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 with to conduct an assessment please send an interest email to 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***

Member Profile:

The member described in the following profile has a complex and compelling history. Prior to the onset of Schizoaffective Disorder, this member was a track star with higher than average intellectual abilities. Unfortunately, his mental illness and the ongoing presence of command type hallucinations has created a multitude of losses in the areas of cognition and independence. While there has been decline over the years due to Schizoaffective Disorder and later, TBI there are still glimpses from time to time of this member's personality and character.

The member is a 65- year old man that has been residing at an IMD under a forensic treatment order for almost 20 years. Brief periods in the community resulted in medication non-compliance and risky behaviors. Prior to April 2022, the member had been serving a sentence for setting fire to a building using a complex incendiary device. Currently, he is being served in a geriatric psych unit under a Civil Commitment and ongoing medication stipulation order.

Multiple areas of progress have been noted over the years while member has been placed at IMD. The member's engagement in physical aggression has not occurred in the recent past and he has been responsive to redirection. He has shown the ability to connect with others and he has become a valued resident at the IMD. He has exhibited the ability to build meaningful relationships with staff.

The member is noted to exhibit periods of lucid engagement and has a sense of humor. He enjoys drawing and listening to Michael Jackson and Motown music. The member is able to converse with others during periods psychosis is controlled. The member may need some prompting to initiate conversation and needs some time to allow for processing. He would benefit from physical activity such as walking or jogging. He is naturally curious resulting exploring his environment. On a good day, he is able to assist with some of his cares and has a good sleep and hygiene schedule.

Over time, the member has improved his medication compliance. Specific staff techniques that involve switching out staff, re approaching and using graduated guidance to support his position have been helpful. However, refusals do still occur and require an injectable PRN.

Racine County is actively involved and willing to act as a support related to mental health treatment, Crisis Plan and ongoing legal orders. All involved are dedicated to making a community placement successful for member and providing him a chance for a less restrictive environment after many years of institutional care. In addition, this member has a supportive sister/guardian to help ensure his happiness, health and safety.

Target Group: Frail Elder, IDD per state definition, and Severe and Persistent Mental Illness
Diagnosis: TBI due to a fall in 1991, Schizoaffective Disorder- Bipolar Type, non-insulin dependent type 2 diabetes, Central Hypothyroidism and Hypogonadism, Dysphagia with aspiration risk, Dyslipidemia, Right Lower Lobe Pulmonary Embolism, GERD with regurgitation, Chronic Kidney Disease and Empty Sella Syndrome with Pan hypopituitarism.

A Meaningful Day for member would include:

It is important to encourage the member to leave his room and engage in activities. He enjoys walking, drawing, and dancing to Motown music. The member needs some encouragement to attempt new activities, but will often be willing to try when he is having a good day. The member varies between periods of an almost catatonic state, which involves little

engagement or movement, to being very active .This includes actions such as pacing, exploring the environment, running or jumping. Finding the right balance while maintaining structure and building trust will provide him opportunities for a meaningful life and another chance at community living.

Environmental Modifications/Requirements
Location Considerations
Setting Considerations

Due to elopement risks this member must have a home with mag locks engaged at all times (this is a rights limitation, not restrictive measure). The member must also have 2:1 staffing and a RN or LPN on call at all medication times (8am, 12pm, 4pm, and 8pm) to give an injection of Lorazepam within 1 hour of medication time if member refuses oral medications. This is necessary to prevent severe and dangerous negative health impacts including Catatonia and withdrawal from Lorazepam, which could cause seizures.

Staff must be physically able to follow member if elopement occurs. Environmental accommodations that must be in place include windows that are covered with an unbreakable product such as Lexon, minimal furniture and breakable objects, and no access to sharps, fire starting objects or cleaning products. Ultimately, the member requires a sterile environment with furniture that is secure. . An ideal residence would offer enough space for walking or pacing (hallway or open area or fenced yard with a locked gate).

