

2019 PROGRAM SPECIFICATION  
Community Connection

PROGRAM #: 309

STANDARD PROGRAM: Supported Apartment, Eagle II

TARGET POP: Mental Health

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YEAR: 2019

UNITS: 365

CLIENTS: 1.0 ADP

ALLOCATION: TBD

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UNIT DEFINITION: One day, including overnight

GEOGRAPHICAL AREA TO BE SERVED: Racine County

DAYS/HRS OF SERVICE AVAILABILITY: 24 hours/day, 7 days/week

MINIMUM STANDARDS:

Provider must agree to comply with the following terms and conditions:

- Standard contract language
- Certification standards where applicable
- Fiscal and program reporting criteria
- Allowable Cost Policy
- Audit criteria
- Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
- Maintain adequate liability coverage
- Recognize that authorization for services is approved by Racine County Human Services Department.
- All informational materials (program descriptions, brochures, posters, etc.) must identify it as a RCHSD program through the use of a standardized RCHSD format provided by Racine County.
- The program must be identified as a RCHSD program in all public presentations and media contacts/interviews.

## PROGRAM DESCRIPTION:

The Supported Apartment Program is designed for adults with mental illness who are still in need of supervision and support but who do not need the structure of a CBRF. These adults are able to handle some of the tasks of daily living but may need support or assistance in others. The program may be transitional in nature, teaching tasks until the person is able to live independently or may be a long-term living situation.

The Supported Apartment Program does not require 24 hour staff at the residence but should have staff available for consumer questions, issues and needs. Staff should also check on the residents as to their status several times each day.

Staff assists the resident to learn household skills, maintain hygiene skills, develop and access recreation and leisure time activities in the community and vocational/day services programs. The goal is to try and create as much independence as possible by the consumer, so staff must always be aware of not encouraging dependency.

Residents are identified by HSD case management staff as those who are ready to leave CBRF or institutional placement but are not able to live independently. HSD staff will provide referral information to the Provider, including basic information, social history, medical and other diagnosis and long term residential goal for the consumer.

Upon referral to the program, program staff will assess each individual for limitations in adult daily living skills. Individual Treatment plans will then be developed for each supported individual. Plans will include important aspects of the person's life: daily living, social, community, health and financial skills and how each of those skills will be taught. A team of support staff will participate in drawing up the plans, monitoring progress and making changes. The team consists of the direct support staff, a social worker, the family/guardian, HSD staff, staff from other Provider agencies and the resident.

Direct care staff will assist the individuals with supervision, skills training and encouragement in the five areas identified on the treatment plan. Staff will be available 24 hours per day in times of emergency or crisis. In addition, most of the "regular" work day will be during late afternoon, evening and weekend hours, since that is when the individual is most likely to need assistance.

Staff will work to help the supported individuals socialize and not become isolated. Staff will transport consumers to appointments and activities as needed. Staff will inform HSD case managers about changes in the consumer's status, including medical emergencies, psychological issues or behavioral problems.

In addition to the verbal notifications listed above, all providers will supply the following documents to RCHSD case managers:

- Copies of the individual service plan for each resident;
- Quarterly progress reports with updates on behavioral and medical issues;
- Copies of discharge summaries.

## **Emergency Preparedness/Disaster Planning**

1. The Provider shall develop a written disaster plan to address all hazards planning (fire, flooding, hazardous materials release, weather, cold/heat emergencies, health emergencies, terrorist acts, etc.). The plan shall identify specific procedures and resources required for both sheltering-in-place and evacuation from the facility to an alternate site(s) should evacuation be necessary to provide for the safety and well being of individuals placed in the care of the facility.

2. The disaster plan will be updated annually and a copy shall be provided to Racine County Human Services Department by February 5<sup>th</sup> of each year for which the vendor agency is under contract.
3. If the individual placed by Racine County Human Services Department in the care of the CBRF/AFH is residing in another county, Provider will provide a copy of the written disaster plan to the Human Services Department in the county of the individual's residency.
4. Staff employed by Provider shall receive training on the disaster plan as part of their orientation and annually thereafter. Documentation of such training will be maintained by the agency.
5. Upon admission to the CBRF/AFH the individual (if appropriate) and his/her caseworker will be provided information addressing the facility disaster plan, including contact information and evacuation location(s). Provider shall provide documentation of this in the individual's file.
6. Provider shall maintain a roster of phone/pager numbers to be used in an emergency to contact agency staff , the individual's legal guardian, and Racine County Human Services to advise them of the emergency. Contact numbers shall also include local law enforcement and emergency numbers for fire and rescue.
7. Provider understands that in the event of an evacuation there are critical items that must be taken to include agency contact information; individual's medical information (e.g. prescriptions, recent medical reports, physician's name and immunization history); identifying information for the individual including citizenship information; any court orders that may be involved in the placement of the individual; guardian information, etc., at time of the event. Provider further understands that in the event of an emergency they should call the Racine County Human Services Department Information and Assistance Line at 262-638-7720 or 800-924-5137. Should any information included in the emergency evacuation plan change, Provider will update the Racine County Human Services Department within 14 days of the change.

#### EVALUATION OUTCOMES:

1. 80% of clients will not need psychiatric hospitalization while in the program.
2. 90% of clients will not need a more restrictive setting while in the program or within 12 months of discharge.
3. 70% of clients will meet treatment goals.
4. 80% of clients will indicate satisfaction with the program as indicated on an annual client satisfaction survey.

Monthly progress reports or staffings will be submitted to HSD worker by the 10<sup>th</sup> of each month.

Yearly Evaluation Outcome Reports will be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.