORD OUT. THERE'S NO USE

IN HAVING A GREAT PROGRAM IF NOBODY KNOWS ABOUT IT.

RIGHT? THAT'S A WASTE.

IF POSSIBLE, HAVE YOUR BROCHURES AVAILABLE TO PATIENTS

IN THE REHAB. BECAUSE MANY TIMES YOU GO INTO A ROOM

AND YOU WANT TO SAY, HEY, I AM HERE FROM ABILITY 360.

GREAT INFORMATION AND LIKE YOU KNOW WHAT?

THEY ARE ANGRY; THEY ARE PISSED AT THE WORLD,

AND THEY ARE MAD AT GOD.

I DON'T WANT TO TALK TO YOU. I DON'T WANT TO SEE YOU.

YOU LOOK LIKE I AM GOING TO BE. YOU ARE WHEELING IN

LOOKING LIKE WHAT I AM GOING TO BE. AND THAT UPSETS ME.

I AM NOT READY TO TALK TO YOU.

OKAY. HERE IS OUR BROCHURE. HERE IS OUR INFORMATION.

WHEN YOU ARE READY, NO PROBLEM.

NO HARM, NO FOUL. GIVE US A CALL.

TOOLS. SO, THE PROGRAM COORDINATOR IS THE FIRST TOOL.

THE PERSON WITH A DISABILITY HAS INSTANT CREDIBILITY.

AGAIN, I’M PREACHING TO THE CHOIR.

THE PROGRAMS ARE THE NEXT IMPORTANT TOOL,

ESPECIALLY PEER MENTORS, IL SKILLS AND I &R.

OTHER TOOLS INCLUDE PROGRAM BROCHURES, NEWSLETTERS,

AND SURVIVAL GUIDES. CONSUMERS ARE BOMBARDED WITH

INFORMATION. THEY REALLY ARE.

SO, GIVE THEM A FOLDER TO KEEP THE BROCHURES ORGANIZED.

AND I BELIEVE WE HAVE BROCHURES AND MATERIALS

READY FOR YOU ON THE TOUR.

INTERACTIONS. THE REFERRALS CAN BE MADE BY FAMILY MEMBERS,

THE REHAB STAFF, CASE MANAGERS, OR THE CONSUMER THEMSELVES.

IT DOESN'T MATTER. WE DON'T CARE.

NEVER MAKE A VISIT WITHOUT THE CONSUMER'S KNOWLEDGE AND CONSENT.

AND MOST VISITS ARE MADE IN THE AFTERNOON POST-THERAPY.

EVERYBODY IS BUSY WITH THERAPIES IN THE MORNING.

AND SO, YOU KNOW, DAWN GOES AND GET AFTER IT AFTER LUNCH HOUR.

WE MAKE MANY OF OUR VISITS THEN.

AND OFTEN, IT'S A FAMILY MEMBER OR MEMBERS

WHO HAVE THE MOST QUESTIONS.

AGAIN, WITH THE ANGER AND THE ADJUSTMENT THAT THE

INDIVIDUAL HAS, FAMILY MEMBERS ARE PROBABLY THE ONES

WHOSE MINDS ARE RACING. WHAT DOES THIS MEAN?

WHAT ABOUT HOME MODIFICATIONS? WHAT ABOUT TRANSPORTATION?

HOW DO I GET? YOU KNOW, THEY ARE THE ONES WITH THE QUESTIONS.

IT IS IMPORTANT FOR THE COORDINATOR TO STAY ON TOP OF RESOURCES

AND BE KNOWLEDGEABLE ABOUT SERVICES.

IT SPEAKS FOR ITSELF, RIGHT?

WHEN POSSIBLE, COLLECT THE CONTACT INFO FOR FOLLOW UP.

IT'S IMPORTANT TO UNDERSTAND AND RECOGNIZE THE STAGES OF GRIEVING.

IT REALLY IS. YOU DON'T HAVE TO BE A GRIEF COUNSELOR,

BUT UNDERSTAND THE STAGES, SO THAT YOU CAN ACCEPT THAT

AND WORK WITH THEM.

AND PATIENTS ARE OFTEN TIRED, MEDICATED OR EMOTIONALLY DRAINED.

SO BE SENSITIVE TO THEIR FATIGUE.

MEASURING THE OUTCOMES. AGAIN, KNOWLEDGE OF CONSUMERS

TO BE INVOLVED IN THEIR REHAB PLANNING AND THERAPY PROGRAMS.

THE MORE INFORMED THEY ARE THE BETTER THEIR REHAB IS GOING TO BE.

ENCOURAGEMENT TO BE ACTIVELY INVOLVED IN FOCUSING ON THEIR FUTURE.

TRACKING INDIVIDUALS RETURNING TO A RESIDENTIAL SETTING.

IF THEY NEED HOME MODIFICATIONS, WE ARE GOING TO TRY TO PROVIDE

THAT TO THEM THROUGH OUR OTHER HOME MOD PROGRAMMING.

AND IF NOT, FIND OTHER RESOURCES THAT CAN HELP WITH THAT.

AND OBSERVE PROACTIVE SELF ADVOCACY SKILLS.

SOME METHODS TO GATHER AND COLLATE MEASURABLE RESULTS.

THE REGULARLY SCHEDULED VISITS TO THE REHAB UNITS

TO MEET WITH THE REHAB STAFF FOR REFERRALS TO INDIVIDUALS

WITH NEWLY ACQUIRED DISABILITIES.

SO, WE ARE WORKING WITH THE STAFF OBVIOUSLY.

WE WANT TO KEEP THEM INFORMED, KEEP THEM IN THE LOOP AND

REALLY HELP TO BE A PART OF THAT TEAM.

ONE-ON-ONE MEETINGS WITH INDIVIDUALS AND THEIR FAMILIES.

OFTEN WEEKLY VISITS WHILE THEY ARE IN REHAB. WEEKLY.

SO, WE MAKE THAT CYCLE AGAIN WITHIN THAT THREE-WEEK STAY.

REGULARLY SCHEDULED DISCUSSIONS WITH REHAB STAFF TO REVIEW

AND ASSESS INTERVENTION AND TO IDENTIFY SPECIFIC ISSUES

THAT NEED TO BE ADDRESSED.

THE STAFFS AT REHAB UNITS VIEW OUR ACTIVITY AS

A VERY IMPORTANT ADJUNCT. THEY DO.

BECAUSE AGAIN, WE KNOW AS A PEER COMPONENT OF THIS,

THAT'S OUR CREDIBILITY.

