>> Panel members to the front, please. Let's get started again. So I need the panel members, Deb, to come up and Roger to come up, please, because we just go to noon and we don't want to interrupt our lunch, right?

So did you just feel like you got fed a really full breakfast? It was like, okay, I only have about 34 things that I need to do when I go back now. It's fabulous. What wonderful resources though. What community is so generous and giving to share so much and that's what's really, really powerful. Because we tend to, you know, work in somewhat isolation in our own little independent living world, and so it's so wonderful to meet other centers and realize there's these resources we don't have to reinvent the wheel. Of course when we get a hold of them, we'll change them always easier when you have something to work off of, how generous everybody is being.

So this next section is really going to be about, you know it's interesting, is how to pull it together. Yet later on today, we're going to do the whole peer mentoring volunteer program that ABIL has. But I want to remind you about your sticky pads. I see some ‑‑ good job over here. So keep using those sticky pads because we will get those and help us with where we're going next and what's going well and whatever else you need.

So what we're going to do is each presenter is going to spend a little bit of time talking about some of the issues, and also we'll let the audience be the participants also, participate in this. And we're kind of going to talk about proven methods of service integration. So, you know, what we talked about is, again, that issue about people getting siloed in their own center. Getting so focused and being overwhelmed because there's always more need than there is staff in centers pretty much always as far as I've ever known. So your personal assistant staff is like completely overwhelmed doing their job.

And then if somebody's doing home MODs or independent living skills or employment or benefits counseling or youth transition, they're full up. So how do we make sure that people don't fall through the cracks? And some of the ways that Deb talked about some of these to help the staff still stay connected ‑‑ and I don't know if you ever experienced some competition between the different departments or units. You know, who's that best boss or, you know, whatever, you know. It's like another little universe over there, and how we make sure we are doing correct referrals. Bigger centers I think may have a little bigger problem, but we just had 18 staff, we still had that problem between what was our community integration department and what was our personal assistance department because ABIL has always, except for three years in all the time that I've been there, provided personal assistance through the health plans.

So there was a three‑year period Maricopa County thought they could do it better, and they took it all back in and then gave it back to us after three years because they couldn't. Even back when we were little that was going on. It's like totally different universes. So that's what we're going to talk about in this piece of it. Kind of like what are some of the barriers that we've noticed and what are some of the solutions to address those because you're always reassessing your center. And then how you identify systems problems like my advocacy unit ‑‑ which they don't all do advocacy per se, I have a bunch of different programs ‑‑ were really complaining about they feel like there was a lot ‑‑ people were referring people outside of the agency when we had staff in the agency that have this problem. They just were not getting it. And we had recently done a bunch of expansion with some new programs. And so they came up with some different ideas. So one of the things we did recently was have a staff meeting, and we have several staff members who have used many of our different programs. And so they told their stories to help people see how it really does fit together.

We have one young man who—he would like me calling him a young man. He and I have grown old together. Who is American Indian who needed personal assistance. We helped him move out of a nursing home, off of reservation into his own apartment that he shared. He got personal assistance from us. He was one of our first peer mentors. He went back to community college, then he went back and got a bachelor's degree. But then he couldn't work because if he worked, then he couldn't get out of bed because he wouldn't qualify for Arizona long‑term services anymore. Then he was our poster boy for getting the Medicare buy‑in program. A program for people with disabilities that are working. And then he got up ‑‑ wait, I haven't gotten that yet. Then he got his master's degree while we were passing that law. Then he came back. We opened a whole new program, reintegration programs where he was helping people transition out of nursing homes. Bought a home of his own. Then he got home modifications through us. I mean, just what an example, right? Plus he's a fabulous presenter, he's hysterically funny, charming guy. So several different staff members told their stories about how they had actually used ‑‑ interned with us. April was one of them because she started out as an intern with us.

And another thing we did was create a "Jeopardy" game about ABIL services and were talking about that. And we were talking we should do this with our peer mentors too to help people know. And it came from pads like you have on the table with staff writing out, what do you think people don't know about what you're doing, or what do you want to know about what somebody else is doing, and then we put that together into the game. So that's some of the things that we have been doing recently to help people connect more. So we'll just kind of go down the row and open it up.

>> Panel: Hi again. We had some issues at our agency between the various departments. We as known with Independence First, we're a fairly large independent living center. And, I mean, we have kind of units or departments within our IL department and as well as other services that are in our agency too. And we were experiencing for quite some time sort of a hierarchy of importance in our agencies. So our personal assistant services program staff really felt that they were the big dog of the agency and that they were the most important because they brought in the funding. And so the IL department said, well, hey, just a minute. You wouldn't even be here if it wasn't for us because we are what it's all about. I'm convinced I'm right. So therein kind of started some animosity. And it was just this sort of underlying and underpinning stuff that was sort of happening. And the dynamic within groups of folks who should be working together to provide the best possible services for our consumer, turned into be this competition of, you know, what ‑‑ who could do it better, who could do it best, all of that. And then from there it sort of went from bad to worse because we would offer ‑‑ we have staff who go to NCIL conferences every year. And it isn't just staff from our IL department, it's staff from all over our agency. Because our philosophy is, you know, everybody needs to know about independent living. You know, you have to buy into our philosophy, our vision, our mission, you know, or you really shouldn't be in our agency. I don't care if you're in accounting or you're the receptionist, you know, everybody's important and everybody needs to know what we do and what we stand for. And so we would offer trainings and different things like this.

And so people would come from various departments, but, you know ‑‑ "Well, I'm from PAS and I don't have to go to those because that's what we're ‑‑ it isn't a direct hour, I can't bill for it so, you know, I can't go to that training." Or, you know, "Well, we've got to get the billing out, you know, accounting so we can't do this training there." And so it just became this sort of, you know, the tail wagging the dog kind of thing, you know, where we weren't really united.

