

WEBVTT

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00:00:00.000 --> 00:00:07.769

For the western region area, behavior analyst and I would like to thank everyone for joining us this morning.

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00:00:07.769 --> 00:00:10.888

Um, we are very excited about the pilot.

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00:00:10.888 --> 00:00:16.588

And what this will do for everyone in our system. So.

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00:00:16.588 --> 00:00:23.280

Um, we're glad you're joining us this morning. This is the admission discharge and transfer pilot training.

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00:00:23.280 --> 00:00:28.410

Identifying hospitalization and visits and understanding of framework.

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00:00:28.410 --> 00:00:37.770

To a systems approach to that and so I'd like to introduce my associates and, um, then we'll get started in the whole process.

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00:00:37.770 --> 00:00:42.179

Um, like to introduce Lucas evan's our chief behavior analyst.

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00:00:44.039 --> 00:00:54.840

Morning everyone, thank you for joining us this morning. Um, next I have my associate, Melissa Witherspoon, who is the eastern region area behavior analyst.

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00:00:56.460 --> 00:01:00.240

That be Thursday, uh, everyone, thank you for joining.

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00:01:00.240 --> 00:01:07.980

And then we have K, Hamlet are intensive support consultant.

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00:01:09.480 --> 00:01:16.799

Good morning everyone thanks for joining and 1 of our other intensive support consultants. Rod Calvin.

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00:01:16.799 --> 00:01:20.609

Good morning. Everyone happy to be serving others alongside you.

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00:01:20.609 --> 00:01:34.500

And, uh, gave us a great reminder of housekeeping want to remind everyone that will have the opportunity to check that chat box as we go along and stop periodically for questions.

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00:01:34.500 --> 00:01:44.969

Um, broadcast, when will be our monitor of those questions and kind of, uh, afford us the opportunity to field those. And then.

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00:01:44.969 --> 00:01:49.230

Everyone else will be part of the presentation, so.

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00:01:50.969 --> 00:01:56.189

Um, next.

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00:01:56.189 --> 00:02:02.849

So, um, why do we have this? Well, you know, the presenting problem has been that.

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00:02:02.849 --> 00:02:10.379

Individuals end up in the hospital, and we end up with inadequate or ineffective supports.

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00:02:10.379 --> 00:02:17.759

And things don't happen until the person is actually ready for discharge and.

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00:02:17.759 --> 00:02:25.919

We haven't had the opportunity to bring together people, um, as effectively, because maybe we didn't know they were in the hospital.

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00:02:25.919 --> 00:02:30.000

And so what this allows is for all of the.

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00:02:31.259 --> 00:02:35.969

Individuals connected with the, the person in the hospital to.

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00:02:35.969 --> 00:02:40.710

Take a systems approach to what we are doing and hopefully.

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00:02:42.000 --> 00:02:45.060
Address those needs more effectively.

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00:02:45.060 --> 00:02:52.680
Next place, so, what's the basis of the, um, pilot.

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00:02:52.680 --> 00:02:59.280
Well, we have an agreement between, um, the department and the Missouri hospital association.

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00:02:59.280 --> 00:03:12.060
And both my lengthen, I have, um, a somewhat long standing relationship with hospitals and the hospital association with trainings. We've been doing, um, there is also the, um.

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00:03:12.060 --> 00:03:20.699
Health industry data institute that is involved in this agreement to get the information and assist us with the process.

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00:03:20.699 --> 00:03:26.669
And what this allows is real time access to the information associated with.

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00:03:26.669 --> 00:03:31.080
Admission discharge and transfer and.

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00:03:31.080 --> 00:03:38.580
You know, not only do we get notification, but we also get a lot of rich information in the.

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00:03:38.580 --> 00:03:46.080
Database called the collective it's real time and there are currently.

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00:03:46.080 --> 00:03:52.259
At least a 100 hospitals associated and more being added every day.

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00:03:52.259 --> 00:03:56.430
To give us additional information next please.

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00:03:58.289 --> 00:04:04.439
So, in creating the, the pilot, our hypothesis was, is that if we.

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00:04:04.439 --> 00:04:14.069

Got a system's approach and created a system in process to address the hospital in stays and visit.

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00:04:14.069 --> 00:04:21.389

That we would have more fat, we would have faster and more effective discharged and better planning.

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00:04:21.389 --> 00:04:25.560

And overall better outcomes from the individuals.

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00:04:25.560 --> 00:04:36.119

And lots of difficulties occur along the way. If we don't really take a systems approach, there's not consistency. There's not.

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00:04:37.858 --> 00:04:43.619

Effectively addressing each element of the process that would really.

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00:04:43.619 --> 00:04:49.528

Ensure that the individual and everyone involved is, in fact.

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00:04:49.528 --> 00:04:54.718

Experiencing the most positive outcomes that can occur.

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00:04:54.718 --> 00:05:02.848

Next please, so our goal is to develop and refine.

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00:05:02.848 --> 00:05:07.288

Current problems problem solving skills for team members.

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00:05:07.288 --> 00:05:13.139

Of course, for support coordinator supervisors for support coordinators.

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00:05:13.139 --> 00:05:19.079

For the provider, and the direct support professionals involved for the hospitals.

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00:05:19.079 --> 00:05:26.939

And, of course, our ultimate goal is for the individual and the goal is to work together.

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00:05:26.939 --> 00:05:31.588

Um.

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00:05:31.588 --> 00:05:36.809

You know, knowing that we haven't had the opportunity.

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00:05:36.809 --> 00:05:41.098

Perhaps to effectively work as a unified team.

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00:05:41.098 --> 00:05:50.968

Um, with everyone involved, and hopefully, the notification system in the process will really ensure that.

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00:05:53.038 --> 00:06:00.418

Next please, so what's going to be provided in the the pilot.

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00:06:00.418 --> 00:06:04.709

Well, 1 of the 1st, things is real time information.

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00:06:04.709 --> 00:06:09.809

The next is a defined structure to the process of.

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00:06:09.809 --> 00:06:13.709

You know, well, how do I get through this? How do I navigate this?

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00:06:13.709 --> 00:06:19.798

If you've ever navigated some challenges with individuals in the hospital.

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00:06:19.798 --> 00:06:30.384

You will know that it's a, an ever changing landscape sometimes to figure out. Where do I start? And what do I do and what's next?

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00:06:30.384 --> 00:06:37.463

So hopefully with the pilot, we will be able to define a better structure for the process.

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00:06:38.579 --> 00:06:42.749

In addition we've created a user guide for discharge planning.

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00:06:42.749 --> 00:06:48.689

Um, we've taken a novel approach, so hopefully this will help you think outside the box.

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00:06:48.689 --> 00:06:55.829

To really address the needs of individuals and to address the process of discharge planning.

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00:06:57.209 --> 00:07:00.928

And, of course, the, the goal on admission is.

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00:07:01.949 --> 00:07:05.848

To work towards discharge and not to look at.

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00:07:08.369 --> 00:07:16.588

Just addressing discharge at the end of the, the visit. So as soon as somebody gets there, we're on it.

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00:07:16.588 --> 00:07:20.548

We're planning for discharge at admission.

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00:07:20.548 --> 00:07:27.869

And hopefully we'll be able to ensure that we have more expeditious discharge.

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00:07:27.869 --> 00:07:31.798

In the process next, please.

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00:07:33.838 --> 00:07:41.399

So, let's take a look at identifying who the pilot population is for, um, the pilot.

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00:07:41.399 --> 00:07:51.119

Well, we've looked at, um, state support coordinators and and that's the extent of it at this point in time, because it's easier access.

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00:07:51.119 --> 00:07:58.439

Um, you know, we have a solid relationship with the.

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00:07:58.439 --> 00:08:01.619

State, um, entities.

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00:08:01.619 --> 00:08:06.629

And so that's 1 of the elements that has identified the pilot.

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00:08:06.629 --> 00:08:13.528

The other is indicating that those individuals who are accessing waiver dollars.

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00:08:13.528 --> 00:08:19.408

And that's based on limits of the data sharing agreement.

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00:08:19.408 --> 00:08:22.769

The other is that the limitation.

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00:08:22.769 --> 00:08:26.608

Under the contracts specifications was that we would have.

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00:08:26.608 --> 00:08:31.108

Less than or equal to 1500 individuals identified.

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00:08:32.639 --> 00:08:36.298

The other was, we tried to get a representative sample.

