

Office Memorandum

DEPARTMENT- of Human Services
Faribault State Hospital

TO Margaret Sandberg
Assistant Commissioner
Mental Health Bureau

DATE: June 15, 1984

FROM C.V. Turnbull, C.E.O.

PHONE: 310

SUBJECT: Strategic Planning

Attached is the strategic plan as requested. Also attached is a mission statement prepared by Dean Thomas. Mr. Thomas is an Executive Officer at Pillsbury, a parent of one of our residents and a member of the Faribault State Hospital Advisory Board. As you know, the Advisory Board was involved in our strategic planning.

pmw

Attachment

CC: Executive Committee
Advisory Board

6-7-34

Dear Bill,

In the 'rush' of time I
am sending what I
would consider the
"Fairbank State Hospital
Mission" as you communicate
with Margaret Sandberg -
I know its inadequate

from the desk of . . .

Dean F. Thomas

But the time limit and
work load just won't
let me do more at
this minute.

It is however the
starting base in my
estimation from which
all other things go back
to - the whole service
plan and our public
effort.

from the desk of . . .

Dean F. Thomas

THE FARIBAULT STATE HOSPITAL

What we have in the Faribault State Hospital is an essential facility whose present capability represents the only answer for a major number of profoundly retarded juvenile and adult people. Its unique physical plant and trained staff simply cannot be replaced or adequately duplicated within the structure of waived services for those special classes of retardation.

The mission of the FY86 and FY87 planning assignment for the Faribault State Hospital, must be to preserve its operating capability to continue to provide this necessary community service for all persons who qualify for its services and have no adequate options.

In addition, the Faribault State Hospital must establish its' reputation as the least restrictive care center for its segment of state population on the basis of: 1) exceptional care, 2) cost efficient, 3) expertise and 4) expanded services which are synergistic to Faribault plant and staff.

6/7/84



DEPARTMENT OF HUMAN SERVICES

MHB STRATEGIC PLANNING, FY 85-87

NAME OF FACILITY/DIVISION

Faribault State Hospital

MEMBERS OF PLANNING TEAM:

NAME	Charles V. Turnbull	POSITION	Chief Executive Officer
NAME	Arnold A. Madow	POSITION	Assistant Administrator
NAME	Grace Crosby	POSITION	Assistant Administrator
NAME	Larry McHugo	POSITION	Assistant Administrator
NAME	Dale Offerman	POSITION	Institutions Program Coordinator
NAME	Iancu Foni, M.D.	POSITION	Medical Director
NAME	William C. Saufferer	POSITION	Assistant Administrator
NAME	Dave Campbell	POSITION	Quality Assurance Officer
NAME		POSITION	

OVERVIEW: COMMENTS ON STRATEGIC PLANS (GENERAL COMMENTS ON YOUR STATED GOALS/ STRATEGIES AND RATIONALE FOR PLANNING FOR FY 85-87 PERIOD).

The strategic plan, while developed in a short period of time, has offered an opportunity to evaluate the operation of the facility and re-direct efforts to support community programs. Two goals address internal improvements—assuring actual implementation and accomplishment of resident program plans and also evaluating each internal service to determine necessity, cost and alternate methods for service delivery. The remaining goals are directed at supporting families who care for retarded persons in their homes and for supporting persons who reside in various community facilities. The direction of those goals is toward "least restrictive environment." The basic strategy for accomplishment of these goals is to insure that a need does exist for each that can best be provided by the facility. This will involve full participation of parents, professionals in the field and community groups. The basic intent is to re-group the facility to make it "lean and mean." This refers to high grade quality services consistent with conservative cost so that these services will fully support community and private effort while simultaneously providing optimal service for those persons at the Faribault State Hospital.

Program/Service Goal for 1985-87 Period

Provide regional support services to persons and agencies serving the mentally retarded, including such possibilities as:

- Information and referral - clients
- Information and referral - products, equipment, services
- Registry of residential and program resources/vacancies
- Consultation - medical, dental, nursing, OT, PT, psychology, speech, recreation, ADL
- Consultation - administration, personnel, bookkeeping
- Staff development - on and off-site
- Crisis intervention team
- Emergency placement and respite care
- Quality Assurance Consultation and monitoring

Proposed Strategic Actions for Implementation

1. Define proposed services (e.g., central vs. decentralized, fee vs. no fee).
2. Conduct a needs assessment regarding proposed and any other desired services among:
 - Regional Planning Groups
 - Welfare Directors
 - Mental Health Centers
 - All identified providers
 - ARC'S
3. Establish priorities for needed/desired services.
4. Determine feasibility of providing each service in terms of:
 - Personnel available
 - Funds available (travel, supplies)
 - Potential income from fees
5. Obtain required Central Office approval for necessary expenditures, legislation (e.g.,- shared services, short-term emergency placement), policies, etc.
6. Advertise available services and terms.
7. Establish and provide services.
8. Evaluate services and service programs.

