BHD RFI Q&A Session

Community-Based Long-Term Care Options

January 21, 2014

<u>Questions asked during the Q&A Session:</u>

1. Is there a goal date that for the movement of clients and/or the closure of Rehab Central?

By July of 2014, the goal is to have a total of 24 clients discharged, which includes clients of both the Community Services Branch and Family Care. The population of the unit will continue to decrease from that point on with a final closure date of Rehab Central at the end of calendar year 2015. The Community Services Branch is responsible for relocating a total of approximately 25 clients.

2. It's difficult as an agency provider, to give specifics about what services can be provided to clients without knowing the specifics of what the clients' needs are, but you are asking that we provide a general array of services that our agency can provide?

Yes. We are looking for services in the 2 specific areas of community housing, and supportive services, and we are looking to expand and enhance our current array of services. In the proposal, agencies should discuss the services that they are capable of providing based on their knowledge of the clientele that we BHD currently serves.

3. The document that was created by the doctor on the unit contains information that pertains to the specific needs of each of the clients who are currently on the unit. This document, once it is slightly altered in order to ensure privacy of clients, can be posted to the website to help give people an idea as to what type of needs the clients have.

An example of one client currently placed in Rehab Central: fluid intake management, elopement management, individually guided activities including walks and physical activities, occupational therapy including assessments, access to music in a setting where it can be played at a loud volume, individual room, access to socialization activities, individual supervision to address intrusive behavior, location near mother if possible, and 24 hour staff.

4. It will be helpful to know how many individuals will require an independent living situation, or individual rooms, or whether or not certain individuals should be placed together so that the most appropriate living situation can be identified.

Smaller options seem to be more palatable for clients, so we are looking for responses that can accommodate that along with agencies that are able to offer a wider array of services to accommodate the multiple needs of the clients currently on the unit.

5. It may also be beneficial to group individuals together based on need so that if clients with similar, or matching, needs can be placed together, or considered for placement together.

We have considered that, and have done that in the past. It can help increase the level of comfort for the individual when they are able to move with someone, and help ensure success in the community. Many individuals who currently reside in Rehab Central have been there for very long periods of time and are anxious about moving to a new facility.

6. In the future when you are looking for providers of services through CRS/CCS are you looking to utilize those providers who are outside of the system, or those who are already a part of the system?

Most likely, it will be a mixture of both, in particular once these services are offered to clients currently enrolled in TCM services, there may be more opportunity for services to be provided by those outside of the system. TCM providers may have a desire to handle many of these services on their own.

7. In order to access CRS will clients need to be in the case management system, or will clients just be able to access CRS independently?

Currently, at a minimum, clients will need to be enrolled in a Care Coordination program in order to be enrolled in CRS. This is to help clients navigate the process. Then, as they progress, that Care Coordinator will progress with them, and will make adjustments accordingly. In CCS, Care Coordination is an absolute requirement, but CCS is its own level of care. One of the things we're going to need is a robust Care Coordination component, that acts in an advocacy role, and helps connect that person to its community. The use of peers as providers is a very important component of both of these programs, and in the service array overall in Community Services.

8. When (this agency) worked with clients in the past who exhibited challenging behavioral issues, there were, in rare circumstances, behavior management plans that were agreed upon by the state which did minimize the client's rights under specific circumstances, and did allow the ability of the provider to utilize hand-on redirection when required per the plan.

This is a very specific and very limited resource which is granted by the state for brief periods of time, and only for one individual at a time while placed at a certain facility. Due to the fact that this denies an individual of their basic rights, it is utilized in extremely rare situations, and it can ONLY be authorized by the state. Dan Zimmerman with the State of WI is a good contact for this issue. Essentially, it will come down to what each individual needs.

9. Is it possible to start working with individually with clients out in the community as a "step-down" prior to placement?

Yes, that has worked well with individuals who are struggling with this transition. Visits with the new provider, including overnight visits, have occurred, and will be considered on a case by case basis in the future. Relocation plans do address the Crisis Response Plans to help ensure that discharge and relocations are smooth.

10. Is there a potential to have a Crisis Resource Bed available specifically for this population?

This hasn't been discussed, but it is a possibility, and could be considered. 40 additional placement slots are available in CSP, and CCS mid-2014 may further increase this capacity.

11. What is the motivation of individuals for discharge?

Some individuals are highly motivated to leave and some are anxious and cannot envision themselves in a different living situation. The longest amount of time that an individual has been in Rehab Central is 20 years. The average amount of time in this setting is 8 years.

Questions Submitted electronically:

1. Have clients been selected to live together, or will clients be selected by providers?

This will be a collaborative process, and every relocation plan is unique, and will involve all supports in the client's life in addition to input from the provider. All relocation plans must be approved by the state.

2. Are you looking for 1-2 bedroom programs, AFH (3-4 bedroom homes) licensed by the State of WI, or 5+ bedroom CBRF's licensed by the state of WI?

All of the above

3. Are all of the clients solely mental health or dual mental health/DD?

All clients have a diagnosis of mental health, none have a diagnosis of development disabilities, and many are co-occurring mental health/AODA.

4. What are the age ranges of the clients?

The clients range in age from 29 to 63, with the majority of individuals in their 50's.

5. Have you identified a range for daily rates?

Some rates for CBRFs and AFHs are established either with the state or within our fee for service network, however the payment rates will ultimately depend on what the individual needs.

6. Has a recommendation for level of support for each client been made? For example: 24 hour awake supervision; 1:1 supervision, sleep staff during night hours, male staff required, etc.

Some recommendations have been made, and this information can be published to the website, however plans will be individualized based on the unique complexities of the client and the situation.

7. Elopement management – would we need special locks or monitors for this?

This will vary. Some might need to be accompanied if they leave for a walk. Some residents would be safe with an alarmed door. Others have a history of using physical force or aggression to elope. Current statistics indicate that 63% of the clients on Rehab Central will need at a minimum a door alarm on the facility, and 42% would need modifications for security or safety.

8. Will locked time out rooms be needed in the community settings?

Rehab Central does not use locked time out rooms. This would constitute the use of seclusion, which is not allowed in nursing homes. Rehab Central has the lowest rate of restraint usage of the BHS programs. Nonetheless, approximately two-thirds of the above mentioned 25 have used restraints during their stay in Rehab Central.

9. Is an RN required to do substance abuse, prevention, early intervention, relapse prevention?

It is not required per statute, but some individuals may benefit from this.

10. What is the psychiatric management plan? Would the county continue to manage this or are you looking for providers to establish this in the community?

The county would not continue to manage this. We are looking for community agencies to partner with.

11. Are all of the identified individuals members of Milwaukee County or are there individuals from Managed Care Organizations.

For the purposes of this RFI, they are not connected to Family Care.