And so within the past couple of years, we have made great strides to try again to play well in the sandbox, and I feel like I've overcome my ‑‑ my bad traits and have moved on. And we have really tried to interact well. So the director of our PAS program and myself, the person who directs our benefits and employment and folks that work in our area, we kind of get together and we make sure that we're not doing that anymore. That our staff hear from us the same message. So we're congruent in what we say. We are here. We're an IL center and because of that, we are able because of our PAS department to offer this service, that, this or that. But the reason that we're here is for independent living.

So some of the things that we do is when we do booths or we're out in the community, someone from the PAS department, our personal assistant services might come along with us. Or if not, we will make sure that we give that information out about PAS or somebody from WHIZ Loan comes with us. A benefit specialist might come to talk about their services so we can all be together as one, as one functional good operating together unit to try to provide good services for folks.

So some of the things we do now is we have a personal care worker orientation at our office every Wednesday. And so our IL staff take turns and each one of us do a half an hour presentation on independent living to our personal care workers and it's just been wonderful. It's a good opportunity for our wonderful personal care workers to get to know us, and we tell them how they can refer their consumers for independent living services if they should want that or other services that are offered at the agency. Our AT specialist goes to the PAS meeting, monthly meetings every month and talks about various assistive technology that's available for consumers. So we really feel that we're playing a lot better together, and this is, again, a good benefit for our consumers. We have a long time ago when we were a little smaller, we had a consumer who came to us from a domestic violence situation and we assisted her first through advocacy, helping her to go through the court process of ‑‑ she pressed charges against her abuser, and so we helped her through that and connected her with other disability abuse agencies in the county that could help her. And then later she came on, worked with us as an intern in our computer recycling program. First she was a volunteer, and then later she worked for us as an intern and then became a part‑time paid person. Through that process, she needed a loan to purchase some equipment for her home which she got through WHIZ Loan, and then later she was approached by our agency to work full‑time. So then she went and got some benefits counseling assistance and figured out how much money she could earn and what she could earn, and so she was working full‑time.

And then later she wanted to buy a house through a down payment assistance program we were running at the time, and so she purchased a home through our agency. So she experienced a whole lot of ‑‑ a lot of services and got a lot of good things from our agency which is what every consumer should get. It shouldn't be a competition, but we should be working together to look at what works best for our consumer and how easy can we make it for them.

>> Panel: Thanks Deb. Let's next, let's jump over to Roger and then you, Darrel, since I had given one example for ABIL. So, Roger, why don't you talk next.

>> Roger: Okay. I will. Hi everybody. Welcome again. I am going to address some of the same sort of things from the perspective of a somewhat smaller center than the other ones represented up here. As a kid, I don't know if these kind of cartoons are still on, like, the Cartoon Network with the advent of, you know, cable TV and all that, but I was a huge fan as a child of Mighty Mouse, you know, who was this superhero the size of a mouse. And do you know, I sometimes think of our center as Mighty Mouse.

In Idaho, which is the 8th largest state geographically, we only actually have three centers for independent living, but we all operate multiple offices. So independent living ‑‑ center for independent living services and activities are conducted in 10 different locations around the states. That's 10 different towns ranging from where I'm at, Boise, the big state capital that has, you know, 200,000 people. And remember that Idaho has only 10 towns that have populations of more than 10,000 people. So it's really ‑‑ it's a rural state. But we're very, very lucky in that our centers, we couldn't be tighter. We are thick as thieves. There's no competition. There's no quarreling. Do we always see eye to eye? No. But we're in this together and we're really, really lucky on that account. And one of the things we've done is we've actually formally designated our centers. The center up in northern Idaho, that serves the 10 northern counties in Idaho, is by our designation the most prestigious CIL in Idaho. Mine, located in the state capital, where we do way lot more systems advocacy in terms of our state legislator and working with our governor's office and the high‑end policymakers. We're the most powerful CIL. And the one in southeastern Idaho over by Wyoming and Montana is the biggest, the largest CIL. So we all have our little claim and we're happy to define ourselves this way. It makes us all feel good, you know, and we can say of course you're the most prestigious CIL in the state. But one of the challenges we face is operating out of different locations. Our main office is located in Boise and one office is 50 miles west of us close to Oregon. The other's 130 miles east of us and it can be harder for our ‑‑ my three offices to be on the same page sometimes than it is for the three CILs in the state to be on the same page. Because over time, things start to change, you know. And, you know, we have problems like people will take a form and decide it doesn't meet their needs and they'll change it, but they don't share it with anybody else. And so all of a sudden, here we find out ‑‑ we find out we're not tracking the same data and we can't compare apples to oranges. I just point that out because I'm talking about some of the common types of things that can get in the way of keeping the dots connected in terms of providing seamless service.

>> Amina: It's part of that independent living. We're so independent, right? Our staff is so independent.

>> Roger: Oh, yeah. And we too have experienced some of the internal staffing problems. Some of ours comes from the way our staff is structured. And, you know, once you've got a staff structure in place, reorganizing it can be a huge and daunting job. But sometimes it's really important to look at it and see if it's working for you, and if not, you know, you need to change it. Because in the end, it's the people with disabilities that we work with that stand to benefit from that kind of internal reorganization of our disorganization.

One of the problems that we've had is we have a very large PAS program for Idaho and it's a self‑directed program. We ‑‑ and when I say "we," I mean the CILs and the SILC got legislation passed back in about 1998 to modify how our state's personal assistance service is paid for by Medicaid are offered to finally include a self‑directed option for people. And to this day, the CILs are the only ones ‑‑ it's open to any available provider and we're in competition in Boise with 35 traditional agencies. But the CILs to this point are the only ones that have taken on, implemented the self‑directive option for PAS because everybody else sees it as too much of a liability. What? You don't hire training supervisors to fire these people? That's up to folks with disabilities who use the service? It's way beyond their comfort level. But at our center, we were ‑‑ all of our centers, we were very cautious about going into operating what we thought and ended up being relatively large personal assistance service programs because especially our boards didn't want the tail wagging the dog, you know, because PAS is incredibly important and it really helps people lead the lives they want to out in the communities. But for most centers, it's also the biggest revenue generator.