YOU KNOW I TELL PEOPLE A LOT OF TIMES, THE CREDIBILITY DOESN'T COME

BECAUSE I MIGHT HAVE WORN A SUIT AND TIE.

CREDIBILITY DOESN'T COME BECAUSE I HAVE A MASTER'S DEGREE

HANGING ON MY HALL.

MY CREDIBILITY COMES FROM THE ARM AND THE EYE AND MY DISABILITY –

THAT LIFE EXPERIENCE.

THAT'S WHERE THE CREDIBILITY COMES IN.

SO, WHEN DAWN COMES WHEELING INTO A ROOM IN REHAB,

THAT'S INSTANT CREDIBILITY. IT IS INSTANT CREDIBILITY.

FACILITATING FOCUSED DISCUSSIONS ON PARTICULAR ASPECTS

OF THE IL PHILOSOPHY IN SUPPORT GROUP MEETINGS.

WE HAVE A MEN'S GROUP AND A WOMEN'S GROUP FOR PEOPLE

WITH ALL TYPES OF DISABILITIES.

AND IT IS JUST SO AMAZING TO SEE HOW THE GUYS --

WELL, THE GALS IN THEIR GROUPS AS WELL -- HOW THEY REALLY SHARE.

I MEAN NOTHING IS OFF THE TABLE. AND IT'S SAFE. AND

PEOPLE REALLY HELP TO GET IT.

AND CONDUCT FOLLOW UP SURVEYS AT REGULAR INTERVALS.

THE PROGRAM HAS A THREE- PRONGED COLLABORATIVE PARTNER APPROACH.

ONE, THE PROGRAM IS COMPLETELY INTEGRATED

WITH OUR OTHER IL PROGRAMS.

TWO, THE PROGRAM COLLABORATES WITH MEDICAL REHAB FACILITIES.

AND THESE RELATIONSHIPS ARE MUTUALLY BENEFICIAL FOR STAFF

BECAUSE THEY REFER FOLKS OVER TO US NOT ONLY FOR

THIS PROGRAM BUT FOR THE OTHERS.

AND THREE, THE PROGRAM COLLABORATES WITH OTHER

DISABILITY-RELATED AND COMMUNITY ORGANIZATIONS.

SO, DIVERSION FROM INSTITUTIONS TO THE COMMUNITY IS ALWAYS,

ALWAYS, ALWAYS THE BOTTOM-LINE GOAL.

BECAUSE EVERYBODY HERE KNOWS THAT WHEN YOU GO FROM REHAB

TO A NURSING HOME FOR A SHORT-TERM TRANSITIONAL STAY,

EIGHT YEARS LATER THEY ARE STILL IN SHORT-TERM

TRANSITIONAL STAY AT THE NURSING HOME.

AND WE KNOW FULL WELL THAT ONCE YOU ARE

IN A NURSING HOME, IT IS SO EASY TO GET INSTITUTIONALIZED

IN YOUR WAY OF THINKING.

AND I HEARD ONE TIME HOW SHORT, THREE WEEKS MAYBE,

YOU KNOW. IN SHORT ORDER, ONCE YOU ARE IN A NURSING HOME,

THAT'S YOUR FRAME OF REFERENCE AND THAT'S ALL YOU THINK

YOU HAVE TO OFFER THIS WORLD.

$30 A MONTH. DON'T SPEND IT ALL IN ONE PLACE.

BUT THIS IS ALL I CAN EXPECT OUT OF MY LIFE FOR THE REST OF IT.

SO, WE WANT TO HIT PEOPLE UP EARLY THERE AS WELL.

OR EVEN KEEP THEM OUT OF THERE IN THE FIRST PLACE.

CASE EXAMPLE. STEVE MET THE COORDINATOR IN REHAB AFTER HE EXPERIENCED A STROKE.

WE SHARED COMMUNITY RESOURCES AND INFORMATION.

HE STARTED MENTORING OTHERS IN REHAB.

HE BECAME INVOLVED IN OUR SERVICES LIKE THE LIVING

WELL WITH A DISABILITY, PEER MENTORING.

HE CAME TO THE MEN'S GROUP, SPORTS AND FITNESS CENTER,

IL CLASSES. AND CURRENTLY HE HAS BEEN VERY INVOLVED

WITH THE CAFE AT OUR CAMPUS WITH COOKING CLASSES.

WE ARE TALKING ABOUT FULL CIRCLE, RIGHT?

THAT'S THE 360 IDEA. GOING FULL CIRCLE.

YOU ARE A CONSUMER -- YOU GOT IT. GOOD. YOU’RE WITH ME.

SO, IT'S GOING FROM CONSUMER TO PEER MENTOR AND HELPING OTHERS BACK.

SO, A GREAT EXAMPLE THERE.

THINGS TO CONSIDER. THE FUNDING. DURING THE EARLY YEARS,

LIKE WE SAY. 17 YEARS AGO, WE WERE PARTIALLY FUNDED

THROUGH UNITED WAY. THAT FUNDING WENT AWAY.

WE LOST ABOUT $125,000 FROM UNITED WAY, WHICH

PARTIALLY FUNDED FOUR PROGRAMS, THIS BEING ONE OF THEM.

SO CURRENTLY OUR REVENUE -- PROGRAM REVENUE -- COMES FROM OUR

DISCRETIONARY AND UNRESTRICTED DOLLARS FROM THE HOME CARE PROGRAM.

STAFFING IS NEEDED. ONE FULL TIME STAFF TO COVER

ALL THE REHAB CENTERS AROUND THE VALLEY.

THAT'S FULL TIME PLUS.

THE EXISTENCE OF REHAB FACILITIES IN YOUR AREA

AND REHAB RELUCTANCE. CONFIDENTIALITY WITH HIPAA AND

LIABILITY ISSUES NEEDS TO BE CONSIDERED.

THE MOST COMMON CONCERNS OF CONSUMERS.

OF COURSE, HOUSING. I AM GOING TO MOVE OUT OF HERE

AND WHAT’S GOING TO HAPPEN?

QUALITY OF LIFE. WHAT CAN I EXPECT?

SEXUALITY AND RELATIONSHIPS. BIG ISSUE FOR MEN AND WOMEN BOTH.

DAILY FUNCTIONALITY QUESTIONS. COMMON CONCERNS.

COORDINATOR SHOULD BE POSITIVE AND LIVING PROOF

THAT THERE IS LIFE AFTER DISABILITY.

HOWEVER, IT'S IMPORTANT TO BE HONEST AND REALISTIC.

AND HERE THE ROSE COLORED GLASSES SAY EVERYTHING

IS GOING TO BE PEACHY AND HUNKY DORY.

