



Dear Saginaw County Community Mental Health Authority Specialized Residential Provider & Contractor:

This is the 29TH edition of a regular written communication to all residential providers issued on an every other month basis. Included in the 'SCCMHA Residential NEWS' are updates, reminders, and SCCMHA business information of concern/interest specifically to SCCMHA residential providers. The NEWS is published 6 times per year, starting with the November 2004 edition. Your comments, questions and input are always welcomed at any time. We hope this will be of assistance to you in your work with SCCMHA. PLEASE TAKE TIME TO REVIEW THIS NEWSLETTER, AS THIS MAY BE THE ONLY LOCATION YOU RECEIVE SOME IMPORTANT NOTICES FROM SCCMHA! We appreciate your attention to this information; let us know if you have any questions or suggested input. The next issue will be September 2009.

TRAINING NEWS FOR HOME MANAGERS

On June 23rd and 24th, 21 home managers participated in the 2009 **New Home Manager** training at SCCMHA. This was the fifth year for this training program. As always, SCCMHA benefited from the feedback and commentary of home managers regarding SCCMHA policies and procedures improvement or clarifications. A strong theme of the training once again was clear and consistent communications with SCCMHA, notably supports coordinators and case managers. Ginny Reed mentioned that SCCMHA is planning to issue a Case Manager/Supports Coordinator manual, to assist individuals in these roles regarding their scope of responsibility and clarify related procedures of SCCMHA, including working with specialized residential providers. Thanks to all of the attendees for their input, enthusiasm, ideas, questions and time away from busy roles at their residential sites! All attendees must complete their competency exams and forward to Dawn Estrada to receive credit for the program, as well as SCCMHA stipend reimbursement to the residential organization for the time spent. Home Managers are always welcomed to suggest improvements to these future programs, including content in the updated for FY 2009 Home Manager Residential Resource Manual as distributed.

SCCMHA intends to schedule the annual **Home**

Manager Renewal Training sometime in mid or late fall. This is a nearly-day long program, the agenda for which changes every year; watch for the dates to be finalized in the near future for RSVP. Two sessions will again be offered. **WATCH FOR THESE DATES, LIKELY OCTOBER AND/OR NOVEMBER, TO BE ANNOUNCED SOON!**

SCCMHA will also be offering training sessions for all providers on the key content and navigation of the **FY 2010 SCCMHA Network Services Provider Manual**. SCCMHA did not issue a new provider manual in FY 2009. FY 2010 begins October 1, 2009, and this manual is a formal attachment to all provider contracts and is comprehensive, as it contains all related SCCMHA provider service related policies and procedures.

These FY 2010 provider manual training sessions will be offered on:

Tuesday, September 29th, 1:30-4:30 pm; Wednesday, September 30th, 9:00am – 12:00 Noon; and Thursday, October 22nd, 9:00 am – 12:00 Noon.

Ginny Reed and Jennifer Keilitz will be conducting these sessions. Home Managers are invited to attend, please RSVP to Linda Williams at 989-797-3445 or llwilliams@sccmha.org for one of these sessions if you are interested. This is an excellent opportunity to ask questions you may have about SCCMHA policies or procedures.

The next Home Manager In-Service is still scheduled for **Friday, September 18th** at the Panda House Restaurant, lunch on your own off the menu; topic is Matt Briggs on property maintenance and improvements. In addition to the topic of the day, these informal sessions are a prime opportunity to ask questions, network with other home managers and suggest future topics. Past topics have included psychotropic medications, infection control, recipient rights, and hiring and supervising direct care staff. All are welcomed, no RSVP is needed. Watch for the next set of dates for these in-services to be scheduled for FY 2010.

LEARNING LINKS

At publication time for this newsletter, the planned upcoming LL topics were:

August 11th – “Healthy Relationships and Sexual Harassment”

August 25th – “Special Olympics” - Jose Mendoza speaker

September 9th - Speaker and topic TBA (see 10 am time change below)

September 22nd – “SVRC Industries” with speaker Deb Snyder (see 10 am time change below)

These regular consumer education sessions sponsored by the Customer Services Department at SCCMHA (“Learning Links”) continue in August to be held typically on the 2nd and 4th Tuesdays of each month at the SCCMHA 500 Hancock building location in Room 142, at 4 pm unless otherwise noted. **Please note, beginning in September the new time for LL is 10:00 am. Both consumers and staff are welcome to attend.** Whenever flyers are available for the coming sessions’ specific topics, they are included with this newsletter for posting. SCCMHA asks that residential providers assist interested consumers to attend these informative and enjoyable sessions. Contact Customer Services at 797-3452 or Mark Leffler at 797-3436 (or mleffler@sccmha.org) directly for details, or to suggest topics or speakers. All suggestions are welcomed!

