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Overview of Regional Support Teams

SA Stakeholder Group

July 10, 2013

Regional Support Teams are established in the 5 Health Planning Regions.

SA Section IV. D.3.

Operational March 2013

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Purpose of Regional Support Teams

To provide recommendations and assistance in resolving barriers to the most integrated community setting consistent with an individual's needs and informed choice.

SA Sections III.E.2. and IV.D.3.

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RST Membership

- Includes diverse experience in ID/DD services
- Includes diverse group of professionals with expertise with complex medical and behavioral supports
- Co-coordinated by DBHDS Community Integration Managers and Community Resource Consultants

SA Section IV.D.3.

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RST Membership

CIM/CRC Co-Facilitators
OL Specialist
HR Advocate
TC SW Director
START Director
Medical Representative (from TC)
Medical Representative (from community/CSB)
ID Director
SC Supervisor
DD Case Management Provider
Additional experts based on need

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Notification of Choice & Referral

Notification of RST Referral

The Regional Support Team (RST) will review your selection of services to assure you have received information about all options available to you, especially supports and services in the most integrated settings. The RST is composed of a variety of professionals with expertise serving individuals with developmental disabilities, including individuals with complex behavioral and medical needs. No action is required on your part. Any suggestions the RST offers will be shared with your support coordinator/case manager to be shared with you. If you would like an opportunity to speak with the RST, please let your support coordinator/case manager know.

Please complete the sections below so that the RST may confirm that you have been offered the following opportunities before making your choices.

The following types of residential options were discussed with me (check all that apply):

☐ Own Home ☐ Leased Apartment ☐ Family Home ☐ Sponsored Home
☐ Group Home (4 or fewer) ☐ Group Home (5 or more) ☐ ICF
☐ Nursing Home ☐ Training Center ☐ Other: _____

I selected the following options to interview & tour: _____

_____

I have chosen to pursue _____ **as my type of residential option.**

The following types of employment/day options were discussed with me (check all that apply):

☐ Self Employment ☐ Individual Supported Employment ☐ Group Supported Employment

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RST Referral

Regional Support Team Referral Form
Community Resource Consultant

Region: 1	Date of request: 4/10/13	Individual's unique ID: 47897
Submitted by: John Simpson	Agency: ABC CSB	Phone: 540-598-9978
Notification and Choice		
Notification form completed and on file?	☒ Yes ☐ No	
Types of residential options discussed (check all that apply):	☒ Own Home ☒ Leased Apartment ☒ Family Home ☒ Sponsored Home ☒ Group Home (4 or fewer) ☒ Group Home (5 or more) ☒ ICF ☒ Nursing Home ☒ Training Center ☐ Other: _____	
Individual/family selected residential option:	Family Home	
Types of employment/day options discussed (check all that apply):	☒ Self Employment ☒ Individual Supported Employment ☒ Group Supported Employment ☒ Career Training/Education ☒ Prevocational Services ☒ Day Support ☒ Volunteer ☐ Retirement ☐ Other: _____	
Individual/family selected day services option:	Individual Supported Employment	
Chance to talk with other individuals with ID/DD who live and work successfully in the community or with their family members provided?	☒ Yes ☐ No	
List any desired options that are	N/A	

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RST Actions

Regional Support Team Process Confirmation

Unique Identifier:

Date:

The RST:

- ☐ Reviewed the individual's good life
- ☐ Reviewed barriers
- ☐ Reviewed options explored/considered alternatives
- ☐ Assured information about community integration and opportunities provided
- ☐ Considered individual needs and preferences and most integrated settings
- ☐ Confirmed informed choice

Choose one: ☐ Made recommendations ☐ No recommendations ☐ More information requested

For comments and recommendations, see referral forms for this individual.

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RST Reporting

RST recommendations and resolutions documented on the referral form by the CRC/CIM.

CRC recommendations: CRC has provided several options and a statewide listing of providers, as well as the names of Postitive Behavioral Support Facilitators available through the waiver. Area options have been exhausted and the family has been uninterested in locating services too far from home.

RST referral needed? ☒ yes ☐ no; **If yes, date of RST meeting:** 5/5/13

RST Recommendations:

#	Action	Responsible Person	Complete by date
1	Offer in-home services in consult with a PBS Facilitator.	Support Coordinator	5/15/13
2	Ensure that a PBS plan is developed and suitable to the individual's support needs.	PBS Facilitator	6/1/13

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RST Reporting

Quantitative data collected by the CRC/CIM in the data workbook.

