

Meeting of the Connecticut Workgroup on Challenging Behaviors
DSS Central Office – Hartford
September 29, 2005

In attendance: Lee-Ann Boatwright, Jennifer Glick, Brenda Foreman, Joseph Grzelak , Michael Michalski, Maggie Ewald, Jennifer Keyes, Karen Weingrod, Kathy Bruni, Cristina MacGillis, Gene Hickey, Jan Van Tassel, Cher Michaud.

Maggie Ewald opened the meeting and asked for updates or reports from committees.

Cristina MacGillis gave a brief update for the Training Committee. She discussed the conference evaluations and feedback from participants. She also explained the current situation with CEU/CEC certificates, noting that some participants have not received them yet as payment is still pending.

Other comments from Workgroup members on the conference included:

- Including RCH facilities in addition to SNF and AL and ways to make information relevant. Several members agree there is a real need for education and support. River Valley was mentioned as a possible resource.
- Regarding “refusals to readmit”, members discussed the possibility of a workshop that would be illustrative of some actual cases and how they were resolved. Perhaps Care and Case Discussion could develop this?
- Adding a Q & A session for all presenters and keynote to respond to questions that arise throughout the day. Perhaps more interactive formats could be considered.
- Exploring ways to follow up on the information provided to see whether facilities are able to implement strategies successfully. Jennifer Glick suggested a survey tool or some way of finding out whether facilities are trying to use the “Behavioral Rounds” format.
- Improving implementation of positive strategies. What about an on-demand “train the trainer” sort of concept? Care & Case could look at developing a process for follow up and implementation after trainings, especially when cases arise. What about those facilities that don’t attend?

Care & Case will look at what would be useful for facilities and possibly work with the Training Committee to develop some tools. Jennifer Keyes suggested that facilities would likely appreciate the help, but it must be in a user-friendly format.

Joe Grzelak suggests that a standardized document should be utilized to make it easier for staff. Group members discussed the “guidelines/checklist” developed by Care & Case Committee last year, perhaps this should be revisited.

Jennifer Glick discussed a letter that she has on record regarding a Dr. Ross Sperry and indicated that he may have experience in educating facility staff. It was noted that Laurel Wood would likely know him and could help us gather more information. Training Committee will follow up.

The group then expanded on the topic of refusals to readmit and barriers to continuity of care. Some areas in need of further development by the appropriate committees were identified as follows:

W-10 forms: Suggestion that W-10s be accompanied by more specific information about what is going on with the resident to enable staff in hospitals and facilities to do what works and avoid what doesn't. Jan Van Tassel noted that in some circumstances the resident's condition is worsened by the interventions tried and some of that could be avoided with better exchange of information. More specific information is needed and Jan reinforces this is critical. In addition, the information must be accurate to avoid erroneous labels being assigned to a person and subsequently following them everywhere.

Also, facilities should have a protocol for stepping up care plans and addressing issues immediately upon residents return. Cher Michaud talked about setting up a point person to ensure that too many different people aren't involved. Gene Hickey commented that the different shifts make this a challenge and perhaps, something standardized to facilitate information sharing would be helpful.

Additional discussion centered on the question of why residents are often "shipped" to different facilities. Maggie Ewald indicated that it may be due in part to the fact that some hospitals and facilities have disagreed on past cases and so the facility may "shop" for a different hospital to avoid problems.

Jan VanTassel and other members agreed that the W-10 issue has been floating around for a long time and the CWCB should really look closely at this process.

Jennifer Keyes suggests that one committee take the lead and on this and utilize other member's expertise as needed. Care & Case or Policy Committee were suggested.