And it's very easy to get into the situation that Deb talked about where, you know ‑‑ I mean, I've actually had to tell staff, and these are hard conversations to have, you know, where somebody's actually said, "I'm the one bringing in all the money." And my response had to be, "Well, no, it's the PAs working out in the community that are bringing in the money. You're just billing Medicaid for it." You know, "I'm sorry, but you've never actually generated a penny for the organization. You just bill for what other people do, you know." And I just had to be honest, you know, but it helped reset some thinking in our center.

And one of the other problems we had with our three different offices is we originally had one PAS coordinator who was in charge of our entire personal assistance services programs. But then we have PAS workers in our two satellite offices who are directly supervised day‑to‑day by the people who run those offices because that's how it has to work, you know.

In our case, it wasn't effective for somebody in Boise to try to supervise somebody 130 miles away. And so that led to some ‑‑ some problems in the hierarchy, if you will, and kind of the chain of command because folks were reporting the one person, but somebody else was coordinating the entire program that they worked in. And sometimes it became like, you don't have the right to tell me what to do and those sorts of things. So we had to go in and do some modifications there.

And what I'm talking about, CIL staffing, there's lots of different ways that CILs organize their staff, but there's ‑‑ kind of seems to be two primary ways, two primary models that centers follow whether they're large or small CILs. And one is where you've got a staff of assigned specialists. You've got the housing person, the AT person, the benefits counselor, the peer support person, the I&R worker, and the jobs are very defined and they have, you know, their job.

And one of the real advantages to that approach is that people who are in the role of a consumer at the center end up having contact with multiple individuals. They're getting housing help from one person, you know, somebody else is their contact for transportation and things like that. And so it's ‑‑ can be much more integrated, even though it sounds fragmented. Because the staff can work together with this person to achieve ‑‑ help them achieve their goals.

The other way a center is often set up, which is more like my center, which is where you have several departments. You know, you have your PAS department, we have our assistive technology department, transportation department and what we ‑‑ over time we call it our advocacy department which is what most people here would say that's their IL program, but, of course, we're trying to say our entire outfit is a center for independent living, you know. Yes?

>> Audience: What's PAS stand for?

>> Roger: I'm sorry. Personal assistant services. And typically that's a generic term that refers to any assistance that a person with a disability uses that's provided by another human being. So a personal assistant for somebody who's blind might be a reader who helps them with print documents. But typically when we talk about personal assistant services, we mean your in‑home assistance with personal hygiene, housekeeping, grocery shopping, meal preparation, those sorts of things. And most states have ‑‑ Medicaid pays for that. That's why it's very important to have Medicaid for workers with disabilities because Medicaid is based on ‑‑ you know, you have to basically be impoverished to be eligible. So if you start to work, all of a sudden you get over the income limit and you lose your Medicaid and no other source other than private pay out of your own pocket covers things like personal assistant services. It sure isn't covered by health insurance plans.

And so with Medicaid for workers with disabilities, a person can go to work and pay a premium and usually it's set on a sliding scale. Different states have done it different ways, but they can work and retain their Medicaid and actually make a living.

>> Amina: I just wanted to say that that's a term that Medicaid would then reimburse. So some CILs actually employ the personal assistants, we used to call them attendant, attendant caregiver. Some people call them that. In some centers they provide referral and help people as a referral resource, but don't actually employ the personal assistants or run the interface between the Medicaid agency and the people that have direct ‑‑ direct control of their own hiring and firing.

>> Roger: Yeah. In our case, we're the intermediary between Medicaid and the person that is using personal assistant services. We're referred to as a fiscal intermediary or a fiscal employer agent. And the way we set up our statute very briefly is that the person using the fiscal intermediary services is the employer, in fact, legally in Idaho, and they have all the rights and responsibilities of any employer, including not discriminating against people. Whereas, we're the employer of record and so, you know, we put people through our payroll system, we withhold mandatory and pay mandatory taxes, Workers' Comp, unemployment and things like that which frees the people in the community out there up from having to, you know, be their own bookkeeper. We're basically their fiscal agent.

So you know, like I said, you've got centers where people are all specialized, and then centers where people are more generalized maybe with departments. And what I was leading up to is, at our center, we refer to it as our advocacy program. Again, that's our kind of catch‑all term for what everybody would refer to as advocates, personal ‑‑ I'm sorry, independent living specialists, peer support coordinators, things like that fall under our advocacy part of our organization. But over time, the title for all of those jobs is the same. Basically their job title is advocate and they're all generalists. So people tend to gravitate toward what they like and what they're good at.

So, for instance, we have one advocate who in addition to helping people with virtually everything that we do is the accessibility specialist. We have another person who is really good at transitioning people out of nursing homes, and another person ‑‑ we do have a designated I&R person too, but she also has additional duties above and beyond I&R, even though she's principally responsible for that. But that's also led to some problems because of the way people define themselves because their job is they're an advocate. And many times we've had to ‑‑ especially with folks who come to the center are new and have only worked there for several years, we end up having to reel them back a little bit because they tend to ‑‑ once their title is advocate, they think they're on their knight, on their white charger rushing off to save people, you know. And we really have to kind of reel them in. I know and it's great. You learn so much from talking to other centers, but I know another center whose staff model is very much like ours, but instead of having the title of advocates, they're independent living advisors. So I'm taking that under consideration as ‑‑ you know, and any term that you use has its positive and negative connotations, you know, but I'm trying to ‑‑ I'm looking at trying to modify our approach to give people ‑‑ and it also sends a different message to the people who are getting services from them, you know. We're here to advise you and work with you, you know. We're not your advocate. Because oftentimes folks will say, "Well, you were supposed to be my advocate on that. Well, didn't we agree that you were going to call?" You know.