BUT THERE ARE GOING TO BE STRUGGLES. LET'S BE REAL WITH IT.

HERE ARE SOME SOLUTIONS HOW YOU GET THROUGH THOSE TIMES.

PEOPLE ARE COMFORTED KNOWING THAT THEY ARE NOT ALONE.

THAT THERE IS A COMMUNITY OUT THERE AVAILABLE TO SUPPORT THEM.

AND TECHNOLOGY HELPS REDUCE BUT NOT ELIMINATE

THE ISOLATION IN RURAL AREAS.

AND MANY OF YOU IN THIS ROOM ARE VERY CREATIVE

IN THE WAY YOU CONNECT WITH PEOPLE IN RURAL AREAS

THAT MIGHT NOT HAVE A SMART PHONE, MIGHT NOT HAVE WIFI,

MAY NOT HAVE INTERNET ACCESS.

BUT TECHNOLOGY TO SOME CAPACITY CERTAINLY CAN HELP IN SOME WAYS.

I TELL PEOPLE THERE'S NO BETTER TIME TO HAVE A DISABILITY THAN 2018

BECAUSE OF TECHNOLOGY. THAT'S THERE THAT WASN'T BEFORE.

SO, THE BOTTOM LINE IS WE WANT TO GIVE CONSUMERS

AND THEIR FAMILIES TOOLS THAT THEY CAN USE AFTER REHAB TO

AVOID BEING DEPRESSED, LOST, ISOLATED.

TO PREVENT THAT DOWNWARD SPIRAL OF DEPRESSION,

DRUG USE AND ISOLATION.

SO, MY SUGGESTION IS TO EMBRACE DIVERSION AND TRANSITION.

EMBRACE IT.

IF YOU HAVE CONCERNS ABOUT YOUR CIL PROVIDING DIVERSION –

AS YOU CAN SEE EVEN WITHOUT ADDITIONAL FUNDING THERE ARE –

YOU ARE ALREADY DOING IT THROUGH OTHER CORE SERVICES.

CONSIDER THE ROLE OF ANCILLARY PROGRAMS SUCH AS HOME CARE,

REHAB VISITS, EMPLOYMENT AND BENEFITS TO WORK,

EMPOWERING YOUTH, SOCIALIZATION THROUGH RECREATION,

HOME MODIFICATIONS, ADA TECHNICAL ASSISTANCE.

MANY OF YOU HAVE THESE AND OTHERS TO ASSIST IN ACHIEVING THESE GOALS.

YOU ARE ALREADY DOING IT IN A LOT OF WAYS.

MICHELLE CRAIN: SO, PRIOR TO THE WORK FORCE INNOVATION AND

OPPORTUNITY ACT OR WIOA THAT REQUIRED THE CENTERS FOR

INDEPENDENT LIVING TO IDENTIFY INDIVIDUALS WHO WERE AT RISK OF

INSTITUTIONAL PLACEMENT,

WE LIKE YOUR CILS WERE ALREADY CONVINCED THAT

WHAT WE WERE DOING WORKED TO KEEP INDIVIDUALS

OUT OF NURSING HOMES.

SO, IT WAS REALLY NOT A BIG DEAL TO US.

AND WE REALLY DIDN'T MAKE IT A POINT TO ASK THE INDIVIDUAL,

ARE YOU AT RISK OF GOING INTO A NURSING HOME?

THEY WOULD COME TO US AND WE WOULD JUST HELP THEM.

SO, NOW THAT THEY HAVE DETERMINED THAT THIS IS SOMETHING

THAT WE HAVE TO DO, THEN NOW WE ASK INDIVIDUALS.

SO, WE DIDN'T ASK INDIVIDUALS ARE YOU AT RISK OF

GOING INTO AN INSTITUTION. BECAUSE PRETTY MUCH

LIKE DARREL SAID, WE ARE ALREADY DOING THIS WORK.

I MEAN, WE ARE ALREADY DOING IT.

THEY ARE JUST GIVING US SOMETHING ELSE TO DO

THAT WE HAVE TO CAPTURE.

AND I THINK THAT'S WHAT WE LEARNED IN ATLANTA,

THAT THAT'S PARTICULARLY IT.

THEY HAVE GIVEN US THIS DIVERSION OR AT RISK

AND WE NEED TO FIGURE OUT HOW TO CAPTURE THAT

INFORMATION AND HOW TO REPORT THAT INFORMATION.

AND THAT'S THE REASON WHY WE PRETTY MUCH CAME UP WITH THE SURVEY.

SO WIOA’S MANDATE WAS THE IMPETUS TO OUR ORGANIZATION

DEVELOPING THE AT RISK SURVEY.

WELL, PRETTY MUCH WHAT WE DETERMINED HERE IS THAT

THE FEDS DIDN'T GIVE US A LOT OF DIRECTION ABOUT HOW TO

DEAL WITH THIS DIVERSION OR THIS AT RISK PIECE.

I WOULD TELL YOU I THINK THAT'S A GOOD THING

BECAUSE NOW WE ARE ABLE TO GO AND TELL THEM

HOW WE ARE GOING TO DO IT.

I DON'T KNOW ABOUT YOU, BUT FOR SOME REASON,

WHEN THE FEDS OR THE STATE GET AHOLD OF SOMETHING,

AND THEY TELL YOU HOW TO DO IT,

IT'S USUALLY WRONG OR IT'S COMPLICATED, YOU KNOW.

WHEN WE CAN SIMPLIFY FOR THE MOST PART.

SO, I THINK IT'S A GOOD THING THAT THEY REALLY

HAVEN'T GIVEN US A WHOLE BUNCH OF DIRECTION.

SO, WE HAVE COME UP WITH A CREATIVE WAY AND

WHEN THEY COME TO VISIT OUR CENTERS OR WHAT HAVE YOU,

WE CAN TELL THEM THIS IS HOW WE ARE DOING IT AND HOPEFULLY

THAT RIGHT THERE WILL KEEP THEM OFF OF US OR CREATING

SOMETHING OR GIVING US EXTRA WORK TO DO.

SO, IN DEVELOPING THE SURVEY, WE LOOKED AT SEVERAL

RESEARCH STUDIES THAT ADDRESSED THE NURSING HOME

PLACEMENT OF OLDER ADULTS.

PRETTY MUCH WHAT WE FOUND IS REALLY THEY WERE VERY

EXTENSIVE AND VERY LONG. A LOT OF MEDICAL TERMINOLOGY.

VERY MUCH A MEDICAL MODEL.

