



Department of
HUMAN SERVICES

***SF2144, Glenwood Resource Center
Supplemental Appropriation for SFY20***

July 2020

SF2144, Glenwood Resource Center Supplemental Appropriation for SFY20

SF2144, an act ... supplementing appropriations for the fiscal year beginning July 1, 2019

The Governor signed SF2144 on February 13, 2020. SF2144 provide the Iowa Department of Human Services (DHS) with a supplemental appropriation for the state resource center at Glenwood for salaries, support, maintenance, and miscellaneous purposes for the fiscal year beginning July 1, 2019 (state fiscal year 2020/SFY20). This is the final report required under SF2144, however, the Department will provide informational updates in our quarterly fiscal Carry Forward reports.

Detail regarding use of supplemental moneys

Expenditures to date have been connected to contracted peer review services with the University of Iowa Hospitals and Clinics, Medical Officer on Duty accommodations, and contracted consulting services. The following table details expenditures through June 30, 2020.

Vendor	Description	Transaction Date	Amount
University of Iowa Hospital and Clinics	Peer review	3/13/20	\$15,261
University of Iowa Hospital and Clinics	Peer review	6/17/20	10,910
Jet Air ¹	Aircraft Rental for UIHC Physicians	2/7/20	12,316
Medical Officer on Duty ²	Lodging Reimbursements	1/23/20-3/31/20	2,985
Federal Express Corp	Mailing of document package for Diorio review	2/26/20	18
Mark Diorio	Consultant Expense	1/8/20-1/31/20	9,128
Mark Diorio	Consultant Expense	2/1/20-2/29/20	17,505
Mark Diorio	Consultant Expense	3/1/20-3/31/20	9,204
Mark Diorio	Consultant Expense	4/1/20-4/30/20	12,256
Mark Diorio	Consultant Expense	5/1/20-5/31/20	5,504

Douglas McDonald	Consultant Expense	4/17/20-4/29/20	7,032
Douglas McDonald	Consultant Expense	5/1/20-5/28/20	11,063
Beyond Compliance Consulting	Consultant Expense	5/1/20-5/28/20	13,545
Beyond Compliance Consulting	Consultant Expense	6/1/20-6/30/20	19,085
Total			\$145,812

¹To mitigated time away from clinic at UIHC and to ensure ability to travel to Glenwood during winter months.

²To come into compliance with DHS' facilities policy regarding response time.

Status report on projects to which the supplemental moneys have been allocated

The Department of Inspections and Appeals (DIA) notified DHS on November 4, 2019, that the GRC Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/ID) license was being place in conditional status. The Department was notified on November 21, 2019, that the United States Department of Justice (DOJ) would commence an investigation of GRC and Woodward Resource Center (WRC). The use of supplemental moneys has been focused on resolution of these issues. A status report on each project to which the supplemental moneys have been allocated follows.

University of Iowa Hospitals and Clinics (UIHC)

Date contract executed: December 12, 2019.

Services:

- Peer review of the hydration management and protein management practices at GRC on specific patients with pneumonia or at high risk for pneumonia including a physical assessment of the patients.
- Ongoing peer review regarding the care and treatment of pneumonia patients including physical assessments of other priority patients identified by the Department.
- A focused professional practice review of GRC medical providers identified by the Department including a focused professional practice review of the processes for pneumonia patients and other priority areas/patients identified by the Department.
- Advising on the development of clinical protocols consistent with standard of care.
- A written report to the Director of the Department regarding any potential concerns with the current treatment plans for the identified patients, current programmatic clinical protocols used with such patients, deviations from standards of care, and any other matters as agreed to by the parties

UIHC clinicians including two physicians and one nurse conducted onsite reviews on December 12, December 23 and December 30, 2019. Following the onsite assessment of individuals, a verbal exit was reported to the department and the facility staff addressed individual care adjustments. UIHC clinicians did ongoing peer review via review of records and documentation. A summary written report outlining recommendation on 39 points of care has been received and department is utilizing this peer review information to initiate process. Among the items noted already in process are improved interdisciplinary professionals discussion in medical management rounds, improved format of communication with consulting specialty providers, and measure to ensure appropriate isolation of acutely ill individuals with possible viral infections.

