Washington State Department of Social & Health Services
DDA Developmental Disabilities Administration

The Closure of Frances Haddon Morgan Center:
A Quality Assurance Report – One Year Follow Up
May 16, 2013

In May 2011, the Washington State Legislature directed the Developmental Disabilities Administration (DDA), formerly the Division of Developmental Disabilities (DDD), to close one of five state-operated residential institutions for individuals with intellectual and/or developmental disabilities. Frances Haddon Morgan Center (FHMC) was closed in December 2011 and the fifty-two individuals who lived at the center have moved to community-based residences or other DDA institutions.

Former FHMC residents who chose to move to community-based settings were supported by the Roads to Community Living (RCL) grant. RCL is a federal Money Follows the Person (MFP) grant for adults and children who are considering moving to community homes from Residential Habilitation Centers (RHCs) or other institutional settings. The grant provides enhanced funding to states (75 percent matching federal funds) for the person's supports and services for a full year after the move. The RCL grant allows the provision of very individualized and tailored transitional supports to individuals and their families who decide to make the move from institutions to community settings. Supports for individuals and their families may include helping them make well informed decision regarding where to live; identifying what supports are needed to live successfully in the community; and building collaborative partnerships with everyone involved in the person's life before, during, and following the move.

A previous quality assurance report, dated February 1, 2012, summarized the earliest information about the individuals who moved from FHMC and how they were adjusting to their new homes. Another report, dated October 15, 2012, summarized the status of individuals who moved from FHMC at six months post move. This report is the final in the series of quality assurance reports on the individuals who moved from FHMC and discusses how they are adjusting now that they have lived for a full year or more in their new homes. The February and October 2012 reports are referenced throughout this document and can be found at http://www.dshs.wa.gov/ddd/RHC/.

How are former FHMC residents doing now?

Former FHMC residents are continuing to remain stable in their new homes. Few moves have occurred. Moves that did occur were for the benefit of the individuals, and not due to housing instability. As mentioned in the six-month quality assurance report, one person moved to a single story house to better suit her needs, and remained with the same provider and roommate. Since the six- month report, nine additional persons have moved to new homes. All of these individuals were supported in the SOLA (State Operated Living Alternative) program. Due to the success of a grant sponsored housing project, these individuals now reside in stable and affordable housing that is tailored to their specific needs and is not subject to short-term leases.

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Feedback from families, the individuals themselves, and other quality assurance data all indicate that, for the most part, former FHMC residents are safe, happy, and secure. This quality assurance report utilizes findings from three sources of information:

- An analysis of "Monitoring Movers Surveys" conducted at one year post move,
- Information from "Family/Guardian/Advocate Surveys" conducted after one year post move, and
- Incident reports and data about FHMC clients during their first twelve months post move.

Further descriptive information about these three quality assurance processes is located in Appendix A of the October 15, 2012 report.

Monitoring Movers Survey

The "Monitoring Movers Survey" is a three part interview process completed at one, three to six months, and twelve months after a move from an institutional setting to another institutional or community-based setting. The individual and the staff that support the person are interviewed by a DDA quality assurance professional. Details about this quality assurance protocol are provided in Appendix A of the October 15, 2012 report.

All persons who moved from FHMC received a Monitoring Movers Survey visit at one month, then at three to six months post move, and then at one year following each individual's move. The following analyses describe the experiences of FHMC movers throughout their first year.

The types of residences selected by former FHMC residents and their families include the following:

Supported Living/Other (SL) – Supported Living Services offer instruction and support to persons who live in their own homes in the community. Supports may vary from a few hours per month to twenty-four hours per day of one-to-one support. Persons pay for their own rent, food, and other personal expenses. DDA contracts with private agencies to provide Supported Living services. Other community-based residential supports offered by DDA include foster homes, group homes, adult family homes, companion homes, and staffed residential homes. This type of residence will be referred to as "Supported Living" in this report since all but one individual selected Supported Living as their contracted provider.

State Operated Living Alternative (SOLA) – SOLA programs offer supported living services and are operated by DDA with state employees providing instruction and support to individuals.

Residential Habilitation Center (RHC) – RHCs are state-operated residential settings that provide habilitation training, twenty-four hour supervision, and medical/nursing services for persons who meet Medicaid eligibility and need active treatment services. An RHC may be certified as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) and/or licensed as a Nursing Facility. There are four remaining RHCs in Washington State: Fircrest School in Shoreline, Lakeland Village in Medical Lake, Rainier School in Buckley, and Yakima Valley School in Selah.

Selected Results from Monitoring Movers Surveys

- **Health Indicators –**
  (See pages 4 & 5 for a series of charts comparing the results of health-related questions.)

  As of the one-year quality assurance visit, the needs that were identified at the three-to-six month quality assurance visit for specialized equipment for one person who moved to SOLA and one person who moved to another RHC are still marked as "No", but this is believed to be a data entry error since follow up with field staff indicates that all outstanding issues have been addressed. Everyone now has a primary care physician, and all but one person who lives in Supported Living is listed as having a primary care dentist. Follow up with the provider indicates that this person does indeed have a primary care dentist, but has not yet gone to a dental care appointment, which is also reflected in the results for necessary health appointments being made and kept.

Table 1: Status of Health Indicators over Time

INDICATOR	1 MONTH VISIT	3-6 MONTH VISIT	1 YEAR VISIT
Access to needed specialized equipment that is in good condition	1 person in SL "sometimes" had access; 1 person in SOLA did not yet have access.	Both individuals now had access; additional need was identified for someone in SOLA and someone in RHC.	All outstanding issues have been addressed and needed equipment is in place.
Access to a primary care physician (PCP)	2 persons in SL did not have a PCP.	1 person in SL did not have a PCP.	All individuals now have a PCP.
Access to a primary care dentist	2 persons in SL and 3 persons in SOLA did not have a dentist.	2 persons in SL did not have a dentist.	All individuals now have a primary care dentist; only one has not yet seen the dentist but has an appointment.

Chart 1a: Health Indicators – Supported Living (SL)