BUT THE ONE THING THAT THEY DID GIVE US WERE

THOSE AT-RISK FACTORS.

AND WE DIDN'T NEED ANYTHING THAT WAS INCREDIBLY LONG.

WE JUST NEEDED TO SEE WHAT THOSE AT-RISK FACTORS WERE.

SO, WHAT WE ENDED UP DOING WAS WE PUT THE SURVEY TOGETHER.

THEN WE COMPLETED THE SURVEY ON STAFF.

WE COMPLETED THE SURVEY ON THE INDIVIDUALS

THAT WE HAD TRANSITIONED FROM NURSING HOMES

BECAUSE WHO IS MORE AT RISK THAN THOSE INDIVIDUALS

THAT WE HAD JUST RECENTLY TRANSITIONED.

WE ALSO COMPLETED THE SURVEY ON INDIVIDUALS

THAT WE FELT WERE AT RISK.

AND THIS IS WHEN WE WERE KIND OF TRYING TO FILL OUT ---

TO DETERMINE WHAT WAS THAT THRESHOLD.

WHAT WOULD MAKE THE PERSON AT RISK?

WHAT SCORE WOULD BE USED?

AND THAT'S BASICALLY WHAT THIS SURVEY IS ABOUT,

IS TRYING TO QUANTIFY WHAT WE DO, HOW TO CAPTURE ON A REPORT.

BUT THAT'S BASICALLY WHAT WE WERE TRYING TO DO.

THE AT RISK SURVEY HAS PRETTY MUCH BECOME A

PART OF OUR INTAKE PROCESS.

THE PURPOSE OF THE AT RISK SURVEY IS TO IMPLEMENT

A STANDARDIZED APPROACH IN IDENTIFYING CONSUMERS

WHO ARE AT RISK OF INSTITUTIONALIZATION AND TO

ASSIST THEM IN DEVELOPING AN INDEPENDENT LIVING PLAN

THAT WILL STABILIZE OR ENHANCE THEIR LIVING SITUATION.

THE SURVEY ITSELF CONSISTS OF TWO COMPONENTS.

AND YOU HAVE THE PDF VERSION AND I THINK TIM IS GOING TO

PUT UP THE EXCEL VERSION. BUT ON ONE TAB IT HAS 16 AT

RISK FACTORS WITH A TABULATED SCORE. AND THEN ON THE

SECOND TAB IS A SCORING DETAIL THAT CAPTURES THE INDIVIDUAL SCORE

THAT'S ATTACHED TO EACH OF THE AT RISK FACTORS.

SO, DO YOU HAVE IT? SO, WHAT WE GOT OUT OF THE

LAST TRAINING THAT WE DID IN ATLANTA IS THAT THEY HAD THE PDF.

AND SO, THE INDIVIDUALS COULD FIGURE OUT YOU KNOW HOW

TO USE THE SURVEY ITSELF.

BASICALLY, IT'S IN AN EXCEL DOCUMENT. AND IF YOU ALL GO IN

AND DOWNLOAD THE DOCUMENT AND IF YOU ARE FAMILIAR WITH EXCEL,

THEN I SAY YOU KNOW HAVE AT IT.

THE THING OF IT IS, THAT IT'S PROTECTED,

BUT IT'S NOT PASSWORD PROTECTED.

SO, YOU CAN GO IN THERE AND MANIPULATE THE FORMULAS

AND ALL THAT AND KIND OF MAKE IT YOUR OWN

AND THEN RAISE THE THRESHOLD.

BECAUSE WHAT WE DETERMINED IS THAT A SCORE OF 50 AND ABOVE

IDENTIFIES THE CONSUMER AS AT RISK.

SO, WE ARE GOING TO GET INTO THE AT RISK ASSESSMENT ITSELF.

AND BASICALLY, WE HAVE 16 FACTORS.

THE ORIGINAL SURVEY THAT WE PUT TOGETHER HAD 14 FACTORS

BUT WE ADDED A COUPLE AND I WILL ADDRESS THOSE

WHEN WE GET TO THEM.

THE FIRST AT RISK FACTOR IS DOES THE CONSUMER FEEL

THAT HE OR SHE IS AT RISK OF INSTITUTIONALIZATION?

THAT'S IMPORTANT. AND THAT'S IMPORTANT FOR THE REASON

THAT WE HEARD FROM BOTH BRUCE AND DARRELL –

THAT THEY HAVE TO ACKNOWLEDGE THAT THEY ARE INDEED AT RISK.

AND PART OF THE CONTROVERSY IS SHOULD WE JUST STOP THERE?

WELL, YOU CAN. I AM NOT OF THAT APPROACH.

YOU CAN JUST STOP THERE. BUT IF YOU DO THAT,

THEN WHAT YOU ARE ASSUMING IS THAT THE CONSUMER KNOWS

WHAT MAKES THEM AT RISK.

AND PLUS, THE STAFF KNOWS WHAT MAKES THEM AT RISK.

AND ACTUALLY, IN ADMINISTERING THE TRANSITION PROGRAM,

WE KNOW THAT'S NOT ALWAYS THE CASE.

INDIVIDUALS AT TIMES WILL NOT ALWAYS KNOW

WHAT MAKES THEM AT RISK.

IT'S THE SAME THING WITH MAYBE NEW STAFF WHO ARE COMING IN.

SO, ONE THING WE ASK IS THAT YOU COMPLETE THE SURVEY

IN ITS ENTIRETY.

HAS THE CONSUMER BEEN INSTITUTIONALIZED IN THE LONG-TERM

CARE FACILITY WITHIN THE LAST 12 MONTHS?

AND THAT'S IMPORTANT BECAUSE INDIVIDUALS THAT WE TRANSITION

FROM NURSING HOMES ARE ACTUALLY AT IMMEDIATE RISK OF GOING BACK.

SO, AS YOU SAY, DARREL, THEY BECOME ACCLIMATED TO

THAT INSTITUTIONAL MIND-SET.

SO, WHEN THEY ARE IN THE COMMUNITY, THEY DEPEND ON US A LOT

TO IDENTIFY THOSE RESOURCES AND AS A BACK UP OR AS A SUPPORT SYSTEM.

IS THE CONSUMER HOMELESS?

AND PRETTY MUCH TO ANSWER YOUR QUESTION, WE HAVE GOTTEN

INDIVIDUALS THAT WERE LIVING IN THEIR CAR.

AND HOMELESS ISN'T NECESSARILY JUST ABOUT LIVING IN YOUR CAR.

IF YOU ARE SLEEPING ON A FRIEND'S COUCH AND THEY CAN

KICK YOU OUT AT ANY TIME, YOU ARE HOMELESS.

