DARREL CHRISTENSON: Thanks, Paula.

Again, like Tim said, I'm Darrel Christenson from Ability360 down in Phoenix, where it is a cool 104 today.

But it's a dry heat, it's almost fall.

That's right.

A couple things I want to say before I get started in the PowerPoint.

Like Tim said, I truly from a personal perspective, am thankful that you all took the time, resources, money, whatever to be here.

I mean give yourselves a hand for that, okay.

I really want to make sure that this is, we want to make sure that this is interactive.

The second thing I want to say, as much as I love Bruce Darling, he's from the second best Rochester in the nation.

He's from Rochester, New York.

I was born in Rochester, Minnesota.

A much better place to grow up and raise kids.

You're awake.

That's good.

The third thing I wanted to say is from my portion, I am just speaking for myself, I hope that my thoughts and words resonate and can be heard by you.

And when you hear the ideas and thoughts, take those back to your home and use your hands and your skills to help others get out or stay out of nursing homes.

So from my words to your understanding, your understanding to action.

That's my request.

So with that, I want to just start with the dictionary definition.

This one I did not go through wiki leaks, I went through Webster.

I'm old school.

The definition of the word diversion is an instance of turning something aside from its course or rerouting.

It's a deflection.

Deviation, divergence.

That's what we're doing with folks to divert them from nursing homes and institutional placement.

The services versus outcomes, and here is in our planning process, where we had a big discussion, where like Paula's regulations state that diversion is a service.

It's a fifth core service, and that's what the regs say, what I'm about to say is not contradictory to what was shared.

But many of us in independent living see institutional transition and youth services as measurable services.

Okay?

An individual moves from one place or space to another.

But some may argue that transition is also an outcome, an outcome, not a service of other actions, such as IL skills training, housing location referral, advocacy, et cetera.

But the more tangible nature of transition makes it easier to measure.

And so at the bottom it says, whereas, diversion is not so tangible, it's more precisely an outcome of these services.

So to put your minds at ease in your initial comments of what you want to get out of the day, where you're thinking, oh my gosh, we have to do more services with same or less funding.

Or I have a small staff, at small center, I can't do one more thing.

I want to reassure you all that diversion is what you're already doing.

You're already doing it.

You're already doing diversion.

I don't care if you're from a small community like Davenport Iowa, or Atlanta, Georgia, or Phoenix Arizona, we're all doing diversion already before we walk in that room, you're doing it.

The table in the back said, we're not doing diversion.

I would argue, yeah, you are.

And I have never even met you.

Because we have the other services that are doing the work with the current staffing levels to keep people out of nursing homes.

You're doing it.

Okay?

And so that's really important to recognize for yourself.

It's an outcome.

So keeping people in the community.

Avoiding institutionalization has always been a part of the IL movement.

Always.

From day one.

Keeping people out.

From Ed Roberts and the group back in the early '70s, they were keeping people out of nursing homes, they were doing diversion.

They were providing services with the first center for independent living in Berkeley to keep people out.

Right.

I'm seeing people nodding their heads, thank you.

The purpose of this chapter is to promote a philosophy of independent living, include a philosophy of consumer control of course, peer support, self-help, self-determination and equal access, system and individual advocacy so that we can maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the full integration and inclusion of people with disabilities into the main stream of American society.

That in this room is a no-brainer, right?

It's what we live and breathe and understand in our hearts when we carry out our work.

Keeping people in the community, again, is not the goal as more explicitly stated in the law, and as part of the definition.

As I say, people, we've been doing this already.

You've been doing it for whether it's one year with your center or 30 years, like I have.

We've been doing it for a long time.

And so it's just putting a new word on it.

And for me personally, again, my personality, I'm not a regs reader and a regs geek reader like Bruce and Paula are.

But God bless them, because we need them.

I need them.

I need to rely on them.

But my part is, you know, it's just what we do.

And that's not of question.

Most people with significant disabilities like Bruce said, prefer to live in their own home as part of the community.

Quick example, that one of my staff a few years ago was working with, or had met a woman who newly injured, was in a nursing home for a, you know those short time stays after rehab.

About seven or eight years later, she was still short-term staying at the nursing home.

She had two young daughters, but from her spinal cord injury, she went from rehab to nursing home.

The two young daughters were living with Grandma.

Now, when staff came in from our center and said, would you like to live out in the community?

Folks, we could have been talking about life on the moon.

Eclipse and all, because she had no idea what that looked like, what that felt like.

It was just beyond her imagination.

She had been in a nursing home for seven years.

After rehab.

After the accident.

So to think about her own place?

Not even in the cards.

Well, staff person, we lost him a couple years ago, but double amputee from diabetes, Native American, I mean, he was zipping around the hallways of the nursing home all the time, right, and some of the nursing home staff are thinking, what room does Fernando reside in?

And he's zipping around, helping people out.

He's like, no, I don't have a room here, I'm just helping people get out.

And so he would meet with this woman and talk about, you know, how would you like to live on your own?

And we've got a lot of things happening here, possibilities for you.

All of a sudden he said, you could start to see the light bulb start to flicker a little bit.

