

*Community Care, Inc. is seeking interested providers to work with Community Care, Inc. to create a supportive environment and meaningful life experiences for individuals. If your agency has interest in learning more about the following member and conduct an assessment please send an interest email to [contractinquiries@communitycareinc.org](mailto:contractinquiries@communitycareinc.org)*

If you are not already a contracted provider, you will need to ensure you can meet all our requirements prior to contract consideration. Please refer to the "Join-our-Network" section on our website <http://www.communitycareinc.org/providers/join-our-network>

### **Member Profile:**

Member is a 30-year-old man that grew up in Plymouth WI. Member was raised primarily by his mother. His parents divorced when he was young. There are some reported allegations of sexual abuse towards Member, it is unknown if these allegations were confirmed. Member's father has limited phone contact with him and has since remarried. While growing up it was noted early on that Member had some developmental issues. Behavioral issues were identified in his teenage years. Protective services and police involvement stemmed from these significant behavioral issues.

Member had several stays at Willow Glen Academy for cognitively delayed and emotionally delayed children. He did attend school and lived at the facility. He graduated from Green Bay Southwest High School in June 2011 (special education program).

His mother is his guardian. His relationship with his mother can be tense at times.

He will often become verbally aggressive, physically aggressive and can be disrespectful toward his mother. He continues to have contact with his maternal grandparents and at times will be verbally aggressive towards them. He struggles with his mother being his legal guardian and wants his independence. Member's contact with his family is primary trigger for challenging behaviors.

He lived with his mother until he turned 18 years old. Since then he has lived in a group home, supported apartment, where he started refusing his medication. He eventually had to move because he started refusing to let staff in the apartment and he was making poor decisions that were affecting his health and safety. He now resides in a Certified two (2) bed AFH in a rural location where he has been for a year and a half.

Member has history of making false sexual allegations against caregivers, but to date, never against other residents. Sexual allegations appear related to both challenging behaviors, delusional thinking (Member mental health thought process).

Member struggles with acceptance of need for 24 hour / 7 day per week residential care after failing to be able to have services maintained for him in own apartment with use of supported home care provider.

### **Mental Health Diagnostic information / History:**

- Anxiety Disorder
- Bipolar/Manic-Depressive
- Depression
- Mood disorder
- Reactive attachment disorder
- Schizoaffective disorder
- Not diagnosed by FC IDT feels Member may have personality disorder

### Cognitive diagnostic information / history:

- Intellectual Disability
- Autism
- Mental retardation

**Note:** Member is able to clearly express his own wishes, desires and wants in daily care. He is fully able to communicate and understand conversation. Teach Back Method is recommended to assure that Member is actively listening to, understanding and slowing down his thoughts to remain rational and understand topics of discussion / remain focused vs. becoming tangential.

### **A Meaningful Day for member would include:**

Member enjoys use of computers and other electronic devices. Although this is of interest to the member, he has also disassembled things such as door alarms. Member would like to go to library to use Internet (supervision is needed). Member likes to go out to eat, would enjoy going to movies, walks (fully ambulatory) and listen to music. Member often refuses offered activities, and due to mood swings related to severe and persistent illness symptoms, would need provider flexibility to be able to change / adjust to provide Member meaningful activities he would engage in with caregivers / other residents.

### **Environmental Modifications/Requirements**

Due to history of elopements, a door alarm is necessary. Potential fence around property to avert / assist caregivers if he would attempt to elope. Member likes to disassemble electronic items. Having a separate rooms for any facility owned electronics, washer, dryer, etc. is important.

**Preferred location (Geographic city/region):** Near Sheboygan County. Other areas to be considered. Close to other cities, but not in any greater Metropolitan area. Area with opportunities for social / recreational activities. Statewide locations to also be considered based on level of provider interest and availability to meet Member's service needs in residential 24 hour / 7 day per week awake staff facility.

### **Recommended living environment:**

**Peers:** Peer would need to be able to be calm, not react and allow caregivers to handle Member challenging behaviors and be able to remove self from challenging situations.

**Home modifications:** Fenced in yard recommended to deter / or slow Member down if he attempts to elope. Residence not on busy street or in to close proximity of neighbors (has hid in neighbors property).

**Geography (city/region):** See above, already addressed.

**Current or recommended staffing pattern:** 1:1 dedicated staffing with provider able to have ability to have 2 staff present in home. Two staff needed for any transportations and supervision in community settings outside of residence.

### **Additional needs:**

Consistent messaging with Member, Legal Guardian / Mother, Grandparents and Aunt of Member critical will support Member stability in regard to challenging (Behavioral Support Plan) and Diabetic Care needs.

### **Member has the following medical concerns\*:**

Member is Type 1 brittle Diabetic with blood glucose level swings each day. All caregivers must be trained and efficient in diabetic care needs / diet / medication administration.

Provider should have an RN on staff or access to an RN to ensure medical needs are met.

### **Member has the following behavioral challenges:**

#### **Aggression (Self, Peers, Staff, Property):**

- Staff: Punch closed fist. Kick caregivers when on ground to point of caregiver need for 911 assistance and hospital care. Grab caregiver and bash their heads on counters, other items. Get in such physical proximity that saliva from Member mouth can contact caregiver.

Verbal Aggression: Yelling, swearing, making false accusations internally, externally to others that has resulted in need for law enforcement and provider investigation. All allegations have been unfounded. Member plan to address response to all reports will be critical for all parties.

Peers: Member has not aggressed towards peers in residential care setting. He also tends not to be verbally abusive to other resident.

Family: With physically aggress and primary target is his Mother / Legal Guardian. Member will also grab butter knife or other items during visits to family's home and then chase with intent to harm for need for call for law enforcement intervention. Mother will not allow Member to come to her own home as Member is too controlling and demanding. Grandparents support poor decision making and instances of aggression at their home. Mother / Legal Guardian have been advised and recently stopped any visitation with Member at Grandparents. Family now has Member go to and they spend time with Member at his Aunt's home.

Property: Slam doors, punch walls, take apart residential devices (i.e. washing machine) and tamper or disable prior monitoring devices (camera). Changed locks when living with care in own apartment. Damaging to provider van.

Elopement: Six (6) times during 2019. Has ran and then jumped to get over approximately 8 – 10 foot fence at current AFH. Will push caregivers and run and get out of residence. Has bolted out of psychiatrist and other medical health care professionals.

#### **Other at risk behavior:**

- Refusal to take medications. Purposefully break diabetic pens. Take apart or alter blood glucose monitoring devices
- Will exit vehicle at stop signs. Potential to jump out of moving vehicle

Provider would need to be able to implement a Behavioral Support Plan and be able to provide monthly behavioral tracking data to Family Care Inter-disciplinary Team. Collaboration with all parties including, county, court, guardian etc. will be key to Members success.