



Massachusetts
Department of Mental
Retardation

RISK MANAGEMENT SYSTEM

“WALKING THE TIGHTROPE”

GUIDING PRINCIPLES

Alliance



- Individual
- DMR Staff
- DMR Providers
- Family
- Friends
- Community

CRITERIA for Initial Risk Review

Consider a Risk Plan IF

- Any significant person in the individual's life:
 - capable of abuse:
 - physical
 - sexual
 - emotional
 - financial
 - exploitation

CRITERIA for Initial Risk Review

Consider a Risk Plan IF

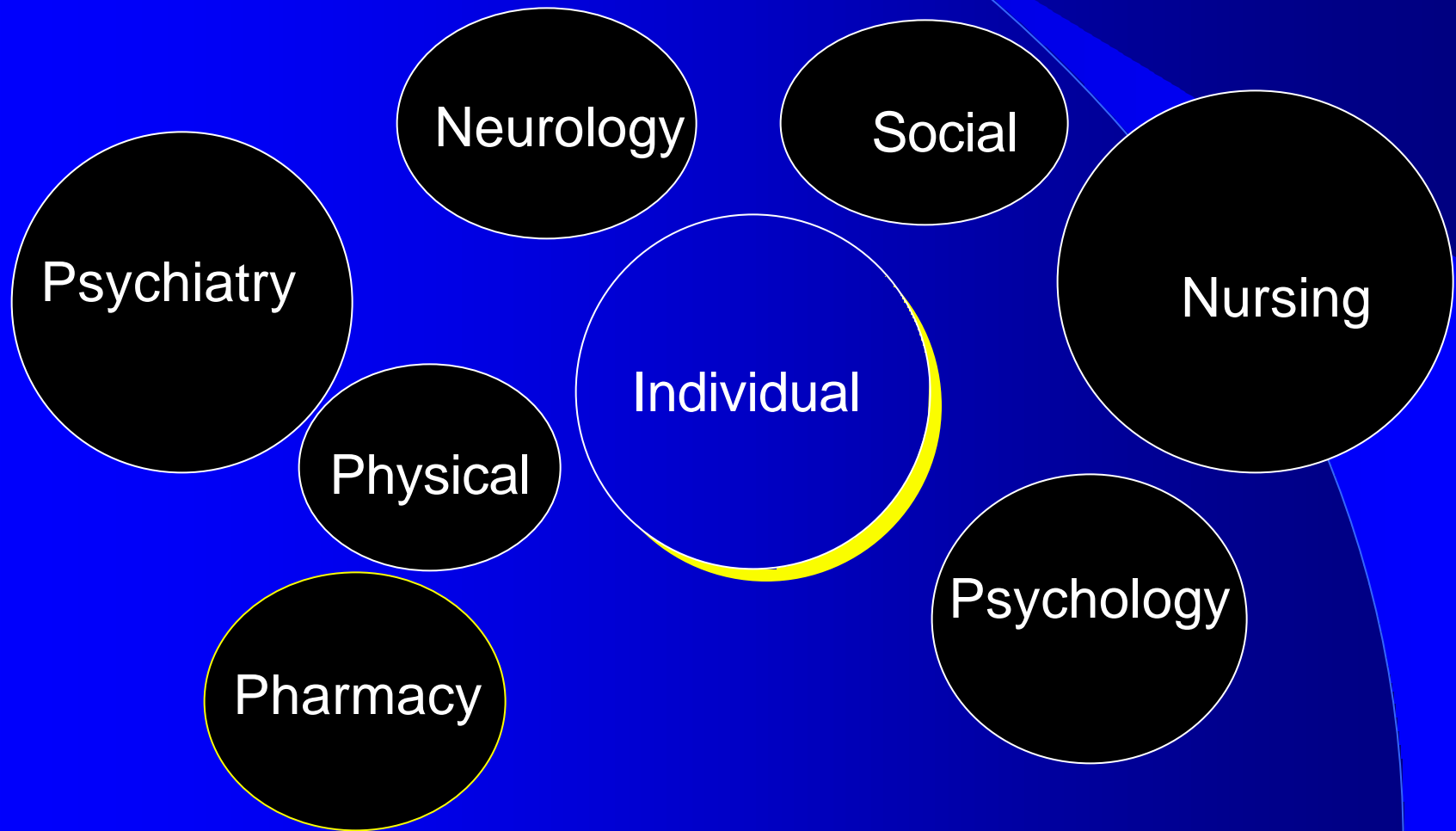
- Any individual's behavior
 - Puts them at risk
 - Poses a risk to themselves, others
 - Occurs in a potentially dangerous environment
 - Refuses critical services or treatment
 - Makes hazardous lifestyle choices
 - Substance abuse, gambling/financial mismanagement, unsafe sexual activity, poor choice of companions