HOME MANAGER QUESTIONS & ANSWERS

SCCMHA invites home managers to submit questions for response in this newsletter. Some recent questions with the SCCMHA response are noted below.

Q. Are there changes coming in the provider application and contract expectations for FY 2010?

A. Yes, several key changes. One is that providers are being asked to provide the number of consumer stakeholders that are involved in leadership roles. This consumer involvement expectation has always been a part of SCCMHA provider audits; however, SCCMHA has never asked providers to identify the number of such roles the provider offers to consumers. Roles can be serving on advisory boards, participating in provider quality reviews or assisting in the development of home policies.

There are changes in behavior management requirements from MDCH, expectations of gentle teaching training and orientation for residential providers, as well as a significant emphasis on meaningful activities in the community for persons served. SCCMHA will begin to look for meaningful activities as a provider program audit item in FY 2010. SCCMHA plans to publish a meaningful activities workbook to assist individual consumers in

defining and exploring their interests in the community. More detail on all of these topics will be coming soon.

SCCMHA is also changing . effective immediately, the expectation that EDI (Evacuation Difficulty Index) scores be provided to SCCMHA. This is a current licensing requirement, so providers must continue to collect this info as required by adult foster care licensing, but SCCMHA no longer needs nor wants to receive these scores from providers.

Finally, Quality of Life home visits will commence again in September. Volunteers, including SCCMHA consumer representatives acting on the behalf of SCCMHA, conduct these to assist with the promotion of quality improvements in residential settings where SCCMHA consumers reside.

Q. Are there any additions to training for residential providers in FY 2010?

A. A few changes have been made, and will be summarized in the next provider newsletter. One change is that advanced directives will no longer be required for direct care staff members, only the home manager. It is also expected that gentle teaching will also be added in some form as well. Trauma informed service delivery has also been a focus in the past year; home managers could expect more guidance from SCCMHA in the future on trauma awareness as well.

Q. What do I do if a consumer refuses to leave the home for a fire drill?

A. SCCMHA recently received a communication from the MDCH Office of Recipient Rights on this very issue. Although it is true that consumers may refuse some treatment as they choose, such as medications, it had been determined by the state in the past that there is no right for a consumer to refuse to vacate a home in the event of a fire evacuation, including a drill. The state ORR position on this matter had been that it is essential that all recipients fully participate, given not only the safety risk for themselves, but also others, including caregivers, if they refuse. This position of the state ORR office implied that physical management was acceptable in these circumstances.

John Sanford, of the state ORR office has recently noted that in light of the culture of gentleness message initiated this year, such a serious safety issue needs to be addressed in the individual’s person centered plan, including a positive behavioral support plan to gain the cooperation of the person

without resorting to physical management. Since a fire drill in itself does not represent risk of imminent harm. In spite of a plan, in the event of a real fire or other evacuation emergency, if the person refuses to leave the premises voluntarily despite implementation of the defined support plan, staff must use the least restrictive emergency intervention to safely remove the consumer resident from the home.

SWINE FLU UPDATE

Although the serious illness wave earlier this year appears to have now subsided, many authorities involved in public health management feel that a subsequent wave of illness may again erupt later this year. Home providers are encouraged to continue to exercise infection control cautions at this time, as well as when going into the annual flu season this fall. Although the initial building crisis for pandemic influenza appears to have abated at this time, it continues to be a potential threat, especially for persons in care settings or those with other health issues. Good infection control, including thorough hand washing awareness, is always advised.

PARKING REMINDER FOR STUDENTS AT 500 HANCOCK

A REMINDER TO ALL HOMES THAT NEW DIRECT CARE STAFF MUST BE AWARE OF PARKING EXPECTATIONS OF SCCMHA WHEN ATTENDING CLASSES AT 500 HANCOCK. STUDENTS MUST PARK IN THE LOT ON THE CORNER OF HAMILTON AND AMES, BEHIND THE EMPTY BANK BUILDING WHEN ATTENDING SCCMHA TRAINING. ATTENDEES WHO IGNORE THIS EXPECTATION MAY BE ASKED TO LEAVE TRAINING UNTIL A MEETING IS HELD WITH THE STUDENT, STUDENT'S HOME MANAGER SUPERVISOR AND SCCMHA SUPERVISOR OF CONTINUING EDUCATION. We appreciate your cooperation and assistance with this matter given the ongoing parking challenges at the SCCMHA main office. There are also posted signs to this effect in the lobby area.

