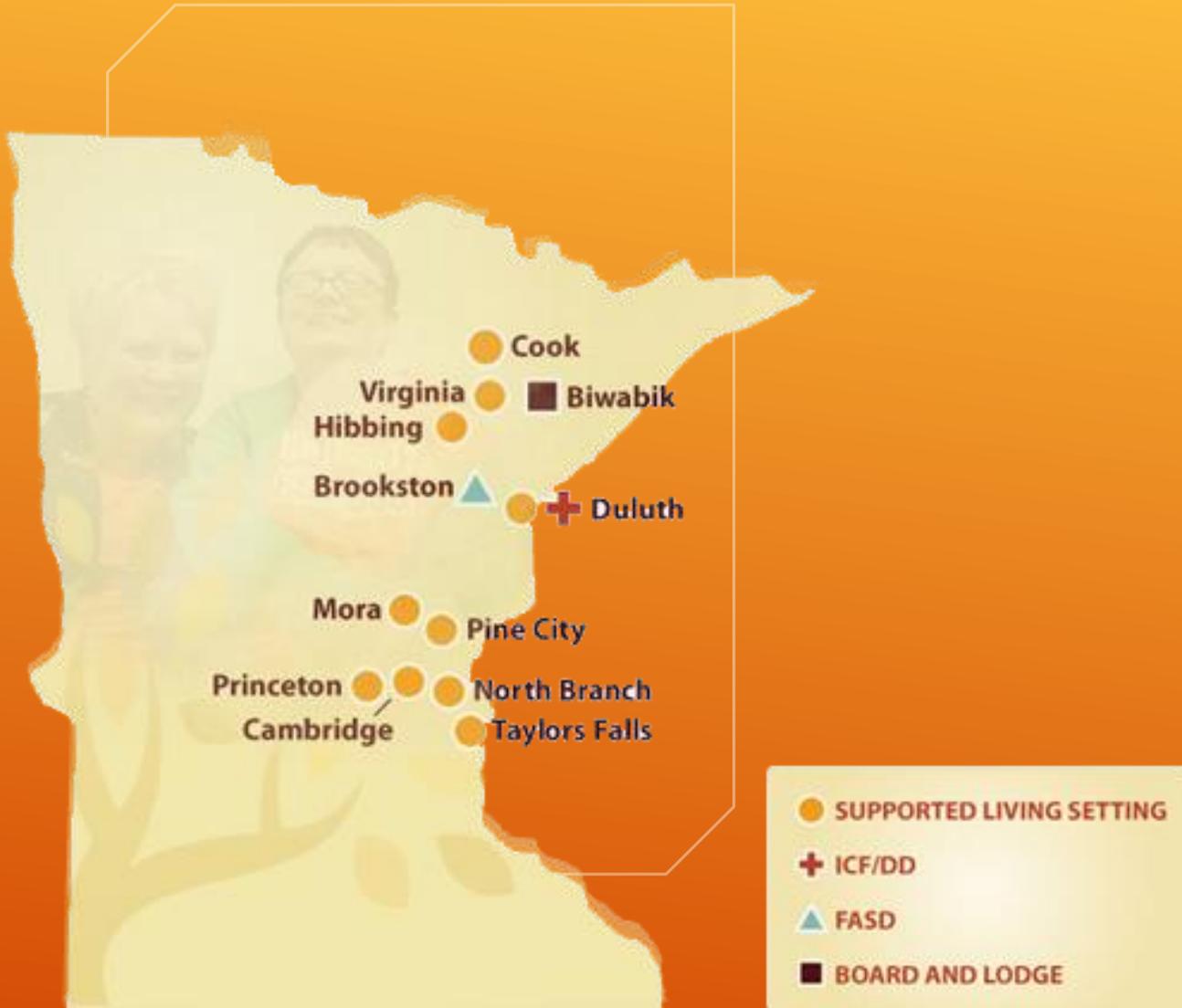


MANAGING RISK AND LIABILITY WHILE INNOVATING

How a disability service organization has addressed risk while implementing person centered practices and new models of service.

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RESIDENTIAL SERVICES INC. (RSI)



- Support people with any need
- Geographically dispersed
- Serve 250 individuals
- Employ 500 staff
- Diverse range of services
 - Residential
 - In Home
 - Respite
 - ARMHS
 - Outpatient Counseling

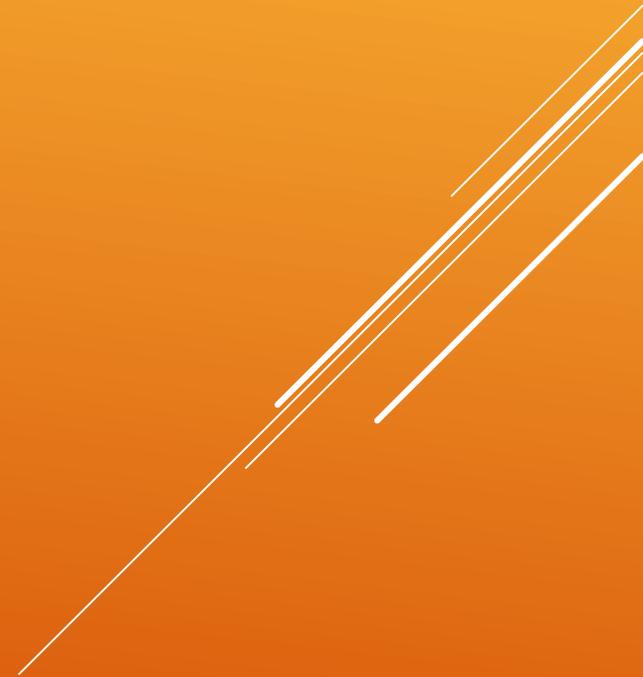
RSI INNOVATION EXAMPLES

FASD setting with CRS and Apartment with an operating farm.

