

Community Living Options for Individuals with Special Health Care Needs

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Today's Objectives

1. Provide an overview of the Community Living Options for Individuals with Special Health Care Needs, in particular the Adult Residential Care Facility for Persons with Special Health Care Needs (ARFPSHN).
2. Review the services needed by the individuals who are being considered to ARFPSHN.
3. Discuss how Woodbridge Health Services adopted innovative public health and long term care services as frameworks in providing quality care in the community.
4. Review highlights of the Woodbridge Health Services (ARFPSHN) services in the Contra Costa County.
5. Discuss the future of Community Living Options for Individuals with Special Health Care needs.

Adult Residential Facilities for People with Special Health Care Needs (ARFPSHN 962/853) - Background

- ARFPSHN facilities were developed as part of the Agnews Developmental Center closure. The facilities were established to serve individuals with significant medical needs.
- Residents referred to ARFSPHN facilities may have severe disabilities and multiple medical conditions requiring constant monitoring by licensed staff.

Some examples of individual's needs who will be referred to this level of care include:

- **Nutritional support, including gastrostomy and jejunostomy feeding;**
- **Cardio/respiratory monitoring; oxygen support;**
- **Tracheostomy care and suctioning;**
- **Colostomy, ileostomy, or other medical or post-surgical care;**
- **Special medication regimes including injection and intravenous medications;**
- **Management of insulin-dependent diabetes**
- **Invasive bowel care medication regimens, i.e. enemas or suppositories; indwelling urinary catheter care and procedures;**
- **wound or pressure ulcer care**
- **possible respite stays for postoperative care and rehabilitation; pain management and palliative care.**

Staffing and Supervision

4 Residents per home, each with their own bedroom

24-hour licensed staff and direct care staff

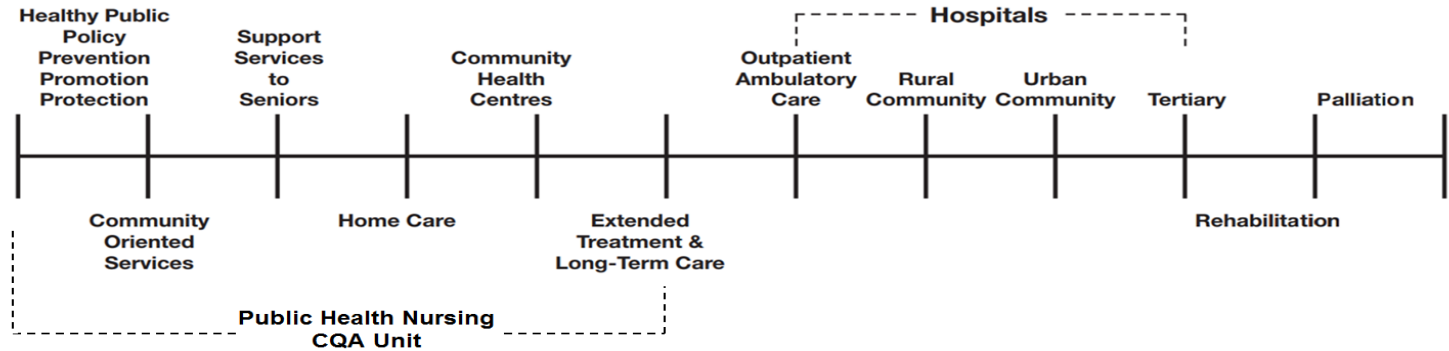
Typical staffing ratio: 2:4, may be supplemented based on need of residents

**Physician group visits residents on monthly basis and when needed
Dental coordinator evaluates client's needs and identifies dental resources
in community**

Dental hygienist visits home to provide routine cleanings

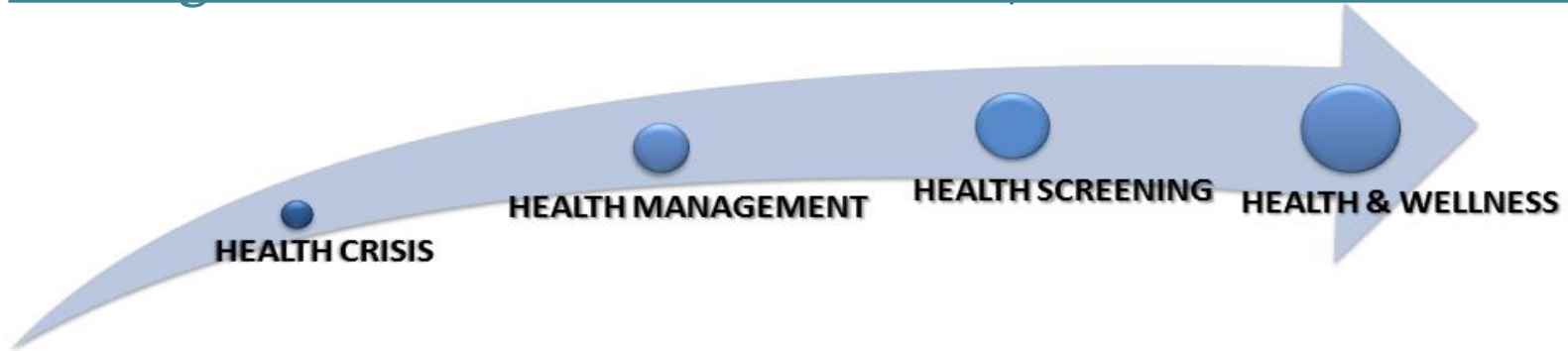
**Additional professional consultants based on individual needs of residents,
such as Dietitian, Respiratory Therapist, Occupational Therapist, Speech
Therapist, Psychologist, Recreational Therapist and Music Therapist**

Expanded Community Living Options to Address the client's Continuum of Services



(Adapted from *Quality Health for Manitobans: The Action Plan*, 1992)

Paradigm Shift from Illness to Health, & Weakness to Strength



Overarching Mission and Guiding Principles for Woodbridge Health Services Interventions

MISSION– “To have a Good Life!”

Is defined by the Individual and is one in which the individual feels connected, valued and respected.

GUIDING PRINCIPLE–
Every action taken by Woodbridge Team Member is to balance health and safety protection, disease management and self-determination.

Woodbridge Health Services Clients are expected to have:

- Received individualized health care planning in collaboration with RCEB CM and Nurse, consultants, specialists and DDS Nurse.
- Received nursing and medical services that focus on the disease management, health promotion and coordination of community based services.
- Received Home Safety Assessments, including medication monitoring, falls, DME
- Received education and training related to client's health care needs, medical diagnoses, risk factors and involves family and caregivers in the planning of care.
- Received health monitoring – detecting presence of health concerns through use of specialized consultants, both in house and through the community.
- Received dynamic health advocacy and planning that utilize “motivated care planning” – using client's “Strengths First.”

Licensing, Monitoring and Woodbridge Health Services Quality Assurance and Improvement Plan

Licensed by the County Department of Social Services.

Vendorized by Regional Center of the East Bay Client and Home Provider is monitored by RCEB Case Manager, RCEB Quality Assurance Specialist, Community Care Licensing, Sonoma Regional Project and other RCEB personnel – determined by client's needs (such as Psychologist, Nurse, OT)

ARFPSHN – In addition to CCLD, Certified by DDS, monitored by DDS Nurse (at least every 6 mo), RCEB Nurse (at least monthly)

Shift Huddles

Daily Meetings

Weekly Managers' Meeting

Monthly Quality Assurance Facility Monitoring

Monthly Education and Training

Monthly Quality Assurance and Improvement Committee Meeting

Monthly Leadership Team Meeting







Beach







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What is next?



Questions?

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