And as far as peer support, because we're a smaller center with a smaller number of staff, again, like I said, all of our folks are sort of generalists, except for those that work in the PAS department that pretty much just do billings and the people in our transportation department who track all of our transportation options. But because of the way we are staffed, the whole idea of peer support pervades everything that we do. And that has kind of ended up as not really a problem, but somewhat of a challenge. Because folks feel ‑‑ some folks never track a service as peer support because they feel everything they're doing is peer support. And they're more specific. Whereas, other folks we have say everything that they do is peer support because they're not ‑‑ that's not their job title, if you see what I'm saying, you know. They're not the peer counselor, if you will.

>> Amina: It's a service method.

>> Roger: Right, right, right. But that being said, we primarily provide our peer support through peer run classes. And so over time, we've identified people with disabilities in the community who are very interested and very willing in putting together and doing presentations of classes. And we kind of make ‑‑ again, this is how our center does it. I'm not saying you should do it this way, but I throw it out for consideration. We have probably ‑‑ well, you noticed in Deb's last presentation under her independent living curriculum, she listed all of the things ‑‑ and not all of them because there's more. The kind of topics or sessions that they cover whether it's in one‑on‑one or a group setting. Well, that list looks very much like ours. Only at LINC, anytime the session has anything to do with interpersonal stuff, like setting boundaries or conflict resolution or dealing with stress or making decisions or coping, we end up ‑‑ we call that peer support when we're ‑‑ when we're reporting.

When it's more of your day‑to‑day stuff like wellness, disability rights, money management, home management, those sorts of things, that's where we kind of break it out and call those things independent living skills. And we found over time that it's good for us anyway to avoid actually calling them formally independent living skills classes because we find some people are put off by that because they already feel that they're pretty independent. And so we kind of call them continuing education. And interestingly enough, a lot of people are kind of eager to continue their education, but they just kind of shy away from the idea that they may need training to be or remain independent.

>> Amina: I like that because I've had a lot of conversations with people about, you know, what's an Independent Living Center. You know, they always think you're a housing project or something. So, yeah, I think that that's very interesting, this language issue that's kind of coming up and how we change. Because I know when our work incentive planning and assistance program went down, we were told we couldn't use that language anymore. So we went around and around with our staff, "What do you want to call yourselves?" And they ended up deciding ‑‑ for one thing, when they call us benefits anything, we are helping people with work incentives, so we didn't want that in the title, so they came up with work incentive consultants they decided. They didn't want counseling, they didn't want planners. There's a million things out there, benefit planner and this and that, but they wanted work incentive consultant so it still came out to a WIC and everybody knows that acronym. And language is very interesting, and we all know it does make us feel different, language that is used. So figuring out the language, what to call your staff.

>> Roger: And a lot of these terms are very commonplace, but if you think about it, there's a difference when you refer to somebody as a personal assistant rather than a caregiver. One, somebody who works for you and is your assistant and does what you need done. The other person is looking at the taking care of, you know. And these terms get used interchangeably at our center, and especially out in the community a lot. And, you know, I'm not one to be a huge word Nazi, but words are important.

You know, June wrote many years ago that language is not a trivial concern in terms of how we refer to ourselves as people with disabilities rather, you know, and epileptic. It's a person with epilepsy. But that's another thing I find at my center that starts to happen over time. Because of the way our staff is organized, what ends up happening is someone will say, "Did you see Todd's consumer in here yesterday?" Or, "I heard Amber's consumer had trouble with the law last week." Well, it's not Todd's consumer, it's not Amber's consumer, you know. And, I mean, you could really push the boundary a little bit and say just referring to somebody as our consumer puts them on a little lower, you know, level, and you can argue that referring to somebody as a consumer at all is bad, but you know, really, if you try to keep in mind that they're a person in a marketplace where they're trying to get choice, you know, that's different than ‑‑ than other connotations maybe. But I'm going to stop now and let ‑‑ flow on down the way here.

>> Amina: So Darrel?

>> Panel: Well, we didn't plan it this way, but I'm glad that I'm between Deb and Roger. Because I've worked with them both at a very rural center, smaller, and I've worked in a very large metro center so I have both experiences. I started off and did my graduate internship with a small center in Wisconsin where there were no attendant care personal assistance programs at all. It was ‑‑ really stuck to the core services of IL and the four cores with a couple of ancillary programs. I did about 12 years with a center in Minnesota, and we did have an attendant care program there. So some of the dynamics that were happening about the PAS program and the IL team certainly were the same as what Deb had mentioned. And now I'm here in Phoenix with the ‑‑ with ABIL and also having a very large attendant care program. We have about 2,000 attendants that we provide payroll and time sheets and the whole bit and supervision for 2,000 attendants going out and doing the work.

>> Amina: Keeping in mind, there's 3 and a half million people in Maricopa County right here. Okay. We've also stretched outside of Maricopa also working with a sister center in Tucson and also serving in between which is very rural. I guess I kind of bring both perspectives on the things. And I guess a couple of my comments would be that I certainly can see where the PAS program is the moneymaker. And for some centers who looked into starting a PAS program, it's a very daunting task to take that on. Financially there's a great deal at stake, but there's a great deal of benefit to it because it does provide for many, many ancillary programs having the resources spinning off of it. Like Deb said too, your PAS program helps to fund some of your ancillary programs. And so you are sort of beholden to the attendants program in that way. And I saw that in Minnesota too and on a much smaller scale, but that certainly is a part of the dynamics. I think regardless if it's PAS or not, one thing they want to make sure that everybody understands is that, be very careful that money doesn't wag the dog, like Roger said. Because you can go after a grant that might bring in a great deal of money to your center and you might say, great, we're bringing in resources, we're bringing in money, right? But if that is contrary or having a difficult time being consistent with your philosophy, then you may be compromising your philosophy just to bring in that almighty dollar, and you need to be very careful about that. And because we ‑‑ I've experienced where we've turned grants down because it was inconsistent with the philosophy. So make sure the money isn't just the almighty thing that wags the dog.