CONSUMER INSURANCE INFORMATION

Residential providers are reminded to ensure that current consumer insurance coverage information is provided at the time of all physician or other office visits at SCCMHA as well as other health provider sites. It is imperative that SCCMHA maintain accurate consumer benefit information relative to funding records and cost management; SCCMHA is required to collect and verify this information for all

consumers served. This means that Medicaid cards and any other current information should be brought to these appointments each time. You must be prepared to show the current Medicaid card or other insurance cards. This applies to all case management and physician locations of the SCCMHA network, as well as general physical health care providers. We appreciate the help of residential providers with this at all times to assist consumers as well as SCCMHA business offices.

HAVING TROUBLE WITH MEDICATION MANAGEMENT?

One of the many benefits in having Advanced Care Pharmacy involved with SCCMHA is their willingness to visit homes and consult on medication issues. ACP is available to provide new home manager orientation to proper medication procedures, completion of medication administration records in the home, etc. Contact Tony LaRouch at Advanced Care Pharmacy at 989-793-3184 for more information or to request assistance.

DHS MODEL PAYMENTS UPDATE

As many licensed residential providers are aware, Department of Human Services switched to the Bridges computer program for management of the model payment program in June. SCCMHA experienced delays with DHS in access to the program in order to verify model payment placements for payment processing. The SCCMHA Care Management Department has been working closely with DHS staff to get this resolved as quickly as possible. Some payments are still being approved sporadically through the old system; providers should be able to view their information on Authenticare, and should contact the assigned case manager with any questions.

That's all at this time. SCCMHA is very appreciative of your continued support of consumers and we hope the year is going well at your home this season, going into summer. Let us know if you have any questions, suggestions or feedback at any time. Look for the next issue of the NEWS in September! Do stay safe and healthy this summer. On behalf of SCCMHA, all our best to you!

Ginny Reed, Director
Network Services & Public Policy - SCCMHA
greed@sccmha.org
989-797-3493

SCCMHA Vision Statement

*"A Belief in Potential,
A Right to Dream,
An Opportunity to Achieve."*

cc. NS&PP, Service/Management Teams, Advanced Care Pharmacy, Case Management, Supports Coordination, Recipient Rights, Nursing & SCCMHA Clinical Supervisory Staff, Primary Contract Provider Supervisors

Infection Control Notes

Submitted by: Cheryl Carlevato RN - Infection Control Coordinator



Immunization of the Month July - Polio

August-Herpes Zoster/Shingles

Included in this issue of the Residential News you will find CDC information related to the immunizations spot-lighted above. Be certain you, your family and the individuals you care for are up to date with immunizations.



A Safer Healthier Home

Take the time to review the quick tips in this issue regarding handwashing, cleaning and disinfecting surfaces, how to handle and prepare food safely, getting immunized and how to use antibiotics appropriately.



Forward any questions or concerns to:
Cheryl Carlevato RN - Infection Control Coordinator
Saginaw County Community Mental Health Authority
989-797-3429

Remember, it is important to report any communicable illness or condition to the number above.

POLIO VACCINE

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 What is polio?

Polio is a disease caused by a virus. It enters a child's (or adult's) body through the mouth. Sometimes it does not cause serious illness. But sometimes it causes *paralysis* (can't move arm or leg). It can kill people who get it, usually by paralyzing the muscles that help them breathe.

Polio used to be very common in the United States. It paralyzed and killed thousands of people a year before we had a vaccine for it.

2 Why get vaccinated?

Inactivated Polio Vaccine (IPV) can prevent polio.

History: A 1916 polio epidemic in the United States killed 6,000 people and paralyzed 27,000 more. In the early 1950's there were more than 20,000 cases of polio each year. **Polio vaccination was begun in 1955.** By 1960 the number of cases had dropped to about 3,000, and by 1979 there were only about 10. The success of polio vaccination in the U.S. and other countries sparked a world-wide effort to eliminate polio.