Gene Hickey then suggested that a longitudinal look at the overall experience would help to understand the problems a little better. Discussion then ensued about how that might be accomplished. Jan Van Tassel talked about what systems might be able to look at statistical data about people who move around frequently but never really get the continuity of care they need. Ideas for further development included:

- Identifying consistent data measures.
- Tracking claims process and payer sources. Karen Weingrod suggested that hospital admissions can be identified. Gene Hickey stated that hospital admissions would identify everyone regardless of payer source. If you only look at payer source you won't get certain segments of private pay and there would be other caveats.
- Exploring how information is shared between agencies and what data can be captured. Gene Hickey commented that screening related data would only capture a portion since ABH only does level 2. Kathy Bruni indicated that she can track residents who are sent out based on mandatory reports but not what happens when they come back.

Maggie Ewald suggested that perhaps Julie Robison could help identify a strategy for tracking this issue. The Policy Committee will address this at their next meeting.

In addition the Policy Committee will be meeting to discuss the CIT and other legislative proposals in preparation for the upcoming session. Maggie Ewald raised the question of whether there may be a grant that would help fund a pilot. Jan Van Tassel asked if anyone thinks providers may want to try something along those lines. For example, what River Valley does with RCH facilities.

Kathy Bruni inquired as to whether there could there be a proposal to look at funding and staffing behavioral units appropriately, noting that there often does not seem to be a place for people to receive the care they need.

Jan Van Tassel commented that some of the problem stems from whether people need to be in “behavioral units” at all. Many people go from DMHAS to nursing homes that don’t need to be there. She reiterated the need to keep looking at the larger issues and referenced the task force looking at the Medicaid waiver to divert or discharge people with psychiatric disabilities from nursing homes to the community.

Joe Grzelak spoke about how ICare is in the process of doing mandatory training for anyone who works on their behavioral units, focusing on non-violent crisis intervention models. He states they are working on assessments and training drills that closely mirror the actual events. They have also hired a psychiatric OT from Yale.

Maggie Ewald raised the question of pool staffing, noting the report that says 1/3 of staff in nursing homes still comes from pools.

Discussion ensued regarding the need for care that meets the needs and acuity of residents. Members noted that a significant barrier exists in that across the country no one has been able to define acuity.

Maggie Ewald discussed the need for the full Workgroup and PR&L Committee to begin setting priorities for legislative activity. Jennifer Glick and other members commented that we need to find ways to get legislators more interested in this issue. The group then discussed ways to better educate them about the severity of the issue and the cost impact to the state. Maggie Ewald talked about the concern that it may be difficult to illustrate the cost. Jan VanTassel mentioned utilizing a legislative briefing and the information from the research report to. Group consensus is that there is a need to target specific groups. PR&L will discuss this further.

Regarding the Membership Committee, it was noted that a meeting will be scheduled to review requests that have come in from individuals who like to join the CWCB. Maggie Ewald mentioned that the committee will need to decide how to manage membership to ensure the group does not become too large. Membership will meet soon to go over these issues.

Maggie Ewald called for final comments and any other business or announcements.

Cher Michaud requested that the workgroup look at the recommendations made by the provider group regarding smoking policies. It was noted that this will be on the agenda for Policy.

Lee-Ann shared information on a new program that is available through the Commission on the Deaf & Hearing Impaired to assist police and others in accessing pertinent information regarding a hearing impaired person who is driving. For more information call the Commission at 860-231-1690.

Future meeting dates were set as follows:

The Membership Committee will meet **Friday, Oct 21st at 11:30**

Location - CAHCF, 99 East River Drive, 8th floor, East Hartford (Rick's place).

The Policy Committee will meet **Friday, October 21st at 1:00**

Location - CAHCF, 99 East River Drive, 8th floor, East Hartford (Rick's place).

The Care & Case Discussion Committee will meet **Wednesday, November 9th at 9:30**

Location - IOL/Donnelly Building.

The Training Committee will meet **Tuesday, November 15th at 9:30**

Location - Mezzanine Rm #1 DSS Central Office - Sigourney Street, Hartford.

The Full Workgroup will meet - **Wednesday, November 16th at 9:30**

Location - Mezzanine Rm #1 DSS Central Office - Sigourney Street, Hartford.

Maggie Ewald then adjourned the meeting.

Submitted 10/11/05

Jennifer Keyes