I think as far as working with teams in the different areas, give you an example. I was fortunate enough to open three rural branch offices in Minnesota. And each time I was literally single‑handedly the only ‑‑ for those ‑‑ I only have one arm. I only have one arm. So I single‑handedly ‑‑ when you have to explain your joke to your audience, it's not necessarily that good of a joke. Sorry, just making sure you're awake with all of this information. Okay?

>> Audience: We just noticed.

>> Darrel: You just noticed the arm, okay, okay, or the joke. Okay. Anyway I was the only person out in the branch office, and each time, folks, I was 45 miles away. And I'm telling you, when you are disconnected from the rest of the staff and you don't get that Monday morning water cooler conversation about, you know, did you have a good time with your kids over the weekend? How's your bracket doing this March with basketball? I didn't have that opportunity. And there were very ‑‑ a number of times where I felt so disconnected where I would come in once a month to attend staff meetings. And everybody was all connected and they knew everybody's business and Roger was having a great time with his vacation last week. I didn't hear about it because I was out in my job. That's very difficult. So I think what you need to do there is use technology which is much more advanced than what we had back in the day. This was back in the late '80s, early '90s. But if you have the technology available to use such as Skype and other ways to stay connected, use technology and work smarter rather than harder. Okay? And that can even be disconnectedness within your own building. So like we've mentioned throughout the past day and a half here, don't work in silos. Don't say, this is my program, my unit, my department and I don't have to be concerned about Deb or Roger or anybody else. But you need to stretch yourself out in order to be connected. I know that there's challenges in working with rural and urban settings both. In the rural settings, like Roger and I have experienced, travel is huge. When your consumers are 40‑50 miles out from the office, that's a challenge. You don't have the numbers or the frequency or visits so that becomes a challenge. We had that in Wisconsin as well. So you need to figure out ways to provide those services effectively with a peer support and everything involved given the distance. So be creative in that way.

We challenge conversely in the urban setting is that you have so many people to serve. And you're just a staff of a finite number with finite resources. And in order to try to serve everybody in that community, that can be a daunting task as well. But I think the other point I'll make before I turn it over is, regardless if you're urban or rural, regardless of your paths or not, the whole philosophy by which you do your job is the focus, is the central point at which you need to take a good hard look in the mirror. I've worked with folks that ‑‑ with the PAS program that do have that medical model even though they're at an Independent Living Center. I've heard of centers who dispense meds, yeah, as part of their attendant care program. That to me is really on the side of medical model versus IL. Also, I've worked with staff who felt so dedicated to their consumers and really put it out and put it out there after hours and weekends to the point that some looked at staff as being so dedicated. Why can't you be more dedicated like that staff person because they're kicking it. They're working ‑‑ and I argue saying they are actually enabling. They were working so hard with their consumers and the ways that they were working for them was enabling them and they were not doing their consumer justice. They were doing a disservice to the consumers.

So whether it's a medical model IL, whether it's empowerment or enabling, take a look at yourself, take a look at your coworkers. Maybe you have discussions in your teams. Where are we at with this? Because while some people might want to do everything they can for their consumer because they care so much ‑‑ and the passion is good. The passion is good. Don't get me wrong. But if you're behaving in such a way that you're enabling your consumers, you're doing them a disservice. They would be better off without you. So I guess those are a couple of my points that I wanted to make from both the urban and rural setting, and turn it over to Amina and April.

>> I wanted to make a couple comments from more of a front line staff or a program perspective, and Amina and I will be talking a little bit later this afternoon about our peer mentor program. That's the program that I coordinate at ABIL. Literally my program would not exist if we tried to run that program like a silo. The reason is, you know, all of my referrals for mentees come from other staff. I have about eight or nine other staff that refer their consumers to my program for mentoring.

>> Amina: Other staff in different departments we have independent living skills program, our early intervention program. All of those staff refer to me. And so collaboration, conversation, communication is critical to the success of my program. And I think back to when I came to take over this program, realizing that this was going to be something that I had to think about on a day‑to‑day basis. Am I communicating with my colleagues? Am I asking for advice? Am I asking for support? Am I respecting their perspective? And so little things helped make the difference. When we changed a form or policy, I went and met with the staff and said, "Do you like this form? Is this a good referral form for you? Does this work?" I went out and shadowed them which was great because I had no idea what they did on a day‑to‑day basis. So the only way to get that ‑‑ you can't get that in a meeting or a phone conversation, but you get that by going out with them. And so I went out with our reintegration coordinator into the nursing homes. I went with our early intervention coordinator into the hospitals. I went with our youth transitions coordinator to the schools, and that's how I learned what it is like for them on a day‑to‑day basis. Who are their consumers? Who are the people that they are working with? And that really helped me think about, what do they need from my peer mentors? What do they need from me as a coordinator? Because I think it's really important sometimes when we refer to each other, we don't want to do that in a way that's territorial or that's possessive or that's maybe do this service for my coordinator ‑‑ for my consumers. We want to do it in a way that we're thinking about the consumer's needs, and how can my program actually assist their program? That was really key. There's things my peer mentors and my program can do that will make their lives easier and will help their consumers, and I just had to really keep that in the back of my mind. Am I thinking about how can I help them? Am I marketing my program? Am I presenting my program to them in a way that helps them think about new ideas or new ways to refer consumers or new things that they could have a consumer do with a peer mentor? So that was really critical. And the staff are great. They work hard at it. They work just as hard as I do. Communication is not something that, you know, is easy to do when we're all busy, and we are all busy. And so for them to take time out of their day to shoot me an e‑mail or to let me give them an update about a match that we've been working on, that's something I really value. And I know they value that too and it's been a work in progress. This has been seven years, and sometimes we get it right and sometimes we don't. And so when we don't get it right, I always have to kind of take a step back and say, okay, am I thinking about it from their perspective, and that's hard to do, you know, because I get territorial. We're all territorial about our programs. You know, we care about it or we wouldn't be doing it. So I always have to step back and say, am I thinking about what are they dealing with, what are their challenges. So that's been really critical for me. But I can honestly say, without that collaboration, our program wouldn't be where it is today. I think back when I decided to start mentoring groups. I wanted to have a discussion group where our mentees and consumers and peer mentors got together. And so I presented this idea to Amina and she said, "Great, go for it." Figure it out. And the very first thing I thought, well, I better go talk to some people and talk to our staff and figure out who might they refer, who might they send. And I remember sitting down with our reintegration coordinators and them giving some tips about, well, don't do it in the morning because our consumers are not going to be up.