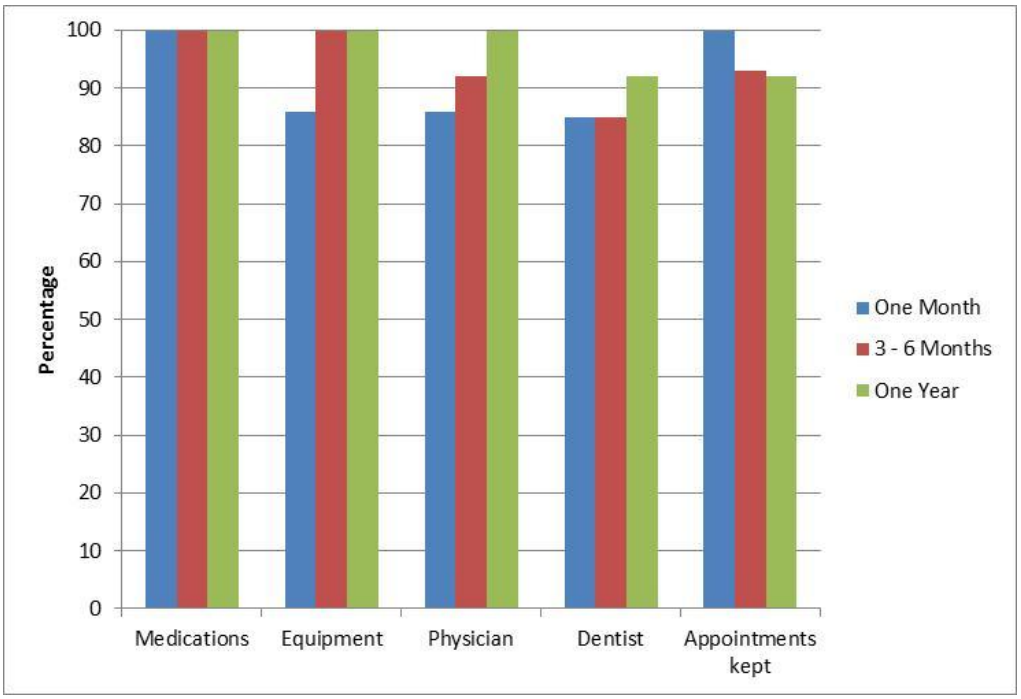


Chart 1b: Health Indicators – SOLA

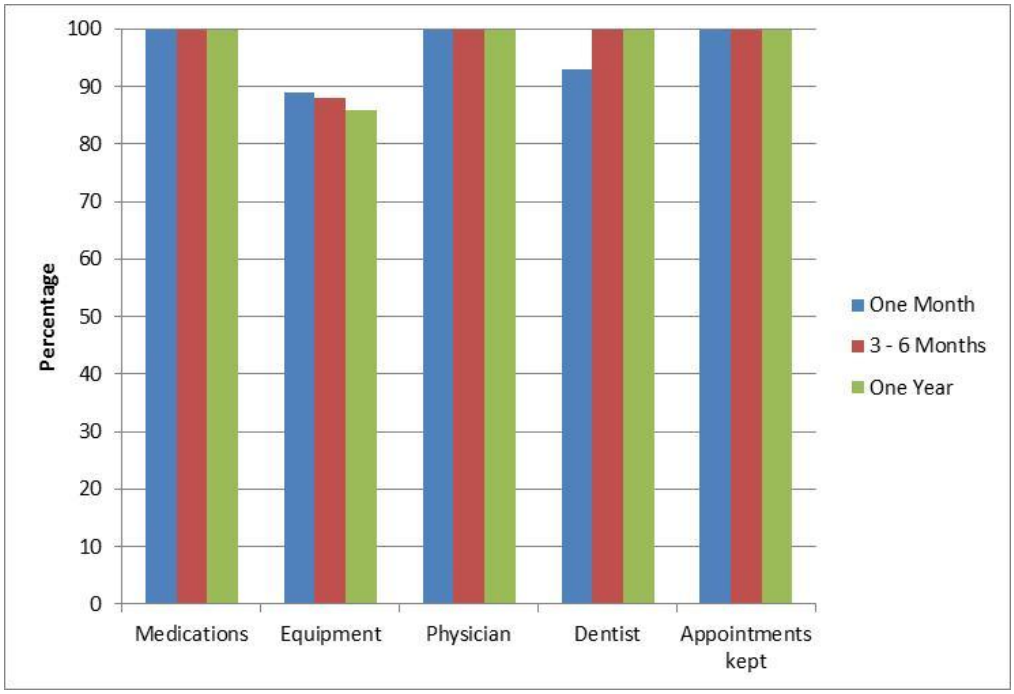
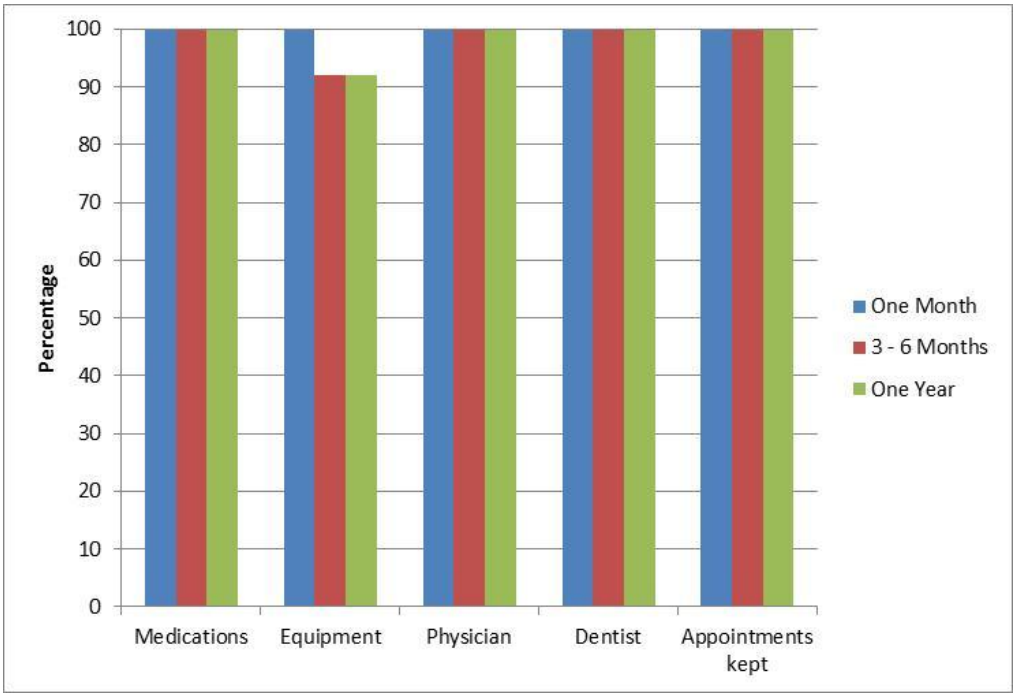


Chart 1c: Health Indicators – RHC



- **Welfare Indicators –**
  (See pages 6 & 7 for a series of charts comparing the results of welfare-related questions.)

  At one year, support staff felt that they had received all the information needed, except for one person who moved to Supported Living. The administration did verify that all issues regarding necessary information had been addressed after the 3-6 month assessment, but due to the precise wording of this particular question, "Did the direct support staff have all the information needed when the individual moved?", the interviewer may have selected "No" in reference to the time of the move rather than the current state of receipt of necessary information. As of the one-year quality assurance visits, interviewers reported that prescribed diets were being followed for all but one person who moved to SOLA. According to assessment records, this person is actually not on a specialized diet. He has a diagnosis of Pica, persistent craving and compulsive eating of nonfood substances, and this may be what the interviewer was referring to when answering this question on the quality assurance form. All individuals continue to have an adequate amount and variety of food, clothing, and appropriate personal hygiene.

Table 2: Status of Welfare Indicators Over Time

INDICATOR	1 MONTH VISIT	3-6 MONTH VISIT	1 YEAR VISIT
Staff have information they need	SL staff felt they did not have all the information they needed regarding 4 individuals.	SL staff felt they did not have all the information they needed regarding 2 individuals.	All issues have been addressed.
Prescribed diets are followed	Prescribed diets not being followed for 1 person in each setting (SL; SOLA; RHC).	Prescribed diets not being followed for 1 person in SL and one person in SOLA; follow-up indicated that neither was on a prescribed diet, but that they had some dietary issues the provider was helping them address.	All prescribed diets are being followed.
Adequate amount and variety of food, clothing, & appropriate personal hygiene	All persons had adequate food, clothing, and personal hygiene.	All persons had adequate food, clothing, and personal hygiene.	All persons had adequate food, clothing, and personal hygiene.

Chart 2a: Welfare Indicators – Supported Living (SL)

