

PROPOSAL FOR A RESIDENTIAL PROGRAM
INTERMEDIATE CARE -- RESIDENTIAL
February 17, 1993

UNIT DESCRIPTION AND PURPOSE

This unit will provide a long-term residential placement for severely mentally disabled individuals. It will provide a level of nursing care and supervision that falls between that of ICF-Subacute and community "IMD" (Institutions For the Mentally Disabled) and where the total cost per client-day is substantially lower than the current average rate for ICF-Subacute or Acute Psychiatric beds in state hospitals. Camarillo State Hospital/DC is a protected community and residents are afforded greater freedom of movement and access to a variety of services that are not available to placements in the community. The spacious park-like rural campus and extensive ancillary services provide the patient with an enhanced quality of life.

POPULATION TO BE SERVED

The population is that which is traditionally "hard to place"; those who have achieved maximum benefit from or do not require sub-acute care but need a more "structured" setting than is readily available in the community. Some of these clients remain in state hospitals on sub-acute units and some reside in locked IMD-type community facilities. These clients are ambulatory, over 23 years of age, have LPS status, need to live in a supervised, protective setting, require supervision in medication compliance, need direction but not direct assistance in performing activities of daily living and are free of health care problems requiring any significant degree of nursing care (maximum nursing acuity level of 2). See attached "Admission Criteria".

QUALITY OF LIFE

Among the features and services we provide that enhance the patient's quality of life:

Comprehensive spiritual services including full-time Catholic, Jewish and Protestant chaplains.

Patient's rights advocacy.

A canteen that is open 7 days a week and includes a soda fountain and mini-mart.

A "free" laundromat where residents are able to wash items of personal clothing if they do not wish to use the commercial laundry service provided by the facility.

A clothing center where residents can purchase fashionable, reasonably priced (due to the state's mass purchasing power) shoes and clothing.

A bowling alley, swimming pool, gymnasium and library.

Full client benefits and trust services including on-site banking.

On site beauty and barber shops.

Daily bus service to the community for supervised or unsupervised shopping and activities.

SAFETY AND QUALITY OF CARE

A safe environment and high quality of care are provided by an on-site 24 hour physician (MOD) and registered nurse (CNS) coverage as well as an on-site fire department with ambulance and E.M.T. service and an on site police department with officers sensitive to the needs of and trained in dealing with persons with mental and developmental disabilities.

Licensed nursing staff are immediately available from adjacent units to assist in case of an emergency (assaultive incident, attempted self-injury, etc.).

On-site general acute care hospital unit with all related services (surgery, laboratory, radiology, etc.) is also available.

On-site acute psychiatric units are available for emergency transfer of a client who becomes acutely disturbed, suicidal or assaultive. (This alone results in a savings of at least \$2,000 in admission costs per episode since such a transfer would constitute a change in level-of-care rather than a discharge from one facility and admission to another).

Staffing of the residential unit will provide for a minimum of 1.1 nursing hours per client day and will be staffed by registered nurses, psychiatric technicians, psychiatric technician assistants, social worker and rehabilitation therapist.

Each client will be offered a minimum of 10 hours of planned scheduled activities and/or industrial therapy weekly including social and rehabilitative services. Health services and medication monitoring will be provided by a full time Registered Nurse and a part time (.5) physician. Dietary, dental, pharmacy and related services will be provided on an "as needed" basis. A goal for the next fiscal year will be to find a method for billing for ancillary

services to reduce costs for the counties.
The estimated cost per day for this alternative would be approximately \$*** per day (based on current salary and fixed overhead rates) plus ancillary costs.

*** Cost to be determined by DMH.

TREATMENT MODALITIES

Each patient on this unit will be offered at least two hours per day of scheduled activities/treatment. Most of them are held in the Program 2 day treatment activity center, "Achievement Center."