Today: No wild polio has been reported in the United States for over 20 years. But the disease is still common in some parts of the world. It would only take one case of polio from another country to bring the disease back if we were not protected by vaccine. If the effort to eliminate the disease from the world is successful, some day we won't need polio vaccine. Until then, we need to keep getting our children vaccinated.

Oral Polio Vaccine: No longer recommended

There are two kinds of polio vaccine: **IPV**, which is the shot recommended in the United States today, and a live, oral polio vaccine (**OPV**), which is drops that are swallowed.

Until recently OPV was recommended for most children in the United States. OPV helped us rid the country of polio, and it is still used in many parts of the world.

Both vaccines give immunity to polio, but OPV is better at keeping the disease from spreading to other people. However, for a few people (about one in 2.4 million), OPV actually causes polio. Since the risk of getting polio in the United States is now extremely low, experts believe that using oral polio vaccine is no longer worth the slight risk, except in limited circumstances which your doctor can describe. The polio shot (IPV) does not cause polio. **If you or your child will be getting OPV, ask for a copy of the OPV supplemental Vaccine Information Statement.**

3 Who should get polio vaccine and when?

IPV is a shot, given in the leg or arm, depending on age. Polio vaccine may be given at the same time as other vaccines.

Children

Most people should get polio vaccine when they are children. Children get 4 doses of IPV, at these ages:

- ✓ A dose at 2 months
- ✓ A dose at 4 months
- ✓ A dose at 6-18 months
- ✓ A booster dose at 4-6 years

Adults

Most adults do not need polio vaccine because they were already vaccinated as children. But three groups of adults are at higher risk and *should* consider polio vaccination:

- (1) people traveling to areas of the world where polio is common,
- (2) laboratory workers who might handle polio virus, and
- (3) health care workers treating patients who could have polio.

Adults in these three groups who **have never been vaccinated against polio** should get 3 doses of IPV:

- ✓ The first dose at any time,
- ✓ The second dose 1 to 2 months later,
- ✓ The third dose 6 to 12 months after the second.

Adults in these three groups who **have had 1 or 2 doses** of polio vaccine in the past should get the remaining 1 or 2 doses. It doesn't matter how long it has been since the earlier dose(s).

Adults in these three groups who **have had 3 or more doses** of polio vaccine (either IPV or OPV) in the past may get a booster dose of IPV.

Ask your health care provider for more information.

4

Some people should not get IPV or should wait.

These people should not get IPV:

- Anyone who has ever had a life-threatening allergic reaction to the antibiotics **neomycin**, **streptomycin** or **polymyxin B** should not get the polio shot.
- Anyone who has a severe allergic reaction to a polio shot should not get another one.

These people should wait:

- Anyone who is moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting polio vaccine. People with minor illnesses, such as a cold, *may* be vaccinated.

Ask your health care provider for more information.

5

What are the risks from IPV?

Some people who get IPV get a sore spot where the shot was given. The vaccine used today has never been known to cause any serious problems, and most people don't have any problems at all with it.

However, a vaccine, like any medicine, could cause serious problems, such as a severe allergic reaction. *The risk of a polio shot causing serious harm, or death, is extremely small.*

6

What if there is a serious reaction?

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, or unusual behavior.

If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat

What should I do?

- **Call** a doctor, or get the person to a doctor right away.

- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS website at www.vaers.hhs.gov or by calling 1-800-822-7967.

VAERS does not provide medical advice.

Reporting reactions helps experts learn about possible problems with vaccines.

7

The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, there is a federal program that can help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at www.hrsa.gov/vaccinecompensation

8

How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit the National Immunization Program's website at <http://www.cdc.gov/vaccines>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention

SHINGLES VACCINE

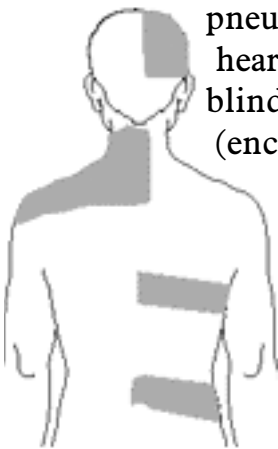
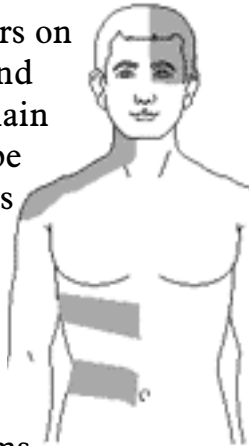
WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 What is shingles?