Rationale for Proposed Redirection of Service

Several factors suggest participation by the institution in regional support services:

1. Evidence of need for such support services as are being proposed (e.g., unnecessary requests for admission, parent and county concerns for lack of services, criticisms of community placements).
2. Expertise within the institution built up over years of professional service and administration.
3. Continued decentralization of services will make it more difficult to effect information exchange, staff development, quality assurance, services of the highest standard.
4. Areas of the region will not have the necessary array of support services.
5. The institution will continue to be available to provide region clients and providers vital support where all else fails, maintaining the State's historical commitment to the mentally retarded.

Program/Service Goal for 85-87 Period

Develop an evaluation system that verifies the consistency of program implementation, program records and program modification.

Proposed Strategic Actions for Implementation

Finalize and implement the West Virginia Assessment and Curriculum System for use in FSH residential and day program areas. Review existing internal and external procedures and/or checklists, used to verify program implementation and program modification. Determine the minimum number of supervisory/case manager program verifications necessary to ensure program compliance. Detail a system for overall program review that triggers program change when necessary and identifies follow-up programming when needed. Establish program expectations and standards for direct care staff, professional staff and supervisory staff. Develop a Quality Assurance system to conduct independent program verification semi-annually. Expand the Quality Assurance Department and require formalized independent verification of programs on a scheduled and unscheduled basis. The Quality Assurance verification system will include Assessment Review, Dependency Review, Written Program Review and actual Observation of Program Implementation. Develop a system to evaluate program implementation's effect on desired outcome, versus actual results.

Rationale for Proposed Redirection of Service

- Assessments, program planning and program development are reflected in the written plan for each resident at Faribault State Hospital. Administration is aware and concerned that this does not ensure implementation is occurring as designed or expected. Actual program implementation, relative to the needs of the resident, frequency of implementation and consistency of implementation require additional follow-up and observation. Program expectations and the assignment of staff roles and requirements identifies the route program monitoring will take. Systems for triggering program change will cue supervisory/case manager staff to review and modify programs. Systematic evaluation of actual program implementation and data records, will enable supervisory/case manager staff to supervise and insist on consistency in programming approaches and programming frequency.

Program/Service Goal for 85-87 Period

Establish a statewide, licensed, Skilled Nursing Facility (SNF) at Faribault State Hospital. This unit will provide specialized medical, nursing, and habilitation services for: 1) mentally retarded with persistent multiple developmental disabilities and serious medical impairments, 2) mentally retarded with severe mental and physical impairments due to aging (M.R. plus geriatric disabilities), 3) mentally retarded with unstable bodily functions and/or metabolic syndromes who need constant skilled care and monitoring, and 4) mentally retarded convalescing from major surgery,, fractures, etc., and 5) mentally retarded children who have multiple disabilities and who suffer from such highly unstable bodily functions that there is a critical need for continuing medical, nursing, and ancillary services.

Proposed Strategic Actions for Implementation

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Evaluate the target population of the entire state in need of SNF services by involving the county welfare agencies, mental health centers, regional planning boards, advocacy groups, central office, etc. The collected statistical epidemiological data will be the basis for Faribault State Hospital's Skilled Nursing Facility expansion.

Faribault State Hospital presently has a licensed 35 bed SNF. In the next two years, by virtue of normal population decline plus the expected effects of waived services, we can anticipate that an entire modern existing, one floor building will be available. This structure will need minimal remodeling, and will be in close proximity to the Health Services Center, with its full range of clinical and ancillary services. At this stage, there will be space for between seventy five (75) and one hundred (100) clients.

The staffing necessary would be readily available by internal or interfacility reallocation. Our present medical, nursing, and ancillary staff is already competent in rendering skilled services to this type of resident. However, Faribault State Hospital would have to actively and competitively recruit registered physical therapists for the habilitation program.

Equipment inventory must be expanded beyond what is presently on hand for our existing SNF. Such items as are necessary for expanded physical therapy, occupational therapy, and respiratory therapy programs will have to be procured. There will also be a need for additional special nutritional, monitoring, and other equipment. Obtain the Central Office's agreement to develop policies and rules so as to amend the Consent Decree as it applies to the pediatric population of the Skilled Nursing Facility.

