Can The Community Provide HIGH NEEDS INDIVIDUALS Essential Services Comparable to SODC Services At Significantly Reduced Cost: BRB Case Study

High-Needs SODC Individuals:
Following years of State Operated Developmental Center (SODC) downsizing, and discharge of less difficult residents, the high-needs individuals who remain, as well as increasingly challenging new admissions, require a high level of support. If community services provided for these individuals are to be even relatively comparable to those provided in the SODCs, they will necessarily be expensive. BRB's needs are presented here as a ***sample*** to provide a comparison of SODC and community services and a cost analysis of providing BRB, or other high-needs individuals (some with extreme behavioral or medical challenges), services in the community.

BRB Profile:
-BRB is 41 years old, 6' tall, 190 lbs, and healthy.
-He is brain injured with borderline intellectual functioning.
-He has a diagnosis of pervasive developmental disorder. He is being treated for: obsessive/compulsive behaviors (currently monitored to prevent obsessive consumption of inordinately large amounts of fluids, including water from shower and toilet-interruption of O/C behaviors can bring about violent responses); unpredictable explosive (possibly neurologically triggered) physical aggression toward peers and staff; and destruction of property, particularly window breaking. He has a history (completely extinguished in SODC) of life-threatening PICA (swallowing inedible objects) which required three surgeries to remove pens/pencils.
-He has been expelled from numerous private settings (including highly regarded St. Coletta's and Oconomowoc Developmental Centers in Wisconsin). Discharge from private settings was always to home. His last private setting, 21 years ago, (secured through lawsuit settlement with state of GA) was Healthcare Rehabilitation Center, Austin, Texas, a brain-injury facility, at cost to GA of $250,000 per year from 1987-90.
-Current resident of Choate Developmental Center since 1990.

Current treatment at Choate Developmental Center (representative of services available at all SODCs):
Staffing
-BRB has a private room to minimize agitation, to allow staff to monitor behaviors, and to protect BRB and peers. Staff levels are 1:1 for 3 shifts daily, occasionally elevated to 2:1 off-unit, always at 2:1 off-campus. His limited off-campus trips (occasional brief trips to Wal-Mart, McDonald's, doctor visits) are always staffed 2:1. Additional staff are always available on the living unit and work site.

Medication Administration
BRB is administered medications, including four psychotropics, by an RN three times daily with regular on-campus blood level testing.

Behavior Intervention
The Behavior Intervention Plan (BIP) provides for structure and support to prevent explosive violent episodes, aggression toward peers and staff, property destruction, excessive intake of fluids, excessive smoking, perseverative tape recording of music, excessive use of caffeine. Situations requiring use of restraints (including statutorily mandated professional supervision of mechanical restraints[1]) and methodology are outlined in BIP. Self-imposed early intervention strategies (e.g., voluntary use of sleeping bag "cocoon" to address stressful situations) are taught and encouraged. Staffing for behavior intervention includes daily interaction with Public Service Administrator (unit director), Residential Services Supervisor, Habilitation Plan Coordinator (HPC, formerly QSP/QMRP), Behavior Analyst, Social Worker, Nurse, Vocational Instructor, and Technicians. Available daily for communication/intervention, Psychologist, MD, Psychiatrist.

Day Program
BRB engages in on-campus work (recycling) 4-4.5 hours daily with 1:1 staffing, 2:1 when necessary. BRB has the option to return to his room during work hours, if he believes he is "not together," to prevent violent outbursts.

Religious, Social, Recreational
On-campus opportunities include church services, recreational activities, exercise. He has regular home visits.

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[1] 405 ILCS 5/2-108. *Use of restraint*. Most private providers have policy against use of mechanical restraints and would find it difficult to comply with the statutorily mandated professional oversight requirements.

The Community Alternative (scenarios #1 and #2 provided by Community Provider, Scenario #3 and footnotes by IL-ADD)

NOTE: The individual (BRB) used to base the estimates in scenarios 1 and 2 is described as a person exhibiting highly challenging behavior and who would be very difficult to serve in a community setting.