>> Amina: So reintegration that we're helping people move out of nursing homes and transition out.

>> April: And definitely provide lunch because they're sick of nursing home food. They want something good. Little tips like that. So when they knew I was going to try to design and create something that was really thinking about their consumers' needs, they really helped them step in and support this new service. And I remember particularly one of the coordinators, she would literally drag caseloads of soda and drinks into the groups because she knew that could help me. And she'd come in and help me rearrange the room because she saw we were trying to do something for the consumers that would help connect them with a new service.

>> Amina: She was so thrilled to have a place to get them out of there and get practice being out of there, yeah.

>> April: So those are just kind of my thoughts about ‑‑ you know, again, it's really critical to try to think about what that other staff person's day‑to‑day life is, who are their consumers, what are their needs. Get with that person. Shadow them. Go out with them. It's hard to make time for that, but honestly, it saves time in the future because you're going to learn so much about how you can collaborate and support each other.

>> Amina: You bring up a really good point. Don't try to resolve issues via e‑mail. It's a terrible way to get an understanding. Phone is better. Even better, face‑to‑face when you have staff issues going on, you've got to get people in the same room. You know, sitting here I realized I was more brilliant than I thought. Which you'll learn more in the afternoon about ABIL's volunteer program and how we have a dedicated volunteer person. And sitting here it just ‑‑ April is the one person in our whole agency that really gets what everybody is doing. Because she's not only getting referrals from them and taking this personal time she's told you about, but she refers people out to them as volunteers too. Including the unit that nobody else deals with which is the finance or clerical unit, taking care of yourself, don't do any direct service and mostly don't know about independent living except what we stuff into their brains because they've got numbers in their head. And so she is ‑‑ the value of having that dedicated person in that role.

Well, the other thing I was just going to say to you from a management point of view is, I'm the kind of person, I'm oblivious to gossip. Plus, the way it's set up where my office is, I'm not in the thick of it where the gossip is. So stuff can be going on. These elephants in the living room and I do not have a clue. Plus I am, like, not into it. You know what I mean? But luckily I have some good spies on my staff. People I can always rely on to give me the skinny. Okay? And I'm always like, "You're kidding?" But April is really more upfront, that person, because she knows. Like an example came, one of my staff people was doing the benefits counseling program was saying to me, "Part of my grant is I'm supposed to be working with this other person in Darrel's unit, and I've tried, but she is just not responding to me."

And so in all my brilliance, somehow I accidentally stumbled into April's office remembering that April did a lot of collaboration with that staff person to say, "Can you give me some hints about how to help this relationship?" And because she had shadowed, she shared very important information to me about what that person's job is like, how that was going, how is the best way to approach her. And then I could share that with my person. And I thought about the relationship I'd established with that person. Even though she didn't work in my unit, she did for a while work with me on a project and that's all it took. It already shifted from that minute on from getting that perspective. Oh, you can get the idea that somebody's hard to work with because they're busy or they can't imagine how what you're doing fits in with what they're doing enough to know how to even think about it. So the role of the volunteer coordinator. The case in our agency that has a community integration unit, an advocacy unit, an employment unit, a sports and fitness center, a personal assistance service unit, because we've grown. I started with April when we didn't have all of those things. We have two units, the personal assistance and community integration, is really ‑‑ that's amazing. There's nobody else in our agency in that situation, except maybe the receptionist, that gets calls coming in and out, but she doesn't know. Yeah?

>> Darrel: I just want to make a quick point too as far as the whole philosophy thing too. I just lost my thought. Never mind.

>> Amina: It will come back. You should see us at baseball games together. The other thing somebody mentioned I wanted to say that really came from what Darrel is saying is proximity is everything and it is that walk in my shoes that April was talking about. We can't expect anybody to understand if they don't get that experience.

>> Darrel: It came back. I think one of the other things to consider too is the whole empowerment piece. And I think one of the things to success is how boards ‑‑ board of directors can empower directors or presidents or CEOs, and that those leaders can empower their program managers or supervisors and really empower them, and that way they can empower frontline staff. Say look, this is your program. This is your baby. You're hired as a grown adult, as a professional to do a job and I empower you to do your job. And that way, frontline staff can go in and empower consumers. So it really, truly is, I feel, an agency‑wide commitment to empowerment. I don't believe personally that if you have micromanagement going on within the agency that you can then spin around and expect staff to empower consumers if they're being micromanaged themselves. Now, having said that, if you're not the grown adult and you're not being professional and you're not doing your job, then we need to talk. But by and large, if from top down, all the way through can be empowered for their program and the jobs that they're hired to do, they then can feel empowered to go out and help the staff and the consumers.

