We create opportunities for independence for people with disabilities through research, education, and consultation.
Doin’ the Diversion Dance from Rehab to Community: One Center’s Approach to Early Intervention in Rehab Facilities

Presenters:
Darrel Christenson
Don Price

Date:
September 29, 2016
What You Will Learn

• How CILs can use the new 5th core service of transition and diversion to assist patients in rehabilitation facilities to re-locate to the setting of their choice.

• Best practices in setting up, funding, and implementing a successful outreach program to people in rehab facilities.

• Strategies to develop relationships and regional linkages that connect rehab patients to CILs and other resources.

• Helpful online tools and resources available to consumers to assist them after they return home post-rehab.
Early Intervention Program at Ability360

- The Early Intervention program began as a response to an identified community need nearly 17 years ago.
Early Intervention Program at Ability360, cont’d.

- The program provides outreach to individuals in the rehabilitation hospitals who are newly disabled.
  - Sixty (60%) percent of the unduplicated newly disabled individuals, contacted in the program, have had a spinal cord injury (SCI) and/or traumatic brain injury (TBI).
- Visits to rehabilitation facilities are regularly scheduled to meet with individuals and their families shortly after a catastrophic trauma resulting in a profound disability.
Service Area and Demographics

• Service Area:
  • The program is integrated with the services at medical rehabilitation facilities throughout Maricopa County/Phoenix metropolitan area.

• Demographics:
  • 70% males / 30% females
  • 49% between ages 31-54
  • 71% white, 15% Hispanic, 8% Native-American = representative of the population
  • 75% earning less than $10,000 (injured, not working)

• Valley-Wide
The Problem Being Addressed

• A stroke, an automobile accident, a drive-by shooting, whatever the cause, becoming disabled 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 the community. No one is ever expecting a disability or is prepared to deal with it.
Medical professionals do a great job at putting bodies back together. However, the things needed for the psychosocial adjustment to disability are not necessarily available through medical professionals or insurance companies.
According to the National Council on Disability…

• The unemployment rate for persons with disabilities is nearly 70%
• The suicide rate for persons with a spinal cord injury is significantly higher than for persons without a disability.

The result — many newly disabled individuals 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.
Questions & Answers
Early Intervention Program’s Purpose, Measurable Goals, and Objectives

• Ability360’s program...
  • Introduces individuals to the Independent Living Philosophy of self-determination,
  • Provides peer support, and
  • Presents an overview of strategies, resources, and services needed for living with a disability.
Early Intervention Program’s Purpose, Measurable Goals, and Objectives, cont’d.

• Ability360’s program. . .
  • Provides information and peer support that increases the likelihood that consumers will adapt to their disability and be diverted from institutional setting back into the community.
  • Shows through self reporting that education of resources gives knowledge and self-empowerment.
  • Integrates all of our services and addresses the whole person, avoiding institutionalization.
Program Objectives

**OBJECTIVE 1:**
- In collaboration with local rehabilitation facilities and extended care centers conduct outreach meetings/site visits.

**OBJECTIVE 2:**
- Introduce Independent Living Philosophy to newly disabled individuals.
Program Objectives, cont’d.

**OBJECTIVE 3:**
- Facilitate peer mentor matches.

**OBJECTIVE 4:**
- Assist Ability360 Volunteer Coordinator to recruit, train, and oversee new peer mentors.
Program Objectives, cont’d. 2

**OBJECTIVE 5:**
• Conduct follow-up surveys post discharge to assess and evaluate adaptation and community integration, and re-intervene where appropriate.

**OBJECTIVE 6:**
• Distribute copies of Ability360’s Disability Survival Guide.*

OBJECTIVE 7:

- Participate in civic commission, committee, council, or other related community-oriented organization meetings that focus on disability issues.
Building the Program

• Establish relationship with rehab centers, case managers, occupational and physical therapists, and rehab directors.

• Offer to do "in services" to educate their staff on ILC services. If you have local colleges offering degrees related to rehabilitation, offer to instruct a class.