Scenario #1:

BRB is being served in a one person CILA[2] setting with additional support staff for significant portions of the day, i.e., during his day program. **Assumption:** BRB has an ICAP score of 18 which reflects a composite of behavioral challenges of an actual person as he would likely be scored in the community.

Staffing

Scenario #1 reflects a staffing ratio that is mostly 1:1, including overnight staff.[3] The staff add-on does reflect some natural overlapping of staff during day training as well as a period of 2:1 on the week-end when BRB may be in the community.

Medication Administration

Scenario # 1 assumes that BRB would take between 5 and 9 medications at each of the 3 medication pass times each day. The CILA direct contact staff are trained to administer all oral medications. The rate does not reimburse for additional staff time to administer medication. The amount reflected is an estimate of the amount that would be reimbursed for RN oversight of medication administration.[4]

Behavior Intervention

The premise is that BRB would need 4 hours of behavior intervention a week for the first 60 days after transitioning to the CILA and 2 hours a week thereafter for a total of 120 hours of behavior intervention a year.

Additional QMRP & Supervisor Support

The base CILA rate allows for 2.5 hours a week each for QMRP and Supervisor support. The amount shown reflects an additional 2.5 hours a week for both QMRP and Supervisor.

Day Program

BRB has been provided with 1:1 supports for day services.

Estimated Costs to BRB in this setting are as follows:

Base CILA rate	$63,729
Medication administration	$ 328
Staff Add-on	$85,313
Behavior Intervention	$ 9,343
Additional QMRP support	$ 2,358
Additional Supervisor support	$ 2,090
Day program w/additional staff	$19,855
Total cost	**$183,016**[5] (or **$192,592** with increase in DSP wage of $1 hr.)

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[2]The 1-person CILA setting would be extremely isolating, confining, and unstructured, conditions that would exacerbate BRB's maladaptive behaviors.

[3]This staffing model is typical for a 1-person CILA. However, 1:1 staffing, without backup staff, would be inadequate and dangerous for some individuals, including BRB. In this scenario, BRB would be at significant risk of police intervention (staff calling 911) due to the inability of a single staff to physically manage his violent outbursts. Additionally, most community providers will not permit administration of mechanical restraints, an essential component of BRB's behavior intervention program. Police response to 911 could come too late to prevent injury to BRB/staff/public. Police response to violence could potentially include tasing, shooting, or criminal charges and jail.

[4]BRB requires, among other medications, four psychotropics, some with illicit street value. Some medications counter the effects of other medications and accountability for proper administration is essential. SODC medications are administered by an RN. In this CILA, responsibility for proper administration would be placed with a low-wage direct care staff.

[5]If provider were reimbursed $9576 for $1 hr DSP wage increase, would cost provider $10,400 to pass on.

Scenario #2:

BRB is being served in a 4- person CILA setting with additional support staff for large portions of the day, including at his day program. **Assumption # 1:** BRB has progressed[6] so that he can now be served in a 4-person CILA with attendant reduction in the CILA rate from Scenario #1 in Behavior Intervention and Staff Add-on. **Assumption # 2:** BRB has an ICAP score of 18 and his house mates have ICAP scores of 33,46, and 50.

Staffing

Scenario # 2 reflects a staffing ratio that is mostly 1:1, including overnight staff.[7] The staff add-on does reflect some natural overlapping of staff during day training as well as a period of 2:1 on the week-end when BRB may be in the community. There would be a higher staffing ratio overall for the house as there would be 3 other men living in the home.