Unique ID	Date of request	Referral Source	Notification and Choice Provided?		Reason for Referral												C
					Waiver					Training Center							
			Yes	No	a	b	c	d	e	a	b	c	d	e	f	g	
15264	5/7/2013	SC	1			1											
199023354013	4/15/2013	DD CM	1						1								
67736	5/3/2013	SC	1			1											

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Referral Data

4th Quarter	
Total Community Referrals	22 (24.7%)
Total Training Center Referrals	67 (75.3%)
Total	89

Total resolved by CRCs	2 (2.2%)
Total resolved by CIMS	20 (22.5%)
Total referred to RSTs	67 (75.3%)
Total	89

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Community Referrals

Reasons for Referrals – Community	
a. Difficulty finding services and supports in the community within 3 months of receiving a slot.	2 (2.2)
b. Recommended to move to a group home of five or more individuals.	4 (4.5)
c. Recommended to move into a nursing home or ICF.	3 (3.4)
d. Pattern of repeatedly being removed from home.	4 (4.5)
e. Other	9 (10.1)
Total	**22 (24.7%)**

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Training Center Referrals

Reasons for Referrals – Training Centers	# %
a. Recommended to move to a nursing home, ICF or group home with five or more individuals.	36 (40.4)
b. Difficulty finding particular type of community supports within 60 days of discharge plan during 2013.	17 (19.1)
c. PST cannot agree on a discharge plan outcome within 15 days of the annual PST meeting, or within 30 days after the admission to the Training Center.	0
d. Individual or AR opposes moving despite PST recommendation; Individual or AR refuses to participate in the discharge planning process.	9 (10.1)
e. Hasn't moved within three months of selecting a provider (requires identifying the barriers to discharge and notifying the facility director and the CIM).	5 (5.6)
f. Recommended to remain in a Training Center (requires PST/CIM assessment at 90-day intervals).	0
g. Other	0
Total	**67 (75.3%)**

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Residential Chosen

Total referrals to <5	10 (17.6%)
Total referrals to >4	46 (82.1%)
Total	56

Residential Chosen												
Service	Region 1	CVTC	Region 2	NVTC	Region 3	SWVTC	Region 4	SVTC	Region 5	SEVTC	Total #	%
Group setting <5	0	0	0	0	1	2	0	4	1	0	8	14.2
Group setting >5	4	1	2	6	0	2	1	12	0	0	28	50
Nursing Facility	1	1	0	0	0	0	0	4	2	1	9	16.1
Training Center	0	0	0	0	0	0	0	0	0	7	7	12.5
ICF IID	0	1	0	0	1	0	0	0	0	0	2	3.6
Sponsored Residential	1	0	0	0	0	0	0	0	0	0	1	1.8
Own home	0	0	0	0	0	0	0	0	0	0	0	0
Family home	0	0	1	0	0	0	0	0	0	0	1	1.8
Totals	6	3	3	6	2	4	1	20	3	8	56	100

Highest frequencies selected per location are highlighted.

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Day Services Chosen

Total number considering congregate day services	49 (55.1%)
Total number choosing Supported Employment	5 (10.2%)

Total number choosing a day option	44 (49.4%)
Total number not choosing a day option	4 (4.5%)
Total	48

Day Services Chosen												
Service	Region 1	CVTC	Region 2	NVTC	Region 3	SWVTC	Region 4	SVTC	Region 5	SEVTC	Total #	%
Supported Employment (Individual)	1	0	0	0	0	0	0	0	0	0	1	2.1
Supported Employment (Group)	1	0	0	0	0	0	0	0	0	3	4	8.3
Day Support (Center-Based)	2	2	0	6	1	0	1	16	0	4	32	66.7
Day Support (Non Center-	0	0	0	0	0	0	0	0	0	0	0	0
Prevocational	0	0	0	0	0	0	0	0	0	0	0	0
Companion	0	0	0	0	0	0	0	0	0	0	0	0
Retired/No Day Services	0	0	0	0	0	0	0	4	3	0	7	14.6
Residential Only	2	1	0	0	0	0	0	0	0	1	4	8.3
Totals	6	3	0	6	1	0	1	20	3	8	48	100

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Barriers to Integrated Options

Barriers Identified	# %
AR reluctance	23 (13.3)
Individual reluctance	0
Specialized Therapy	4 (2.3)
Funding	4 (2.3)
Employment/ Day Options	3 (1.7)
Medical	20 (11.6)
Mental Health	13 (7.5)
Provider Options	69 (39.9)
Specialized Staffing	16 (9.2)
Extensive Behavioral	16 (9.2)
Assistive Technology	1 (0.6)
Environmental Modifications	3(1.7)
Transportation	1 (0.6)
Total	**173**

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Barriers per Region and TC

All Regions	Region 1	CVTC	Region 2	NVTC	Region 3	SWVTC	Region 4	SVTC	Region 5	SEVTC	#
AR reluctance	0	0	1	4	1	0	0	10	0	7	23
Individual reluctance	0	0	0	0	0	0	0	0	0	0	0
Specialized Therapy	0	0	0	0	3	0	0	0	1	0	4
Funding	0	0	1	0	2	0	0	0	1	0	4
Employment/ Day Options	0	0	0	0	1	0	0	0	1	0	2
Medical	2	1	1	2	1	1	0	10	2	1	21
Mental Health	2	0	0	2	5	1	1	0	1	0	12
Provider Options	6	2	0	9	4	7	3	34	0	1	66
Specialized Staffing	1	0	3	2	6	2	0	0	3	1	18
Extensive Behavioral	2	0	1	3	5	2	3	0	2	0	18
Assistive Technology	0	0	0	0	1	0	0	0	0	0	1
Environmental Modifications	0	0	0	0	0	3	0	0	0	0	3
Transportation	0	0	1	0	0	0	0	0	0	0	1
										Total	**173**

Highest frequencies per location are highlighted.