Staff must be trained in Restrictive Measures, as there is some potential these might be needed on an emergency basis during PRN medications. While the member will not need a restraint waiver at time of discharge, there is the potential for this need if the member is physically resistive to injections once in the community. In the current setting the member has not required a physical restraint or hold in recent years. He has required graduated guidance to move from place to place for cares or activities and physical positioning during his RN injections. Once in the community, it is unknown if he would need physical restraints as he adjusts to a new environment. If needed, these would most likely involve a one or to person hold only during the time of the injection.

A Behavior Support Plan (BSP) will need to be developed that includes an elopement plan, a plan for PRN injections, role of the 2:1 staff, role of the RN and a magnetic locking system protocol. A plan for physician appointments outside the residence would include a vehicle protocol and plan for potential elopement in the community.

The location of a proposed setting is open to state of WI as long as the provider can hire and retain appropriate staff to meet member's needs at all times. The member has been residing in a large, institutional setting for about 20 years. It is believed that he would adjust to an 8 bed CBRF or less due to that experience. CCI acknowledges that it is unlikely that a provider will be serving 5-7 other individuals with same level of need and mag lock requirements (however, CCI does not want to rule out a CBRF setting if available). A 1-4 bed AFH setting with residents that have similar environmental needs would appropriate. A supported apartment setting that can be adapted to meet this member's environmental needs could also be considered.

Additional needs:

Member will need a structured routine to be established.
Member has excess saliva that he cannot always clear. He needs cues to spit it or swallow. At the IMD, staff use a gloved finger to scoop out saliva. CCI recommends using an oral swab rather than putting a finger in his mouth.
Member needs cues and hands on assistance for all ADLs.
Member needs a toileting schedule with cues to prevent incontinence, but may still have incontinence.
Member should walk around for a few minutes to increase alertness before he is offered food, drink, or medications.
Member should have supervision when eating, drinking, or taking medications due to risk of choking. He must remain upright for 60 minutes following meals to prevent vomiting.
Member has not had community access in almost 20 years. He has remained in the IMD for the entire length of stay. Therefore, very limited community access (medical appointments only) is recommended for at least six month to assess his ability to be successful in the community and identify and triggers he may display while in the community.

Member has the following behavioral challenges:

Elopement: The member may pace or run the halls frequently and attempts to open doors. It is believed that he would exit and run if doors were not locked and has a goal to leave. Most doors that the member can access lead to other areas of the IMD, but he will attempt to open doors to the outside as well.

Self -Harm; The member engages in head banging and has a helmet that can be worn. As he is able to remove, his helmet on his own this would not be considered a restraint. The member attempts to put his head in the toilet by slowly bending toward the toilet. If not redirected, he will submerge his head. He needs cues and graduated guidance to turn around and sit on the toilet. During times when he is trying to put his head in the toilet, he should not take a bath, as he will dunk his head in the tub because of the voices. He will lightly bang his head on locked doors. The member has a history of cutting and other significant self- harm gestures in distant history. He does not want to harm himself, but has to follow through on instructions from voices.

Other behavior: The member engages in spitting on doors or floors and licking the floor or other objects. He also engages in stacking, climbing, and jumping off furniture. Much of his behavior is dictated by command hallucinations or voices that warn him to avoid certain situations or activities. For example, the member experiences cycles when he believes that food may be poisoned. Staff use reassurance to redirect him and is able to eat. Another example occurred in relation to the boiler room at MMHI. Due to instructional type hallucination, there was a period of time that the member would not walk past the boiler room due to concerns about what was happening in the room.

Physical aggression: The member may violate the personal space of others. He has pushed peers, but has not assaulted anyone. There is no aggression noted in recent history.

Isolates self and refuses cares: This occurs in relation to catatonia.

Member has the following medical concerns:

Member has a high risk of catatonia and withdrawal from Lorazepam involving seizure risks if his medications are not taken on time. He requires a nurse to monitor his medical needs on a regular basis though the nurse does not need to be on site at all times. Member must have a testosterone injection every 2 weeks.

Do you and your staff have what it takes to help member enter the next phase of his life? Are you up to providing a successful second act? Send an interest email and reference Member Profile # 01.06.2022 to ***contractinquiries@communitycareinc.org.***

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We look forward to hearing from you!

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