

Quality living for severely brain injured adults in a safe lifelong home: A new approach from COTA Health

Barbara Cawley
Director Rehabilitation
Services
David Fry
Clinical Manager

Objectives

- To provide an overview of COTA Health ABI services and vision
- To introduce the ABI Program at Evangel Hall
- To explore the challenges and solutions to implementing the program
- To highlight the challenges in transitioning clients with high risk and complex needs clients into an urban setting

COTA Health

- A not for profit community based organization started in 1973
- Provincial provider of rehabilitation services
- Longstanding history of providing outreach and housing supports to clients with complex needs

Our Mission

- To deliver **innovative, client-centred, comprehensive** rehabilitation, mental health & support services
- We provide these services through a **participative model** of care that integrates our **skills**, the **outcomes** of research and our **partnerships** throughout the community

Acquired Brain Injury Program

- Individual case management
- ABI groups
- Adult day services
- Individualized support
- Occupational Therapy, Physical Therapy, Speech and Language, Social Work, Dietetics

Evangel Hall Initiative

- Community sector need for appropriate housing support and quality living arrangements for individuals with co-occurring mental health and ABI needs
- Clients inappropriately living in Long Term Care Homes and Psychiatric institutions

Vision for ABI Evangel Hall

- A safe lifelong home for individuals with complex needs
- An environment that provides creative, meaningful, and individualized supports to clients that goes beyond personal care
- Enable active participation in an urban community

Collaboration and Partnership

- Ministry of Health & LTC
- PACE Independent Living
- Hamilton Health Sciences
- ABI community organizations
- Evangel Hall

Who is our Evangel Hall partner?

- Not for profit organization that provides outreach, subsidized housing
- Newly built 6 storey apartment building with 84 units
- COTA Health supports 36 units:
 - 30 with Mental Health needs
 - 6 with ABI (4 with specialized needs)

Evangel Hall (Adelaide & Bathurst)



6 storey modern building with 84 units



Main floor activities...



A typical apartment building



Drop In



Scenic view of downtown



A busy urban setting: An East view



Steps away from health services



Scadding Court Community Centres



Food?



What's happening right now?

- Individual Support Workers (ISW) have been hired and training completed
- Initial training and orientation started in August 2006
- Renovations are nearing completion
- Clients will begin moving in the week of December 4th

The ABI Evangel Hall Team

- Client & family
- 2 MH/ABI Case Managers
- Individual Support Worker staff (1:1 ratio)
- PACE Independent Living Attendants
- Behavioural Consultant & External Consultants
- Evangel Hall staff – Housing support workers
- Evangel Hall RN
- ABI Supervisor

Client Profiles

- **Current living arrangements**
 - Secured setting or boarding home
- **Support networks**
 - Outreach team and family involvement
- **Behaviour**
 - Verbal and physical aggression

Client Profiles

- **Significant cognitive & visual perceptual impairments**
- **Mood & affect**
- **Medical needs**
 - Neurodegenerative condition & seizure disorder

Challenges

- How do we ensure client safety?
- How do we recruit the best person to fulfill the vision of the program?
- What knowledge transfer should occur prior to staff engaging with clients?
- How does the organization become comfortable with the level of risk?

Ensuring Client Safety

Challenge

- Gathering information from multiple sources to ensure a comprehensive picture of the individual and his needs

Solution

- Developed our own transition assessment
- Take time to gather documents from primary sources
- Extensive interview with family members & current care team

Ensuring Client Safety

Challenge

- Client wandering and exit seeking

Solution

- Meaningful structured day
- Environmental modification
 - Cameras
 - Access Cards
 - 1:1 supervision
 - Audible alarms

Ensuring Client Safety

Challenge

- Balancing client choice with risk of personal injury – e.g. smoking in their own apartment

Solution

- Identify specific risk areas
- Liaise with SDM & current team
- Explore modifications / supports to limit risk (e.g. supervised smoking only)

Ensuring Client Safety

Challenge

- Boundary blurring that impacts client choice and individuality

Solution

- Comprehensive training on professional boundaries
- Systematic introduction to the whole person
- Clear service guidelines

Ensuring Client Safety

Challenge

- Clients with complex medical / physical needs

Solution

- Seek guidance and assistance in training from community experts
- Access to regulated health professionals
- Community linkages

Ensuring Client Safety

Challenge

- Ensuring an organized and safe transition to their new apartment

Solution

- Individualized approach
- Involve him in creating his new apartment
- Transition training over 6-8 weeks with increased continuity and frequency closer to the move

Recruiting the best person

Challenge

- Finding individuals who use an **enabling** versus “doing for” philosophy

Solution

- Recruit and advertise beyond traditional venues
- Behavioural interviewing
- Relevant experience – how did they facilitate quality of life in past roles?

Recruiting the best person

Challenge

- Providing family member and/or caregiver input during the hiring process

Solution

- Offer opportunities for family members to review potential questions
- Provide their own suggestions and ideas for candidates
- Others ??

Ensuring Knowledge Transfer

Challenge

- Diversity of background in staff members’ understanding of ABI basics and behavioural intervention techniques

Solution

- Intensive and structured in-house training
- Behavioural management strategies – OORCA training, Non-Violent Crisis Prevention Intervention
- Review use of the strategies in real situations during transition training
- Clear service guidelines
- Pair staff based upon skill level

Ensuring Knowledge Transfer

Challenge

- Client and staff comfort level with each other

Solution

- Gradual introduction of staff
- Ensure support available to staff
- Weekly debrief with team during transition

Ensuring Knowledge Transfer

Challenge

- Building relationship with current staff and providers

Solution

- Organize communication early on to understand client current needs and to identify potential policy issues that may impact transition
- Receiving staff should shadow current staff during different routine
- Avoid bombarding the client

Ensuring Knowledge Transfer

Challenge

- Avoiding adopting bad habits from current providers

Solution

- Fostering open communication to assist them in dealing with conflicting perspectives on service delivery

Ensuring Knowledge Transfer

Challenge

- Keeping everyone in the know and up to date!

Solution

- Identify 1-2 contacts per area / agency and maintain consistency
- Electronic update at scheduled intervals for all key stakeholders

Reducing the Risk

Challenge

- Risk associated with serving clients with high behavioural and medical needs in an urban setting

Solution

- Develop clear guidelines for team members' roles
- Include external experts in reviewing processes
- Seek out input from other housing providers

Lessons Learned / Future

- Establish up front expectations from current provider and COTA Health
- Develop a clear framework or best practice template for communication standards with all key stakeholders
- Need a minimum timeframe of 7-10 weeks to safely transition an individual with high behavioural and medical needs

Concluding Comments

Questions ?