Rationale for Proposed Redirection of Service

Presently there is known to be a group of mentally retarded individuals who have multiple physical handicaps and who suffer from ongoing severe and complex medical and nursing problems. Some of these people reside in state hospitals, some in community facilities including nursing homes, and some are in large medical centers. The mentally retarded have very unique and more complex nursing and medical problems than those in the usual nursing home. It is our belief that the services in some state hospitals and some community facilities are less comprehensive and holistic than what Faribault State Hospital, by virtue of its years of experience, is presently providing this same group. Other providers render services comparable to ours but not as complete as necessary for the mentally retarded, but at a much greater cost (University of Minnesota, Gillette Hospital, etc.). Faribault State Hospital, through its use of the team concept, D.A.P.'s and its unique treatment programs and approach, has established an excellence in this highly specialized, comprehensive therapeutic intervention and has accomplished this at an attractive degree of cost effectiveness.

Programs provided by the Faribault State Hospital SNF department are channeled through two major systems: structured day programs and residential programs. These include neuro-motor and sensory stimulation, improving feeding skills, communicative skills, environmental awareness, basic electronic environmental control, music therapy, etc.

Program/Service Goal for 85-87 Period

The Faribault State Hospital will evaluate and recommend a future role for serving additional disability groups.

Proposed Strategic Actions for Implementation

1. Identify possible disability groups such as:

Category I

MR/MI
Delinquent MR
MR Deaf and Blind
MR Geriatrics

Long

Category II

Physically handicapped
with sensory limitations
CD
MI

Term Care

Geriatrics
Geriatrics with behavior disorders

2. Identify the target population needing the services in each category, how these services are presently being provided, and gaps in services.
3. Communicate with present providers in order to identify the possible effects upon their programs.
4. Identify the specific changes necessary to provide services to the target populations not presently served.
5. Perform a cost analysis to determine the cost of providing additional services.
6. Ascertain community support for providing services.
7. Determine sources of funding for anticipated disability groups.

Rationale for Proposed Redirection of Service

1. As the MR population at Faribault State Hospital decreases, existing space and human resources will become available to treat alternative disability groups.
2. The above identified disability groups cannot always be adequately served by present providers.
3. Numerous technical and professional resources are available in the Faribault area (such as AVTI, Voc. Rehab, and Public Schools).
4. The community of Faribault is responsive to various disability groups (Braille & Sight Saving School, Minnesota School for the Deaf, Wilson Center).

- Program/Service Goal for 85-87 Period

To develop a homebound and/or "outpatient" service for mentally retarded persons. Such services would include:

- 1) pre-admission screening by QMRP's; 2) behavior management services; 3) speech and language consultation; 4) OT/PT and therapeutic recreation consultations; 5) psychiatric consultation; 6) psychological services; 7) specialized staffing arrangements to maintain present living conditions (for reasonable periods of time); 8) nursing services; 9) medical service including control of epilepsy; 10) nutritional consultation; 11) clinical laboratory and 12) dental services.

Proposed Strategic Actions for Implementation

- 1) Study similar projects and experiences that have been conducted in other states.
- 2) Complete a needs assessment of the region using hospital staff and resources involving the county social services agency, mental health centers, regional planning boards, county boards, provider and advocate groups, other regional groups with an expressed interest in maintaining the mentally retarded population within the community.
- 3) Conduct and maintain a cost and feasibility study so that such information is readily available to the public and/or potential private providers.
- 4) The Central Office develop policies and maintain adequate financial and human resources at a level above the present consent decree requirements during the period of initiation and development of such services.
- 5) Make a determination of the potential effectiveness of using these services to reduce the use of more costly ICF facilities by enabling person to remain in smaller less restrictive settings.

Rationale for Proposed Redirection of Service

- 1) Our own admission information suggests a need for services designed to maintain mentally retarded persons in their present living arrangements.
- 2) Reduce the need to use expensive ICF's by allowing persons to remain in their natural homes or less costly supervised living arrangements.
- 3) Stabilize the physical environment of the client by reducing the necessity to move the person whenever program adjustments or medical services are required.
- 4) Increase the likelihood of individuals remaining in their natural home from childhood to adulthood, and likewise to increase the likelihood of the individual remaining in his own neighborhood after reaching the age of majority.
- 5) Relationships developed in childhood could be continued and relied upon by the individual throughout much of his/her adult life which would reduce the likelihood of psychosis developing in this high risk group.

Program/Service Goal for 85-87 Period

The Faribault State Hospital will evaluate all its services and make recommendations as to whether they should be discontinued and/or integrated into the community.

Proposed Strategic Actions for Implementation

1. Define services currently being provided.
2. Define services needed.
3. Evaluate hospital and community resources with respect to availability, quality, and cost. /
4. Based on such evaluation, determine whether and what services currently being provided can be eliminated, contracted, or integrated into existing generic community services.

Rationale for Proposed Redirection of Service

With the vast changes that have occurred and will occur in institution population, needs, and resources, it is time to look at traditional service delivery systems with the object of making future services "lean and mean" (i.e. , as cost effective as is consistent with high quality). We want to insure that the Faribault State Hospital is functioning within the main stream of current philosophy, technologies, and objectives concerning services for the mentally retarded population.