***Reference #:N1-11-21-19***

***Community Care, Inc. is seeking interested providers to work with Community Care, Inc. to create a supportive environment and meaningful life experiences for individuals. If your agency has interest in learning more about the following member and conduct an assessment please send an interest email to*** [***contractinquiries@communitycareinc.org***](mailto:contractinquiries@communitycareinc.org)

If you are not already a contracted provider, you will need to ensure you can meet all our requirements prior to contract consideration. Please refer to the “Join-our-Network” section on our website [***http://www.communitycareinc.org/for-providers/join-our-network***](http://www.communitycareinc.org/for-providers/join-our-network)

**Member Profile:**

Member is a 34 y/o white, female, single FC member who has been living at an Adult Family Home as the single resident with 2:1 staffing. She has a legal corporate guardian and is under a protective placement order. Member was adopted and has limited contact with adoptive mother; adoptive father has died. She has experienced multiple placements including Trempealeau County, Abilities, Tellurian, WMHI and Northern Wisconsin Center. She has been charged with multiple felonies, has been in jail, and order by the court to be treated to competency in the past. She was sentenced to 5 years at WMHI in 2012. Over the past few months has had a significant escalation in challenging behavior. She is currently at WMHI, medications have been adjusted and she is ready for discharge. Previous safety measures have included a staff retreat room, mag locks and CPI holds in the community. Given that she becomes more aggressive if she senses fear and has “stalked” staff in the retreat room especially around shift change time when she was aware that staff would need to exit, this intervention may not be a helpful option.

She has been diagnosed with Borderline Personality disorder, Bipolar Disorder with psychotic features, Disruptive Mood Dysregulation, Neurocognitive Developmental with Borderline Intellectual Functioning, Insulin Dependent Diabetes Mellitus – juvenile type, Hyperlipidemia, Hypothyroidism, Genital Herpes, History of Anorexia/Bulimia.

Member values autonomy and wants to be in control but is dependent on others and fears abandonment. She is able to ask for help but fights limits set by staff. She demonstrates insight: she will ask to leave situations that are uncomfortable; asks for PRNs; she knows when her blood sugar is too high or too low. Member can be cheerful and positive but changes quickly; is fine one second then not.

Member will make attempts to hug new contacts and has used ‘hugging’ to attack staff in the past. For this reason, others should avoid physical contact with her, other than handshakes, high-fives, or fist-bumps. Staff should also be mindful of professional boundaries with member and reveal as little personal information as possible to her. She will manipulate personal information obtained about staff to create power-struggles and make verbal threats about staff family members. Member reacts positively to verbal praise and being told others are proud of her for the healthy/safe/positive decisions she makes. She will show curiosity for new situations but can get ‘bored’ easily. No pets should be brought into the facility as she has a history of animal abuse.

**A Meaningful Day for member would include:**

Initially member may present as a silly or juvenile and sociable individual who enjoys listening to music, watching horror movies, other television shows (Law and Order is a favorite), painting her nails, doing her make up and hair, journaling (may get up during night to do this), shopping (as long as she has money), going out to eat, calling friends/family on the telephone, going for supervised walks, jewelry making, scrapbooking, and seeking out staff to socialize.

Member enjoys going out into the community and seems to do better when she has activities and structure to her day. She enjoys looking at the pet store, going for walks, calling friends and family and going out to eat. When at home, she likes to do arts and crafts including jewelry making and scrapbooking (Member needs to have safety scissors only and be monitored with sharp objects).

**Environmental Modifications/Requirements**

Member has history of property destruction and using items as weapons. The environment can not have exposed glass, lighting needs to be recessed. Windows need to be plexiglass. She has peeled off veneer from shelves and used wood shards to try to hurt herself. She has peeled off molding exposing nails and used this to threaten staff. She has peeled metal stripping from AC vent to use to threaten staff. She has broken a bathroom mirror and used shards to cut her self.

**Additional needs:**

The following rights limitations have been in place

* Magnetic Locking System to restrict egress
* Limit access to personal possessions (scissors, craft supplies)
* Restrict access to food/kitchen areas
* Telephone Use

**Member has the following behavioral challenges:**

Physical Aggression: Member has head-butted a staff in the forehead when upset. She has also kicked, bit, scratched, slapped, punched, cut, pulled hair, scratched, jumped on staff’s back and pushed staff. She has stabbed others with her insulin needles. Most of her physical aggression is to authority figures, and she is more than willing to assault staff. She was able to get around the separation in a van and hit the driver necessitating the van stop in mid traffic.   
Self Injurious Behaviors: Member once took an electrical cord from the back of her TV and put it around her neck in an effort to choke herself. She hid scissors under her bed and attempted to make cuts with them on her arms. She has broken CD’s/CD cases and used the object to scratch herself. Member has tried to use safety scissors to cut her neck. She has refused to eat food to manipulate her blood sugars. She has told staff that ‘Zoltar’ tells her to harm/kill herself. She has a history of biting her hand and pick at scabs when agitated. She has taken objects (ex. bobby pins) to scratch her wrists. She has attempted to stab herself with a fork while eating. She has threatened to ingest batteries and cleaning solutions. She broke a mirror put the shards in her bed and laid down in them.   
  
Verbally Aggression: Member has threaten to kill staff and others. She will swear and call staff names. She has made accusations that staff inappropriately/sexually touched her (proven false).   
  
Property Destruction: Member has broken windows, her television, cd’s and punched holes in the walls. She has tried to flood the bathroom.

She is a risk for elopement.

**Member has the following medical concerns\*:**

Member is brittle diabetic requiring testing at least 4 times per day and sliding scale insulin administration. She understand the basic relationship between food and insulin and has used this knowledge to gain trip to ER for either hypoglycemia or hyperglycemia.