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00:08:36.298 --> 00:08:42.328

Um, to the extent possible of what our population looks like.

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00:08:43.823 --> 00:08:58.524

In addition to that, um, we looked at individuals both with medical risks and behavioral risks and then, um, we also looked at part of what we might consider the general residential population.

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00:09:00.208 --> 00:09:11.458

Next please, so, this gives you an idea of the distribution of the identified pilot population.

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00:09:11.458 --> 00:09:15.328

As you can see, we have individuals from the central.

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00:09:15.328 --> 00:09:20.428

Region from the Kansas City area from poplar bluff.

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00:09:20.428 --> 00:09:29.788

From in Saint Louis, and we tried to make a distribution of individuals with low, moderate and high risk based on the.

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00:09:29.788 --> 00:09:36.058
Population distribution, uh, within the population that we have. So, um.

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00:09:36.058 --> 00:09:39.658
Many or some of you may know that we look at, um.

87
00:09:41.129 --> 00:09:44.639
Of the population is distributed by high risk.

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00:09:44.639 --> 00:09:48.599
Um, medium risk and low risk.

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00:09:48.599 --> 00:09:54.448
And so some of you may be familiar with that triangle of support. So we tried to get a.

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00:09:55.499 --> 00:10:03.479
Representative distribution of individuals, from each of the regions with, uh, state support coordination.

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00:10:03.479 --> 00:10:12.239
Next please, so how will information be accessed?

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00:10:12.239 --> 00:10:18.958
Um, the support coordinator supervisors will have access to the collective medical platform.

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00:10:18.958 --> 00:10:24.359
And, you know, I want to remind people that our goal today is not to.

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00:10:24.359 --> 00:10:29.158
Take you through how to enter and access the medical.

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00:10:29.158 --> 00:10:35.129
The collective medical platform, but just to give you a review of what that looks like.

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00:10:35.129 --> 00:10:41.818
Um, we did provide training previously, um, through the, um, hospital association.

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00:10:41.818 --> 00:10:47.879

And the provider of medical information.

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00:10:47.879 --> 00:10:58.739

And some of you, um, are just now getting access, or if you need a refresher, we're going to have another opportunity for that training to occur.

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00:10:58.739 --> 00:11:03.899

So, you know, our goal again is not to exactly.

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00:11:03.899 --> 00:11:11.489

Give you the information on how to access, but to give you a quick overview of what the platform looks like. So.

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00:11:11.489 --> 00:11:16.048

On entry what you'll see is summary information.

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00:11:16.048 --> 00:11:26.428

Uh, visits of discharges of admissions, and then of inpatient discharges and it gives some statistical data.

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00:11:26.428 --> 00:11:30.688

Once you click on that, and next place.

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00:11:33.989 --> 00:11:45.928

You get, um, more identifying information of the specifics of the individuals associated with each of those categories. Uh, so here we've got information on.

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00:11:45.928 --> 00:11:53.788

Discharge then, of course, it's de identified, but you'll hopefully get an idea of.

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00:11:53.788 --> 00:11:57.479

What that information looks like it's.

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00:11:57.479 --> 00:12:09.928

It's very easy to navigate. So, um, I, you know, once you get in there, don't, uh, stress about it. I've walked a few people through getting there and back so.

108

00:12:09.928 --> 00:12:23.698

Next please, so, once you've identified the section or some area you want to look at, then you'll click on the individual and it gives the specifics of.

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00:12:23.698 --> 00:12:30.658

You know, their name, their identifier age, a variety of bits of information.

110

00:12:30.658 --> 00:12:36.149

So, that's the, the 3.

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00:12:36.149 --> 00:12:41.099

Screens that you'll be most frequently.

112

00:12:41.099 --> 00:12:45.719

Looking at in the, the process and again.

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00:12:45.719 --> 00:12:48.869

We will talk a little bit later about notification.

114

00:12:49.979 --> 00:13:00.479

So, uh, next please so, this is just a quick overview of the general pilot process.

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00:13:00.479 --> 00:13:07.499

Um, you know, we, we took the concept of best practice for planning along with the.

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00:13:07.499 --> 00:13:14.188

Conceptual framework of the coaching process, or creating an internal coaching system.

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00:13:14.188 --> 00:13:19.078

We know that what we're doing is pretty much a talking head.

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00:13:19.078 --> 00:13:23.818

Presentation today, um, although you don't get to see my head.

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00:13:23.818 --> 00:13:32.219

But, you know, I'm talking at you, there is some interchange with, uh, the questions that, uh, you'll be asking as we go along.

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00:13:32.219 --> 00:13:37.558
But we know that just that is not sufficient.

121
00:13:37.558 --> 00:13:43.469
So, what we've looked at is providing the support coordinator supervisors.

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00:13:43.469 --> 00:13:47.188
And the support coordinators at structured.

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00:13:47.188 --> 00:13:54.899
Under which to and take a look at how they address discharge planning.

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00:13:54.899 --> 00:14:02.969
And with the idea that we, as the behavior analysis team will provide coaching to.

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00:14:02.969 --> 00:14:08.668
Uh, support coordinator, supervisors who will then provide that coaching to their.

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00:14:09.808 --> 00:14:13.589
Support coordinators that they have oversight with.

127
00:14:13.589 --> 00:14:19.438
And also to include the, the QA in those areas of the medical need.

128
00:14:19.438 --> 00:14:23.399
What we've also included is that if we in.

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00:14:23.399 --> 00:14:31.769
The whole process as you'll see the sort of swim lanes and how this all flows out pun intended to.

130
00:14:32.693 --> 00:14:45.354
That, you know, we will have a regional office point of contact in case. We can't really identify the associated support coordinator supervisor to offer coaching to.

131
00:14:45.653 --> 00:14:55.793
I think that's what is really important in the whole process, is that, you know, we, as the behavior analysis team can't always be that go to.

132

00:14:56.188 --> 00:15:09.568

Our goal is to share our knowledge skills and ability with others and coach them in the process so that they can coach others. And it's a pure middle approach to developing skills.

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00:15:09.568 --> 00:15:21.479

Next please, so I want to pause here. Rod, do we have any, um, questions in the, the check box there?

134

00:15:24.629 --> 00:15:36.869

We don't have any questions yet, Rita, but I think people are thinking so loud. You can almost hear it. So no, so possibly the silence is.

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00:15:36.869 --> 00:15:40.589

It is so possibly as we move on, there may be some more questions.

136

00:15:40.589 --> 00:15:44.818

Well, um, deferred to my associates.

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00:15:44.818 --> 00:15:50.219

You know, do you have any information to add here? Um.

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00:15:53.639 --> 00:16:02.038

What I, I think we've, our goal is to help with the process. We all know how critical.

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00:16:02.038 --> 00:16:08.609

Um, discharge planning is these days, especially with the, the multitude of crises with.

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00:16:08.609 --> 00:16:13.798

Staffing of residential services and with the.

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00:16:13.798 --> 00:16:17.519

Challenges associated with.

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00:16:19.918 --> 00:16:23.188

The terrain were navigating, um.

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00:16:23.188 --> 00:16:26.639

As a society, and as a.

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00:16:29.759 --> 00:16:33.568

System providing supports to individuals.

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00:16:33.568 --> 00:16:41.068

So, I, I do have 1 thing to add just for sure. I'm sure folks are probably thinking this. So, um.

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00:16:41.068 --> 00:16:44.278

If you're out there, sitting there thinking about this pilot and.

147

00:16:44.278 --> 00:16:50.908

Thinking about situations where it's not a lack of planning. That's the problem. It's we don't have a place for the person to go. That's the problem.

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00:16:50.908 --> 00:16:57.688

Then we acknowledge that that's something that this pilot can't fix. So there's a lot of reasons.

149

00:16:57.688 --> 00:17:07.469

Um, why people get stuck in the hospital or why people don't do well, and end up in the hospital and don't do well in the come out of the hospital this particular pilot.

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00:17:07.469 --> 00:17:13.798

Is aimed at addressing some issues, so it's a joint and same bit addressing. We didn't know about it.

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00:17:13.798 --> 00:17:18.028

And we didn't know what to do to do planning. And so we're hopeful that.

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00:17:18.028 --> 00:17:31.919

But those 2 things can reduce some of the, the repeat visits to the hospital and also increase the likelihood that people are successful. When they come back out. Um, we do acknowledge that this does not make providers of.