IT'S NOT JUST LIVING IN YOUR CAR OR ANYTHING OF THAT NATURE.

BUT YES, THAT IS DEFINITELY A FACTOR.

WAS THE CONSUMER REFERRED TO THE CENTER BY ADULT PROTECTIVE

SERVICES, A PHYSICIAN, REHAB STAFF OR TO AVOID IMMINENT

PLACEMENT INTO AN INSTITUTIONAL SETTING?

THIS IS ONE OF THE FACTORS THAT WE ADDED RECENTLY.

WE ADDED THIS BECAUSE WHEN WE HAD OUR TRANSITION PROGRAM,

WE BUMPED HEADS WITH ADULT PROTECTIVE SERVICES.

BECAUSE WHAT THEY WANTED TO DO -- WHEN WE FIRST

STARTED CONDUCTING TRANSITIONS -- ADULT PROTECTIVE SERVICES,

THEY WERE LIVID.

THEY CALLED UP TO SAY WE ARE PUTTING THEM IN THERE

AND YOU ARE GETTING THEM OUT.

AND? SO? REALLY.

IT WAS JUST A VERY CONTENTIOUS RELATIONSHIP.

BUT OVER THE YEARS, WE HAVE DEVELOPED A REALLY GOOD

RELATIONSHIP WITH ADULT PROTECTIVE SERVICES.

NOW WHEN THEY CALL US, WE KNOW THAT THAT INDIVIDUAL

IS IN IMMINENT DANGER OF GOING INTO A NURSING HOME.

THAT QUESTION IS IN THERE FOR THAT PARTICULAR REASON.

IF AN INDIVIDUAL IS GOING INTO A HOSPITAL ON A REGULAR BASIS,

A PHYSICIAN MIGHT RECOMMEND THAT THEY GO INTO A NURSING HOME.

MUCH AS BRUCE WAS SAYING YESTERDAY, THEY DROVE RIGHT

PAST HIS HOUSE AND PUT HIM IN A NURSING HOME.

THAT WAS PROBABLY A RECOMMENDATION BY SOMEONE IN THE

MEDICAL FIELD.

AND THE REHAB STAFF -- WHEN SOMEONE HAS ACQUIRED

A NEW INJURY AND THEY DON'T HAVE THAT INFORMAL SUPPORT.

THEIR HOME IS NOT FIXED UP FOR THEM TO GO BACK TO.

IT IS NOT ACCOMMODATING TO THEIR NEW DISABILITY.

THAT PUTS THEM AT AN IMMINENT RISK.

HAS THE CONSUMER DISCLOSED ANY CURRENT INCIDENCES

OF ABUSE BY A CAREGIVER OR SOMEONE IN THE HOME?

THIS IS THE OTHER FACTOR.

WE STAYED AWAY FROM THIS ON THE FIRST SURVEY.

BUT WE PUT THAT IN THERE BECAUSE INDIVIDUALS

DO DEPEND ON THEIR CAREGIVERS.

AND IF THAT CAREGIVER IS THE ABUSER, THEN YES,

THAT INDIVIDUAL IS AT RISK OF GOING INTO A NURSING FACILITY.

HAS THE CONSUMER BEEN DIAGNOSED WITH SPECIFIC MEDICAL CONDITIONS?

AND WHAT WE HAVE ON HERE ARE THE DIFFERENT MEDICAL CONDITIONS.

AND THOSE ARE CORONARY HEART DISEASE,

FRACTURES DUE TO FALLING, PRESSURE SORES,

DIABETES, STROKE, CANCER, INCONTINENCE,

MENTAL ILLNESS, ALZHEIMER'S, ANYTHING OF THAT NATURE.

WELL, ONE OF THE QUESTIONS THAT CAME UP WAS WHY DON'T YOU

HAVE MS ON THERE OR QUADRIPLEGIA OR PARAPLEGIA?

WHAT WE DON'T WANT TO DO, OF COURSE, IS TO LOOK AT THIS

AS A DISABILITY HAVING TO BE CURED.

YOU KNOW WE ARE BROKEN.

THIS NEEDS TO BE FIXED OR THIS NEEDS TO BE CURED.

AND MY THINKING IN PUTTING THIS INFORMATION IN IS

THAT IT'S USUALLY THE MEDICAL CONDITION-- THE CHRONIC MEDICAL

CONDITION PAIRED WITH THAT SIGNIFICANT DISABILITY -- THAT

PUTS THAT INDIVIDUAL AT RISK OF GOING INTO A NURSING HOME.

AND I WILL TELL YOU THAT SOME OF THE PUSH BACK THAT WE GOT

ON THIS SURVEY IS THAT IT IS TOO MUCH OF A MEDICAL MODEL.

WELL GUYS, YES.

WE TAKE THAT INDEPENDENT LIVING APPROACH,

BUT WE HAVE TO DEAL WITH THAT MEDICAL MODEL.

BECAUSE THAT MEDICAL MODEL, LIKE I SAID,

IT JEOPARDIZES OUR CONSUMERS' ABILITY TO STAY IN THE COMMUNITY.

SO, I PUSH BACK AGAINST THOSE WHO SAY THIS SURVEY

IS TOO MEDICAL MODEL, BECAUSE WE HAVE TO ADDRESS THOSE FACTORS.

HAS THE CONSUMER BEEN HOSPITALIZED FOR ANY OF THOSE

HEALTH CONDITIONS WITHIN THE LAST 12 MONTHS?

AGAIN, YOU ARE GETTING INTO YOUR MEDICAL PROFESSIONALS

MAKING THAT DETERMINATION THAT MAYBE THIS INDIVIDUAL

NEEDS TO GO TO A NURSING HOME.

HAS THE CONSUMER MADE SIX OR MORE VISITS

TO THE EMERGENCY ROOM WITHIN THE LAST 12 MONTHS?

DOES THE CONSUMER NEED ASSISTANCE WITH THREE OR MORE

ACTIVITIES OF DAILY LIVING AND DOES NOT CURRENTLY

HAVE A CARE PROVIDER?

AND WHAT I WOULD ADD TO THIS IS NOT NECESSARILY

IF THE INDIVIDUAL HAS A CARE PROVIDER. BUT DO THEY HAVE

ENOUGH HOURS TO BE ABLE TO STAY IN THEIR HOME AS WELL?

AND WE MIGHT EXPAND ON THAT AND MAKE THAT A LITTLE CLEARER.

IS THE CONSUMER 65 YEARS OF AGE OR OLDER?