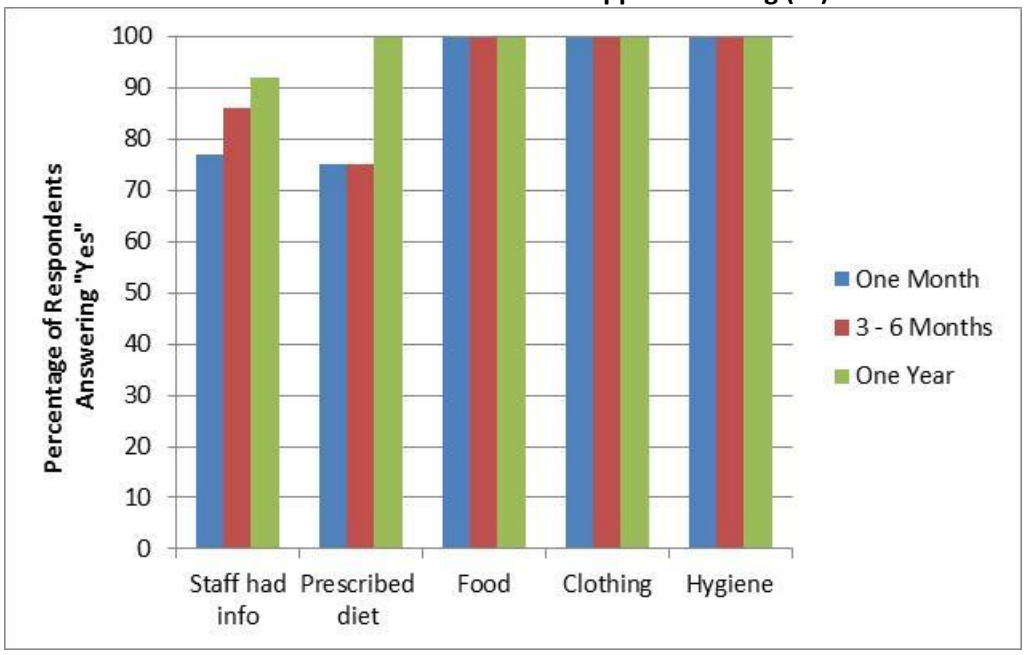


Chart 2b: Welfare Indicators – SOLA

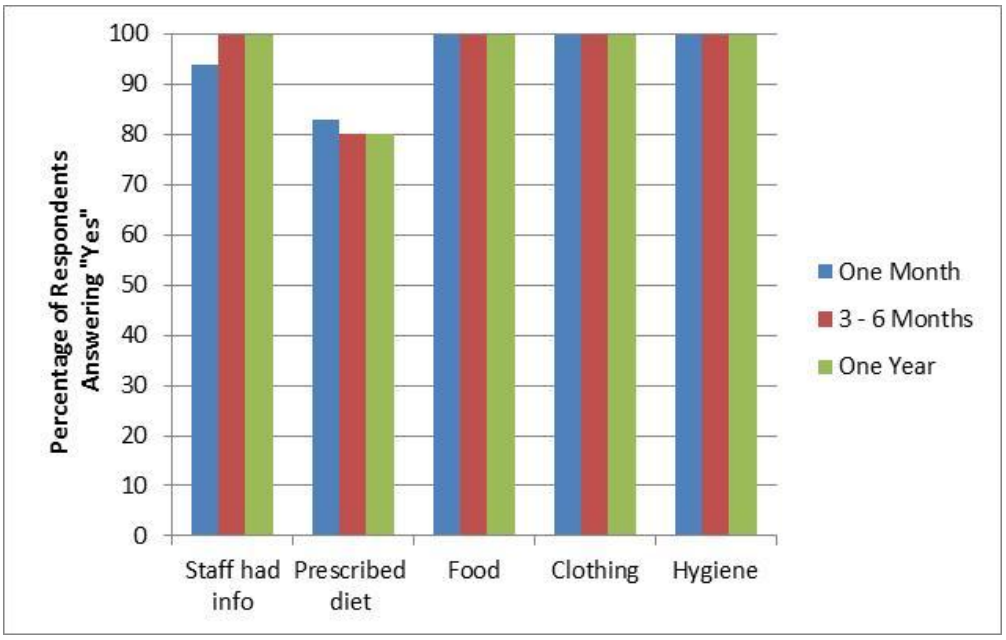
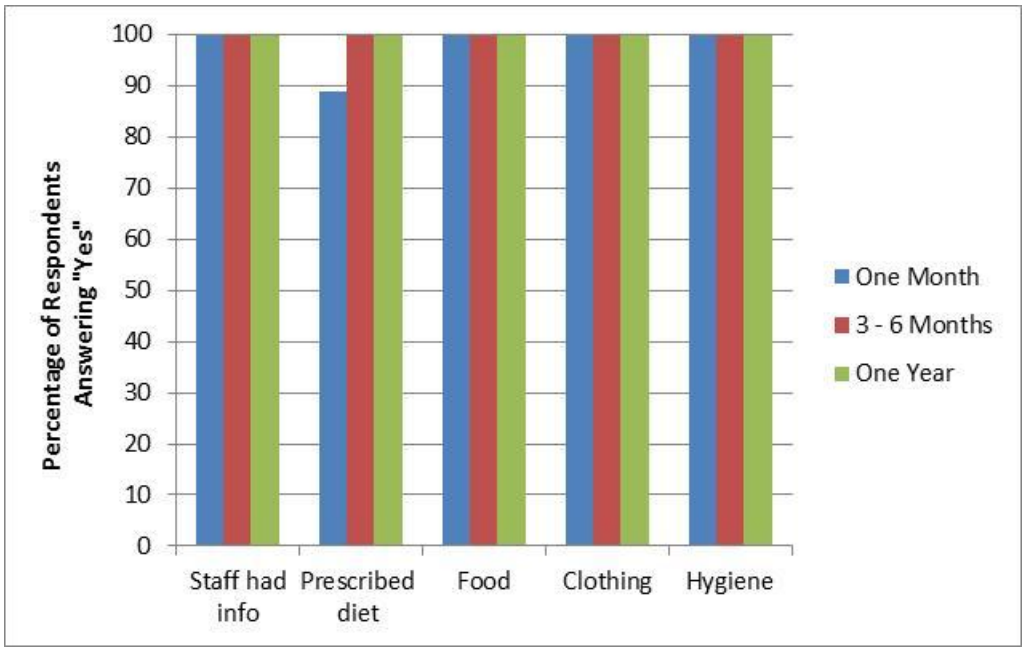


Chart 2c: Welfare Indicators – RHC



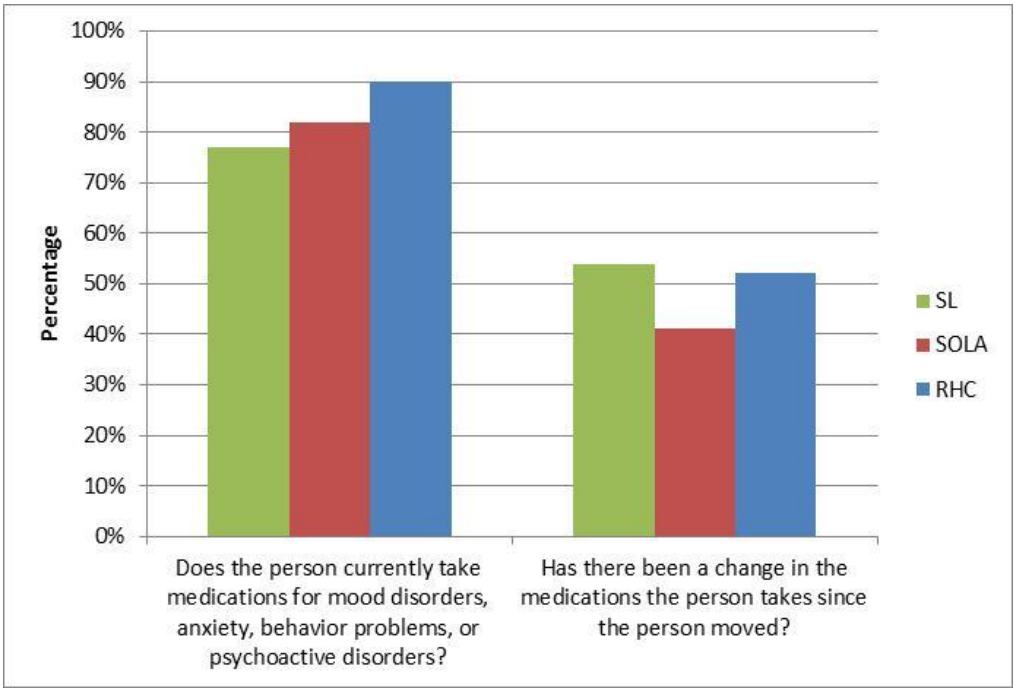
- **Other Indicators of Interest –**

  The Monitoring Movers quality assurance interviews cover a variety of indicators in addition to those mentioned above. Most of these indicators showed no differences across settings; however slight difference were noted for some indicators. A sampling of these indicators is presented below.

Medications –

Persons who selected to move to another RHC were slightly more likely to take medications for psychiatric conditions than those who moved to community settings (SL or SOLA). These numbers remained fairly constant across the three follow up periods. Changes to those medications within the first year post move were common, with about half of these individuals experiencing a medication change. Changes occurred more quickly for individuals in RHC and Supported Living settings, where medication changes typically occurred within three to six months; whereas, changes occurred more gradually for those who moved to SOLA settings.