The Program 2 achievement center staff offer groups in:

1. Recreation, music, dance and vocational activities including: Leisure Skills, Communication/Social Skills, Reality Orientation, Alternatives to Assaultive Behavior, Medication Management, Arts & Crafts, Current Events, and Creative Arts.
2. Language Communication and Basic Education, including GED.
3. Pre-Vocational Skills.
4. Independent Living Skills.
5. Clinical Chaplain Counseling.
 - Video Bible
 - Pastoral Counseling
6. Self-help groups available:
 - Alcoholics Anonymous
 - Narcotics Anonymous
 - Other Groups

As stated previously, much of the day will be spent in treatment activities, vocational programs or assignments and free time to utilize the many resources available at this facility. The Achievement Center provides a socialization area and a game room with weights, gym equipment, pool table, ping pong table, stereo, etc. for use during the day, in the evenings and on weekends. Also available is a pre-vocational and vocational skill development center equipped with jigs, woodworking equipment, etc. Independent living skills training room is equipped with supplies and equipment for hygiene and grooming, cooking and nutrition activities and home management skills training, including medication management.

Educational services, both basic education and adult education classes are available including preparation for the GED.

Also available are a kitchen, kiln and ceramics area, piano and other musical instruments, a large screen television, a stereo and a variety of recreational equipment for arts and crafts, sports, and games. The most recent addition to the Vocational Services Program is a group learning yard maintenance skills through paid supervised upkeep of courtyard areas.

Other treatment modalities include industrial therapy that is provided by staff outside the program upon referral by program staff.

DISCHARGE CRITERIA

Discharge planning begins upon admission to the program. However for some clients the county mental health department has determined that this unit should be a long term placement.

Under the following conditions clients will be discharged:

1. Clients who have achieved maximum benefit and who meet the admission criteria of an alternative living center.
2. Clients who have achieved maximum benefit and for whom an acceptable arrangement can be made with a conservator and/or family member.
3. Clients who are released by court regardless of their clinical condition.
4. Clients whose LPS conservators chose to place them in a different setting.
5. Counties have found another placement.

Treatment teams utilize clinical judgement and criteria indicated on the master treatment plan to determine when a client is clinically ready for discharge and for this unit county social workers and placement officers will have a great degree of input. Clients who leave the program and return to the community are referred to appropriate agencies in the community for aftercare services provided by the county of origin. Sufficient information is provided to these agencies so that a smooth transition and follow-up care can be provided. The continuing care plan and discharge summary will be developed in conjunction with the case managers assigned to monitor the clients placed on this residential unit.

STAFF

See attached page for staffing allocation.

**ADMISSION CRITERIA
ICF RESIDENTIAL UNIT**

1. Patient is at least 23 years old.
2. Patient has a DSMIII-R diagnosis.
3. Patient has an LPS status.
4. Patient has been unsuccessful in or rejected for admission to other facilities and/or this level-of-care is the most appropriate for the patient.
5. Patient has maintained a nursing acuity level of 2 or less for a minimum of thirty days prior to referral. (This indicates the patient can perform self-care tasks of dressing, grooming, dining, toileting and bathing with prompts from staff. The patient must be able to translocate independently and be free of medical conditions and behavioral problems that require a significant level of nursing intervention.)

- Does not require daily vital signs
- Does not require treatment for pressure sores
- If diabetic, condition is stabilized, (does not require other than routine blood glucose levels) and patient is compliant with dietary requirements.
- Does not require assistance with feeding self.
- If patient uses prosthetic or adaptive devices or equipment, must do so with an absolute minimum of nursing assistance.

Based on frequency, degree and content the following behaviors will be evaluated individually and may be used as a reason for excluding someone from the program:

- Assault - for three months prior to referral
- Continence - Urinary
- Suicidal and/or Self-Injurious Behavior
- Fire Setting Behavior - for six months prior to referral
- Communicable Diseases

6. History and physical examination and all other relevant examinations to be completed within a time frame consistent with ICF requirements prior to admission (if patient does not have required assessments on admission, initial admission will have to be to an acute psychiatric unit for completion of required assessments.)
7. If patient requires higher level of care/supervision, facility will have authority to initiate temporary change in level-of-care with immediate notification of county. County will be responsible for increased rate or may arrange to transfer the individual to another facility or different level-of-care within 48 hours.