Relevant RCOC Guiding Principles

Safe Settings

Quality Care and Relationships
Risk Management

SAFETY FIRST
Information about Persons Served by RCOC

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of persons served</td>
<td>19,836</td>
</tr>
<tr>
<td>Persons served over age 18</td>
<td>10,275</td>
</tr>
<tr>
<td>Persons served over age 18 living away from a parent/relative</td>
<td>3,955</td>
</tr>
<tr>
<td>• Licensed residential placement</td>
<td>2,557</td>
</tr>
<tr>
<td>• Unlicensed residential placement</td>
<td>1,398</td>
</tr>
<tr>
<td>Persons served over age 18 participating in a vocational service or adult day program</td>
<td>4,323</td>
</tr>
</tbody>
</table>

*as of August 31, 2016*
Where Persons Served Over 18 Live

With Family, 6,369, 62%
Not With Family, 3,955, 38%
Where Persons Served Over 18 Live When Not With Family

- Independent Living, 844, 20%
- Community Care Facility, 1,610, 39%
- State Developmental Center, 77, 2%
- Foster Home, 145, 3%
- Family Home Agency, 85, 2%
- Intermediate Care Facility, 794, 19%
- Skilled Nursing, 88, 2%
- Supported Living, 447, 11%
- Other, 82, 2%
Types of Adult Day Programs

- Activity Center, 413, 9%
- Adult Development, 2,147, 49%
- Supported Employment Group, 299, 7%
- Supported Employment Ind., 474, 11%
- Work Activity, 484, 11%
- Activity Center, 413, 9%
- Behavior Management, 504, 12%
- Supported Employment Ind., 474, 11%
Fiscal Year 2015-16
Expenditures in Millions

- Adult Day Programs, $82.2, 28%
- Living Options / Program Support, $61.4, 21%
- Early Start, $22.2, 7%
- Respite / Day Care, $19.9, 7%
- Supported Living, $31.2, 10%
- Transportation, $12.6, 4%
- Behavior Services, $35.4, 12%
- Other, $31.6, 11%
- Living Options / Program Support, $61.4, 21%
Monitoring Services

Special Incident Reports (SIR)

Service delivery monitoring – Service Coordinators

Quality Assurance Coordinator activities
Special Incident Reporting

• Applicable state law: California Code of Regulations, Title 17, Section 54327 – All vendors and long-term health care facilities shall report incidents to the regional center when the person served was receiving services from the vendor:
  • Alleged abuse
  • Alleged neglect
  • Serious injuries/accidents
  • Unplanned or unscheduled hospitalizations
  • Missing persons with law enforcement notification
• Incidents of theft, burglary, rape, aggravated assault, and all deaths are required to be reported even if they happened when the person served was not under the care of a vendor.
Special Incident Reporting

• RCOC reports incidents internally beyond the required reporting under Title 17 in order to track incidents that are “not reportable” and use that information to further ensure that persons served are served in safe and supportive settings.
Sources of Special Incident Reports

• Vendor self-reporting
• Service Coordinator
• Quality Assurance Coordinator
• Person served/family member
• Other agency report

RCOC SIR Department

• RCOC staff
• Cross-reporting as required
Special Incident Reports (SIRs)

<table>
<thead>
<tr>
<th>Year</th>
<th>SIRs</th>
<th>Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-09</td>
<td>1,755</td>
<td>16,560</td>
</tr>
<tr>
<td>2009-10</td>
<td>1,612</td>
<td>16,653</td>
</tr>
<tr>
<td>2010-11</td>
<td>1,615</td>
<td>16,920</td>
</tr>
<tr>
<td>2011-12</td>
<td>1,452</td>
<td>17,151</td>
</tr>
<tr>
<td>2012-13</td>
<td>1,137</td>
<td>17,263</td>
</tr>
<tr>
<td>2013-14</td>
<td>1,091</td>
<td>17,996</td>
</tr>
<tr>
<td>2014-15</td>
<td>1,671</td>
<td>18,809</td>
</tr>
<tr>
<td>2015-16</td>
<td>2,223</td>
<td>19,545</td>
</tr>
</tbody>
</table>
Fiscal Year 2015-16