Medication Administration

Scenario # 2 assumes that BRB would take between 5 and 9 medications at each of the 3 medication pass times each day. The CILA direct contact staff are trained to administer all oral medications. The rate does not reimburse for additional staff time to administer medication. The amount reflected is an estimate of the amount that would be reimbursed for RN oversight of medication administration.[8]

Behavior Intervention

Behavior Intervention would not include 2 additional hours during the first 60 days of transition as in scenario #1, but would continue with 2 hours a week for a total of 102 hours of behavior intervention a year.

Additional QMRP & Supervisor Support

The base CILA rate support 2.5 hours a week each. The amount shown reflects an additional 2.5 hours a week for both QMRP and Supervisor.

Day Program

BRB has been provided with 1:1 supports for day services

Estimated Costs to BRB in this setting are as follows:

Base CILA rate	$63,729
Medication administration	$ 328
Staff Add-on	$50,244
Behavior Intervention	$ 8,097
Additional QMRP support	$ 2,358
Additional Supervisor support	$ 2,090
Day program w/additional staff	$19,855
Total cost	**$146,701**[9] (or **$153,550** with increase in DSP wage of $1 hr.)

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[6] The lack of structure in scenario #1 would make it more likely that BRB would decline behaviorally, rather than progress.

[7] When BRB would be with one staff only, without back-up staff, he would be at significant risk of police intervention (staff calling 911) due to the inability of a single staff to physically manage his violent outbursts. Additionally, most community providers will not permit administration of mechanical restraints, an essential component of BRB's behavior intervention program. Police response to 911 could come too late to prevent injury to BRB/staff/public. Police response to violence could potentially include tasing, shooting, or criminal charges and jail.

[8] BRB requires, among other medications, four psychotropics, some with illicit street value. Some medications counter the effects of other medications and accountability for proper administration is essential. SODC medications are administered by an RN. In this CILA, responsibility for proper administration would be placed with a low wage direct care staff.

[9] Provider has identified cost for hypothetical difficult to serve individual, JYJ, who is less challenging than BRB, with ICAP score of 45 in 4-Person CILA who has house mates with ICAP scores of 46, 50 and 69 with total cost of $90, 934 or $94,822 with DSP wage increase of $1 hr.

Scenario #3

BRB is being served in a four person CILA setting. This setting is chosen so that BRB has 1:1 staffing at all times with back up staff available at all times, and 2:1 off-campus.

Staffing

Scenario 3 reflects a staffing ratio that is 1:1or 2:1 supervision (one staff during night shift with back up staff available, two staff during day shift on week days, two staff during ½ day shift on week-ends when B.R.B. would be "off-campus"/in community, one staff during swing shift with back up staff available).

32 extra staff hours per week day x 5 days = 160 hrs per week	
28 extra staff hours per week-end day x 2 days = 56 hrs. per week	
216 hrs week x 52 weeks= 11232 hours per year @ $12.86	144,443.52

Medication Administration

Nursing resources (beyond basic included in CILA rate) to administer regimen of mutually dependant medications (some with illicit street value).

LPN administration of meds x 3 daily = 1.5 hours daily	
1.5 hours x 365 days = 547.5 hours per year @ $17.31	9477.23
RN supervision of LPN/check records/blood levels	
1 hr week x 52 weeks = 52 hours per year @ $21.52	1119.04

Behavior Intervention

Behavior Intervention Level I (master's degree required by CILA Support Rate Determination)
Behavior planning, staff training.

10 hours per week x 52 weeks = 520 hours per year @ $77.86	40,487.20

Additional Individual Counseling

Individual Counseling (social worker)

5 hours per week x 52 weeks = 260 hours @ $30.57	7948.20

Day Program

Developmental Training (job coaching/training)

4.5 hours day x 5 days week = 22.5 hrs week	
22.5 x 52 weeks = 1170 hrs per year @ $10.39 = 12,156.30	
Flat rate allowable	11,427.00

Estimated Costs:

Base CILA rate	63,729
Medication administration	10,596
Staff Add-on	144,443
Behavior intervention	40,487
Additional Social Worker	7948
Day Program	11,427
Total cost	**278,630**