

CENTRAL CARE

St. Paul Community Integrated Support Home

Purpose

Central Care has a community integrated home (CIH) in Macon, Georgia (Bibb County) at 352 St. Paul Street. This home will operate as a supervised six bed Dually Diagnosis Residence for females in a home setting in the community. Consumers with addictive diseases and mental illness transitioning from state hospitals to the community will be the population served.

Population:

Adult female consumers who were identified as Dually Diagnosed and whose legal status is either Not Guilty by Reason of Insanity (NGRI), Civilly Committed Incompetent to Stand Trial (IST) or determined by the Treatment Team in conjunction with the court to be in need of services.

Program:

St. Paul Community Integration Home is designed to provide supervision by dedicated house parents 24 hours per day, seven days a week when consumers are present in the home. During the day, Monday thru Friday from approximately 9am-2pm, consumers of St. Paul attends an integrated psycho-social treatment for dual disorders in the community. Staff will be working with the criminal court to provide individual progress and permission for special activities such as weekend passes and approval to move on to a less restrictive setting.

Services and supports will include:

1. Intensive, specialized day programming
2. Individualized behavioral programming
3. Structured recreational activities
4. Supportive and Crisis counseling
5. Substance abuse services
6. Mental Health
7. Medication Management
8. Case Management
9. Skills training
10. Peer Support
11. Intensive Residential Supports H0043 R3: Refer to FY'10 Service Guidelines
 - a. Budgeting
 - b. Nutrition and Food preparation
 - c. Community integration
 - d. Health services

12. Structured activities that promote and enhance self directed recovery and continued wellness:
 - a. Self advocacy skills that promote advancement in employment, with emphasis on work attendance, perseverance and maintaining employment (if desired and applicable).
 - b. Coping skills with emphasis on consumer strengths and resources.
 - c. Promote self-determination.
 - d. Promote individual independent housing.
 - e. Foster recovery process.

Facility

House of six female consumers (two per bedroom) maintained by 24-hour awake staff, licensed by ORS, comply with all state fire and safety codes, meet the State Medicaid Division Standards (APS) as well as State and Local Environmental Safety and Sanitation requirements. It meets cleanliness and safety inspections for Infection Control, and kept in good repair. Adequate cleaning and hygiene supplies are available for daily use by staff and consumers. Security will be maintained by an alarm system, regulations for all sharp utensils and objects locked in a storage area. The staff are required to complete paraprofessional, and Certified Nursing Assistant (CNA) training. The consumers receive substance abuse training under the supervision of a Licensed Clinical Social Worker (LCSW) through a community provider.

Transportation

Transportation is provided by the van assigned to the home, driven by licensed drivers, having emergency information of consumers located in the van. Consumers will be transported for daily activities, medical appointments, recreational and therapeutic outings and religious services.

Enrolling in Community Medical Services

All consumers will be enrolled in needed community medical services as identified in the transition process following guidelines of the JCAHO National Patient Safety Goal.

Conclusion

This program will provide a psychosocial approach to include skills training in communication, social skills, work readiness, leisure education, self help and daily living as determined by individual needs, to help them in their recovery efforts. Consumers will determine their rehabilitation goals and work toward being released from the legal system, which has previously interfered with their ability to live in the community, and develop independent or semi-independent living.

It is the ultimate goal of Central Care to assist the St. Paul Home consumers to identify their own needs in reaching their highest level of functioning. Their lives will be envelop the ability to live in the community, and participate in activities and seasonal events of their interest; to be self sustained to function in their daily needs and supportive employment, if applicable, and continue to maintain a safe environment for themselves

independently. When discharge criteria is met, they will transferred to another service or placed on a appropriate planning list, as needs are documented and indicated by their treatment.