- AWOL, 56, 3%
- Abuse, 296, 13%
- Neglect, 397, 18%
- Injury, 172, 8%
- Hospitalizations - Total, 556, 25%
- Death, 188, 8%
- Victim of Crime, 16, 1%
- Rights, 510, 23%
- Arrest, 32, 1%
SIR Data Analysis
Transparency and Accountability

• Statewide, DDS contracts with Mission Analytics for risk management reporting.
  • Mission Analytics generates and distributes quarterly SIR data reports by regional center
  • Reporting back process for unusually high frequencies of specific incident types
### SIR Data Analysis

**Table 1: Share of Consumers with Non-Mortality and Mortality Special Incidents**


<table>
<thead>
<tr>
<th>Share of</th>
<th>RCOC</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers with a Non-Mortality SIR</td>
<td>0.37%</td>
<td>0.46%</td>
</tr>
<tr>
<td>Consumers with a Mortality SIR</td>
<td>0.07%</td>
<td>0.05%</td>
</tr>
</tbody>
</table>

**Table 2: Mortality Special Incidents, RCOC**

Monthly Average, April 2016 – June 2016

<table>
<thead>
<tr>
<th></th>
<th>Mortality SIRs</th>
<th>Raw Mortality Rate</th>
<th>Deaths per 1,000 Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Related</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Non-disease Related</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>14</td>
<td>0.07%</td>
<td>0.69</td>
</tr>
<tr>
<td>All Mortality SIRs</td>
<td>14</td>
<td>0.07%</td>
<td>0.69</td>
</tr>
</tbody>
</table>
SIR Data Analysis

Table 3: Non-Mortality Special Incidents, RCOC and State Comparison
All Consumers, April 2016 – June 2016

<table>
<thead>
<tr>
<th>Special Incident Type</th>
<th>Number of Consumers, Average Month</th>
<th>RCOC Of Consumers with any SIR, Percent with this type</th>
<th>Statewide Of Consumers with any SIR, Percent with this type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Non-Mortality Special Incident</td>
<td>76</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Unplanned Medical Hosp.</td>
<td>25</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>Unplanned Psychiatric Hosp.</td>
<td>4</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Medication Error</td>
<td>9</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>Injury</td>
<td>12</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Suspected Abuse</td>
<td>21</td>
<td>27%</td>
<td>15%</td>
</tr>
<tr>
<td>Suspected Neglect</td>
<td>9</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Missing Person</td>
<td>4</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Victim of Crime</td>
<td>0</td>
<td>0%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Figure 3: Special Incident Rates at RCOC Ranked Against Other Regional Centers Out-of-Home Consumers (except Mortality), July 2015 – June 2016

- Unplanned Medical Hosp.
- Unplanned Psychiatric Hosp.
- Medication Error
- Injury
- Suspected Abuse
- Suspected Neglect
- Victim of Crime
- Missing Person
- Any Non-Mortality

Mortality (All Consumers)
SIR Data Analysis

Table 4: Special Incident Types, Comparison to Previous Quarters

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Change From</th>
<th>Unexpectedly High Compared to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Last Year</td>
<td>Last Quarter</td>
</tr>
<tr>
<td>Unplanned Medical Hosp.</td>
<td>11%</td>
<td>-12%</td>
</tr>
<tr>
<td>Unplanned Psychiatric Hosp.</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Medication Error</td>
<td>32%</td>
<td>0%</td>
</tr>
<tr>
<td>Injury</td>
<td>18%</td>
<td>3%</td>
</tr>
<tr>
<td>Suspected Abuse</td>
<td>-44%</td>
<td>-9%</td>
</tr>
<tr>
<td>Suspected Neglect</td>
<td>-66%</td>
<td>-13%</td>
</tr>
<tr>
<td>Victim of Crime</td>
<td>Insufficient data</td>
<td>147%</td>
</tr>
<tr>
<td>Missing Person</td>
<td>-22%</td>
<td>-6%</td>
</tr>
<tr>
<td>Any Non-Mortality</td>
<td>-17%</td>
<td>2%</td>
</tr>
<tr>
<td>Mortality (All Consumers)</td>
<td>1%</td>
<td>-2%</td>
</tr>
</tbody>
</table>
Monitoring Services