UIHC provide individual clinical peer review to the facility for which management actions were taken on April 24, 2020. Contract quality improvement in medical services was already being addressed with supplemental funding and staff augmentation contract of psychiatrist Dr. James Sorrell. Dr. Sorrell assumed oversight until a medical director can be hired. Dr. Sorrell has been participating remotely in medical department reviews, Medical Officer of the Day consultation and direct onsite follow in interdisciplinary team meeting modeling.

UIHC physicians have also provided feedback to the facility on COVID-19 care related to individual system assessment, isolation precautions, nutritional and hydration needs to support on-going health of medical complex individuals. To date the facility has not experience any cases of COVID-19 for the individuals served.

On-going relationship UIHC physicians for peer review began June 3, 2020. The GRC medical team is implementing a number of recommendations for improvement offered in the physicians report. In addition, facility and UIHC medical will collaboratively for discussion on acute care needs and status of improvements grand round format. The kick off meeting was held July 1, 2020 with weekly rounds set to begin July 15, 2020. This collaborative relationship and peer review process aligns with one of consultant Diorio's report recommendations noted later.

Medical Officer on Duty

This corrective action did not require a contract but will result in some travel expenditures. ICF/ID licensure provisions require that a medical officer on duty (MOD) be readily available to respond to patient needs on the ICF/ID campus. Current DHS facilities policy requires a response time of 20 minutes for the MOD. GRC was not consistently providing for this response time. GRC medical providers have been retrained on the DHS facilities policy on MOD and has developed a communication plan to ensure timely medical provider response according to policy. A short-term plan accommodating residence within 20 minutes of the GRC campus was implemented.

Due to the COVID-19 pandemic, an exception was granted allowing GRC medical providers to respond from their residence, which is an exception to policy.

DHS has also created and implemented a tracking system for MOD calls and response. This includes MOD call/response review at Monday through Friday morning medical meetings to ensure appropriate follow up interventions.

A solution for sustaining long-term compliance is in process. The DHS/MHDS MOD policy is being reviewed against accreditation and licensing requirements, as well as, standard practice guidelines, with the hope to have a revised policy in place by Fall 2020.

Mark Diorio, PhD

Date contract executed: December 31, 2019.

Services:

Mr. Diorio is an experienced professional who provides expert consultation to public and private agencies for administrative and clinical issues involving Intellectual and Developmental Disabilities (IDD). His role includes:

- Evaluating GRC services for compliance to generally accepted practice standards; including those in the DOJ consent decree including individual service assessments; individual service plan development; plan oversight and review such as quality management, physical nutritional management team review, human rights, and consent.
- Identifying areas of needed improvement and providing an evaluation report complete with recommended changes to the Department.
- Leading the development of an improvement plan to recommended changes, guiding the initial implementation of the plan and conducting follow-up review to support sustained change and improvement.
- Coordinating efforts with the medical experts evaluating medical care at GRC.

Mr. Diorio has conducted three onsite visits to GRC including a full week when DOJ was onsite in February. His activities are also directed to remedy condition 1 of GRC's provisional license which is focused on root cause analysis of the failures in ensuring adequate and effective services and supports, specifically supervision of clients and consistent implementation of individual program plans. Mr. Diorio's preliminary report and recommendations for remediation was received in May.

Mr. Diorio has been engaged in weekly discussions with GRC leadership in responding to DIA citations and DOJ investigation, outlined as the four major areas of improvement and remediation—medical services, behavioral support plan development, quality management and staffing and supervision of individuals. His work has helped to direct the contracting of additional consultants and resources materials needed for remediation.

Mr. Diorio has provide feedback to the Interim Superintendent on policies for implementation and response of facility in providing active treatment while addressing COVID-19 pandemic. His consultative services have included providing educational material to nursing staff for the use of the Pain and Discomfort Scale (PADS)

assessment tool and a structured approach and format to behavioral support implementation for those with high intensity behaviors requiring physical intervention. Mr. Diorio also lead the kick off discussion of the Restraint Reduction Committee held on June 24, 2020 using the Crisis Prevention Institutes Reducing Restrictive Practices Checklist.

Mr. Diorio provided guidance for remediation on 117 items in his preliminary report and recommendations. To date the facility has planned and started execution for planned improvements for 90 of those items. A review and strategic planning is still occurring on remaining recommendations. Significant among the recommendations being executed are increasing the number of direct support professionals through additional positions and use of staffing augmentation agencies, as well as, the hiring of two additional “super” Qualified Intellectual Disability Professional (QIDPs) with quality assurance monitoring duties, reporting to Quality Management and Treatment Program Services, respectively. Additionally, designated staff have begun education on train the trainer format for Person Center Positive Behavior Support Training offered in collaboration through the University of Kansas’ Matt Enryt with on-site training of direct support professionals anticipated in the Fall of 2020.