153

00:17:31.919 --> 00:17:41.699

Additional providers available when that's the need or additional services available and we understand that that is still a a critical need for our entire state and actually the whole nation. So.

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00:17:41.699 --> 00:17:45.269

Um, we are working on these things outside of this pilot to try to address that.

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00:17:45.269 --> 00:17:48.269

This pilot's not going to cover that, but we still think that.

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00:17:48.269 --> 00:17:52.169

Having that real time information immediately available.

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00:17:52.169 --> 00:17:56.878

To planning teams is really gonna up the ability to do some solid planning.

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00:17:56.878 --> 00:18:06.509

And also, as we decide, ensure that there's support available to teams, um, to do planning and complicated situations.

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00:18:20.189 --> 00:18:23.878

Okay, okay, go ahead. Please next.

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00:18:26.398 --> 00:18:34.558

All right, so Rita had mentioned something about swim lanes and flow process. This is where we get into that. This is.

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00:18:34.558 --> 00:18:44.249

What is the structure of model and this is how we're going to talk about this today. We're going to talk about the swim lanes going across here.

162

00:18:45.749 --> 00:18:51.328

And the people associated with those lanes so obviously it's the person who is in the waiver.

163

00:18:51.328 --> 00:18:55.138

The support coordinator, the support coordinator supervisor.

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00:18:55.138 --> 00:19:00.449

Potentially an agency R. N. or an. R. N. through the regional office.

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00:19:00.449 --> 00:19:04.138

The behavior analysis team with a bat team was were referred to.

166

00:19:04.138 --> 00:19:08.519

And, um, we may have a person from the team who has a.

167

00:19:08.519 --> 00:19:12.298

And this system's approach of how to.

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00:19:12.298 --> 00:19:18.419

Um, work with this and how to help the process to.

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00:19:18.419 --> 00:19:29.128

Move along and to ensure that we're covering all of the points we need to cover with this person being released from.

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00:19:29.128 --> 00:19:39.058

The hospital situation, the other the other part of this process is the flow process. How this is going to go.

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00:19:39.058 --> 00:19:44.729

As you can see by the arrows and by the flowchart, and let me back by the flowing back and forth here.

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00:19:44.729 --> 00:19:52.348

It looks pretty confusing. So what we'd like to do today is we'd like to break this down and I'm going to do that in the next few slides here.

173

00:19:56.338 --> 00:20:02.608

We start out step 1 that individual enters either the emergency room.

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00:20:02.608 --> 00:20:10.199

Or the hospital, possibly, you've had 1 or more individual that you work with that this has happened with.

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00:20:10.199 --> 00:20:19.919

So kind of reflect upon that individual as we go through this and try to think about this process think about how this may have better the situation.

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00:20:19.919 --> 00:20:27.269

For the individual, and if you haven't had a person.

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00:20:27.269 --> 00:20:34.558

In this situation, maybe think about your own experience, or if you shared with 1 of your teammates.

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00:20:34.558 --> 00:20:40.648

An individual that this either frequently happens with, or has happened with in the past.

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00:20:40.648 --> 00:20:44.128

So, again, the 1st thing is the person who is in the waiver.

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00:20:44.128 --> 00:20:49.888

Is entering the, the system of a hospital.

181

00:20:52.618 --> 00:20:55.919

Okay, so the next step is the notification.

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00:20:55.919 --> 00:21:01.229

Who's going to be notified? How are we going to be notified? What's going to happen here?

183

00:21:01.229 --> 00:21:10.949

So, the system, the system will notify, or will trigger a notification process that's going to go to the support coordinator supervisor.

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00:21:10.949 --> 00:21:22.318

It's going to be a real time notification. Those notifications haven't been specifically set up at this time. However, some of you may have been asked already if you would prefer to receive an email.

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00:21:22.318 --> 00:21:25.709

Or, if you would prefer to receive a text when individuals.

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00:21:25.709 --> 00:21:28.769

On your support coordination team.

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00:21:28.769 --> 00:21:33.509

Into the hospital we also look at.

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00:21:33.509 --> 00:21:37.919

Is this a medical admission?

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00:21:37.919 --> 00:21:41.068

Okay or.

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00:21:41.068 --> 00:21:45.118

Is it the behavioral and we'll kind of get to that in a little bit here.

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00:21:45.118 --> 00:21:49.348

The other individuals who are going to be notified is.

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00:21:49.348 --> 00:21:54.118

The behavioral analysis team receives daily notifications of these.

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00:21:54.118 --> 00:22:03.298

And the QA team also, sometimes this is done even through the process as well as through this process there is going to be.

194

00:22:03.298 --> 00:22:06.538

Potentially do a notification sometimes.

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00:22:07.828 --> 00:22:13.108

Notification and that this is going to start your action planning right here.

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00:22:13.108 --> 00:22:20.699

The minute they go in, you need to think about how, what is release going to look like where are they going? What what sports are we going to provide?

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00:22:20.699 --> 00:22:25.138

What is that going to look like for that as an individual? And that team.

198

00:22:28.409 --> 00:22:33.388

The next step is there's additional notification and termination.

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00:22:33.388 --> 00:22:43.919

A behavioral or medical intervention is needed, so the support coordinator supervisor gets their notification and they're going to notify that assigned support coordinator.

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00:22:44.939 --> 00:22:49.618

And this is what the determination is going to be, as I mentioned in the previous slide.

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00:22:49.618 --> 00:22:54.209

Of whether this is a behavioral or medical admission.

202

00:22:54.209 --> 00:22:57.689

Now, let's think about this.

203

00:22:58.828 --> 00:23:03.868

Sometimes a behavioral trigger.

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00:23:03.868 --> 00:23:07.439

Leads to a medical results.

205

00:23:09.778 --> 00:23:16.048

The individual swallows glass individual follows nails. The individual follows a battery.

206

00:23:16.048 --> 00:23:23.489

They take the spiral out of a notebook and they swallow it. So something that's behavior behavioral trigger.

207

00:23:23.489 --> 00:23:26.999

Why they did that? What was going on situation?

208

00:23:26.999 --> 00:23:31.348

Leads to a medical emergency, potentially a surgery.

209

00:23:31.348 --> 00:23:36.749

Potentially a longer stay in the hospital so these can be twofold, which.

210

00:23:36.749 --> 00:23:43.019

There again, it's not uncommon and there again, that's why we have these teams in place.

211

00:23:43.019 --> 00:23:48.328

To talk about that and to help you process through it.

212

00:23:56.548 --> 00:24:02.608

How can we get through determining what's going on? Why the individual is there?

213

00:24:02.608 --> 00:24:06.959

And what we can do, we're going to bring everyone together.

214

00:24:06.959 --> 00:24:12.058

So, the discharge planning begins with the entire team involved.

215

00:24:12.058 --> 00:24:17.489

Okay, starts out with that individual because they're the 1 that started our whole process back here.

216

00:24:17.489 --> 00:24:23.548

Start out what their supports could be the support coordinators for coordinators supervisor.

217

00:24:23.548 --> 00:24:27.719

Behavior team can we.

218

00:24:27.719 --> 00:24:31.618

Your Guardian the.

219

00:24:31.618 --> 00:24:38.848

The provider agency, whether they have a date, they have provider, or if they have a residential provider.

220

00:24:38.848 --> 00:24:42.509

The other thing that we need to really, really, really focus on.

221

00:24:42.509 --> 00:24:46.169

Is that hospital team member?

222

00:24:46.169 --> 00:24:54.269

Whether it's a social worker or a discharge planning person, or whoever that person is at the hospital.

223

00:24:54.269 --> 00:25:03.538

We really need to focus on working with them working together. So we can see this process work through to the end.

224

00:25:03.538 --> 00:25:08.038

The end result of course, would be the individual returning to their home.

225

00:25:08.038 --> 00:25:11.459

Or, to the residential provider.

226

00:25:11.459 --> 00:25:15.148

So, here, now, discharge planning is is starting.

227

00:25:15.148 --> 00:25:18.358

We're going to make sure we include the individual.

228

00:25:18.358 --> 00:25:21.509

We're also going to work with our supervisors.

229

00:25:21.509 --> 00:25:25.499

We're also going to potentially work with a QA person.

230

00:25:25.499 --> 00:25:29.249

The agency R. N.

231

00:25:29.249 --> 00:25:32.548

If there is a medical emergency here.