CRITERIA for Initial Risk Review

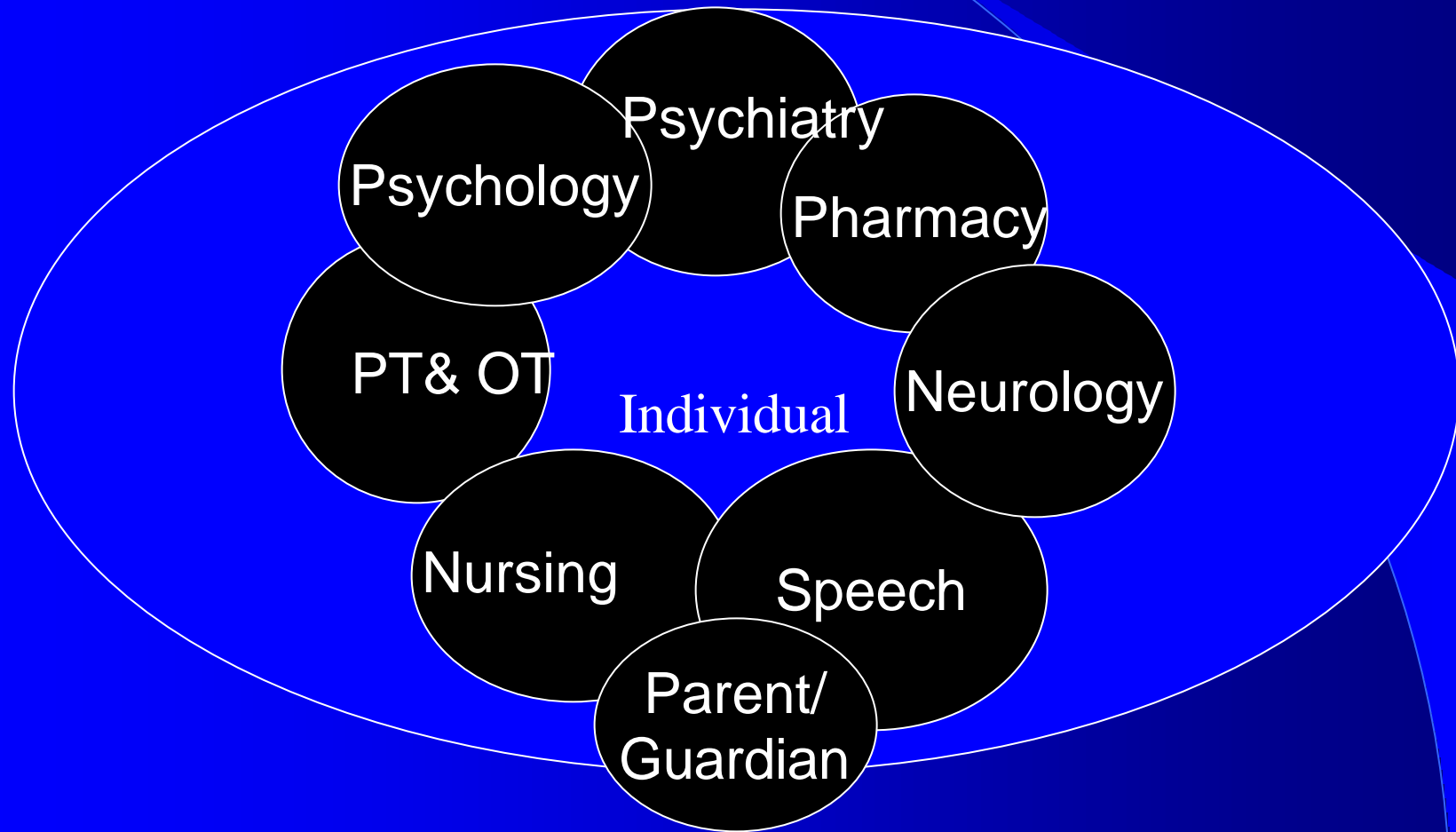
Consider a Risk Plan IF

- Individual
 - fragile medical or psychiatric condition
 - 3 + hospitalizations/year
- Individual's behavior
 - criminal justice system
 - public safety threat

Isolated Disciplines



Consolidated Multidisciplinary Team



HIGH RISK AND CRITICAL INCIDENT REPORTING SYSTEM

Criteria for a Critical Incident Report

- An event that includes
 - Police or law enforcement involvement
 - Serious physical injury
 - Media attention situation
 - Oversight of another state agency