He went back to visit again, and hooked her up with a peer mentor and the light bulb started getting brighter and brighter in her mind and more vision of what was possible.

Finally she moved out into her own place, her daughters living with her.

She went back to the community college to go to school, and she's doing life like anybody else.

We need to keep people out of nursing homes so they don't have those seven year, short-term transitions, but we're keeping them out and diverting them out from the nursing home.

So they would much prefer to live there, but again, all of her decision making had been made for her.

What time you're getting up, what you're eating, what you're wearing today, $30 a month, don't spend it all in one place.

You know.

Yeah.

So where would you rather be?

You'd like to be out in the community.

And keeping people home in the community is generally cheaper and easier than going in and out of an institution.

I think folks can probably update my numbers, but I last remembered hearing that home and community based services saves about, what, $20,000 a year?

Bruce do you have numbers?

Twenty?

BRUCE DARLING: That sounds like a good number.

It varies from place to place.

DARREL CHRISTENSON: So lets just use, for simple math here, let's say home and community based services, $20,000 less per person per year.

Now, let me do this.

I'm a tax payer, if I can save $20,000 a year in taxpayer money, what grantor or funding source wouldn't get into that piece?

Even if you helped six people out a year, one every other month, you're saving $120,000 in taxpayer money.

And if you fund, say, a full-time staff person, cost, full-time staff, ERE, benefits, 120,000, you're coming out dollars ahead.

On all levels, taxpayer, service providers, Medicaid system, all of it.

Right?

So when you can do that, and keep people out and certainly hospitals and such are being rewarded for not having recidivism going in and out, that's our job, it's our job to keep people out.

And we do that through information and referral.

Right?

I mean, information is power.

That's what we've said, you know, since grade school.

The advocacy.

Teach people to advocate for their own rights and let them know and educate them that their rights are important and valid.

Right?

Because many times they don't think.

Well, it's just little old me, I don't want to rock the boat.

But the advocacy piece, say my rights and my ideas are important.

I want to get out of here.

The peer mentoring, come on, talking to the choir here.

Right?

I'm preaching.

But it's the peer mentoring.

I mean, if Fernando as a double amputee can zip around the nursing home and influence other people in there to get out, that peer mentoring is powerful, and the independent living skills training, same thing.

Now, you all are doing those services.

The outcome is diversion.

Right?

Kind of a different paradigm shift, and a different way of looking at it.

But that, give yourself credit, because you're doing it.

You're already achieving these.

Through these programs, okay?

So while some of you may have come into this training today thinking, oh, my gosh, more requirements, unfunded mandates, I have to do more work with less money.

Not necessarily.

Now, can additional funding help in giving you more staff to do more work, to get more people out?

Certainly.

For us in Phoenix, at one point we had two full-time reintegration coordinators.

And a large part of that came through our United Way.

That money dried up and zeroed out.

We're now down to a half time position to serve the metropolitan area of 4 million people.

Phoenix being the fourth largest city in the country.

Okay?

So we're still doing it.

And we're doing it with diversion through the other services, but could additional funding help to get more people out?

Certainly.

We'll talk later, I believe, but the number one reason, regardless of community, why it's so difficult to transition people out, back into the community is the lack of accessible, affordable housing.

I don't care what community you're in.

If you can get accessible, affordable housing, everybody in this room, all 60 or 70 of us could probably triple or quadruple our numbers in transition, getting people out.

And with the administration budget either zeroing it out, that's what 45 wants, or, you know, settling for modest cuts, they are still cuts in housing.

The waiting list availability, it's not there.

Whether it's in second place Rochester, New York or first place Rochester, Minnesota, it's across the board.

Sorry, Bruce, just got a smile.

It really doesn't matter what state you're in, what community you're in, housing I would argue is the number one reason.

So therefore, that's another part of our advocacy.

So you're doing it, you're doing it, you're doing it.

And the end result is diversion is an outcome of providing a wide range of services to consumers living in the community.

Another piece that we happen to have is home modification.

When we can use federal dollars through Community Development Block Grants or through the Arizona long-term or Medicaid dollars, we can use those funds to actually do home mods, and that keeps people out of nursing homes too.

One quick story I will leave you with in this segment is for the home mod piece, we have folks that are in the Phoenix area that do not have accessible bathrooms, so they go out to the backyard and use a garden hose to shower.

Now, in this country, in this great nation of ours, it's not making America great again.

This great country that we currently live in has people, our own citizens using a garden hose in the backyard to shower?

We're too rich a nation to be having that happen.

So part of what we can do then is provide an accessible shower so people can bathe with dignity at home, where they want to be, to less expense to the community.

It's a win-win deal on all levels.

That's what we can do.

That's what some of you are already doing.

I guess I got an extra slide there.

A couple more, okay.

So who is actually being diverted?

What still needs further definition and clarification is who is actually at risk of institutionalization.

How might a center go about assisting someone to self-identify as stated in the regs.

And this is what Paula mentioned earlier.

A determination of who is at risk of entering an institution should include self-identification by the person as part of the intake or goal setting process.

Again, as mentioned, they are not going to self-identify, but if you ask the right questions, as Bruce and Paula have said, you get to the crux of it.