Variety of independent living situations

Lifesharing

Community Connector Project



PRESENTATION OVERVIEW

Need for Innovation (Crisis)

Person Centered Practices (Level 1,2,& 3 changes)

Examples of Risk and Liability

How RSI has managed risk.

Questions and Discussion

WHY DO WE NEED TO INNOVATE?

Staffing crisis (MN has 10,000+ DSP vacancies)

Unsustainable funding (cannot spend our way out of problems)

Need new models of service that reduce the need for staff

Need to do a better job of listening to people and figuring out how to say yes

Change thinking about risk – assume it versus assuming we have to prevent it.

MAIN FOCUS OF RSI PCT PRACTICES

- **Focusing on connecting people to their communities with meaning and purpose**
- **Creating, developing and enhancing important to relationships**
- **Expanding opportunities for people to express and make their own choices**
- **Supporting people in building their relationships based on mutual interests, preferences and respect**
- **Improving life for everyone through skill development and offering experts who support them having the life they want.**

Level 1



Any change that results in a positive difference in the lives of people who use services in your own work life.

Level 2



Any changes an organization makes to its practices, structure or rules that result in positive differences in the lives of people.

Level 3



Any change in practice, structure and rules made at the system level. These changes have an effect on many organizations, and therefore many peoples' lives.

LEVEL 3 BARRIERS

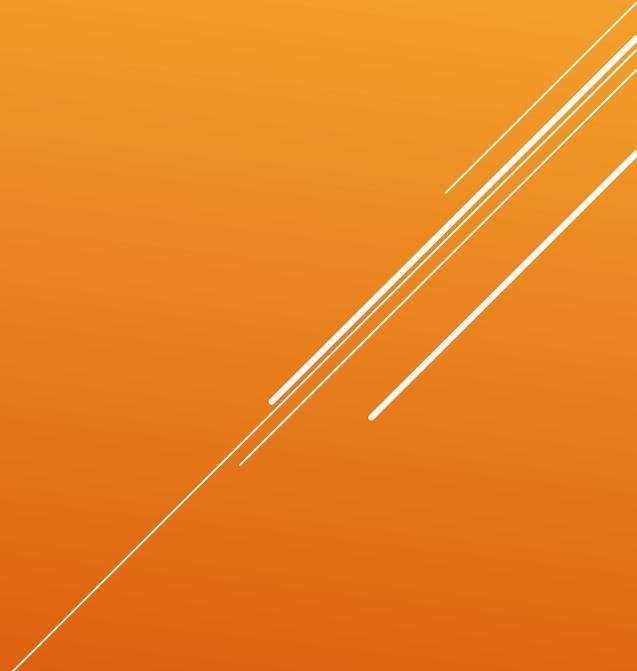
STAKEHOLDER TRAINING

- DHS, Counties, Providers – Implications of PCT Practices
 - Families and Caregivers – Supportive decision making
 - Recognizing need to address risk
- 
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RISK AVERSION

- Stakeholders who struggle hearing the voice of the person supported, deny their requests, or require more service than is desired or necessary for success?
- Stakeholders imposing their personal risk expectations on providers and counties resulting in reduced openness to prototyping new supports?
- The interpretation of rules, regulations and attitudes that scare people away from prototyping innovative programs?
- Streamlining the adoption of new technologies that enhance independence and quality of life?

Examples of Risk and Liability

- ▶ **Financial – new practices not fitting in with current funding mechanisms**
 - ▶ **Regulatory – new practices not fitting in with current regulations**
 - ▶ **Community Impact – moving people to their own homes with less staff or support**
- 
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Examples of Risk and Liability

- ▶ **Reluctant Team Members** – having to convince guardians and case managers about new activity or model of service and then discussing who is at risk
- ▶ **Protecting Vulnerable Adults and Children** – current investigative practices look for who to blame vs. what when wrong so we get risk avoidance (example of Piedmont VA)
- ▶ **Risk of no path back for people served when they try something new** – moving to own home or apartment and bed filled behind you, waiver reduced

▶ **Examples of Risk and Liability**

- ▶ **Losing staff who feel too at risk – people not wanting to work at settings where there is more risk due to higher medical or behavioral needs**
 - ▶ **Insurance coverage – will they understand new models and how practices may change liability**
 - ▶ **Need for new skill sets for all staff – new services, different settings, new risk management techniques, training costs**
- 

FAILURE

If you aren't failing you aren't trying hard enough and need to assess how current systems reward or penalize failure.