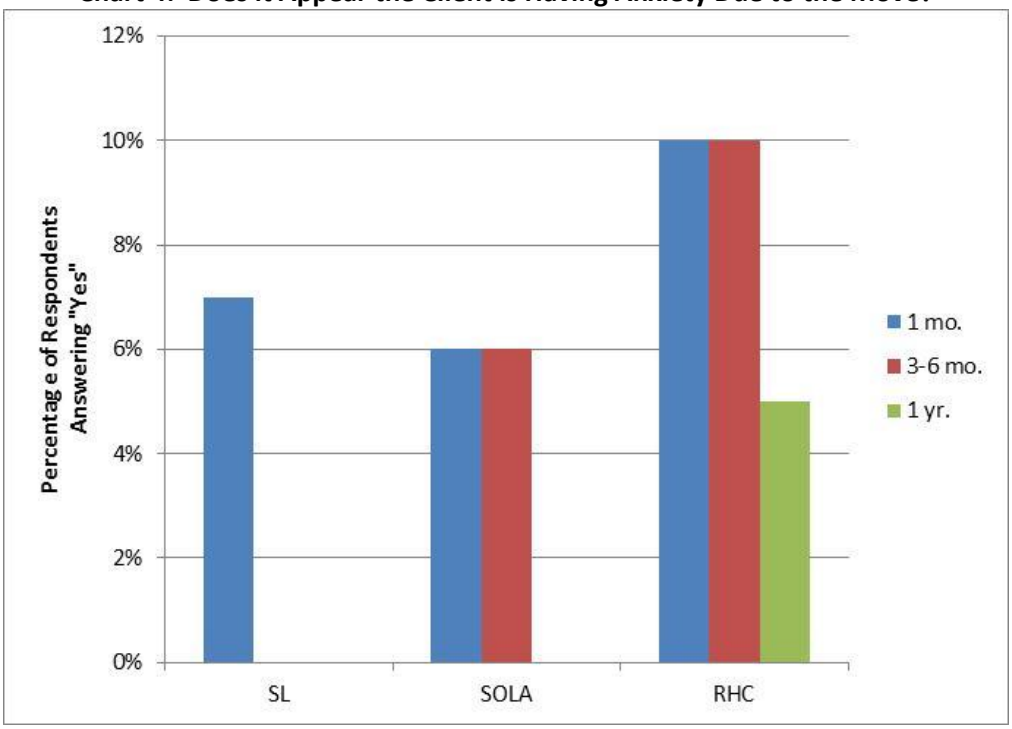
Chart 3: Psychiatric Medications (1 year interview)



Anxiety –

There were a few individuals (4 persons – 1 SL, 1 SOLA, 2 RHC; or about 10 percent of all FHMC movers) who experienced notable post move anxiety. This is to be expected. Moving is considered a major stressor in general and can be a lot more challenging for individuals with disabilities, particularly those who experience difficulty with transitions. By one year's time, all but one individual residing in an RHC had resolved their post move anxiety. Anxiety resolved most quickly for the individuals in Supported Living, with adjustment occurring by three to six months post move, while those in another RHC or SOLA took up to a year or more to resolve their post move anxiety.

Chart 4: Does it Appear the Client is Having Anxiety Due to the Move?



Challenging Behaviors – *(See below and page 11 for charts comparing challenging behavior over time.)*

Most of the individuals who resided at FHMC express challenging behaviors and this was also evident when they moved to their new residential setting. Over time, however, challenging behaviors for the majority of individuals have either remained the same or improved. This provides another indication that former FHMC residents are adjusting well to their new residences. Note, however, that the comparisons presented below are for one month post move versus one year post move; they *do not* compare the individual's frequency of challenging behaviors while residing at FHMC to their frequency of challenging behaviors in the new residential setting.

- Self-injury (9 out of 21 individuals) and uncooperative behavior (5 out of 21 individuals) showed the most improvement in RHC settings.

- No one who selected Supported Living displayed an increase in disruptive behavior; all maintained the same frequency of disruptive behavior or improved.

- In SOLA, worsening disruptive and uncooperative behavior was more common than improvements in these behaviors. Out of 17 individuals, 2 improved versus 4 persons who more frequently engaged in disruptive behavior, and similarly for uncooperative behavior.

Chart 5a: Frequency of Self-Injury Behavior (one month versus one year)

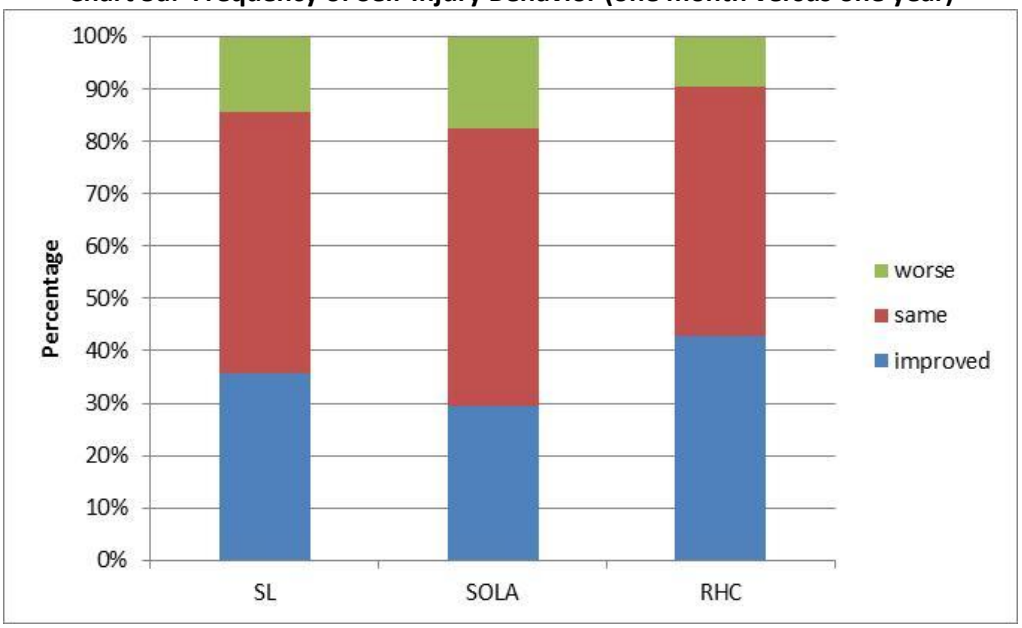


Chart 5b: Frequency of Disruptive Behavior (one month versus one year)

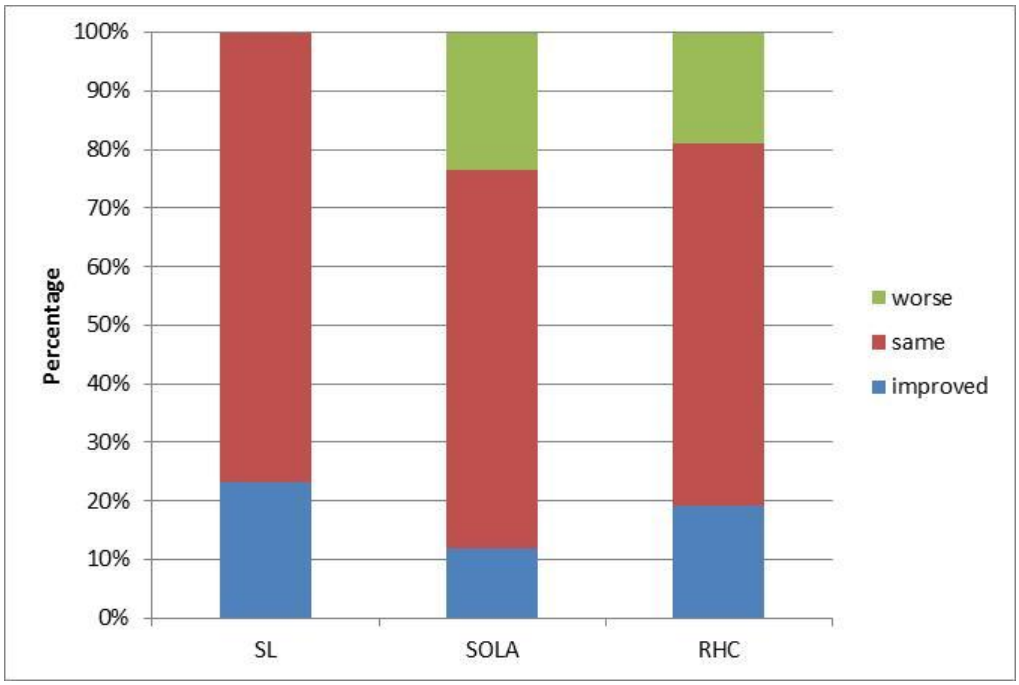
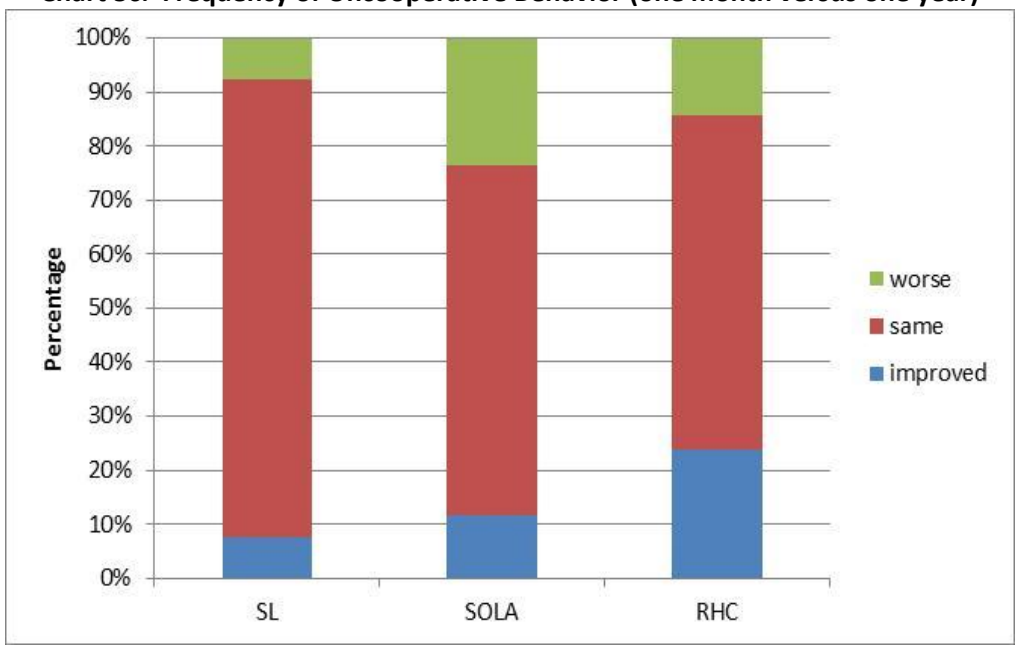


