Oversight in the Community

Porterville Family Meeting

June 12, 2016

This presentation will review…

- Regulatory requirements for regional center monitoring of residential providers – including Quality Management Advisory Group (QMAG) for Developmental Center (DC) movers
- Examples of Regional Center (RC) standards & training for Quality Assurance Specialists (QAS)
- Examples of residential staff qualifications, training requirements & RC expectations
- Special Incident Reporting (SIR) requirements
- Corrective Action Plans (CAP)
- Risk Management and Mitigation
- Benefits to the individual living in a Community Placement Plan (CPP)/PDC home
- Outreach and training efforts in the community

Title 17 CA Code of Regulations

- Title 17 requires two unannounced monitoring visits each year (at a minimum)
- Purpose of these Unannounced Visits (UVs) is to:
  - Ensure the health and safety of residents
  - Review medication administration records
  - Assess staff knowledge of objectives & mandated reporting responsibilities
  - Review Personal and Incidental Funds (P&I)
  - Review personnel records
  - Ensure client rights

Purpose of UVs, cont.

- Ensure staffing plans are in compliance with program design
- Ensure services/supports are in compliance with the program design
- Ensure physical plant is in good repair
- Ensure emergency drills are being conducted
- Ensure medical/dental appointments & follow-up is provided as ordered

Quality Assurance Specialists (QAS)

- Some RCs have dedicated QAS, while other RCs utilize employees who are given specialized training on monitoring facilities.

- The typical QAS has*:
  - A B.A. or B.S. and 5+ years of experience in the field
  - Been a Service Coordinator and participated in SIR or complaint investigations, and/or was a facility liaison

  OR

  - Been a Qualified Intellectual Disabilities Professional (QIDP) or Residential Administrator

**Though QAS qualifications and experience may vary.*

Examples of QAS Training – New Hires

- Review Title 17 and Title 22 regulations and Community Services department monitoring protocols and tools.
- Shadow fellow QAS on monitoring visits at all levels of homes (CCF Level 2-4i, 113's, ARFPSHNs, and ICFs)
- Actively participate in monitoring visits doing record reviews, observations, completing monitoring tools.
- When ready, take the lead on monitoring visits while being observed and rated by fellow QAS
- When competency is demonstrated, new hires are assigned their own caseload of homes to monitor
- Quality Assurance Managers periodically make unannounced visits during a QAS monitoring visit or join a trainees to ensure quality of work and provide technical assistance as needed

On-Going QAS Training

- While specific hours and activities may vary by RC, on-going training can include:
  - Participation in service provider trainings
  - Attendance of an investigation training course and periodic refresher courses
  - Participation in regular meetings with Community Care Licensing
  - Attendance of DDS and Mission Analytics trainings when offered
  - Attendance of webinars, conferences and workshops

Examples of Outside Trainings

- Mental Health First Aid (Pacific Clinics)
- Disaster response and emergency preparedness (Red Cross)
- Crisis Prevention Intervention (CPI)
- Working w/ people with mental health disorders (DMH)
- Professional Crisis Management Associates (PCMA)
- Grafton

Monitoring by Service Coordinators

- Service Coordinators (SC) meet with clients at least quarterly
- The SC is required to meet with the facility administrator two times per year per client for the annual and semi-annual IPP review, and more often as necessary.
- SCs review client notes, progress and P&I
- They meet with their clients privately, as requested
- Typically at least one visit is unannounced

Special Incident Reports (SIR)

- Providers are mandated to report:

- **Reasonably suspected abuse:**
  - Physical
  - Sexual
  - Fiduciary
  - Emotional
  - Restraints (physical or chemical)

Special Incident Reports, cont.

- **Reasonably suspected neglect:**
  - Failure to provide medical care
  - Failure to prevent malnutrition or dehydration
  - Failure to protect from health & safety hazards
  - Failure to assist in person hygiene or the provision of food, clothing or shelter

Special Incident Reports, cont.

- **Serious injury or accident:**
  - Lacerations requiring sutures or staples
  - Puncture wounds requiring treatment beyond basic first aid fractures
  - Dislocations
  - Bites that break the skin
  - Medication reactions that require medical treatment beyond first aid

Special Incident Reports, cont.