WELL, CENTERS ARE UNIQUE AND WE’RE DIFFERENT,

BUT WE CAN'T TURN BACK THE HANDS OF TIME.

THE TRUTH OF THE MATTER IS THAT IN A LOT OF THE STUDIES

WE SAW THAT INDIVIDUALS 65 AND OLDER ARE AT RISK

OF GOING INTO A NURSING HOME.

AND IT'S NOT ENOUGH TO PUT YOU IN THE NURSING HOME ITSELF.

BUT YOU COUPLE 65, LIVING ALONE, NO INFORMAL SUPPORT

AND A RISK OF FALLING. THEN YES,

THAT MAKES YOU AT RISK OF GOING INTO A NURSING HOME.

DOES THE CONSUMER HAVE DIFFICULTY TAKING MEDICATIONS?

BOTH DARREL AND BRUCE MENTIONED THAT ALREADY.

DOES THE CONSUMER LIVE ALONE?

IS THE CONSUMER'S CURRENT HOUSING SITUATION SUITABLE?

THESE ARE YES-NO QUESTIONS, BUT THIS DOES NOT PRECLUDE

YOU HAVING A DIALOG WITH THE CONSUMER. YOU ARE GOING TO KNOW

WHEN YOU HAVE THAT DIALOGUE, WHAT IS THE EXTENT

OF THE THESE FACTORS. SO, WHEN WE SAY IS

THE HOUSING SITUATION SUITABLE, IS IT ACCESSIBLE?

IS IT AFFORDABLE? IS IT IN A SAFE NEIGHBORHOOD?

IS THE CONSUMER'S INCOME SUFFICIENT ENOUGH TO COVER

BASIC LIVING EXPENSES SUCH AS RENT, UTILITIES, AND FOOD?

THE ANSWER FOR THE MOST PART FOR OUR CONSUMERS

THAT ARE ON A FIXED INCOME IS NO A LOT OF THE TIMES.

BUT WHAT WE DO IS WE PUT THOSE SERVICES IN PLACE.

HELP THEM GET UTILITY ASSISTANCE SO THEY CAN MAXIMIZE THE

INCOME THAT THEY DO GET.

BUT NOT HAVING SUFFICIENT FUNDS WILL ADD TO THAT AT RISK FACTOR.

DOES THE CONSUMER HAVE A HISTORY OF DRUG OR ALCOHOL ABUSE?

I WILL TELL YOU THAT IN TRANSITIONS, A LOT OF INDIVIDUALS THAT

WE TRANSITION OUT HAVE BEEN PUT IN THERE FOR THAT

VERY REASON -- SUBSTANCE ABUSE.

DOES THE CONSUMER HAVE INFORMAL SUPPORTS?

AGAIN, DURING TRANSITION OUR STATE USED TO MAKE THAT

DETERMINATION OF WHETHER OR NOT AN INDIVIDUAL WOULD GET OUT

OR WHETHER THEY WOULD REFER THEM TO US.

AND THEY WERE DENIED AT TIMES

BECAUSE THEY DIDN'T HAVE INFORMAL SUPPORTS.

SO, TRAINING WITH LIFE STAFF HAS BEEN ONGOING

ALONG WITH THE DISCUSSIONS ON HOW TO IMPROVE THE SURVEY.

BUT THERE'S NO COOKIE CUTTER APPROACH HERE.

I MEAN, EVERYBODY HERE, YOU HAVE YOUR LARGE CENTERS.

YOU’VE GOT YOUR PREDOMINANTLY RURAL CENTERS.

YOU’VE GOT YOUR METROPOLITAN CENTERS.

YOU HAVE THOSE CENTERS THAT HAVE HUNDREDS OF EMPLOYEES

AND THEN YOU HAVE THOSE THAT MIGHT HAVE TWO AND

THOSE OF US WHO MIGHT HAVE 30 OR 40.

LIKE I SAID, THIS IS NOT A COOKIE CUTTER APPROACH.

BUT IF YOU WANTED TO USE THE AT RISK SURVEY,

YOU CAN GO IN THERE AND TAILOR IT TO YOUR CENTER.

SOME OF YOU MIGHT SAY WE DO NOT NEED ANYMORE FORMS.

AND THAT'S UNDERSTANDABLE TOO.

BUT I KNOW THAT SOMEONE ASKED THE QUESTION,

HOW DO YOU COUNT DIVERSION?

I WILL TELL YOU THAT WE THINK WE HAVE COME UP WITH A WAY.

WE THINK WE HAVE COME UP WITH A WAY TO COUNT DIVERSION AS A GOAL.

AND JUST IN SHORT, JUST TO GIVE YOU A SMALL PREVIEW,

WE DECIDED TO TREAT IT PRETTY MUCH LIKE TRANSITION.

WITH TRANSITION IN YOUR SIGNIFICANT LIFE AREAS,

IT SAYS FROM A GOAL OF TRANSITIONING

FROM A NURSING HOME BACK OUT INTO THE COMMUNITY.

SO, WHAT WE DECIDED TO DO IS UNDER OTHER,

AND I DON'T KNOW HOW MANY OF YOU ALL ARE

FAMILIAR WITH PUTTING YOUR 704 REPORT TOGETHER.

WE DECIDED TO USE OTHER AS THAT DIVERSION PIECE.

SO, WE COUNT THAT AS A GOAL.

AND THEN ANY OF THE SERVICES THAT IS WE DO

TOWARDS THAT GOAL, WE COUNT THOSE AS WELL.

AUDIENCE: ARE YOU SEEING ANY TICK UP WITH THE

MEDICARE READMIT POLICIES? IF A PERSON IS READMITTED

WITHIN 30 DAYS THAT THE HOSPITAL IS NOT GETTING

REIMBURSED FOR IT, BECAUSE THEY SAY IT'S INADEQUATE DISCHARGE

PLANNING. I AM WONDERING IF THAT IS ACTUALLY MAKING

PEOPLE INCLINED TO BE ENCOURAGED TO GO INTO A FACILITY

RATHER THAN GOING TO HOME?

MICHELLE: I'M SORRY. THIS IS SOMETHING WE TALKED ABOUT YESTERDAY.

BECAUSE AT THE CENTERS WE HAVEN'T SEEN A WHOLE LOT OF THAT.

I KNOW THEY HAVE PUSHED THAT WITH THE ADRC MEETING

WITH THE DISCHARGE PLANNERS AT THE HOSPITALS SO THE INDIVIDUALS

GO STRAIGHT FROM THE HOSPITAL TO THE NURSING HOMES.

BUT THAT WAS SOMETHING THAT HAS COME UP.