HOW RSI HAS MANAGED RISK

Making sure our failures were
minimized and we understood if we
were succeeding

- ▶ Days needed to fill an opening
- ▶ 911 Calls
- ▶ ER visits / Hospitalizations
- ▶ Incident Reports

DATA ON KEY INDICATORS OF RISK

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- ▶ Efforts to create natural supports challenged by the need for background studies!

VOLUNTEERS VERSUS FRIENDS



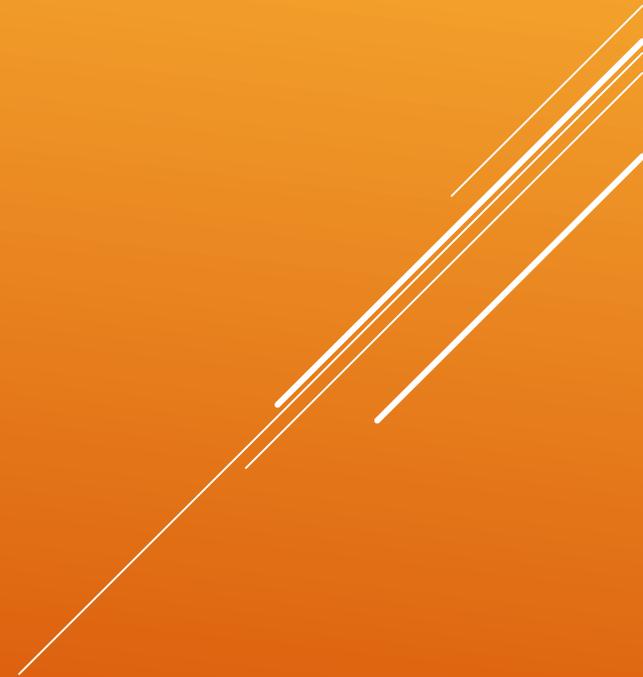
- ▶ Increase in 911 calls and ER visits
- ▶ Complaints from neighbors
- ▶ Led to Person Centered Incident Matrix

COMMUNITY IMPACT – 911 CALLS

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- ▶ Existing systems often fail to teach key team members about new models
- ▶ Understanding Technology
- ▶ Substitute Decision Making
- ▶ Informed Consent

EDUCATING GUARDIANS AND CASE MANAGERS



- ▶ Licensing and VA investigations typically look for who to blame
- ▶ Often does not fix anything or address risk.
- ▶ Creates an atmosphere of fear and unwillingness to try anything new
- ▶ Collaborative Safety Model

BLAME-BASED INVESTIGATIONS

- ▶ Need to educate employees on Collaborative Safety model and use internally
- ▶ Appealing negative decisions on behalf of employees
- ▶ Offering legal help
- ▶ Communicating with employees so they know they are being backed by organization

LOSING EMPLOYEES DUE TO
PERCEIVED RISK

- ▶ Informed choice should include a plan for what happens if Plan A doesn't work
- ▶ Use of trial run in current setting to create a safe space to fail
- ▶ How long can a person's current setting be saved for them?
- ▶ Need a good "Boots on the Ground" plan

NO PATH BACK

- ▶ Be Transparent
- ▶ Educate on disability service system changes
- ▶ Loss control discussion needs to include new models of service

WORKING WITH INSURANCE
PROVIDER ON LIABILITY



- ▶ Person Centered Practices
- ▶ Positive Behavioral Supports
- ▶ Key to reducing unwanted behaviors and allowing people opportunities to live with fewer staff
- ▶ PCT Coaches

TRAINING CHALLENGES

- ▶ Need new training practices:
 - ▶ Designated Trainer DSP position
 - ▶ One-page personal descriptions
 - ▶ On-call system for nursing and program supervisors
 - ▶ Intranet access to training resources and protocols
 - ▶ Training options for different learning styles

TRAINING CHALLENGES

- ▶ Need Level 3 changes to regulations on training
 - ▶ Document competency rather than hours of training
 - ▶ Reduce time for training
 - ▶ Allow more person-specific training
 - ▶ Need to replace rather than add training

TRAINING CHALLENGES

- ▶ Embrace change, as both a change agent and change target
- ▶ Manage risk by managing how much change you take on at the same time – strategic planning
- ▶ Listen to your employees before acting
- ▶ Research ROI on resources needed – technology, training, etc.

SUMMARY

- ▶ Build relationships with Counties, State, other providers, provider association, and other community agencies
- ▶ Create a safe space to share problems, discuss risks, and propose Ideas
- ▶ Consider when to ask forgiveness rather than ask for permission
- ▶ Need all of this to create Level 3 changes

SUMMARY

- ▶ Everyone agreed Respite was a priority need
- ▶ High demand with low return
- ▶ Licensed versus unlicensed setting
- ▶ Rate setting changes

RSI'S RESPITE STORY

Questions?

Thank you for attending!

Jon Nelson, Residential Services Inc.

**PCIM Webpage: <https://www.stlouiscountymn.gov/departments-a-z/public-health-human-services/adult-services/adult-foster-care>
Under → Person Centered Approach to Crisis Management**