Incident Reporting System

- Contains
 - Identification and Analysis of Indicators
- Collects Information
 - Timely & Consistent Manner
- Identifies
 - Local & State-wide trends
- Compares
 - Trends to Benchmark
- Establishes
 - Foundation
 - Post-event analysis

SYSTEM INTEGRATION FOR QUALITY SAFEGUARDS

- Risk Management Advisory Committee
 - Membership

Risk Management Advisory Committee

- Members

- Directors of:

- Office of Human Rights
- Investigations
- Survey & Certification
- Public Relations
- Health Projects
- Medication Administration Program
- Management Information & Evaluation

- Assistant General Counsel

Risk Management Advisory Committee

- Primary Focus

- Linkage & Communication

- Health
- Safety
- Risk Systems

- Promotion of Continuous Quality Management

- Agency's Safeguard Systems

- Periodic Review

- Individual Risk Plans

- Legal, Medical, Human Rights & Self-determination

CHALLENGES TO IMPROVE THE LIVES OF INDIVIDUALS

- DMR Incident Reporting System and Proposal for Enhancement
- Quality of Life & High Risk

Incident Reporting System

- Center for Developmental Disabilities Evaluation and Research (CDDER)
 - Enhance the Incident Reporting System
 - Combine relevant indicators of risk
 - Disabled Individuals
 - Analysis Existing System
 - Identify functional & useful components
 - Compare with other states
 - Develop “State of the ART” Technology

Proposal for Enhancement

- Center for Developmental Disabilities Evaluation and Research (CDDER)
 - Combine relevant indicators of risk
 - Develop “State of the Art” Technology
- Provide State-wide data
 - Locally
 - Nationally

RISK (CLINICAL) TEAM



RISK TEAM

- Identifies:
 - Need for plan
- Reviews quarterly

CASE STUDY - TED

- Ted
 - 52 year old man
 - Lives with housemate
 - No meds
 - Part-time job
 - Mild MR
 - Sexual disorder, NOS, depression, alcohol abuse

PRESENTING ISSUES

- Excessive drinking
- Sexual harassment
- Termination of employment
- Poor Impulse control
- Sexual solicitation

TED'S WISHES/PREFERENCES

- Hold meaningful employment
- Live alone
- Stay out of jail

PLAN

- Live alone
- Increased supports
 - On-site
 - Case management
- Quarterly meetings
 - Support team & Advocate
- Meaningful employment
- Long-term counseling & supports

SYSTEMS UTILIZED

- DMR FUNDING
 - Individual Support
- Natural Supports
- Community Mental Health Providers
 - psychiatrist
 - therapist
- Vocational Services

TED'S OUTCOME

- Lives alone
- Holds a job
- No incidence of harassment
- Additional supports
- Improved relationships
- Decreased alcohol consumption

CASE STUDY - FRAN

- Fran

- 51 year old woman
- Lives alone
- Mild MR
- Multiple medical issues

- hypertension, hypothyroidism, obesity, chronic cellulitis, hard of hearing, breathing concerns, arthritis

PRESENTING ISSUES

- Eviction
- Service acceptance
- Medical treatment compliance
- Periodic hospitalization
- Unsanitary living condition
- Poor hygiene
- MD issues

FRAN'S WISHES/PREFERENCES

- To live alone
- Maintain relationship with daughter
- Female MD
- General independence

PLAN

- Establish Area Office Nurse relationship
 - Bridge supports to medical
 - Nutritionist, VNA, PCA, Homemaker, Ind. Support Person, Adaptive Equipment (Various)
- Secure female MD
- Establish relationship with Service Coordinator
- Increase daughter's supports
- Consult Ethics Committee
- Obtain transportation to med. appts.

SYSTEMS UTILIZED

- Individual Support Plan Team
- DMR Services
 - Ethics, Individual Support, RN, Clinical Team
- MRC - Homemaker
- Medicaid - VNA, Adaptive Equipment, PCA, Transportation
- Mental Health Crisis Team
- Community Health Systems

FRAN'S OUTCOME

- Weight loss
- Housing stabilized
 - Eviction threats decreased
 - Lives alone
- Health compliance maintained
- Hospitalizations decreased
- Relationships improved (Daughter)



Keep people
safe

Personal
autonomy

DMR
RISK
MANAGEMENT

Massachusetts Department of Mental Retardation

- Serves 30, 000 children & adults
- Employs over 7,000 people
- Annual budget \$900 million
- Organized into 5 Regions and 22 Areas

Massachusetts Department of Mental Retardation Northeast Region

- Serves 6,000 children & adults
- Employs 1200 people
- Annual budget \$148 million
- Organized into 4 Areas