Douglas H. McDonald, PhD

Date contract executed: April 3, 2020.

Services:

Mr. McDonald will serve on the professional team supporting Mr. Diorio’s effort; Mr. McDonald’s scope of work will include psychology and behavioral analyst consulting.

- Review GRC policies and current practices pertaining to behavior and mental health assessment and intervention, restraint and safety procedures, skill acquisition and habilitation, staff training, and community transition.
- Assess the capacity of the current psychology staff and provide recommendations for training.
 - Provide at least one training per the recommendations.
 - Critically evaluate and provide written feedback on all behavior support plans.
- Provide behavioral analytic consultation and record review of 30 to 40 individuals served by the GRC including review of behavior support plans, event logs, medication prescribing practices and GRC interventions such as person centered planning, Acceptance Commitment Therapy (ACT), and de-escalation.
- Conduct a behavioral analysis for up to five individuals, following a generally accepted approach for board certified behavioral analysts; assist GRC with design of behavioral interventions for the identified individuals that are person-centered and evidenced based; provide written behavioral analysis and recommendations.
- Provide recommendations for changes to policies and practices pertaining to behavior and mental health assessment and intervention, restraint and safety procedures, skill acquisition and habilitation, staff training, and community

transitions; monitor compliance with recommendations including additional recommendations offered by regulatory agencies and other relevant authorities.

Mr. McDonald's activities are also directed to remedy condition 2 of GRC's provisional license, which is focused on behavior analysis of individuals with multiple identified maladaptive behaviors including self-injurious behavior, pica³, aggression and false allegations.

Mr. McDonald attends virtual meetings bi-weekly with psychology department staff. McDonald has provided analytic consultation on individual plan development for those with high frequency of interfering behaviors, along with one-on-one psychology staff mentoring. Mr. McDonald has trained the psychologist on the functional behavioral assessment tool being implemented at the facility. He has also provided on-going resources for staff development of psychologist such webinars offered through National Association of Developmental Disabilities (NADD), which are being facilitated weekly in collaboration with the DHS Clinical Director.

During his visit in June, Mr. McDonald met directly with each psychologist in the homes they support. He assisted in assessment of individuals whom DOJ mentioned as acute from a behavioral standpoint, as well as, provided modeling for psychologists in their role in leading interdisciplinary team discussions around individual skill acquisition and in formulating behavioral support plans.

Mr. McDonald has provided input for Mr. Diorio's preliminary report and participated in a number of strategy sessions to coordinate next steps for facilitating change in psychology services delivered at the GRC. Mr. McDonald is working with psychology staff on organization of their data collection and presentation tools to assist in collaborating with psychiatry on use of polypharmacy medication.

During his on-site visit, Mr. McDonald also met with the Woodward Resource Center (WRC) psychologist, Susan Smith. They are working collaboratively to establish a single, and consistent standard operating procedure manual that will fit the needs of the state resource centers and allow for peer review and collaboration. This work is in line with recommendations from Mr. Dorio.

³*Pica is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value, such as hair, dirt, and paint chips.*

<https://www.nationaleatingdisorders.org/learn/by-eating-disorder/other/pica>

Beyond Compliance Consulting

Contract executed: April 27, 2020

Services:

Ms. Rebecca Helgeson of Beyond Compliance Consulting will serve on the professional team supporting Mr. Diorio's effort and will provide quality improvement consulting and resource center quality assurance consulting. The contracted scope of work includes

improvement of services, supports, policy development and implementation in the areas of Quality Assurance/Enhancement and Risk Management for both GRC and WRC.

- Review of allegations of abuse/neglect/mistreatment incidents, incidents of injury and investigations, including a trend analysis of incidents and injuries over the past two years.
- Review of quality indicators to ensure data that is tracked can lead to meaningful review of outcomes. Recommendations on sun-setting or adding indicators shall be presented in the improvement plan.
- Review of Human Rights Committee policies, procedures, and minutes for the past two years for an assessment of efficacy, compliance with mandates, and best practices.
- Review of external peer review and recommendations and development of a process to track and implement action items identified in peer reviews.
- Review of quality council minutes for the past two years and identification of recommendations for effective interdisciplinary collaboration.