232

00:25:32.548 --> 00:25:38.159

Maybe like, say a surgery or something like that, there's going to be some coaching.

233

00:25:38.159 --> 00:25:41.878

If we need that for a behavioral admission.

234

00:25:42.959 --> 00:25:46.588

Um, there's also going to be potentially.

235

00:25:46.588 --> 00:25:51.568

Involvement because if this is a residential individual.

236

00:25:53.128 --> 00:25:56.759

Then they would also talk to the agency.

237

00:25:56.759 --> 00:26:01.259

The provider potentially frontline staff.

238

00:26:01.259 --> 00:26:08.489

Uh, giving instructions on how this alone, how this will all flow out.

239

00:26:08.489 --> 00:26:11.759

Here again, we just want to really emphasize.

240

00:26:11.759 --> 00:26:16.739

Bringing together a whole team for the support of, of the individual.

241

00:26:21.388 --> 00:26:26.368

And the last step is the discharge is completed.

242

00:26:26.368 --> 00:26:34.888

And the supports are in place, so hopefully that individual is to return back to their home, whether it be a national home or a residential provider homes.

243

00:26:34.888 --> 00:26:42.778

But that's that's the goal. That's the goal is that we can get them back to where they need to be supported the best.

244

00:26:42.778 --> 00:26:46.648

So, there will be follow up again.

245

00:26:46.648 --> 00:26:50.009

That's the behavioral analysis team because of the behavioral.

246

00:26:50.009 --> 00:26:53.038

Entry There'll be follow up.

247

00:26:53.038 --> 00:26:57.239

With the QA team based on.

248

00:26:57.239 --> 00:27:02.699

The medical needs of the individual there will also be.

249

00:27:02.699 --> 00:27:08.308

Continuation of the support for news supervisor.

250

00:27:08.308 --> 00:27:12.058

And the support coordinator, it doesn't end here.

251

00:27:12.058 --> 00:27:20.098

Okay, just because there's this line drawn here that doesn't mean that these roles in the do swim lanes and you notice that there continuation.

252

00:27:20.098 --> 00:27:24.388
Their continuation of the whole team working together.

253
00:27:24.388 --> 00:27:30.118
To get the supports in place for that individuals to be successful. Once they return.

254
00:27:30.118 --> 00:27:33.868
To their home, or to their residential provider.

255
00:27:39.148 --> 00:27:42.598
Well, as we think about this, that's a lot of information I realize. I just.

256
00:27:42.598 --> 00:27:49.858
Gave to you, it's a lot of new information for some of you. Maybe it's a repeat information for some of you as well.

257
00:27:49.858 --> 00:27:55.318
But what does it mean how, how are we going to do this?

258
00:27:55.318 --> 00:28:01.108
The processes and we're going to put in place. The biggest thing is is just bringing.

259
00:28:01.108 --> 00:28:05.009
Bring this whole planning.

260
00:28:05.009 --> 00:28:08.548
Discharge planning back together.

261
00:28:08.548 --> 00:28:12.028
And being able to look at it as a whole.

262
00:28:12.028 --> 00:28:20.009
So, we're going to go ahead. We're going to try to take a different approach to this. As we just said, we're going to say, kind of a novel approach to it.

263
00:28:20.009 --> 00:28:27.959
And we're going to review what this all means. Hopefully most of you are familiar.

264

00:28:27.959 --> 00:28:32.459

With just the series, the big bang theory is a long lasting series.

265

00:28:32.459 --> 00:28:36.659

Has a very interesting cast with varying.

266

00:28:36.659 --> 00:28:40.499

Abilities there may also be some.

267

00:28:40.499 --> 00:28:44.068

Identify disabilities in here and they believe Sheldon.

268

00:28:44.068 --> 00:28:48.479

Has been identified as an individual with autism or autism spectrum.

269

00:28:48.479 --> 00:28:54.959

Tendency so, let's think about this, let's think about this from their perspective.

270

00:28:54.959 --> 00:28:58.409

Hey, hey, let's put it just a 2nd. Can you go back a slide?

271

00:28:58.409 --> 00:29:01.528

I just want to clarify a couple things real quick.

272

00:29:01.528 --> 00:29:10.199

Yeah, so I'll do for for folks on the call today. Really? What you should pay attention to are those, um.

273

00:29:10.199 --> 00:29:14.729

Service coordinator or supervisor lanes as they go across these are the things that.

274

00:29:14.729 --> 00:29:20.638

You'll be responsible for the other lines show what other folks are going to be doing to support you. And so what I want.

275

00:29:20.638 --> 00:29:24.778

To make sure people understand is that the behavior team and, and.

276

00:29:24.778 --> 00:29:29.578

The goal of this pilot is to give you all the tools to be able to do this planning.

277

00:29:29.578 --> 00:29:37.169

Without needing a behavior team member, or number of present for every, every single meeting that happens. And so this is really a development.

278

00:29:37.169 --> 00:29:40.169

System building tool, uh, and system.

279

00:29:40.169 --> 00:29:47.249

Uh, or pilot for you all to, to kind of increase your confidence in being able to work on these situations now.

280

00:29:47.249 --> 00:29:51.239

During the pilot period, obviously you're going to have folks there.

281

00:29:51.239 --> 00:29:56.729

Um, who we're going to be coaching you all on the use of this model that we're going to show in a 2nd.

282

00:29:56.729 --> 00:30:01.229

And also that can step in and provide that immediate consultation.

283

00:30:01.229 --> 00:30:07.288

If it's if you're in a really complicated situation, so, consider it, like, support with training wheels. So, like, we're.

284

00:30:07.288 --> 00:30:11.219

During the pilot period, when you have, uh, outside folks.

285

00:30:11.219 --> 00:30:16.169

In the meeting with you, they're primarily there to coach you all to be able to do this on your own, but.

286

00:30:16.169 --> 00:30:25.979

Also, to be able to step in, um, if there's a a really complicated situation that you just really need additional expertise. So that whether it's a.

287

00:30:25.979 --> 00:30:31.288

The biggest thing is, is that, for any reason, somebody goes to the hospital or an.

288

00:30:31.288 --> 00:30:35.818

This in this process initiates so it it really doesn't matter whether the person.

289

00:30:35.818 --> 00:30:40.259

Is there for behavioral or a medical reason there still needs to be discharge planning because there's certainly.

290

00:30:40.259 --> 00:30:44.278

Considerations that you have to be made when somebody goes to the hospital.

291

00:30:44.278 --> 00:30:51.509

And that doesn't really matter so that whether it's behavior or medical is really more about which team members are going to support you in your planning.

292

00:30:51.509 --> 00:31:02.459

If it's a medical issue, then obviously that's clinical area and so they're gonna be, and the clinical team on that side of the division is going to be assisting you as they.

293

00:31:02.459 --> 00:31:06.719

And a lot of cases already are, and if it's a behavioral issue.

294

00:31:06.719 --> 00:31:10.648

Then we behavior teams, the clinical experts in that area and so.

295

00:31:10.648 --> 00:31:18.509

Uh, will be the team that will be, uh, coaching and supporting you again? Essentially, as we already are the difference now, is we're giving you a structure.

296

00:31:18.509 --> 00:31:26.159

Model to kind of guide planning and coaching on how to do that. So that's really what case talking about now is taking a different approach is is.

297

00:31:26.159 --> 00:31:30.628

Is this discharge planning box here on the lane?

298

00:31:30.628 --> 00:31:34.798

Like, really diving into what that actually looks like what the model is that we're going to be.

299

00:31:34.798 --> 00:31:39.179

Um, providing for you all on training on how to use. Okay. Thanks. Guys.

300

00:31:40.409 --> 00:31:45.328

Thanks Lucas, I appreciate that clarification and yes, again, there we need to focus on.

301

00:31:45.328 --> 00:31:48.538

You know, those frontline folks, which is.

302

00:31:48.538 --> 00:31:52.108

Which is you all, you know, the individual the best that's for sure.

303

00:31:54.479 --> 00:32:01.259

So, again, just taking taking a look at the situation from the perspective. So I kind of want you to just sit back.

304

00:32:01.259 --> 00:32:07.288

And do some thinking here, we just going to take over from here on and lead you through.

305

00:32:07.288 --> 00:32:11.219

This problem solving area.

306

00:32:11.219 --> 00:32:22.979

This Rita. Great. Thanks, Kay. I saw that. There were a couple questions in the, the chat box there. Um.