>> Amina: And what kind of goes from that is that then staff keeps creating new programs and then you have to go find the funding for them, and that's why we have grown so big over the last 20 years that I've been there is exactly from that. So we're running out of time and I've got two things I want to say and something you want to say.

>> Darrel: No, I just think the examples you give with you and April is a great one because you've empowered April to be a problem solver. I mean, you did a great job of empowering her and, therefore, she was able to take it upon herself as a professional to problem solve and come up with resolution, so, kudos.

>> Amina: Thank you, thank you. And I was just going to say, an example of this empowering staff is that we have this house that somebody gave to us. You can't have housing, but you can have transitional housing for, like, six or eight weeks and it really was a money loser. We were having problems and Darrel's staff decided they wanted to make this a model of accessibility. And our board ‑‑ this was at a time that this recession has hit us really hard. It happened just as we opened. You're going to see this beautiful sport and fitness center, but keep in mind, we did a capital campaign to raise the money to build it. How does staff ever understand this? Not money to pay for the operations and the staff of it. That we have to figure out how to get at the same time that our personal assistance reimbursement has been cut 15 percent over the last three years. So it's a bit of a scary time for us right now. And the board was not interested. As soon as the time limit on this was up, they wanted to get rid of it. Darrel came to our director's meeting to say his staff had this idea. The board hated the idea. And we fought and supported Darrel ‑‑ well, some of the board liked it and some of the board didn't. And in the end, we've ‑‑ as the director supported Darrel in that director's meeting with our CEO to then be able to support him with the board to let them go ahead, and they got how much money donated to redo this whole house is amazing.

>> Darrel: Labor, material and consultation, we were able to get $100,000 donated. Labor, material ‑‑

>> Amina: And landscaping.

>> Darrel: Everything included.

>> Amina: And some of the consumers came in and helped paint it and work on it. It's this beautiful model they want to do community trainings in now for the whole community. That came out of his staff.

>> Darrel: Staff saw a need, they went after it. I said, "Hey, you're empowered."

>> Amina: Amazing. I'm so impressed. A couple things I wanted to mention before we end, because I know we're ending, is something that I keep trying to remember to say about one of the sticky pads, which is, somebody was saying about rural transportation, and I wanted to say we have a rural center in northern Arizona that covers 600,000 miles. They don't provide transportation for all of it, but, like, how personal assistance was kind of our niche of a need that we filled in our community. In fact, we even have large home and community based services because our original board was dedicated to that. So when we finally got Medicaid, we were one of the last states, if not the last state, to get it. It started out with home and community based services due to our board’s effort of advocacy. But in northern Arizona, this little center found their niche was providing rural transportation, and they get contracts from vocational rehabilitation and DES and other agencies and the Medicaid agency’s up there, and that is a way that they get a little bit of profit to put back into their center now. They found their niche and it was providing transportation. So now they have several accessible vans and they run that program in that rural area. So that's called New Horizons Independent Living Center. So you could look them up on the NCIL website in Prescott Valley, Arizona if you wanted to connect with them about that. Well that's really it because I just wanted to tell you that when you see this beautiful sports center, all hell broke loose at our center. Huge elephant in the living room. Right as we were freezing staff salaries. For three years they've been frozen because of our concerns about money. They're watching us hire a swimming instructor and a training instructor and a marketing person because we have to get memberships. We have a business now.

That's how it's going to be self‑sustaining. And how to help them know ‑‑ and, plus, their staff could never come to our agency meetings that we have periodically. Hardly ever or one or two because of the shifts that they have to cover because they're open many more hours than we're open. And so you've got to have periodic times when you set aside either you, your immediate supervisor with your staff or your directors to look at the agency as a whole and be asking that question of your staff to ‑‑ just like we're doing with the sticky pads here to get that feedback about what will make the agency work better. One of the things I instituted when I do performance evaluations, which is the first year in 20 years I'm away by God, but is to have some questions that I ask my staff at that which are ‑‑ and included in that is, what do you like about your job and what's going well and what do you need to do your job better and what's a barrier. What are your ideas for improving our department, our unit, and what are your ideas for improving the agency and then to bring that forward. And you've got to have ways to keep self‑evaluating because it's an ongoing effort. You get trapped in the language that Roger was talking about. You get trapped in the elephants in the living room, and so there has to be sometime where you get to this other level of looking at the agency as a whole like this is something I love, you know. I've had a million jobs since I've worked there. I love it. What does it need? Does it need better posters on the wall to be more friendly? What do we need? You have to keep asking that question over and over and then readjusting. Any other comments anybody would like to make? Any questions or anything before we go to lunch? Yes?

>> Audience: I just have a quick question. We are very rural in Wyoming too, of course, so we have offices ‑‑ you know, some home offices. But we've tried ‑‑ we have done a lot of revamping how we approach our consumers, person centered, motivational interviewing, all of that. The one thing we're really trying to work on, and I don't think we've got it down yet, is sharing information from department to department with each other so that everybody ‑‑ if there's a consumer working in the peer volunteer and maybe in the IL department as a consumer trying to share some of that information. Do you guys run into any problems like that? And if so, how do you conquer that?

>> Amina: We have a database that is shared so people can go in to look to see who else they're working with and what's going on, so that's one way. I think it's up a lot to the supervisors to remind people to talk ‑‑ to talk. But I'd say we do that better when there's a problem.

>> Audience: Right.

>> Amina: We go, is anybody else getting e‑mails from this person? And then we find out six people in six different units have. Probably that's always ‑‑ that is always a challenge, I think. It really is. But you've got to let your staff keep talking about what the problems are, you know what I'm saying? So that it comes out and then you can work through it. Anybody else have any solution for that situation? You know, did they even know two people were working with somebody? That's the beautiful thing if they do have one of those consumer service records, you can see who they're working with as opposed to those people who just call you a lot. Mary?

