

MEMORANDUM
MACOMB-OAKLAND REGIONAL CENTER
MT. CLEMENS, MI.

TO C. Patrick Babcock DATE November 19, 1984
FROM Nancy Rosenau
SUBJECT Update on "Children's Project"

Although Ben assures me that he has been keeping you up to date on progress of the project, I will feel more comfortable if I share directly some details which you may wish to know rather than assume you have this information. I am therefore sending an update from my own perspective. All of this information I am also sharing with Ben regularly.

The areas I would like to cover at this point include the following:

- A. Data base - placement needs projection
- B. New home development - progress on gearing up for increased need
- C. Warren Village
- D. Wayne and Taylor Total Living Centers
- E. Deflecting new admissions
- F. Areas needing attention

A. Data base - placement needs projection

Efforts to date have focused primarily on the children in metro area nursing homes: Warren Village, Wayne and Taylor Total Living Centers. From contacts with the school system at Warren Village and actual screening at Wayne and Taylor Total Living Centers the following projections for placement needs are suggested:

	<u>Warren Village</u>	<u>Wayne TLC</u>	<u>Taylor TLC</u>	<u>Total</u>
Return home*	10			10
CTH	68	5	16	89
CTH or AFR with highly specialized RN involvement	34			34
AIS	17	4	4	25
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Total # children	129	9	20	158
(Adults AIS	21)			

*NOTE: The number projected to return home is very conservative in order to keep development efforts accelerated. It may increase if the DMH waiver allows higher cost offset.

Commitments for FY 84/85 development for WCLS and MORC as part of the total picture of statewide facility reduction are as follows:

	Level II MORC/WCLS		AIS MORC/WCLS		TOTAL MORC/WCLS		
Warren Village	30	0	20	0	50	0	50
Wayne/Taylor TLC	5	25	16	48	21	73	94
	35	25	36	48	71	73	144

Of the 144 beds targeted for nursing home reduction, 80 are targeted for children including all 30 children at Wayne and Taylor Total Living Centers and 50 of the Warren Village children.

While working on placement of children out of nursing homes, efforts at identifying need from deflections may be projected from the demand to date. These figures must be viewed with some caution as early information with the following weaknesses:

- (a) may be under-estimates as not all potential referring hospitals are as yet aware of our efforts
- (b) may be over-estimates as early onslaught in fear of DRG process and closing entrance to other nursing homes used in the past

Hospital Referral Source

Mott	11
Henry Ford	2
Children's	3
Hurley	2
Wayne Co. General	1
St. John's	<u>1</u>
	20

-returned to natural home	5
-placed in CTH	3
-deceased	3
-placed in nursing home	3
-yet to be determined	<u>6</u>
	20

B. New home development

The project has increased the need for new homes. Until gaining access to Warren Village through the DMH/DSS/DPH agreement developed following the boiler plate language, MORC had placed virtually all of the children from its catchment area and had been focusing on adult foster homes. The project has a return to recruitment of childrens' homes at a rate far greater than the 15-20 bed developed in recent years. WCLS has also needed to increase significantly its recruitment of new homes.

Working with Tom Miller who directs the development of new homes at MORC and WCLS, we have worked out a reorganization to bring the two CTH development units together under one supervisor for the development of childrens' homes. We have organized it so I have a direct link to assure production of homes directed to the project need. With the reorganization is a gearing up of enthusiasm, commitment, and goal directed activities. We are planning a move to a single location with

single metro area phone access to simplify ease of contact following our plan for increased outreach.

Most of my energies on this issue to date have been directed at the metro area. We have provided some training to Genesee CMH. I would see this as a future goal for other areas once the metro area is geared up.

I have also initiated contacts to explore contracting for development. Jerry Provencal and I will be meeting with Spaulding (a quality operation Sheri Falvay has been working with on the permanency project) to discuss the possibilities of some additional training to our developers as well as a contract to develop homes for us.

C. Warren Village

We are currently working with four families with children at Warren Village. The booklet developed for families offering our assistance is being printed. Following your meeting with Mr. Bortz and Harvey Day; Ben, Lindsay and I will be meeting to plan our strategies for Warren Village. In light of the statement of cooperation, we may have over-estimated opposition and can rethink our approach somewhat.

D. Wayne and Taylor Total Living Centers

We have screened all of the thirty (30) children at these homes. We have also begun parental contacts. As expected the offering of alternative services is not always greeted with open arms but gentle and persistent persuasion has been effective. Two children have been placed into foster care. Five other children have been referred to available vacancies in CTH (foster care) homes between WCLS and MORC.

E. Deflecting New Admissions

In order to deflect new admissions from nursing homes, we have had a number of contacts with referring hospital social work staff. Lindsay and I have met with Mott, the primary referral source to date. I have also met with Henry Ford Hospital staff.

The referrals have been averaging 5 new cases per month.

- 25% return to their natural homes with (CMH/DMH) assistance
- 15% do not survive
- 15% placed in nursing homes
- 15% placed in foster care
- 30% still in hospitals

Of the 15% we have not been successful at deflecting this has been a factor of late notification by the hospital rather than inability to locate a foster home. Meetings with the hospital social work staffs have resulted in earlier notification of possible service need.

I have met with Maureen Marcenko of the DDI (UAF) to discuss some joint efforts in the way of training/education of the hospital social work staff. I will continue planning in that direction. Lindsay, Ben, and I are also interviewing a woman with considerable experience in this area (referred to me by Beth Ferguson

because of her awareness of the project) for a possible liaison role between hospitals, families, and the service network.

In addition, I have been meeting with the local (metro area) Crippled Children's staff. Ben, Lindsay and I have also met with that group at the central office level as well. It seems clear in comparing notes that we are faced with two major factors in deflecting new admissions of children to nursing homes:

- (1) an increased rate of survival due to technological advances and the development of specialized neonatal units, and
- (2) the ability to deflect if we can get adequate in-home assistance to natural families.

With regard to the second factor, it appears to me that we need to be extremely careful not to contribute DMH funding too early without the exhausting of other viable funding routes. Early contacts from hospital staff may tempt the use of DMH dollars. Instead our efforts should be directed at assuring referral to other resources first to include at least:

- SSI
- Crippled Children's
- Family Support Subsidy
- Private insurance

Third party billing may be an area to which we want to devote some attention. In a recent highly visible case of a respiratory dependent child a great deal of effort was directed toward obtaining in-home nursing coverage by Blue Cross/Blue Shield which was cheaper than their costs to maintain the hospital care but was not a 100% covered service under the policy. In the midst of negotiations, I was questioned about DMH resources but held back awaiting resolution of the request of BC/BS. This may represent precedent setting coverage, although I understand BC/BS has indicated it is not.

F. Areas needing attention

In addition to continued efforts in the above areas, I am working on the following:

- (a) improved placement planning through training of the WCLS staff
- (b) development of placement planning guidelines specific to this population for possible use in other geographical areas (Genesee CMH has had some complaints about adequacy of planning in a recent case of a child exiting a nursing home)
- (c) coordination with Independent Nurses (a nursing corporation which contracts with MORC) which is developing a respite group home for this population. We are discussing using it for:
 - respite for natural families
 - respite for CTH families
 - use as a transitional facility between hospital and family care

Please feel free to call or note any areas which require clarification. I hope this is helpful and reflects your intent for my efforts. I am finding the project exciting and sincerely welcome the opportunity to play a part in it.

NR:mk

cc: Ben Censoni
Jerry #POVencal