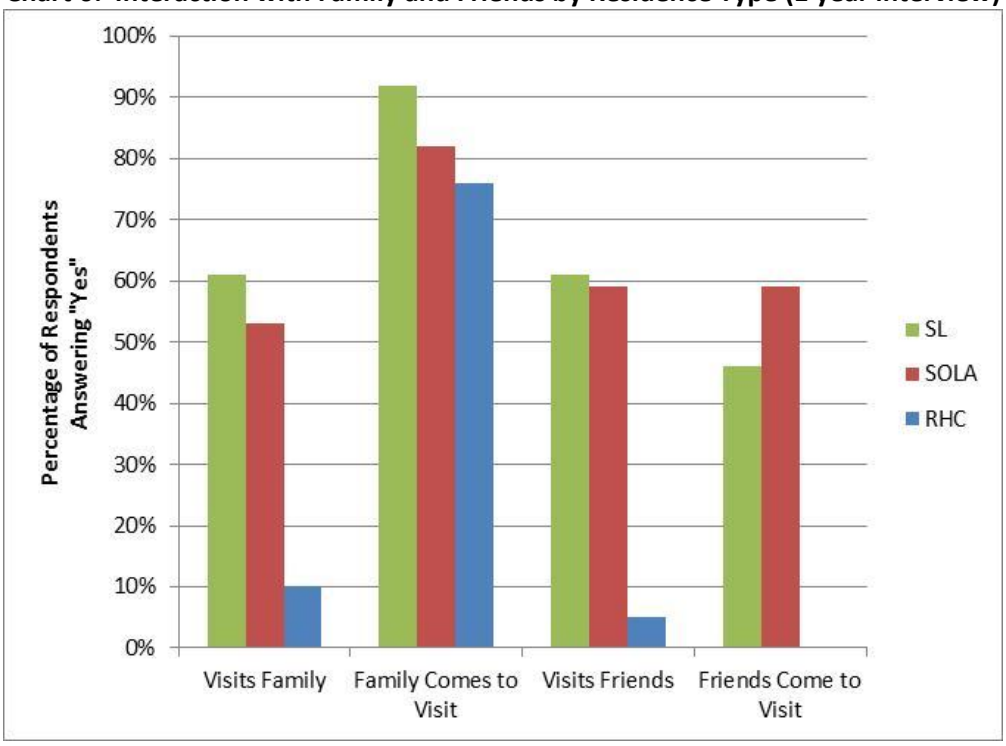
Chart 5c: Frequency of Uncooperative Behavior (one month versus one year)



Relationships –

As of the one-year quality assurance visit, persons in community-based settings (SL or SOLA) experienced more reciprocal relationships than those who chose to move to another RHC. They were more likely to have friendships, and more likely to go visit friends and family, as well as having friends visit them. The settings did not differ substantially in the proportion of individuals who had family come to visit them, although families were slightly more likely to visit if the person's residence type was Supported Living. This may in part be due to the closer proximity of persons receiving Supported Living services to their family home.

Chart 6: Interaction with Family and Friends by Residence Type (1 year interview)



- **Comparison of Monitoring Movers Survey Results Across Time and Across Setting –**

  The Monitoring Movers quality assurance interviews indicate that the health and welfare of former FHMC residents is good regardless of the type of setting they chose to move to. Some issues arose early on in each of the settings, but all were dealt with in a timely manner. Sometimes new needs were identified as new staff persons were hired and came to know these individuals better, but these issues were also dealt with in a timely manner.

  Overall, it took longer for some individuals who moved to Supported Living settings to connect with health care providers and for staff to get all the information they needed about the individual, but this is not surprising. Just as anyone else who moves, it takes a while to get to know the healthcare providers in your new town and choose the healthcare team that works best for you. When individuals move to other RHCs, the healthcare team is already in place and the individual does not choose who their primary care doctor and dentist will be. That said, no gaps in health care services would be the ideal best practice for future movers.

  Service delivery is also more standardized in an institutional setting, so detailed information about the individual is less necessary. In SOLA settings, most of the employees are former FHMC staff, so they were already familiar with the individuals and did not need to rely on input from others to get to know the individual well.

  Individuals who moved to community settings were more likely to visit friends and family, as well as having friends visit them. This too is not unexpected. Community-based residential settings are small homes or apartments and are more conducive to entertaining guests. Getting out and about and interacting with others in one's community is a larger part of the community-based residential service model than in an institutional setting where the majority of one's friends and neighbors all live on the same campus. It is also easier for staff that supports just a few persons in a small setting to assist individuals with maintaining contact with friends and family, arranging for transportation, and other logistics involved with visiting the homes of others.

  Individuals who moved to Supported Living or SOLA were slightly less likely to experience notable anxiety due to the move, and those who did experience notable anxiety were able to resolve it more quickly. Perhaps the smaller setting means more individualized attention, greater ability to flex supports to respond to an individual's needs and preferences from moment to moment, and less new immediate environment to explore, which allows the person to adjust to the new setting more rapidly than having to become familiar with a large expansive RHC campus.

  While it may have taken longer to connect with primary care health providers and for staff to get to know individuals in Supported Living settings, eventually all necessary information and supports were established for all FHMC movers in every setting. The vast majority of persons had necessary supports in place within their first month post-move, regardless of their chosen residential setting. At one year's time, all but one individual who selected another RHC had resolved their post move anxiety. Additional supports are continuing to help this person adjust to his new residence.

Family/Guardian/Advocate Survey

The Family/Guardian/Advocate Survey is a telephone survey used to obtain family perceptions about the moving process, the health and welfare of their family member, and overall satisfaction with the new residence. Details about this quality assurance process are provided in Appendix A of the October 15, 2012 report. The majority of persons interviewed were family members of the former residents of FHMC, so hereafter in this report the group of respondents to this survey will be referred to as "family".

DDA staff conducted interviews with family members, guardians, or advocates of FHMC movers after everyone had lived at least three or more months in their new residences. This provided information about family's early impressions of the move process and satisfaction with their family member's new residential setting. In total, 36 family members/guardians/advocates were interviewed and included in the analysis. Staff was unable to contact family for nine individuals (2 SL, 3 SOLA, 4 RHC). Seven interviews were omitted from the analysis because they occurred prior to ninety days post move. Results from the interviews are presented below and were previously discussed in further detail in the October 15, 2012 report.

After a full year had passed since the final residents had moved from FHMC, DDA hired an outside contractor[1] to perform a second series of telephone interviews with family members/ guardians/advocates of the persons who moved from FHMC due to its closure. This allowed families to give feedback to someone not employed by DDA regarding their satisfaction with the move process, the new residence, and their family member's adjustment. The contractor used the same interview form that was employed in the earlier round of interviews by DDA staff. In total, 43 family members/guardians/advocates were interviewed. The contractor was not able to contact family for thirteen individuals (3 SL, 5 SOLA, 5 RHC).