Shingles is a painful skin rash, often with blisters. It is also called Herpes Zoster.

A shingles rash usually appears on one side of the face or body and lasts from 2 to 4 weeks. Its main symptom is pain, which can be quite severe. Other symptoms of shingles can include fever, headache, chills and upset stomach. Very rarely, a shingles infection can lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis) or death.



For about 1 person in 5, severe pain can continue even after the rash clears up. This is called **post-herpetic neuralgia**.

Shingles is caused by the Varicella Zoster virus, the same virus that causes chickenpox. Only someone who has had a case of chickenpox – or gotten chickenpox vaccine – can get shingles. The virus stays in your body. It can reappear many years later to cause a case of shingles.

You can't catch shingles from another person with shingles. However, a person who has never had chickenpox (or chickenpox vaccine) could get **chickenpox** from someone with shingles. This is not very common.

Shingles is far more common in people 50 and older than in younger people. It is also more

common in people whose immune systems are weakened because of a disease such as cancer, or drugs such as steroids or chemotherapy. At least 1 million people a year in the United States get shingles.

2 Shingles vaccine

A vaccine for shingles was licensed in 2006. In clinical trials, the vaccine prevented shingles in about half of people 60 years of age and older. It can also reduce the pain associated with shingles.

A **single dose** of shingles vaccine is indicated for adults **60 years of age and older**.

3 Some people should not get shingles vaccine or should wait

A person should not get shingles vaccine who:

- has ever had a life-threatening **allergic reaction** to **gelatin**, the antibiotic **neomycin**, or **any other component of shingles vaccine**. Tell your doctor if you have any severe allergies.
- has a **weakened immune system** because of
 - HIV/AIDS or another disease that affects the immune system,
 - treatment with drugs that affect the immune system, such as steroids,
 - cancer treatment such as radiation or chemotherapy,
 - a history of cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma.
- has active, untreated **tuberculosis**.

Shingles

9/11/06

- is **pregnant**, or might be pregnant. Women should not become pregnant until at least three months after getting shingles vaccine.

Someone with a minor illness, such as a cold, may be vaccinated. But anyone who is moderately or severely ill should usually wait until they recover before getting the vaccine. This includes anyone with a temperature of 101.3°F or higher.

4 What are the risks from shingles vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. However, the risk of a vaccine causing serious harm, or death, is extremely small.

No serious problems have been identified with shingles vaccine.

Mild Problems

- Redness, soreness, swelling, or itching at the site of the injection (about 1 person in 3).
- Headache (about 1 person in 70).

Like all vaccines, shingles vaccine is being closely monitored for unusual or severe problems.

5 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. These usually occur within the first few hours after vaccination.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

6 How can I learn more?

- Your provider can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's website at www.cdc.gov/vaccines



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**

Safer Healthier Home

An Ounce of Prevention Keeps the Germs Away

Follow these easy and low-cost steps to stop many infectious diseases.



Clean Your Hands Often

Keeping your hands clean is one of the best ways to keep from getting sick and spreading illnesses.



Use Antibiotics Appropriately

Antibiotics don't work against viruses such as colds and flu. Unnecessary antibiotics can be harmful. Antibiotics should be taken exactly as prescribed by your doctor.



Routinely Clean and Disinfect Surfaces

Cleaning with soap, water, and scrubbing *removes* dirt and most germs. However, using a disinfectant cleaner *kills* germs, giving even better protection.



Be Careful with Pets

Pets should be routinely cared for by a vet. Babies and children under age 5 should be watched carefully around pets and animals. Always wash hands after touching animals or animal waste.



Handle and Prepare Food Safely

- Clean hands and surfaces often
- Separate – don't cross-contaminate one food with another
- Cook foods to proper temperatures
- Chill – refrigerate foods promptly



Avoid Contact with Wild Animals

Wild animals can carry deadly diseases and pass them to you and your pets. Keep your house free of wild animals by not leaving any food around. Keep garbage cans sealed.



Get Immunized

Getting immunizations is easy, low-cost, and saves lives. Make sure you and your kids get the shots suggested by your doctor.

For information about ordering brochures and posters, please visit www.cdc.gov/ounceofprevention



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