- **Unplanned/unscheduled hospitalization due to**
  - Respiratory illness such as asthma, chronic obstructive pulmonary disease, pneumonia
  - Seizures
  - Cardiac-related such as congestive heart failure, hypertension, angina
  - Internal infections such as kidney, urinary tract, ear/nose/throat, dental, pelvic
  - Diabetes
  - Wound/skin care such as cellulitis, decubitus
  - Nutritional deficiencies such as anemia, dehydration
  - Psychiatric issues

Special Incident Reports, cont.

- Client is missing and a report has been filed with the police
- Death of client regardless of cause
- Victim of crime
  - Aggravated assault
  - Larceny
  - Burglary
  - Rape, included attempted rape

SIR/Complaint Process

- Actual process varies by Regional Center, but most:
  - Refer SIRS to Community Care Licensing or the Department of Public Health for investigation
  - Have a planning meeting to determine nature of the complaint and issues to be looked into
  - Send RC staff teams to interview clients, staff, others as appropriate. Review records (client notes, etc.)
  - Planning team reconvenes to review data and information collected
  - Decision is made regarding follow-up required if the allegation is substantiated
  - Follow-up may also be required if the allegation is inconclusive

SIR/Complaint Process, cont.

- Follow-up may include, but not limited to:
  - Increased monitoring
  - Technical assistance
  - Additional training for staff or administrators
  - Determination that staff can no longer work with regional center clients
  - Corrective Action Plan (CAP)
  - No referrals
  - Devendorization

Corrective Action Plans (CAPS)

- Are established when the provider has 2 or more substantial inadequacies within twelve months or an uncorrected CAP.

- Substantial inadequacies are:
  - Conditions that pose a threat to the health/safety of clients
  - Failure to provide fewer staffing hours than required
  - Violations of client's rights
  - Failure to provide services outlined in the Individual Program Plan (IPP)
  - Failure to comply with terms of the admission agreement
  - Misuse of client funds
  - Failure to meet staff or administrator qualifications and training requirements

CAPs, cont.

- Substantial Inadequacies, continued:
  - Failure to correct an immediate danger
  - Failure of a Level 4 to utilize instructional methods and techniques as specified in the program design
  - Failure of a Level 4 to utilize methodology for measurements of progress as specified in the program design
  - Failure to comply with Direct Support Professional (DSP) training requirements
  - Failure to report SIRs

CAPs, cont.

- Describe the reason the provider is receiving a CAP
- Detail the steps that must be taken to correct the problem and meet the terms of the CAP
- Assign deadlines for each CAP action
- Describe actions that will be taken if the provider fails to meet the terms of CAP within the time allowed
- *Copies of CAPs are sent to Community Care Licensing and all RCs with clients in the home.*

Risk Management & Mitigation

- Regional Centers ensure that residential providers implement Title 17 and Title 22 requirements
- Each RC has a Risk Management Committee who's role is to:
  - Review SIR data
  - Client deaths
  - Analyze trends
  - Make recommendations for training, further review, etc.
- Risk Management Committees meet at least twice each year (T-17), but most meet more often

Risk Management & Mitigation, cont.

- Mission Analytics provides quarterly trend reports using SIR data. RCs use these reports to analyze trends and make recommendations for training, further review, etc.

- Many large providers have their own Risk Management teams to analyze their data and SIRs

Potential Benefits of Residing in a Community Placement Plan/PDC Home

- Home can be designed for the individual
- Individuals live closer to their family
- The individuals living in homes have increased privacy
- Staff and administrators receive on-going training
- For homes owned by nonprofit ownership-entity organization (NPOs) – the provider can change without residents having to move

Community Outreach and Training

- RCs and DDS work with a variety of entities in the community to facilitate consumer safety and understanding of the people we serve. Some examples of these training and outreach efforts include:
  - Law Enforcement
  - Mental Health and Crisis Services
  - Transit
  - Peace Officer Standards and Training (POST) training requirement modified to include how to investigate allegations with developmental disabled citizens
  - Disaster Preparedness

Questions?