307

00:32:24.088 --> 00:32:35.818

And I, I wanted to reach out to rod. I, I think I saw them and perhaps we did answer them, but also wanted to give clarity to the.

308

00:32:38.548 --> 00:32:46.888

Or a reminder that this is a pilot, and there are a limited number of individuals identified.

309

00:32:46.888 --> 00:32:50.219

In the pilot in the population.

310

00:32:50.219 --> 00:32:59.848

And, hey, if you could go all the way back to, uh, the list of regional offices and the numbers, real quick.

311

00:33:03.449 --> 00:33:11.669

They're excellent. So, uh, you know, we have identified specific individuals within our population.

312

00:33:11.669 --> 00:33:16.199

Who are triggered by their level of risk.

313

00:33:16.199 --> 00:33:21.898

And so those are the only individuals who, at this point in time.

314

00:33:21.898 --> 00:33:26.368

We'll be, um, on our radar, so to speak.

315

00:33:26.368 --> 00:33:32.429

To, um, trigger the notification process.

316

00:33:32.429 --> 00:33:36.659

And so I think that, um.

317

00:33:36.659 --> 00:33:39.898

And that's really important to remember.

318

00:33:39.898 --> 00:33:51.628

Uh, this does not address at this point in time natural home, unless the individuals may be receiving a community support waiver.

319

00:33:51.628 --> 00:33:56.788

We do have again, it is waiver oriented and identifying people.

320

00:33:58.318 --> 00:34:01.528

And that's the subject.

321

00:34:01.528 --> 00:34:05.878

Population for the pilot at this point in time.

322

00:34:05.878 --> 00:34:12.568

So, you know, if Sam, who is on your caseload.

323

00:34:12.568 --> 00:34:19.829

Goes to the hospital, but he's not identified in this pilot population.

324

00:34:19.829 --> 00:34:23.369

Then, you know, that will not trigger.

325

00:34:23.369 --> 00:34:32.159

Uh, a notification to the support coordinator supervisor, or the rest of the team to step into action.

326

00:34:32.159 --> 00:34:35.159

So, I wanted to.

327

00:34:35.159 --> 00:34:44.668

Let everyone know that, you know, it's not everybody out there at this point in time again, it's a pilot in the process.

328

00:34:44.668 --> 00:34:53.818

And, um, I want to remind you of that, and kind of give you another minute to take a look at the numbers there.

329

00:34:55.168 --> 00:35:03.028

And so, okay, could you speed us forward there K to the next? Uh.

330

00:35:03.028 --> 00:35:11.309

That's it so, as we mentioned earlier, we will have some workshops and I know.

331

00:35:11.309 --> 00:35:15.418

Um, we sent out with the notification and reminder.

332

00:35:15.418 --> 00:35:19.588

Information on signing up.

333

00:35:19.588 --> 00:35:32.934

Through sign up genius and I know that, uh, as of last count, we have about 10 in each of the session. So I want to encourage everyone to afford their selves.

334

00:35:32.934 --> 00:35:34.914

The opportunity to sign up.

335

00:35:35.128 --> 00:35:41.548

So, I'm not going to go through and the workshop is geared towards, uh, going through the.

336

00:35:41.548 --> 00:35:44.579

The actual pilot planning form.

337

00:35:44.579 --> 00:35:51.688

Um, on a more intimate basis, but today we're going to just give you a quick overview of that.

338

00:35:51.688 --> 00:35:57.119

No intention that that is to be an eye chart. Um.

339

00:35:57.119 --> 00:36:03.958

You know, just letting, you know, also letting, you know that, um, we've developed the form to be vulnerable.

340

00:36:03.958 --> 00:36:11.639

So, it's not just a free flow. It will allow you the opportunity there dropdowns for putting in dates and information.

341

00:36:11.639 --> 00:36:14.938

And also to guide you through the process.

342

00:36:14.938 --> 00:36:24.929

Next please, so.

343

00:36:24.929 --> 00:36:34.259

To take a a novel approach to looking at identifying the problem and I want to encourage everyone. We have, um, also some.

344

00:36:34.259 --> 00:36:45.748

Very rich, um, Webex is on problem solving that. My associate Melissa did in the way back machine, but it is very powerful.

345

00:36:45.748 --> 00:36:50.009

Um, to to help in the process, um.

346

00:36:50.009 --> 00:36:58.918

But we're taking a look at, uh, you know, that concept of the big bang theory and, and Howard and Raj, who tend to have very clinical analytical.

347

00:36:58.918 --> 00:37:12.418

Approaches to things, or, you know, if you maybe a little older, um, the George Orwellian approach, um, or if you're into Star Trek, you know, kind of a Spock orientation, or.

348

00:37:12.418 --> 00:37:17.878

A Star Wars approach, so somebody is looking at this situation.

349

00:37:17.878 --> 00:37:25.018

From a novel perspective, and what we want to take a look at is.

350

00:37:25.018 --> 00:37:33.239

What would they say, um, about the individual what they're doing that led up to this situation.

351

00:37:33.239 --> 00:37:39.418

Um, a hospital visit, and I want you to take a moment here and, and sort of.

352

00:37:39.418 --> 00:37:42.478

Think in the process, you know, how to.

353

00:37:42.478 --> 00:37:50.818

How did that individual get there? In addition we want to answer the questions of.

354

00:37:50.818 --> 00:38:00.028

You know, what were the provider staff doing to prevent that visit? So what did we have in place?

355

00:38:00.028 --> 00:38:07.168

What were the things there and then from the support coordination.

356

00:38:07.168 --> 00:38:11.489

Position, you know, what did we.

357

00:38:11.489 --> 00:38:16.679

Put in place for that individual to prevent those hospital visits.

358

00:38:16.679 --> 00:38:20.639

And as a reminder, when we look at the concept of provider.

359

00:38:20.639 --> 00:38:28.679

Um, we're looking at any provider associated with that individual so the behavior provider, the residential provider.

360

00:38:28.679 --> 00:38:35.519

The day program provider, you know, the other part of that team, um.

361

00:38:36.599 --> 00:38:42.420

In addition to all of those individuals, you know, I consider the Guardian a provider.

362

00:38:42.420 --> 00:38:45.780

So don't let them out of the process.

363

00:38:45.780 --> 00:38:51.480

But there's the other side of the equation, which is the hospital staff.

364

00:38:51.480 --> 00:38:59.429

And, you know, what would they say, or what would they tell, Howard and Raj or whomever?

365

00:38:59.429 --> 00:39:04.710

What needs to happen to help that individual to be successful?

366

00:39:04.710 --> 00:39:18.719

On discharge, so this initial process is identifying what the problem is and everyone says, well, the, the person got to the hospital, the person got to the hospital by way of.

367

00:39:18.719 --> 00:39:21.750

And fill in the blank, you know.

368

00:39:21.750 --> 00:39:25.559

The skills that they may have needed, or.

369

00:39:25.559 --> 00:39:31.559

But, you know, insufficient knowledge from staff so it's not the individual.

370
00:39:31.559 --> 00:39:42.420
That's the the thing that demonstrates the need within the system, so.

371
00:39:42.420 --> 00:39:46.769
You know, it's not always the individual that, um.

372
00:39:48.599 --> 00:39:53.670
We want to lay blame on so please remember that in the process.

373
00:39:53.670 --> 00:40:02.579
And, yeah, so I love that Lucas it, it's really hard to evaluate systems when we're.

374
00:40:02.579 --> 00:40:10.079
Um, in the weeds, so to speak. Um, and of course, the, the point is that we kind of shift our perspective.

375
00:40:10.079 --> 00:40:14.789
To things that may not be readily apparent.

376
00:40:14.789 --> 00:40:19.559
And, um, hopefully this will allow you to think outside the box a little bit more.

377
00:40:20.454 --> 00:40:34.164
So, um, next please, so, once we've identified the problem, our goal is to identify the goals of what we should work towards.

378
00:40:35.039 --> 00:40:39.929
You know, if, if we could solve all those things we've identified as problems.

379
00:40:39.929 --> 00:40:44.909
And they would just evaporate what would life look like for the individual.

380
00:40:44.909 --> 00:40:49.769
What would life what would the day of the provider look like.

381
00:40:49.769 --> 00:40:55.739
You know, what would provider staffs lives look like remember they are part of the equation too.

382

00:40:55.739 --> 00:40:59.880

Um, what would the support coordinators life look like.