AND WE TALKED ABOUT THAT AS POTENTIAL FUNDING.

BECAUSE THE HOSPITALS ARE ACTUALLY PENALIZED EVERY TIME

SOMEONE GOES BACK INTO THE HOSPITAL.

SO, WHAT WE CAN DO IS USE OUR DIVERSION PROGRAMS

TO MAKE SURE THAT DOESN’T HAPPEN. AND YOU CAN GENERATE

MAYBE SOME TYPE OF PROGRAM INCOME OR SOME TYPE

OF FEE FOR SERVICE IF YOU ARE WORKING WITH THE HOSPITALS

TO DIVERT THOSE INDIVIDUALS. GIVE US A CALL.

KIND OF LIKE YOU WERE TALKING ABOUT, DARREL.

GIVE US A CALL SO THAT WE CAN PUT SERVICES IN PLACE

THAT WILL PREVENT THIS INDIVIDUAL FROM GOING INTO A NURSING HOME.

BRUCE DARLING: WE ARE SEEING IT AS A PROBLEM IN NEW

YORK, BUT HAVE NOT GOTTEN TO THE POINT

THAT MICHELLE HAS TALKED ABOUT IN TERMS OF TURNING

THAT INTO A CONTRACT. BUT THAT'S ACTUALLY FOR US SOMETHING

VERY CONCRETE THAT WE ARE TRYING TO MOVE TOWARD.

MICHELLE CRAIN: HOW MANY OF YOU ACTUALLY KNEW THAT

HOSPITALS GET CHARGED WHEN THEY HAVE TO READMIT AN INDIVIDUAL?

THEY DO. AND SOMETIMES IT'S JUST FINDING WHAT THE ISSUE IS

AND TRYING TO GENERATE INCOME FOR THAT BASED ON WHAT WE DO ALREADY

IN DIVERTING INDIVIDUALS FROM NURSING HOMES.

BRUCE DARLING: AND BASED ON THE COST ASSOCIATED WITH REHOSPITALIZATION,

OUR STATE PUT A LOT OF MONEY INTO INCENTIVIZING NETWORKS

OF MEDICAL SYSTEMS TO KEEP PEOPLE OUT.

BUT SOME OF WHAT THEY DID WAS REALLY INSIDIOUS.

AS AN EXAMPLE, WHEN MEDICAID RECIPIENTS COME IN,

WORK WITH THEM TO BETTER UNDERSTAND ADVANCE DIRECTIVES.

SO THAT MEDICAID RECIPIENTS WOULD BETTER UNDERSTAND

THAT THEY SHOULD SELECT NOT TO RECEIVE MEDICAL CARE

AS A WAY TO REDUCE THE MEDICAID COST TO THE STATE.

WHICH IS REALLY GROSS ACTUALLY WHEN YOU THINK ABOUT IT.

AUDIENCE: YEAH, THIS IS RICK. NOW, IF I UNDERSTAND WHAT YOU SAID,

THERE'S NO FUNDS FOR THE DIVERSION?

SO, IN WYOMING WE HAVE PROJECT OUT. IS THAT -- ARE YOU

FAMILIAR WITH THAT? IT'S PROJECT OUT.

IT'S A TWO PRONG PROGRAM WHERE WE HAVE FUNDS –

WE GET ACCESS TO FUNDS TO BE ABLE TO MOVE PEOPLE

OUT OF THE NURSING HOME.

AND THEN WE ALSO HAVE A DIVERSION PROGRAM

FOR WHEN A PERSON IS IN DANGER OF GOING TO A NURSING HOME.

WE CAN ACCESS FUNDS TO KEEP THEM IN THE COMMUNITY.

DO OTHER STATES HAVE THE PROJECT OUT PROGRAM?

MICHELLE CRAIN: I AM PERSONALLY NOT FAMILIAR WITH PROJECT OUT.

BUT AS FAR AS DIVERSION IS CONCERNED, THAT'S PART

OF THE FIFTH CORE SERVICE.

SO, WE USE OUR REGULAR IL FUNDING, OUR PART C FUNDING,

TO ADDRESS DIVERSION.

AS FAR AS TRANSITION IS CONCERNED, OF COURSE

WE DO MONEY FOLLOWS THE PERSON.

AND WE HAVE CONTRACTS WITH MCO'S TO DO THAT.

BUT THAT TOO IS A FIFTH CORE SERVICE.

SO, WE CAN UTILIZE PART C DOLLARS TO DO THAT AS WELL.

SO AS FAR AS I AM CONCERNED, THAT PART IS FUNDED.

THE ONLY THING ABOUT THE TRANSITION PIECE OF IT

IS THAT IT'S AN UNFUNDED MANDATE. SO THANK GOD,

WE HAVE THOSE CONTRACTS THROUGH THE STATE OR NOW

WITH THE MCO'S TO BE ABLE TO FUND OUR TRANSITION PROGRAM.

AUDIENCE: OKAY. THAT MAY BE BECAUSE I AM NOT WITH THAT

PART OF THE PROGRAM, SO I CAN'T TELL YOU THE DETAILS.

BUT I KNOW THAT THEY GET, I BELIEVE IT'S SOMETHING

LIKE $2,000, TO USE FOR HOME MODIFICATIONS

AND TO BE ABLE TO PURCHASE FURNITURE.

AMINA DONNA KRUCK: THAT'S PART OF THE MEDICAID MONEY

THAT'S FOR ALL LONG-TERM CARE PROGRAMS. THAT'S THE

PART NOW THAT'S COME DOWN THROUGH ADVOCACY

THAT WE HAVE DONE ACTUALLY.

SO, IF THEY ARE DOING LONG TERM CARE SERVICES

THAT'S PART OF WHAT'S AVAILABLE TO ANYBODY IN ANY STATE

NOW TO HELP THEM WITH THAT.

DARREL CHRISTENSON: WE ARE TALKING ABOUT A FEW DIFFERENT

THINGS HERE BECAUSE WE ARE TALKING ABOUT DIVERSION -- USING

THE FEDERAL PART C MONEY FOR DIVERSION.

TRANSITION CAN INCLUDE MONEY FOLLOWS THE PERSON

TYPE OF MONEY. IT'S FOR RENTS AND DEPOSITS, WHATNOT.

WHAT AMINA IS TALKING ABOUT ADDITIONALLY

ARE THE MEDICAID DOLLARS THAT CAN BE USED FOR

HOME MODIFICATIONS AND SUCH.

SO, I THINK WE ARE TALKING ABOUT TWO OR THREE

DIFFERENT THINGS HERE.