[1] Funding for this project was made possible through Roads to Community Living (RCL), a federal Money Follows the Person grant.

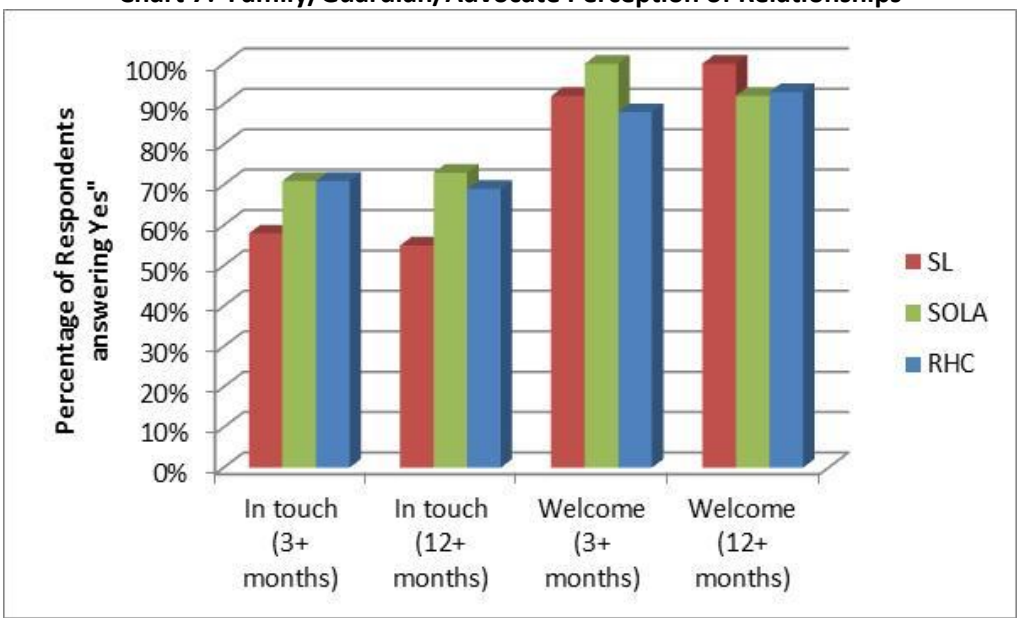
Selected Results from Family/Guardian/Advocate Surveys

Relationships –

About two-thirds of respondents indicated that the new staff helps their family member stay in touch with them, and another 18 percent responded that staff sometimes does this. Results were similar for both time frames. Interestingly, amongst the three types of settings, families of individuals in Supported Living were the least likely to respond "Yes" to this question, yet the Monitoring Movers Survey (discussed above) found that families of individuals in this setting had the highest rate of contact.

When they come to visit their family member at the new home, nearly all families (95 percent of respondents) reported that they felt welcomed. Results for this question were high across all settings and in both timeframes. By the one year interview, only two respondents said this was "Sometimes" true and no one disagreed with this statement.

Chart 7: Family/Guardian/Advocate Perception of Relationships

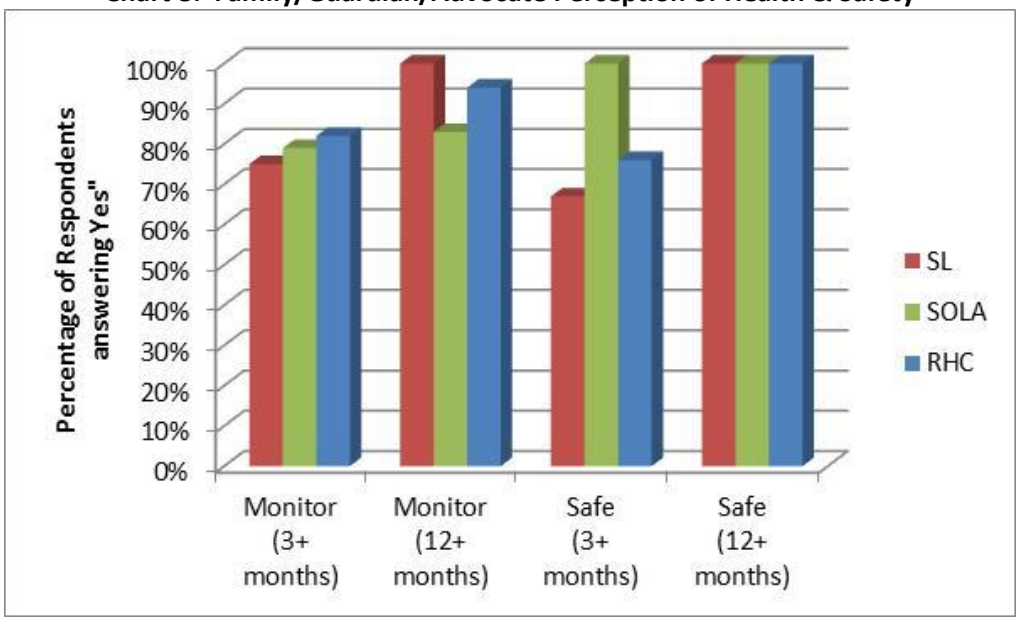


Health & Safety –

Some respondents (21 percent) had concerns early on about whether their family member's health was being adequately monitored. But over time, most of these concerns were resolved. After a full year, only one respondent for an individual who moved to SOLA said that that they felt their family member's health was not being adequately monitored, and two respondents (one for SOLA and one for RHC) answered "Unsure" to this question. At one year or more post-move, all families of individuals who moved to Supported Living felt their family member's health was being adequately monitored.

Initially, a few respondents (19 percent) for individuals who moved to RHC and Supported Living were concerned about their family member's safety in his/her new home (2 respondents for persons who moved to RHC responded "No" to this question and 2 respondents for persons who moved to RHC and two respondents for persons who moved to SL said "Somewhat" to the question: "Is your family member safe in his/her new home?"). Respondents for individuals who moved to SOLA were confident of their family member's safety early on. After a full year, any concerns about their family member's safety had resolved for all families who participated in the survey; everyone interviewed felt that their family member was safe in his/her new home.

Chart 8: Family/Guardian/Advocate Perception of Health & Safety

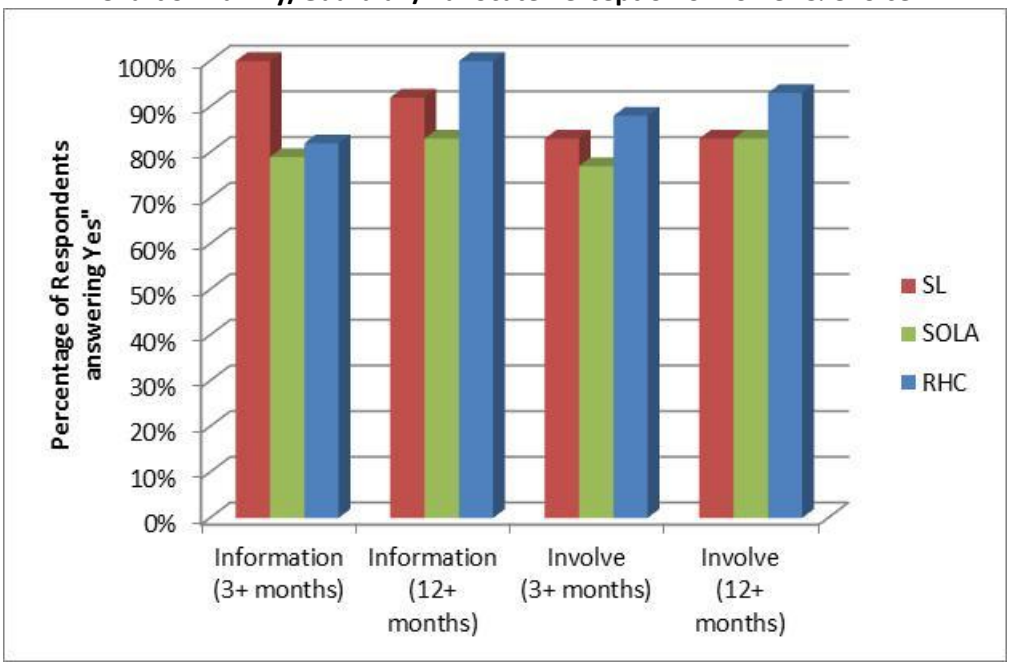


Power & Choice –

Most respondents (92 percent) felt that they and their family member got enough information about moving options and felt involved in making the choice about where their family member moved to, although a few respondents for individuals who moved to SOLA and RHC had concerns shortly after their family member's move. At the three month interview, two respondents said "No" to this question and four respondents said "Somewhat" to this question. Once a full year had passed since the move, one respondent for an individual who moved to Supported Living began to have doubts and answered "No" to this question; everyone else responded "Yes" or "Somewhat".

