ONE YEAR LATER

The Year of the Elimination of Unnecessary 1:1

June 21 and June, 28, 2012
Bridgeport and Philadelphia, PA
One Year Ago

- We presented a working definition of ‘Unnecessary’
- We asked for your help
- We challenged stakeholders to return to their teams and determine what was necessary
One Year Ago

We asked for your input in the session evaluations:

- What two things today were most important?
  - Responses:
    - Alternative Models and Tools
    - Analysis of current intensive staffing

- How do you plan to use information discussed today to address the needs of people you support?
  - Responses:
    - Training and discussions with SC’s and teams
    - Agency training
    - Focus on 1:1 staffing
    - Exploring alternatives to 1:1
One Year Ago

- Will you consider (or recommend) developing a policy to address the needs of people you support and intensive staffing?
  - Response: Yes

- How is this initiative relevant to you and the people you support?
  - Responses:
    - Reducing reliance on 1:1 staffing and considering alternatives
    - Relevant to people who already have, are requesting or may need 1:1

- Please identify any training or technical assistance that is needed to move forward with this initiative.
  - Responses:
    - Alternatives/Alternate Models
    - Behavioral Health Supports are needed
    - Supports Coordination and ISP Training

6/18/12
Last year, 250 people attended the 3 sessions

120 people volunteered to work with our 3 workgroups

- Training and Tools
- Alternative Models to Intensive Staffing
- Risk and Liability
What does ‘Unnecessary’ Mean?

- When we provide more than what people really need
- When intensive staffing does not work
- When a person’s needs have changed over time, changing the need for intensive staffing
- When something else could be just as effective or even more effective
What is ‘necessary’?

- When an individual’s medical condition requires constant staff attention to address treatment and/or supervision needs.
- When an individual’s behaviors pose a risk to him/herself or others.
Remember Diane

- Complicated medical conditions; stable health
- Strong self advocate
- Own apartment with 1:1 awake staff
- Family and Friends
- Cost of supports - $220,000
- Considering a roommate
Remember Peter

- Spring 2011 – considering a roommate
- Today – lives with Leroy
- Age related health problems
- Challenging behavior is now history
- Dysphasia is well managed
- Cost savings for the household - $189,000
Remember Danny

- Life situation is the same
- Diagnosed mental illness; takes Clozaril
- Puts others at risk
- 1:1 awake staff
- ISP states – Continue in his own apartment due to history
- Cost of supports - $352,000
Remember Rachel

- Second year in own apartment after years in large ICF/ID
- Chronic, severe mental health issues
- Risk to others including concern for staff safety
- Vacation at the shore
- ISP states – Continue to support independence, she loves her own apartment
- Cost of supports - $195,000
Meet Vanessa – Past

Vanessa moved from Pennhurst to a CLA with two other women in the ’80’s.

- Significant behavioral challenges
- 15 years ago - team decided it would be best for her to live alone.
- Dramatic reduction in her challenges
- Team assumed that she would always live by herself or this was how she wished to live her life
- Provider proposed consolidation in response to their financial circumstance
- Team begins transition planning
Engaged Team Process – Several Months

- Series of pre-move transition visits
- Detailed analysis of Vanessa’s reaction and comfort with change
- Extensive training of all new staff
- The “Book of Vanessa”
- Still has 1:1 staffing during the day in retirement
Meet Vanessa - Present

Vanessa moved to a home that she now shares with two women.
Is 1:1 staffing necessary?

- When an individual’s medical condition requires constant staff attention to address treatment and/or supervision needs
- When an individual’s behaviors pose a risk to him/herself or others

- Diane – maybe; but does she need to live alone?
- Peter – yes and no; are there technology alternatives?
- Danny – yes; but when do we take the risk?
- Rachel – yes; but is 1:1 staffing an independent life?
- Vanessa – yes and no; how do we support alternative day supports/retirement?
What makes sense for people?

- Does 1:1 staffing increase or inhibit choice and control?
- Does 1:1 staffing limit or enhance access to the community?
- Are staff more or less accountable when providing 1:1?
- Are people safer with 1:1 staffing?
- Is living alone a realistic need and strategy?
- Can we help support people to live with others?
- Are we promoting independence or dependence?
59 Respondents

- 6400 Residential Programs - 78%
- 2380 Day Programs - 65%
- 2390 Day Programs - 39%
Survey Says...

- How many people supported in your agency's residential program(s) have 1:1 (or higher) staffing?  
  - 526 people

- During the past year, have ISP teams met to discuss if residential 1:1 staffing is necessary for a specific individual?  
  - 71% of respondents

- How many teams?  
  - 461 teams
Survey Says...

- How many people supported in your agency's day program(s) have 1:1 (or higher) staffing?
  - 328 people
- During the past year, have ISP teams met to discuss if day program 1:1 staffing is necessary for a specific individual?
  - 79% of teams
- How many teams?
  - 242 teams
During the past year, has there been an overall reduction in 1:1 (or higher) staffing?

- 53% - no
- 41% - yes
- 6% - n/a
Survey Says...

- How many people in your residential programs are receiving less 1:1 (or higher) staffing than last year?  
  - 141 people

- How many people in your day program(s) are receiving less 1:1 (or higher) staffing than last year?  
  - 55 people
Survey Says...

What alternatives to intensive staffing have you tried during the past year? (Please check all that apply.)

- Effective Behavioral Interventions – 69%
- Environmental Changes – 47%
- Medical Supports/Assessments – 45%
- Mental Health Supports/Assessments – 43%
- Natural Supports – 37%
- Support Reconfiguration – 28%
- Consolidated Living Arrangements – 26%
- Technology – 16%
- None – 16%
What Have You Done?