BRUCE DARLING: SO, THE SERVICES DO VARY A LITTLE BIT.

WE’VE BEEN MORE SUCCESSFUL GENERALLY GETTING THOSE DOLLARS

FOR TRANSITION SERVICES.

SO, WHOEVER DID THAT WORK IN YOUR STATE

TO GET DIVERSION IN DID A GOOD JOB.

I AM NOT FAMILIAR WITH THE OUT PROGRAM,

BUT I AM DEFINITELY GOING TO LOOK IT UP AND SEE

HOW WE MIGHT BE ABLE TO LEVERAGE THAT IN NEW YORK

AND OTHERS SHOULD DO THE SAME.

AUDIENCE: JUST ANOTHER QUICK COMMENT. I WONDERED WITH THE

DIVERSION PROGRAM TOO, DO YOU EXTEND THAT TO VETERANS AND

VETERANS HOSPITALS AND VETERAN REHAB?

BECAUSE SOMETIMES I THINK THE VETERANS MAY BE OVERLOOKED,

AN OVERLOOKED POPULATION IN WHAT WE DO.

MICHELLE CRAIN: I KNOW THAT YES, WE DO WORK WITH VETERANS.

AS A MATTER OF FACT, THAT WAS A LAW THAT WAS JUST PASSED

IN OUR STATE WHERE WE HAD TO PUT INTO OUR LANGUAGE THE

DIFFERENT RESOURCES THAT THEY WOULD BE ABLE TO ACCESS

OUT IN THE COMMUNITY. YOU KNOW WHEN THEY COME TO OUR CENTER.

BUT YES, WE DO WORK WITH VETERANS.

AUDIENCE: I JUST WANTED TO ADD A COUPLE THINGS

IN TERMS OF DIVERSION AND TRANSITION.

A LOT OF THESE THINGS ARE STATE BY STATE.

IT'S IMPORTANT TO REALIZE THAT NOT EVERY STATE

IS GOING TO HAVE ACCESS TO CERTAIN DOLLARS.

OF THE THINGS YOU ARE TALKING ABOUT,

SOME OF IT IS MONEY FOLLOWS THE PERSON.

SOME OF IT IS INDIVIDUAL STATE PLAN.

WAIVERS -- A LOT STATES ARE DOING MEDICAID WAIVERS NOW

SO THEY CAN ADD ON FUNDING FOR HOME MODS.

THIS IS NOT SOMETHING THAT IS A NATIONAL PROGRAM.

LIKE WAS SAID EARLIER, IF YOU HAVE SEEN ONE

STATE MEDICAID PROGRAM, YOU HAVE SEEN ONE

STATE MEDICATE PROGRAM. SO UNFORTUNATELY, A LOT OF THIS

STUFF AROUND TRANSITION AND AROUND DIVERSION

IS STILL STATE BY STATE. THE WORK THAT WE ARE DOING IS IMPORTANT,

BUT A LOT OF OTHER STATES HAVE USED OTHER VEHICLES TO

DELIVER THOSE SAME SERVICES LIKE MCOS.

ONE OF THE THINGS I WAS HOPING THAT WE COULD TALK ABOUT

IS IF YOUR STATE IS A BIG MANAGED CARE STATE, EVEN IN

LTSS SERVICES LIKE TENNESSEE IS, THE BEST WAY TO INTEGRATE

YOURSELF INTO THE MCO DELIVERY SYSTEM IS TO BECOME PART OF THAT.

BECAUSE RIGHT NOW IN TENNESSEE, THE MCO’S DO MOST OF THE

TRANSITION SERVICES FOR FOLKS WHO ARE IN THE MEDICAID PROGRAM.

MICHELLE CRAIN: RECENTLY, OUR STATE WENT THROUGH A TRANSITION

AND THEY DID ABOLISH A COUPLE OF AGENCIES.

AND THE MONEY FOLLOWS THE PERSON NOW RUNS THROUGH THE MCO'S.

SO, THE CONTRACTS THAT WOULD NORMALLY GO TO THE CENTERS

ARE ACTUALLY ADMINISTERED THROUGH THE STATE IS NOW ADMINISTERED

THROUGH THE MCO. AND TO BE QUITE HONEST WITH YOU,

IT'S NOT NECESSARILY A BAD THING. WE HAVE ACTUALLY

SEEN SOME IMPROVEMENTS.

BRUCE DARLING: AND WHAT HAPPENS IS THE MEDICAID

DIRECTORS GET TOGETHER. THEY HAVE MEETINGS.

THEY COMPARE NOTES ON HOW THEY SCREW US.

ONE OF THE IMPORTANT THINGS ABOUT THESE MEETINGS –

AND THEY DO. THEY ARE LIKE OH, WE CAN CUT BACK SERVICES

THIS WAY. YOU CAN USE THIS MECHANISM.

ONE OF THE IMPORTANT THINGS ABOUT THESE MEETINGS

IS TO HEAR WHAT OTHER STATES ARE DOING SO YOU CAN

TAKE THAT BACK AND SAY HERE IS A SOLUTION

AND HERE IS AN APPROACH.

AND OBVIOUSLY, NO OFFENSE TO ANYBODY FROM ARKANSAS,

THE STATE OF NEW YORK HATES IT WHEN I SAY IN ARKANSAS,

THIS IS WHAT THEY ARE DOING.

SO, FIGURE OUT WHO YOUR STATE REALLY DOESN'T LIKE

AND HIGHLIGHT THEM AS A BEST PRACTICE

AND THAT REALLY PISSES THEM OFF.

MICHELLE CRAIN: IT'S EASY FOR US TO SAY HOW MUCH

WE SAVE THE STATE THROUGH TRANSITION.

BUT ONE THING THAT WE ARE NOT LOOKING AT

IS HOW MUCH WE SAVE THE STATE THROUGH DIVERSION.

AND WE ARE ABLE TO WITH THE SURVEY.

WE MIGHT BE ABLE TO GO IN THERE AND SHOW

WHERE WE ARE SAVING JUST AS MUCH MONEY

IN DIVERTING INDIVIDUALS FROM INSTITUTIONS.

SO THAT’S SOMETHING WE CAN LOOK AT.

BECAUSE WE CAN TIE THAT TO TIME TRACKING IN CIL SUITE

AND BE ABLE TO GET A VALUE FOR THAT.

SO, THE RETURN ON INVESTMENT TO THE STATE IS GOOD

WITH THE DIVERSION PROGRAMS.

TIM FUCHS: GREAT. THANKS. OKAY THANKS ALL.

GREAT JOB. [APPLAUSE].