>> Audience: Can you hear me? There you go. We have that problem a lot at our center, and one of the things we started doing to try to solve the problem is we have a team meeting every two weeks. And part of the agenda staff are to bring challenges that they face in the community with their consumers, or any types of challenges, and then challenges that we have within the center as well. I mean, we also have a software package. And with our consumers, because we have three different locations, they will go to one location and for some reason they don't like that location so they go to the other one. So we've learned now we start in training consumers and run their name to see if they have a case open in another location. So the sharing of information.

We used to have monthly meetings. That wasn't working for us because a lot of things come up really quickly. So that's what we've been trying to do for that.

>> Amina: I know we have different teams that do those kinds of regular meetings and because now we've expanded to some staff really across the state, we've started having agency meetings only every three months which is harder. It's harder to pull them together. It's not often, but it's a big staff and the only way we can afford to do it right now. Anything else? Any other questions? Remember your sticky pads. Tim, is there anything logistically to know before they come back from lunch at 1:30?

>> Tim: Let me quickly say you're welcome to go out and get lunch. And just during lunch while you eat, just make use of the sticky pads. We really did enjoy going through the comments last night. Thoughtful feedback. We're not afraid of the red note cards. Gives us some great feedback and things to address.

>> Amina: Is lunch the buffet outside again today?

>> Tim: It is.

>> Amina: Yes, a question?

>> She's reading off her sticky pad.

>> Audience: I like the idea of using the Skype or new technology that we have available for us because we have some similar challenges with multiple locations and things like that so I like that idea. I don't know how we didn't think of it before.

>> Amina: But it's free.

>> Audience: Yeah, and it's free so we're going to be taking advantage of that. I can see that happening. But then when we're talking about the PAS, the personal assistant program and ancillary offshoots from that, we do have a Medicaid model for the consumer directed services, and we are the fiduciary. We make sure the payments are occurring, but I wondered, does anybody have or has heard of dual models in that a personal attendant private pay as well as the Medicaid model?

>> Amina: Does anybody have a private pay model? I know we've tried and we don't get paid, so.

>> Audience: A lot of new insurance companies with all of our changes that are coming about, they are putting that into their insurance, that they will pay for so many hours of personal ‑‑

>> Medical is coming down and ACA that we're just like, how are we going to afford to provide healthcare when we just got a 15 percent cut?

>> Yeah, we do. And in addition to our PAS program that is primarily Medicaid funded and, you know, reimbursed through them, we also have an attendant referral program that is a much smaller program and matches up folks with personal care attendants and it is almost exclusively private pay.

>> Roger: With our ‑‑ there it is. We ‑‑ and this is just the way my mind works. At LINC when we talk about private pay, we're usually referring to people paying out of their own pocket, right? And so then anybody besides Medicaid is a third‑party payer is kind of how we called it. But what we've done at the advice of the most prestigious center for independent living in Idaho, not ours, is we've set up a fee schedule because, you know, our hourly rate for Medicaid is fixed and falling, falling and, you know, with private pay out of a person's pocket, they have options of for instance, paying more than our fixed Medicaid reimbursement, if they can afford it to raise the wage ‑‑ the end wage that their PAs are getting. But we've actually set the bar on our fee schedule relatively high, but not so high that third‑party payers are put off by it. Still when they look at home health agency rates that are in the $40 to $50 range per hour, ours looks really good. So we ‑‑ we've had out of state workers comp. We've had Nevada, Washington and Montana. Folks who were injured on the job in those states and moved to Idaho. Their workers comp is paying for it. It pretty much works transparently to the end‑user. You know, it's no different. It's just that we end up billing different agencies different rates and things like that.

>> Amina: You know, thank you. Because I think one way we do do private pay that has been working is that somebody wants extra hours more than they're allocated through Medicaid and they already have an attendant they like to work with. And we work with them or there's some other attendant that's in the neighborhood near them for somebody else that has some extra hours, they work for them for private pay. That so far is what's worked better for us, but we are looking at this whole third‑party issuance stuff with the ACA coming through. The ACA, the Affordable Care Act. Thank you. As that rolls out, there's several things in there. For one thing, there's an issue about, like I said, providing healthcare for your staff which is expensive, and then the other is some of these other opportunities that we want to keep looking at with CMS because they're wanting models. There are people working for CMS and the administration that have been long time IL advocates. So they are looking for other ways for us to be able to provide some services. So there will be some opportunities coming down for us to look at.

>> Roger: I know we have to get going, but I want to throw this out real quick because it's germane to your question and I wanted to make sure everybody heard it. In Idaho we have a quirk in our state reimbursement system that says once we are accepting Medicaid PAS reimbursement for a person, we cannot accept anything above and beyond that from the person. Basically our state says you're ‑‑ you know, if they get 20 hours from us, they can't pay you for five additional hours out of their own pocket. So if we did that, we'd actually be looked at committing Medicaid fraud and taking advantage of consumers. And nobody likes it so we're working with our state Medicaid agency and CMS to try and work through that because, you know, if the person is willing to do it, you know. And along the same lines, you know, if our Medicaid reimbursement rate is $15 an hour and somebody says, well, I want to pay $16 ‑‑ $1 an hour on top of that to raise wages, we're prohibited from doing that.

>> Amina: I want to encourage people we'll be around if you want to talk to us. Richard, you wanted to say something, and then I wanted to break so we have a chance to have an hour and 15 minutes for lunch.

>> Audience: If you're interested in affordable care about ‑‑ the community center of ILRU is doing a training on June 24th through 26th; is that right, Darrell?

>> Darrell: Right.

>> Audience: On new funding opportunities for your CIL. So the announcements are out and watch your inbox or write us if you're interested.

>> Amina: Is there something that ILRU doesn't have ready for us? Is this cool or what? All right. We'll go forth, prosper and we'll talk to you in an hour and 15 minutes, 1:30.