Early on, most families (83 percent of respondents) felt that the agency providing residential services to their family member involved them in important decisions, but a few families had concerns (four respondents answered "No" to this question and three respondents answered "Sometimes"). After a full year, only one respondent for an individual who move to Supported Living said "No" to this question, everyone else responded "Sometimes" or "Yes".

Chart 9: Family/Guardian/Advocate Perception of Power & Choice

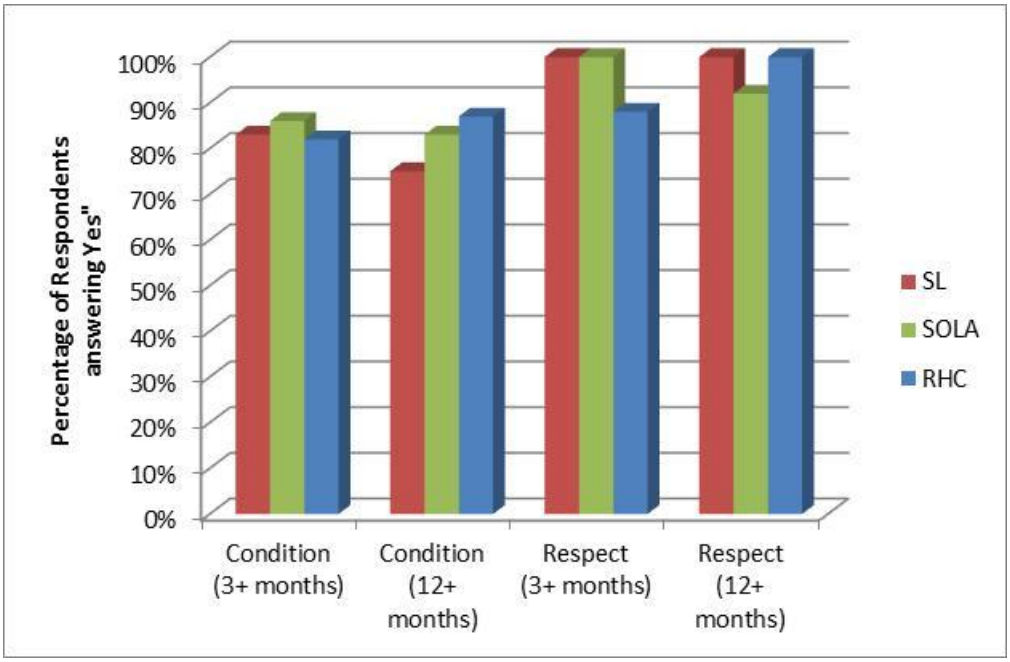


Status –

Eighty-two percent of respondents felt their family member's home was in good condition -- clean, comfortable and in good repair. Results were similar across the two timeframes, with two respondents answering "No" and five respondents answering "Somewhat" at each timeframe. Concerns involved the condition of the carpet, blinds/curtains, windows, paint, and older or small sized homes or apartments. A few respondents noted holes in walls caused by their family member. Respondents' concerns were somewhat equally spread across the three residential types, although no one with a family member residing is Supported Living responded "No" to this question.

Nearly all families (98 percent of respondents) said that the staff talk to and treat them and their family member in a respectful and courteous way. All families of individuals who moved to Supported Living responded "Yes" to this question at both timeframes. At one year post move, one respondent for an individual who moved to SOLA said "Sometimes" to this question. One respondent for a person who moved to an RHC said "No" and one respondent said "Sometimes" to this question initially, but after a full year post-move, all families of persons who moved to an RHC said "Yes" to this question.

Chart 10: Family/Guardian/Advocate Perception of Status Indicators

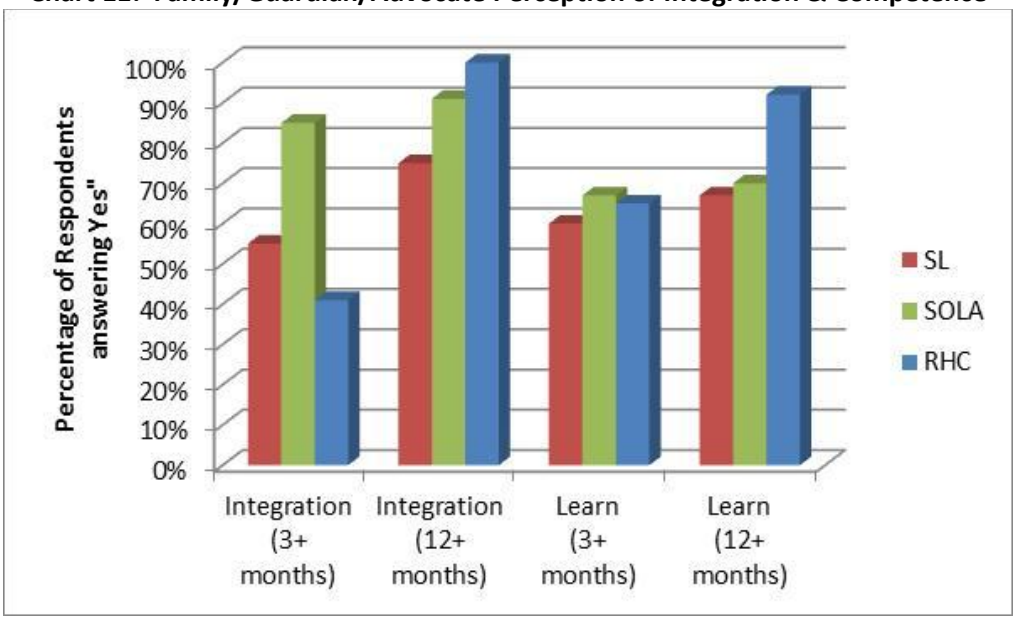


Integration & Competence –

Initially, only about half of the respondents for individuals who chose Supported Living or RHCs were stating that their family member got to participate in community activities that he/she enjoys, while 85 percent of respondents for individuals who chose SOLA stated that their family member had this opportunity. After one year post move, most families were reporting that their family member got to participate in community activities that he/she enjoys, and everyone responded "Yes" or "Sometimes" to this question; one respondent for an individual who chose SOLA and three respondents for individuals who chose Supported Living responded "Sometimes". Respondents for persons who chose RHC experienced the greatest change over time on this indicator, with only 41 percent saying "Yes" to this question initially and 100 percent saying "Yes" after one year post move.

Three-fourths of respondents for individuals who moved from FHMC report that staff helps their family member learn to do new things that he/she wants to learn. The greatest change over time on this indicator was also with families of persons who chose RHC. Only 65 percent of these respondents stated "Yes" to this question initially, and all but one respondent (who said "Sometimes") said "Yes" to this question after one year post move. Responses from families of individuals who moved to Supported Living or SOLA were similar at both timeframes.