- Identify people receiving 1:1 staffing
- Gather team to find out why, how and when the shift happened to 1:1
- Talk with one individual team about eliminating unnecessary 1:1 staffing
- Identify barriers – change is scary
- Reach out for help and resources

*One person at a time, one step at a time*
Data Update: One-Person Homes

For waiver participants

- In 2011
  - 473 one-person homes statewide
  - 181 one-person homes in Southeast Region

- In 2012
  - 470 one-person homes statewide
  - 166 one-person homes in Southeast Region

A net reduction of 15 one-person homes in the SE Region!
Data Update – Adult Day Program

In 2011
- 7,866 waiver participants in Adult Day Programs (ADP) statewide
  - 815 or 10% had 1:1 or higher staffing
- 1,971 in ADPs in the Southeast Region
  - 233 or 12% had 1:1 or higher staffing

In 2012
- 8,264 in ADP
  - 897 or 11% with 1:1 or higher staffing
- 2,127 in ADP in the Southeast Region
  - 225 or 10.5% had 1:1 or higher staffing

A reduction of 8 people with 1:1 staffing in day programs in the SE Region.
For FY 2011-12, the SE has received 451 SH/AIS requests for 271 unique individuals.

- Of the 451, 416 (92%) have been approved.
- An increase of 67 requests from the prior year.
- Of the 451:
  - 51 - FY renewals for retirement
  - 379 - initial requests
  - 92 - resubmissions
2012

- Of the 416 requests that were approved
  - 279 were for SH
    - including 7 requests for 2:1 SH
  - 137 were for AIS
2011

- 247 SH/AIS Requests Approved
  - 91 (37%) were for medical reasons
  - 58 (23%) were for behavioral reasons
  - 52 (21%) were immediate need (14 day limit)
  - 46 (19%) chooses no day program/retirement
2012

- 416 approved SH/AIS
  - 167 (40%) were for medical reasons
  - 100 (24%) were for immediate need
  - 100 (24%) choose no day program/retirement
  - 63 (15%) were for behavioral reasons
The Current Reality

- The Economy – global and local
- The state budget
- The rate setting system
- Capacity management
- Workloads
- Access to needed resources
- Regulations
- Service models are changing; national and local
  - Managed Care – www.NASDDDS.org
A NEW INITIATIVE

Begin a statewide initiative to eliminate unnecessary 1:1 intensive staffing.
Education and Training for individuals, staff, families and advocates

**Recommendation:** Develop a specialized curriculum for all stakeholders to promote new skills and implement strategies to eliminate unnecessary intensive staffing.

- Specialized training in the topics of dual diagnosis, medical health needs and meaningful retirement
- Person specific training for DSP’s, supervisors and individual’s and their families to support individual’s needs
- Training in the use of standardized tools
Mentoring – sharing ideas, experiences and strategies

**Recommendation:** Establish the principles and pilot a network for a Mentoring Community to assist teams in promoting effective practices.
**Recommendation:** Secure access to cross-system program support options that reduce dependence on 1:1 staffing.
- Includes MH, Aging, Substance Abuse Services
- Dual Diagnosis Initiative
  - Mobile crisis
  - Certified Peer Specialist
  - Step-down residential
  - Curriculum development
Recommendation: Develop a new service definition for enhanced Behavior Support.

- New civil service, educational criteria
- Standardized criteria for behavior support plans
- Pilot Program - Increase behavior support time in the home to support individual, staff and team; exchange for reduced 1:1 staff
Strengthening the Work Force

Recommendation: Work with providers to share effective human resource practices.

- Enhanced screening tools
- Specialized workforce for specific needs; including SCO
- Staff matching
Technology

**Recommendation:** Promote the Availability and Use of Technology through Policy and Pilot Programs to demonstrate effective alternatives to 1:1 staffing.

- Home and Communication Technologies – monitoring and movement systems
- Computer Training
- Face Time/Skype
Tools and Resources

Recommendation: Identify, develop and expand the use and knowledge of tools and resources that can replace unnecessary staffing with effective alternatives.

- Standardized criteria for behavior plan with a fading plan
- Checklist for Intensive Staffing Need
- Standardized safety and risk assessment
- Transition Guidelines
Operational Considerations

- Reconcile risk & liability with Everyday Lives values and principles
- How and when do we take the risk?
- How do we minimize the chance of something going wrong?
Your Feedback - Recommendations

- Education and Training
- Mentoring
- Program and Support Options/Alternatives
- Qualified Behavior Support
- Strengthening the Work Force
- Technology
- Tools and Resources
Keeping the Momentum

- Work Groups for 2012-2013
  - Evaluation
    - How do we know that reduction of intensive staffing is working for people supported?
    - What are data elements to track?
  - Pilot Programs
    - What can we propose to try now?
  - Mentoring
    - Develop an implementation strategy for identifying, training and mobilizing mentors
Still More We Can Do

- Fewer people are requesting 1:1 staffing
- For people receiving 1:1 staffing, has the team asked the question – is this necessary?
- Discover, implement and share new alternatives
- Identify and eliminate unnecessary 1:1 staffing
Resources

Available Now

- Standardized Fading Plan Criteria
- Transition Guidelines
- Checklist for Intensive Staffing

Coming Soon

- Elimination of Unnecessary 1:1 Staffing - Resource Catalog
- Emerging Practices for Dual Diagnosis – Positive Practices Committee