383

00:40:59.880 --> 00:41:09.780

With the goal being on, you know what the team is working towards.

384

00:41:09.780 --> 00:41:21.119

And again, our goal is not to place blame, but to come to some solutions and resolutions of, you know, how do we get to the best life? And.

385

00:41:22.230 --> 00:41:29.070

For everyone that, you know, it's not just the individual the individual is part of the equation, but the.

386

00:41:29.070 --> 00:41:32.340

The best life for everyone involved in their.

387

00:41:32.340 --> 00:41:35.460

Support, um.

388

00:41:38.940 --> 00:41:44.099

Next please, so, of course.

389

00:41:44.099 --> 00:41:47.610

Part of that is, you know, once we've identified the.

390

00:41:48.630 --> 00:41:59.940

The issues, um, once we've identified truly the challenges in the barriers to what's going on, we need to plan to resolve those. So next please.

391

00:42:02.909 --> 00:42:08.639

So planning to solve those problems or overcome those barriers, um.

392

00:42:08.639 --> 00:42:13.650

You know, we consider what's currently happening what skills might the individual.

393

00:42:13.650 --> 00:42:19.050

Need or what skills might be missing in the individual's life that would move them towards.

394

00:42:19.050 --> 00:42:27.239

The best life possible we want to take a look at, um, are those skills being taught currently?

395

00:42:27.239 --> 00:42:33.389

So, if they are great, then what else needs to happen.

396

00:42:33.389 --> 00:42:38.039

How can we beef up those elements? And if they're not.

397

00:42:38.039 --> 00:42:44.400

If those skills aren't being taught, then who might be able to teach those skills.

398

00:42:44.400 --> 00:42:50.639

Or, um, how will the person know when they've learned those skills? Um, uh, you know.

399

00:42:50.639 --> 00:42:55.769

I see in many plans, a person needs to use their coping skills.

400

00:42:55.769 --> 00:43:01.980

Okay, um, you know, I think their best coping skill at the moment was.

401

00:43:01.980 --> 00:43:05.699

What they could muster.

402

00:43:05.699 --> 00:43:12.510

And it was in a very positive outcome for everyone. So how do we change that?

403

00:43:12.510 --> 00:43:20.309

Paradigm for not only the individual, but for the staff and for the system.

404

00:43:20.309 --> 00:43:23.760

Around the support for that individual.

405

00:43:23.760 --> 00:43:37.860

Next please, so, you know, again, taking that novel approach to looking at things from an outside perspective, trying to think outside the box.

406

00:43:37.860 --> 00:43:47.309

Um, does what, Howard and Raj see the provider staff doing to prevent the visit match what the isb is indicating is so.

407

00:43:47.309 --> 00:43:51.510

You know, is there a safety crisis plan and what elements are in there?

408

00:43:51.510 --> 00:44:00.929

If it does match what changes might be needed in the strategy, um, and who is responsible but if it doesn't.

409

00:44:00.929 --> 00:44:05.849

And what steps would we take to ensure that we have strategies.

410

00:44:05.849 --> 00:44:09.300

Or look at new strategies to be implemented.

411

00:44:09.300 --> 00:44:12.480

Would there be additional resources needed?

412

00:44:12.480 --> 00:44:16.920

And how can the team get those additional resources?

413

00:44:16.920 --> 00:44:22.380

You know, does the person need to access counseling? Does the person.

414

00:44:22.380 --> 00:44:28.380

Need behavior surfaces, um, as the person.

415

00:44:29.699 --> 00:44:44.219

Need additional skills, so I think we're, we're looking at, you know, what needs to happen to implement those. And if there's all those things are in that isb, then, you know, we, we need to take a look at.

416

00:44:44.219 --> 00:44:48.480

You know, what do we need to help the staff be more successful?

417

00:44:48.480 --> 00:44:55.679

Their implementation process and doing it with integrity.

418

00:44:56.730 --> 00:45:11.335

Next please, so, again, thinking about, um, Howard and Raj and what they see, um, will there be other services needed?

419

00:45:11.364 --> 00:45:15.445

So, you know, we're, we're going through this problem solving process.

420

00:45:15.659 --> 00:45:24.329

We've determined that, gosh, we do need other services. Um, maybe we need a speech in language evaluation.

421

00:45:24.329 --> 00:45:31.409

Maybe we need counseling then, you know, how does the person access that.

422

00:45:31.409 --> 00:45:44.039

1 of the things that we need to ensure and help support in the process is, if we've determined we need additional services then, um, finding a provider in an expeditious manner.

423

00:45:44.724 --> 00:45:58.855

Making a, an emergency process so, you know, this is then in listing the support of the regional offices to take that next step. Oh, my gosh. The, the person is discharging tomorrow. Do we need.

424

00:45:59.219 --> 00:46:08.190

Some additional staff to help over the hump of teaching those skills. How do we get that in? How do we ensure that the.

425

00:46:08.190 --> 00:46:19.050

Residential provider as that, you know, if it's for the family, you know, maybe we need some additional supports in the home for the caregivers.

426

00:46:19.050 --> 00:46:23.340

Um, so.

427

00:46:23.340 --> 00:46:30.539

Truly, what are the action steps that, um, must happen based on the considerations that we.

428

00:46:30.539 --> 00:46:36.599

Outlined what specifically needs to happen who's going to do that? You know, again, we.

429

00:46:36.599 --> 00:46:44.039

We need to have a plan of action to move forward. Not just. Okay. Yeah, that's what we've got. Well, who's going to do what.

430

00:46:44.039 --> 00:46:55.110

You know, assign people to do things, um, you know, the Guardian is going to, you know, the support coordinator is and then fill in the blanks.

431

00:46:56.005 --> 00:47:10.434

And outline those and let everyone know what their responsibility is again, the hospital is going to make some recommendations too. How do we incorporate those into the process? Are they realistic?

432

00:47:10.735 --> 00:47:12.715

You know, would they lead to.

433

00:47:13.079 --> 00:47:19.019

The best life possible for that individual both in the short term and the long term.

434

00:47:21.869 --> 00:47:26.460

And then, of course, um, you know, ensuring that we have the follow up.

435

00:47:26.460 --> 00:47:32.309

For coordinator, you know, is the person responsible for.

436

00:47:32.309 --> 00:47:42.300

Amending the isb to reflect the changes in the services and the process and of course, the provider provides input into that. And.

437

00:47:42.300 --> 00:47:47.760

Maybe, it's the behavior provider with, uh, modification to the behavior support plan.

438

00:47:47.760 --> 00:47:50.880

Or, maybe it's a residential provider with the.

439

00:47:50.880 --> 00:47:55.260

An update on the implementation strategies and the.

440

00:47:55.260 --> 00:48:00.630

Coaching process, um, and that's an internal document for the provider.

441

00:48:00.630 --> 00:48:10.409

So, maybe they've determined while we have all the things we need in place, and we need to help the staff be more successful. So there are lots of moving parts.

442

00:48:10.409 --> 00:48:15.059

You know, again, is it's been indicated is that.

443

00:48:17.130 --> 00:48:26.940

You know, we're here to coach and support, um, this coordinator supervisors and support coordinators in the initial process. So that.

444

00:48:26.940 --> 00:48:34.260

Everyone gains the skills, um, when you have the skills, then you can share the skills with every 1.

445

00:48:34.260 --> 00:48:37.590

Um, next please.

446

00:48:41.820 --> 00:48:51.420

So, gonna pause here um, I saw a few things in the, the chat box. Um, rod do we have anything that we need to address at this point?

447

00:48:54.420 --> 00:49:04.769

We do have a couple of questions and and Kay and reading use, both spoke to this a little bit, but to highlight it a bit more, uh, the 1st question actually.

448

00:49:04.769 --> 00:49:16.224

I'm going to combine the questions, because they're pretty similar it says, is this concerning hospitalizations only related to their disability, or any hospitalization, including an illness or medical condition?

449

00:49:16.945 --> 00:49:29.875

And then the 2nd part is, as an se, I am not always notified of hospitalizations, especially if the consumer is service coordination only is there a way that we will be notified through this pilot program?

450

00:49:35.190 --> 00:49:38.969

Okay, great questions.

451

00:49:38.969 --> 00:49:50.159

Again, you know, the, I'll answer the 2nd question. Um, 1st, uh, the, the pilot is only a limited number of individuals identified.