Special Incident Reports (SIR)

Service delivery monitoring – Service Coordinators

Quality Assurance Coordinator activities
## Monitoring Services - Residential

### Facility

- 423 facilities as of August 31, 2016
- Facilities are either:
  - Community Care Facility (CCFs)
  - Intermediate Care Facility (ICFs)

### Person Served

- Service Coordinators visit their persons served quarterly, three of four quarterlies must be conducted in the facilities
- Six persons served typical per facility = minimum of 18 Service Coordinator visits per year
- Persons served living in CCFs or ICFs – 2,404

WIC 4648.1(a) states Regional Centers must perform not less than two unannounced monitoring visits per year for long term care health facilities, CCFs, or AFHA. This includes ICFs.

Visits divided between QA and SC who each perform the Annual Review which is logged into Virtual Chart.
### Monitoring Services – Adult Day Services

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Person Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Quality Assurance Coordinator visits annually</td>
<td>• For persons served visited quarterly, Service Coordinator visits person served at day program at least once per year</td>
</tr>
<tr>
<td>• Annual Reviews not required per CCR Title 17</td>
<td>• Number of persons served per program varies</td>
</tr>
<tr>
<td>• 43 agencies vendored which provide over 130 Adult Day and Employment Programs</td>
<td>• Persons served receiving adult day and employment services – 4,323</td>
</tr>
</tbody>
</table>
Monitoring Services

Special Incident Reports (SIR)

Service delivery monitoring – Service Coordinators

Quality Assurance Coordinator activities
QA Follow-up - Residential

• Title 17 (Community Care Facilities), Sections 56053 through 56057

• Immediate Danger/Health and Safety
  - requires a remedy within 24 hours
  - allegations of abuse = immediate suspension of staff
  - examples include extreme temperatures in home, lack of adequate supply of food or water, lack of staff, structural damage (plumbing, electricity, etc.)
  - immediate evacuation of persons served (with RCOC staff on-site)

• Substantial Inadequacies
  - NOT Immediate Danger/Health and Safety (+24-hour remedy)
  - formal plan of corrections called [Corrective Action Plan](#) completed
  - remedy within specific time frame, can be weeks and sometimes months (staff training provided by local educational entities)
  - examples include P&I issues, medication training, mattress replacement, etc.
QA Follow-up - Residential

- CAPs written with vendor input in formal meeting
  - RCOC QA often makes in-person visits to ensure compliance
  - Technical Assistance given in lieu of CAPs for less serious deficiencies

- 2 CAPs within 12 months begins Sanctioning Process

- Provider Review Committee reviews CAPs with RCOC

- Sanctions discussed and recommendations made

- Referral moratoriums typically enacted; persons served, families, RCOC staff, CCL/DPH notified by formal letter per Board Notification Policy

QA Follow-up – Adult Day Services

- No CCR Title 17 Regulations
- Technical Assistance: Verbal and Written
- Letter of Non-Compliance
- Corrective Action Plan
- Provider Review Committee
QA Follow-up

• May include collaborations with:
  • Law enforcement leaders of investigations involving criminal activity including injury, abuse, neglect, etc.
  • Community Care Licensing (CCL) monitors CCFs and Adult Day Programs Licensed through CCL
    Annual Evaluations + SIR investigations
  • Department of Public Health (DPH) monitors ICFs and Community-Based Adult Services
    Annual Evaluations/Surveys + SIR investigations
  • Long Term Care Ombudsman (Council on Aging)
    SIR investigations for adults in CCFs and ICFs
  • Protective Services for both children and adults
    SIR investigations for children in CCFs and ICFs, and adults attending non-licensed Adult Day Programs
*Example of a Community Care Facility on the CCL website

*RCOC is updated by email notification whenever a new report is filed in Sacramento

*HIPAA and Medicaid funding does not allow DPH to be similarly transparent with the ICFs
Risk Management

Safe Settings

Quality Care and Relationships