Beyond Compliance Consulting has developed and presented an improvement plan to DHS to update and create policies, procedures, and systems for on-going quality management. Her recommendations included revision of quality indicators used in monthly assessment of services provided. These recommendations include phasing out 157 data collections items deemed not effective/necessary, modifying 12 data collection items for better use, and adding 32 data collection items to capture improvements that facility is making in remediation. Additional recommendations for improvement focused on human rights committee reviews ensuring least restrictive intervention, overall consent, and oversight of individual support plan development. With Ms. Helgeson's recommendations, revisions are already in progress to the facility Human Rights Committee Policy and Individual Grievance Policy.

Ms. Helgeson is currently completing documentation review of incidents of mistreatment and previous plans of corrections developed by the facility in response to those incidents to identify approaches to system improvements.

During Ms. Helgeson's June visit to the facility, she provided training to Treatment Program Managers, Social Workers, and members of the Human Rights Committee. The training encompassed individual's rights and CMS regulations on rights management.

Ms. Helgeson also completed on-site document review for an individual case study to use in modeling a "Who Am I?" approach to individual support needs for community integration, to be trained to the team in her planned July revisit. Ms. Helgeson will also provide training to Treatment Program Managers on balancing their roles and expectations as Qualified Intellectual Disability Professional (QIDPs), aligning with Mr. Diorio's recommendations.

Ms. Helgeson will continue to participate virtually in the weekly Human Rights Committee meeting and the monthly Quality Assurance Council meetings to monitor progress of recommended improvements.

Professional Standards of Nursing Practice

Services:

A registered nurse consultant was initially considered to contract as a member of the professional team supporting Mr. Diorio's effort. The nurse consultant was being sought to provide guidance and recommendations regarding current professional standards of nursing practice for persons with intellectual disabilities residing in intermediate care facilities.

The scope of work for this effort was in the final phase of development and had included assessment and evaluation of the state resource centers (SRC) health care service delivery system. The deliverable was to be a plan for improvement, ensuring timely nursing care, triggering of medical provider services as appropriate, and development of systems to ensure further prevention of deficient practices and promote enhanced services.

As the facility has experienced changes in medical professional leadership, DHS has determined it will address medical services with the use of current contracts with UIHC and Dr. Sorrell in coordination with those already on Mr. Diorio's team rather than a specific consultant for nursing services.

Mandt System Training

Services:

Behavioral management, de-escalation and safety is an area of concern identified in recent reviews and assessment of the GRC. To address this concern, DHS conducted a review of the scientific literature and consulted with a nationally-renowned psychologist and expert on behavioral management in state-operated facilities. The Mandt System is one of, if not the most well-established and nationally-renowned programs for behavioral management and de-escalation. GRC currently uses the Crisis Interaction Training (CIT) program for behavioral management and de-escalation. By focusing largely on de-escalation as opposed restraint holds and maneuvers, The Mandt System is better equipped than the CIT program to decrease restraints and injuries. Using The Mandt System at GRC will create more consistency across our state resource centers given that it is currently used, with good effect, at WRC. This alignment will help foster a more shared approach toward behavioral management across our state resource centers, which will assist staff training and development, cultural change, and restraint and injury reviews. The Mandt System was previously used at GRC, so many GRC staff are familiar with this program, which should further successful implementation. DHS made the decision to implement The Mandt System and is in the process of developing a contract to provide for broad staff training.

Due to COVID-19 pandemic, Mandt suspended trainings. GRC is working to coordinate trainer education at offered Mandt locations or organized training at the facility.

Central Office Oversight

In addition to the projects and activities noted above, DHS has increased its operational oversight at Glenwood Resource Center. Central office staff have a visible presence on campus weekly. The team is developing a strategic plan to ensure resident and staff safety and best practices at the facility. Team members are working with facility staff in updating policies and expectations related to individual support plans to ensure the best care for individuals, ensuring guardians are informed of individual care changes and providing technical assistance and assessing human resources management at GRC. Central office staff are also actively engaged with facility leadership and management in development, coordination and implementation of a well-informed approach to protecting our residents and staff from the COVID-19 pandemic.

The DHS MHDS Division Administrator for Facilities and DHS Clinical Director were on-site in June to review facilities, staffing needs, and overall operational structure/budget management. They provided guidance on collaboration with statewide psychology services, established reporting mechanisms for budget oversight and monitoring, and reviewed the facilities compliance improvement plans.