452

00:49:50.159 --> 00:50:02.219

It may not be natural home or support coordination only. So the probability of you getting notification through your support coordinator supervisor.

453

00:50:02.219 --> 00:50:13.710

Is probably not going to happen at this point. I know that this is a pilot again, you know, identifying that those are additional needs along the way.

454

00:50:13.710 --> 00:50:19.079

You know, I think that that flows into the next slide. We'll, we're on here.

455

00:50:19.079 --> 00:50:26.880

But we only have a limited, um, population that we're addressing in the pilot at this point. So, um.

456

00:50:26.880 --> 00:50:35.519

Still can't give you a notification for supporter nation, only of an individual, but, um, maybe we'll get there some day.

457

00:50:35.519 --> 00:50:47.369

And then the other was, is it for only related to their disability you know, a hospitalization occurs for whatever reason and that will be the notification. Maybe.

458

00:50:47.369 --> 00:50:56.789

Um, medical, it may be a behavioral, so anytime any individual in the pilot population.

459

00:50:56.789 --> 00:50:59.880

Enters the hospital for whatever reason.

460

00:50:59.880 --> 00:51:06.750

Notification is made to the support coordinator supervisor.

461

00:51:06.750 --> 00:51:13.590

And again, we're working on that notification process. The support coordinator supervisor will be notified.

462
00:51:13.590 --> 00:51:17.519
Either by text or email and will opt in to.

463
00:51:17.519 --> 00:51:20.610
What they find be most.

464
00:51:22.559 --> 00:51:28.320
Supportive of their role and, um, we, as the.

465
00:51:28.320 --> 00:51:38.699
Behavior team will also be notified and we will be reaching out to the support coordinator supervisor.

466
00:51:38.699 --> 00:51:43.860
Offering our assistance, um, uh, you know, just.

467
00:51:44.335 --> 00:51:51.324
Because someone enters the hospital doesn't mean, we're going to do those elements.

468
00:51:51.324 --> 00:52:02.514
What we're doing is we're offering the opportunity to support the support coordinator supervisors, and the support coordinators in the process of.

469
00:52:04.260 --> 00:52:17.760
Discharge planning and creating a system to be able to effectively address the discharge planning needs of individuals in the hospital. So we'll reach out. We'll ask. Do would you like, support.

470
00:52:17.760 --> 00:52:24.989
And you can opt in or opt out, um, maybe you feel confident. Maybe this is.

471
00:52:24.989 --> 00:52:33.750
You know, once you go through the workshops, you can say, wow, this is really easy. I think I can do this by myself.

472
00:52:33.750 --> 00:52:38.940
And, you know, you may experience it. You may not, we don't know um.

473
00:52:38.940 --> 00:52:45.719

It will depend on who is, um, on your caseload, who is part of the pilot population.

474
00:52:48.480 --> 00:52:49.019
So,

475
00:52:49.045 --> 00:52:49.405
um,

476
00:52:49.614 --> 00:52:51.625
if whoever answered that question,

477
00:52:51.625 --> 00:52:52.284
if you could,

478
00:52:52.315 --> 00:52:52.644
um,

479
00:52:52.675 --> 00:52:53.815
chat to everyone,

480
00:52:53.815 --> 00:52:55.554
if we have dressed that,

481
00:52:55.554 --> 00:52:55.885
uh,

482
00:52:56.155 --> 00:52:56.664
question,

483
00:52:56.664 --> 00:52:58.315
and I'll reach out to my associates,

484
00:52:58.315 --> 00:53:03.985
if they have anything else to kind of expand upon the responses I gave please to.

485
00:53:12.570 --> 00:53:17.280
This is Kay, and it just for me, it just triggered a, um.

486
00:53:17.280 --> 00:53:27.090

A bot, so the FCC will have the identified individuals on their caseload. They will know if it's Joe Smith and sherry.

487

00:53:27.090 --> 00:53:33.059

Russian whatever they will know the names of individuals that have identified. Is that correct?

488

00:53:35.130 --> 00:53:46.800

I'm I'm going to defer to Lucas. I'm not exactly sure how that information has been shared with and the support coordinator.

489

00:53:46.800 --> 00:53:52.170

Excuse me, the support coordinator, or may not know, but the support coordinator supervisor will know.

490

00:53:52.170 --> 00:53:55.349

Okay all right. Thanks.

491

00:53:59.219 --> 00:54:05.994

Okay, um, we do have another question that just came through in the chat box.

492

00:54:06.474 --> 00:54:15.445

It says what, if the consumer does not choose to learn a skill or someone is not there with them consistently to walk them through what they need to do.

493

00:54:19.380 --> 00:54:27.599

That's 1 of the beauties of this, uh, problem solving model that, um, we just walked through quickly and you'll have the opportunity to get a workshop.

494

00:54:27.599 --> 00:54:35.789

Training on, uh, next week, is that that is part of the conversation that the team has. So what what are the skills needed?

495

00:54:35.789 --> 00:54:45.360

What are the barriers to learn the skill who's going to do what to address that? So, that's that's a great question. And 1 of the 1 of the beauties of the model, is that really.

496

00:54:45.360 --> 00:54:49.530

Helps people come together and solve those sorts of problems.

497

00:54:59.400 --> 00:55:09.659

Okay, so want to give you an idea of, you know, the length of the pilot we're, we're looking at a 6 month window for the pilot with the potential for expansion.

498

00:55:09.659 --> 00:55:14.940

Strong probability that it will be expanded and continued.

499

00:55:15.744 --> 00:55:24.235

Also, you know, that communication expectation is that we will have some frequent town halls to get feedback on the process.

500

00:55:24.594 --> 00:55:37.284

Hopefully, every couple of weeks, again, this is a very short fused pilot, and we want to get feedback on the form. We want to get feedback on the coaching and for those of, you.

501

00:55:37.739 --> 00:55:43.710

Um, so participated in other pilots we've been associated with we, we.

502

00:55:43.710 --> 00:55:56.340

We expect that there will be changes as we move along that, you know, we've done the hypothesis. We've got the base of what we need and we want you to give that feedback for us.

503

00:55:56.340 --> 00:55:59.940

Um, in the process of what's going on.

504

00:55:59.940 --> 00:56:05.610

And, you know, oh, you really should add this or this is, um.

505

00:56:05.610 --> 00:56:08.639

An important element, um.

506

00:56:10.469 --> 00:56:15.690

And the, the form that needs to be added, or oh, that's redundant. Information.

507

00:56:15.690 --> 00:56:19.500

So, we expect that feedback next please.

508

00:56:25.559 --> 00:56:39.385

So, um, are you signed up for the workshop? This is a public service announcement for, um, the 2 workshops that will be available. We'll have 1, um, on the 25th, um, from 11 to 12.

509

00:56:40.590 --> 00:56:47.489

There was, like I said, information shared, um, will again put that out there it will be on the.

510

00:56:47.489 --> 00:56:51.269

The slides of course, um, those 2 opportunities.

511

00:56:51.269 --> 00:56:54.570

For those workshops under, which we will give a.

512

00:56:55.494 --> 00:57:09.655

A scenario, and we'll actually walk through doing some problem solving some brainstorming to try to get everyone to think outside the box in a novel way. And hopefully the structure of the, um, planning form will.

513

00:57:11.699 --> 00:57:25.949

So next please, and we're down to what additional questions might you have and I see there are a couple things in the, the chat. So.

514

00:57:25.949 --> 00:57:32.340

Maybe you can share those with us, please rod in our last couple of minutes.

515

00:57:35.335 --> 00:57:35.994

Sure,

516

00:57:36.025 --> 00:57:37.914

the 1st question it says,

517

00:57:37.914 --> 00:57:44.784

most of us are experiencing the frustrating fact realization that we are trying to connect consumers to much needed services,

518

00:57:44.815 --> 00:57:53.784

which include services that will work on skills that will help in preventing hospital stays but there's a lack of enough staffing or available providers.

519

00:57:54.144 --> 00:58:06.445

I know we're trying to think outside of the box and connect our consumers with different resources, skilled services, et cetera. I think this pilot program is a good thing. And fortunately a huge hole is the lack of staffing.

520

00:58:07.045 --> 00:58:11.664

How about some are, what are some suggestions on how to overcome this issue?

521

00:58:18.539 --> 00:58:27.300

Well, I think, um, Lucas, um, addressed that a little bit. Um, you know, we, that's kind of outside the scope of the, the current pilot.