• Have a presence at conferences, summits, health fairs, etc. Be as visible as possible.

• If possible, have your brochures available to the patients in the rehab.
Tools

• The program coordinator is the first tool: a person with a disability has instant credibility.
• The CIL's programs are the next important tool, especially peer mentors, IL skills, and I&R.
• Other tools include: program brochures, newsletters, and disability survival guides. Consumers are bombarded with information. We give them a folder to keep brochures organized.
Questions & Answers
Interactions

• Referrals can be made by family members, rehab staff, case managers, or the consumer themselves.
• Never make a visit without the consumer’s knowledge and consent. Most visits are made in the afternoon, post-therapies.
• Often it is a family member or members who have the most questions.
• It is important for the Coordinator to stay on top of resources and be knowledgeable about services.
Interactions, cont’d.

• When possible, collect contact information from the consumer for follow up in the future.
• It’s important to understand and recognize the stages of grieving.
• Patients are often tired, medicated, and emotionally drained. Be sensitive to their fatigue (aware of non-verbal cues.)
Measuring Outcomes

- Knowledge of consumers to be involved in their rehab planning and therapy programs.
- Encouragement to be actively involved in focusing on their futures.
- Tracking individuals returning to a residential setting.
- Observing proactive self-advocacy skills.
Methods to Gather and Collate Measurable Results

• Regularly scheduled visits to rehab units to meet with rehab staff for referrals to newly disabled individuals and their families.
• One-to-one meetings with newly disabled individuals and their families; often weekly visits while they are in rehab.
Methods to Gather and Collate Measurable Results, cont’d.

- 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 an important adjunct.
- Facilitating focused discussions on particular aspects of Independent Living Philosophy in support group meetings.
- Conducting follow-up surveys at regular intervals.
The Program Uses a Three-Pronged Collaborative Partner Approach

1. The program is completely integrated with Ability360’s other independent living programs.

2. The program collaborates with medical rehabilitation facilities. These relationships are mutually beneficial as staff refer individuals to Ability360.

3. The program collaborates with other disability-related and community organizations.

Diversion from institutions to the community is always the bottom line goal.
Case Example – Steve

- Steve met Coordinator in rehab after he experienced a stroke.
- Coordinator shared community resources and information.
- Steve started mentoring others in rehab and became involved in Ability360 services such as:
  - Living Well with a Disability
  - Peer Mentoring
  - Men’s Support Group
  - Sports & Fitness Center
  - IL Classes
Case Example – Steve, cont’d.

• Steve is currently pursuing a small business of creating an accessible kitchen with cooking classes for persons with disabilities.
Things to Consider

• Funding
  • Early years the program was funded by Valley of the Sun United Way.
  • Currently, program revenue comes from discretionary and unrestricted dollars from the Home Care Program.

• Staffing needed.
• Existence of rehab facilities in your service area.
• Rehab reluctance (confidentiality/HIPPA/liability issues).
Most Common Concerns of Consumers

- Housing
- Quality of life
- Sexuality/Relationships
- Daily Functionality Questions
Most Common Concerns of Consumers, cont’d.

• The Coordinator should be positive and living proof that there is life after disability. However, it is important to be honest and realistic—no cheerleader mode.

• People are comforted in knowing they are not alone, that there is a community out there available to support them.

• Technology helps reduce, but not eliminate, the isolation of rural populations.
Bottom Line

We want to give consumers and their families tools they can use after rehab to avoid becoming depressed, “lost” and isolated. Prevent the downward spiral of depression, drug-use, and isolation.
Final Questions & Answers and Evaluation

Any final questions?

Please click the link below to complete the evaluation survey:

CIL-NET Attribution

Support for development of this training was provided by the Department of Health and Human Services, Administration for Community Living under grant number 90TT0001-02-00. No official endorsement of the Department of Health and Human Services should be inferred. Permission is granted for duplication of any portion of this PowerPoint presentation, providing that the following credit is given to the project: Developed as part of the CIL-NET, a project of ILRU/ NCIIL/ APRL National Training and Technical Assistance Program.