

Beatrice State Developmental Center

March 17, 2008



Helping People Live Better Lives

Our most important concern is the safety and quality of life for our clients.

- Two federal entities have recently reported on needed improvements at the BSDC.
- As a result of three Center for Medicare and Medicaid Services (CMS) surveys and one Department of Justice (DOJ) survey, completed in 2007, the Nebraska Department of Health and Human Services has identified issues to be addressed immediately.

Issues Needing Immediate Action

- Client care and safety
- Staffing shortages
- Community-based care

5-Point Action Plan

Effective today, Monday, March 17, 2008,
DHHS is implementing a 5-point action plan.



5-Point Action Plan

- Increase staffing to eliminate mandatory overtime;
- Implement integrated community-based care plan;
- Enhance client care and safety;
- Reallocate funding to implement community-based care; and
- Communicate with families, guardians, stakeholders, elected officials, and communities to keep them fully informed and engaged.

Increase Staffing to Eliminate Mandatory Overtime

- Starting today, 25 additional staff will be assigned to BSDC to assist existing BSDC staff, onsite particularly the client care staff. A total of 50 trained staff will be on by March 31, 2008.
- This enhanced staffing level will continue through May 31, 2008, with a possible extension to June 30, 2008.
- The additional staff will be a combination of current DHHS staff at other facilities and offices, community providers and trained individuals from private staffing agencies.
- **The plan is to eliminate mandatory overtime by June 30, 2008.**

Implement Integrated Community-Based Care Plan

Current Progress:

- September 30, 2006 – 380 clients.
- December 7, 2007 - 329 clients.
- March 13, 2008 - 306 clients.

Transition to Appropriate Community-Based Care :

- June 30, 2008 - 255 clients.
- December 31, 2008 - 200 clients.

Implement Integrated Community-Based Care Plan

Service Coordination:

- Clients and guardians will be assigned an individual coordinator to provide for a successful transition into community-based care.

Living Units:

- By March 31, 2008, three living units will close as a result of the collaboration between guardians and staff as clients transition to community-based care.

BSDC Hospital:

- The hospital will close by May 1, 2008.
- This will provide \$1.9 million a year for BSDC operations and 18 staff members who can fill other BSDC positions.

Enhance and Improve Client Care and Safety

- Implement and train on new policies and procedures, including a zero tolerance policy for abuse and neglect.
- Establish best practice levels of accountability for managers and supervisors.
- Localize supervision and professional services at the specific living units, rather than the administrative office.
- Provide ability-appropriate activities to allow for the elimination of restraint usage.

Reallocate Funding to Implement Integrated Community-Based Care

- DHHS is requesting Legislative authority to transfer existing BSDC funds into community-based funding so that the money follows the person.
- DHHS supports the Appropriation Committee's proposed rate increase for developmental disability community providers.

Communicate with Families, Guardians, Stakeholders, Elected Officials, & Communities to Fully Inform and Engage Them

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