522

00:58:27.300 --> 00:58:37.440

We're looking at different ways to help that through value based purchasing. The unfortunate thing is that the solution to that.

523

00:58:37.440 --> 00:58:43.710

Those crises of, um, having enough staffing is not a short term.

524

00:58:43.710 --> 00:58:55.769

Process it's really a very long term process, and we're seeing it across the board in hospitals in nursing home facilities and anyone who is providing.

525

00:58:55.769 --> 00:58:59.880

Care to other individuals, whether it's home health care surfaces.

526

00:58:59.880 --> 00:59:07.409

So, I'm sorry, we don't have a short term solution. We're working on other long term solution.

527

00:59:07.409 --> 00:59:12.480

Um, and we all appreciate the frustration that everyone is experiencing.

528

00:59:13.619 --> 00:59:16.949

So 1 thing I would add to that, so, I think is a response.

529

00:59:16.949 --> 00:59:20.309

He's a really good response and then the other thing I would add is.

530

00:59:20.309 --> 00:59:25.199

As it's kind of a challenge for us, all really in this crisis.

531

00:59:25.199 --> 00:59:30.900

Is to kind of recognize the fact that there's never going to be enough direct care staffing.

532

00:59:30.900 --> 00:59:34.260

So, the, the human service industry.

533

00:59:34.260 --> 00:59:38.460

Which includes supporting people with.

534

00:59:38.460 --> 00:59:42.360

Folks that are getting older really? Just lots of different areas.

535

00:59:42.360 --> 00:59:47.099

Is growing at such a large rate there's just never going to be enough.

536

00:59:47.099 --> 00:59:53.610

We can never hire enough people to staff and support in the way that we historically have done.

537

00:59:53.610 --> 00:59:59.130

And so what 1 of the challenges for us, as a state for us, as a system for us, as teams.

538

00:59:59.130 --> 01:00:05.820

Is is to trying to transform the way that we look at staff as a support. So, 1 of the things that we've historically done.

539

01:00:05.820 --> 01:00:08.849

Is really lean on direct care staffing.

540

01:00:08.849 --> 01:00:14.460

To be that support for a person, um, and where we're at right now as as the.

541

01:00:14.460 --> 01:00:19.199

The person who asked the question really did a great job. Highlighting is is that's just not there.

542

01:00:19.199 --> 01:00:28.800

And so we just don't have the luxury of being able to look for extra staffing to be our solution. And so we have to do different things. And what this pilot.

543

01:00:28.800 --> 01:00:32.460

Does do is to give the tools to do the planning because often.

544

01:00:32.460 --> 01:00:38.309

Folks that have chronic risk or end up.

545

01:00:38.309 --> 01:00:42.239

Um, repeatedly going to the hospital and and are the folks that.

546

01:00:42.239 --> 01:00:50.340

Need or have the highest level of staffing probably had opportunities earlier long in the continuum that if.

547

01:00:50.340 --> 01:01:03.420

If that solid, good planning, if that information was immediately available, we could have intervened earlier. And so what we're trying to do is to do some prevention and be proactive is trying to figure those things out earlier, rather than later.

548

01:01:03.420 --> 01:01:07.289

What supports are needed? I understand that. There is a waterfall.

549

01:01:07.289 --> 01:01:11.340

Lack of services and staffing across the state.

550

01:01:11.340 --> 01:01:23.099

That is true. This pilot will have no impact on that. Unfortunately however, what it can do is help us identify those, those small wins that we overlooked. Um, so, for example.

551

01:01:23.099 --> 01:01:35.219

If we already have solid strategies that are in place, but we're just not doing them in the way that we should that should be a simple fix. And we don't need more staff to do that. We just need a way to monitor.

552

01:01:35.219 --> 01:01:48.929

That that teaching is occurring. Um, if we have somebody who's in the hospital for a medical reason, and what they really need are some modifications to their home to support their medical conditions. And

that's what we really need. We don't need extra staff to do those. So these are those.

553

01:01:49.255 --> 01:01:54.295

Problem solving things about trying to identify what we can do with what we have,

554

01:01:54.594 --> 01:01:58.885

what we don't have that we need and hopefully we can get those things,

555

01:01:59.394 --> 01:02:06.594

but that's that's kind of beyond the capacity for for us to tackle right now as we mentioned but we do have,

556

01:02:06.684 --> 01:02:07.074

you know.

557

01:02:07.409 --> 01:02:15.000

We spend a lot of time thinking about how do we address this over the long term and database purchasing is 1 way. Um, there's some other, uh.

558

01:02:15.000 --> 01:02:18.900

Pretty exciting initiatives coming with.

559

01:02:18.900 --> 01:02:24.030

Trying to promote acquiring and retaining staff.

560

01:02:24.030 --> 01:02:38.309

And so those things are are coming, but I also just want to keep I want to keep beating this drum. I'd be that wherever I go that, we just have to transform our relationship with the use of directory staffing, because it's just never going to be enough people to stack in the way that we currently staff.

561

01:02:44.789 --> 01:02:56.039

And I do see, uh, 1 more question and thinking back to the form, will the form be required to be completed? Or is it intended to be more of a guide.

562

01:03:00.360 --> 01:03:09.389

That's a good question. So, for the purposes of the pilot, and our ability to evaluate whether this is working or not, we really need it completed.

563

01:03:09.389 --> 01:03:13.409

Cause this is how we're going to determine if this was helpful or not, we need to be able to evaluate.

564

01:03:13.409 --> 01:03:22.469

What kind of the problem solving that teams did this is really creates a permanent product or a record of that problem solving. So, for the, for the purposes of the pilot.

565

01:03:22.469 --> 01:03:26.820

I really need it completed beyond the pilot, you know, as we.

566

01:03:26.820 --> 01:03:34.949

Generalize this to the rest of the state like, the tool is really just meant to be a guide. Like, it's really just a structure of the conversation.

567

01:03:34.949 --> 01:03:42.690

However, for the purposes of the pilot, we need that we need that information. We need that permanent product of that problem solving. So we really need the, the form filled out.

568

01:03:43.014 --> 01:03:57.985

Um, and then other contexts, so, a version of this form, um, is also being incorporated into connection, um, and will help meet the PSR requirement for comprehensive planning, uh, when people have met the reactive strategy threshold.

569

01:03:57.985 --> 01:04:12.385

So, if you guys aren't familiar with that, go back to the behavior support CSR 9, CSR, 45 3.090, there's a section in there about a reactive strategies threshold that, uh, when a person needs, there has to be a comprehensive planning done and a version of this form.

570

01:04:13.045 --> 01:04:13.885

Basically, the exact same.

571

01:04:15.869 --> 01:04:26.969

Form with, uh, without the presumption that a person was in the hospital, it leaves that open, uh, is part of the connection system, um, to help meet that requirement to do competence and planning.

572

01:04:26.969 --> 01:04:41.340

So, hopefully that answered the question. Okay and I had previously mentioned a, um.

573

01:04:41.340 --> 01:04:48.210

Very rich problem solving Webex that town my associate Melissa did, and I, um.

574

01:04:48.210 --> 01:04:52.559

Put that that connection to the YouTube um.

575

01:04:52.559 --> 01:04:56.190

Video in the chat box, it was.

576

01:04:56.190 --> 01:05:06.150

Actually can't even remember what it when it was done, but it goes through problem solving for teams that might also be an additional resource. So.

577

01:05:06.150 --> 01:05:10.019

I know we're over a little bit. Um, I.

578

01:05:10.019 --> 01:05:14.010

Rod, did we have any other questions in the chat box?

579

01:05:14.010 --> 01:05:18.389

No, I do not see any more questions at the moment.

580

01:05:20.130 --> 01:05:29.159

Okay, great Thank you so much. Everyone for joining us this morning we appreciate your time and, uh, appreciate your commitment to the.

581

01:05:29.159 --> 01:05:35.730

Pilot and to, uh, the opportunity to give us feedback as we.

582

01:05:36.809 --> 01:05:44.909

Advanced the pilot and, um, please, uh, you know, any questions or issues. Of course, we'll have be having those 2.

583

01:05:44.909 --> 01:05:49.590

A workshop Webex is next week on.

584

01:05:49.590 --> 01:05:57.719

25th from 11 to 12 and then we have another 1 on the 1st of November from 9 to 10.

585

01:05:57.719 --> 01:06:00.179

Thanks very much everyone.