Chart 11: Family/Guardian/Advocate Perception of Integration & Competence

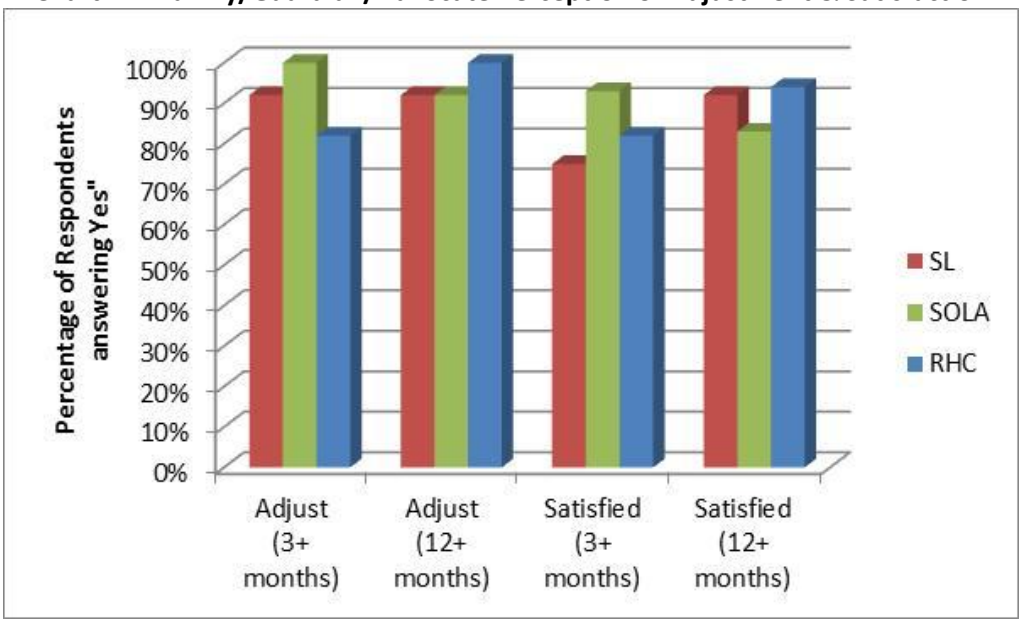


Adjustment & Satisfaction –

Most families (95 percent of respondents) reported that their family member was adjusting to his/her new home and community. The greatest concerns were reported by families of individuals who moved to RHC. Three of these respondents said "No" to this question initially. However, these respondents did eventually report that their family member was adjusting to their new home and community, with 100 percent of these families saying "Yes" to this question after one year post move. One respondent for an individual who moved to Supported Living said "Somewhat" initially but "Yes" after one year, and another responded "Yes" initially but "Somewhat" after one year. One respondent for an individual who moved to SOLA said "Somewhat" at the second interview; although a different respondent for the same person said "Yes" at the initial interview.

Families also reported high satisfaction (90 percent of respondents) with the residential supports their family member is receiving. Three respondents were not satisfied and another four were only "Somewhat" satisfied initially, but after one year post move only one respondent reported being dissatisfied (an additional 3 respondents said "Somewhat" after one year post move). Concerns expressed at the one-year interview involved access to medical and dental care in the community, availability of generic community supports, delays in receiving promised services, and feeling that staff are not doing enough to support their family member. When families have concerns about the services their family member receives, Roads to Community Living (RCL) staff work closely with that person to resolve any issues or concerns. RCL staff or the individual's case manager will continue to support these families over time.

Chart 11: Family/Guardian/Advocate Perception of Adjustment & Satisfaction



- **Comparison of Family/Guardian/Advocate Interview Results Across Time and Across Setting –**

  For the most part, families of individuals who moved from FHMC report high satisfaction with their family member's new residential supports, whether that setting be Supported Living, SOLA or RHC. A few families reported concerns, and these same families frequently also reported that their concerns were already being addressed by staff at the agency or by RCL staff.

  Anecdotally, families of individuals who moved to community-based settings (SL or SOLA) stated that having their family member move closer to their family was very important to them, as was having their family member live in their own home, have more freedom, and get out into their community more often. Several respondents felt that their family member was receiving more individualized attention than at the RHC, which allowed staff to figure out what was causing some challenging behaviors. Having their family member volunteering or working in the community was also important to these families. They feel that working or volunteering in integrated jobs in their community has been very positive for their family member and they are proud of learning new skills and earning a wage.

  Families of individuals who chose to move to other RHCs also felt that having their family member move closer to their family was a valuable opportunity, when this was possible. Many of these families reported that the move to another RHC has been very positive for their family member and that he/she is adapting much better than they first thought would happen. The families of individuals who moved to other RHCs felt that the opportunity to work in a sheltered environment has been very positive for their family member and they are proud of learning new skills and earning some money.

Incident Reports

The DDA Incident Reporting (IR) System provides comprehensive tracking and review. Field Services staff and RHC staff use an electronic incident reporting system to notify supervisors, resource managers and DDA Central Office about incidents that have occurred. Because client to client altercations and property damage valued at over $200 are reportable incidents, it is common for current and former RHC residents to have frequent incident reports. The DDA Central Office Incident Report Review Team meets monthly to review and analyze data pulled from the IR system. Further information about the DDA IR System can be found in Appendix A of the October 15, 2012 report.

Tragically, one former FHMC resident has died. The previous two reports discussed this death and the investigations that followed in detail. The following graph and tables (*see pages 22 through 25*) summarize all other incidents involving former FHMC clients during the first year following discharge and the actions that were taken in response to those incidents. Supported Living and SOLA are combined into a single category labeled "Community" in this analysis; the physical setting, quality assurance methods and oversight is substantially similar for these residence types.

Only incidents that meet the criteria for reporting to central office are included.[2] Some persons were involved with multiple incidents, while others had no incident reports during their first year following discharge.

- Fourteen of the 32 individuals who moved to community settings had no central office reportable incidents; the largest number of incident reports per person was six.

- Nine of the 21 individuals who moved to another RHC had no central office reportable incidents; the largest number of incident reports per person was thirty-eight.

Incident reporting requirements and expectations do differ between RHC and community residential settings, so some of the differences in incident reporting can be explained by these differing requirements. With that said, medication errors, client to client abuse, and injuries of unknown origin are the most frequently reported incident types involving persons who moved from FHMC to community residential settings. By far, the emergency use of restrictive procedures (which are central office reportable incidents) was the most prevalent incident type involving persons who transferred from FHMC to another RHC; however, 70 percent of these incidents involved the same individual and reflected a period of time when emergency restraint procedures frequently occurred. Allegations of abuse/neglect/exploitation by staff or others were slightly more prevalent in RHCs, but the majority of these cases were unfounded.

[2] DDA Policy 12.01 states that all "serious and emergent incidents" must be reported to DDA Central Office. Serious and emergent incidents include events with known media interest or litigation; death of a client; natural disaster; alleged abuse/neglect/exploitation of a client; client to client abuse; missing persons; injuries of unknown origin; criminal activity by or against a client; emergency use of restrictive procedures; medication errors; hospitalization of a client.

Chart 12a: Incident Reports Involving Former FHMC Residents from Discharge to One-Year Post Discharge (Number of Incidents)

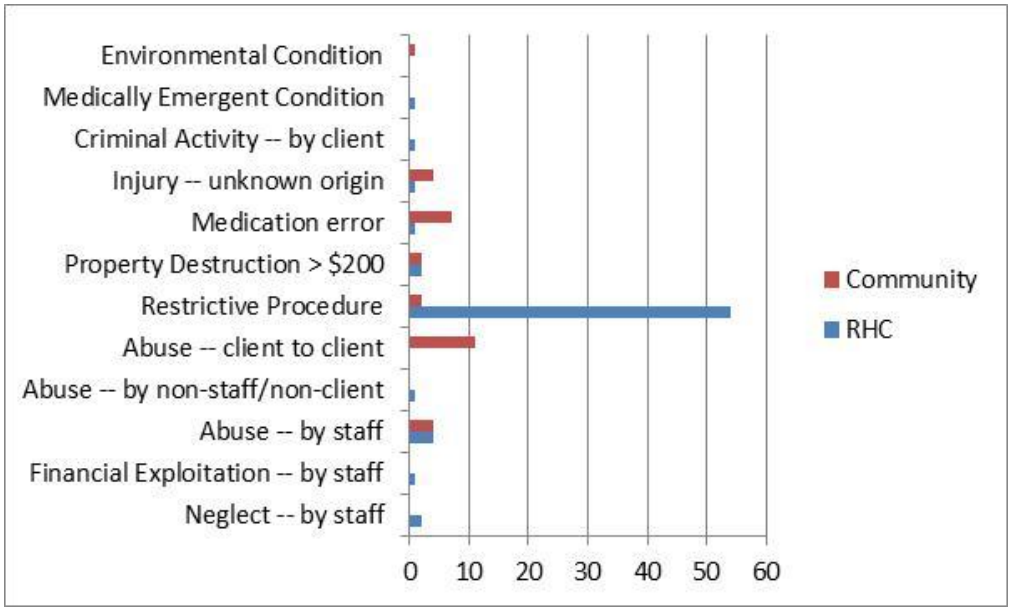


Chart 12a: Incident Reports Involving Former FHMC Residents from Discharge to One-Year Post Discharge (Number of Persons)

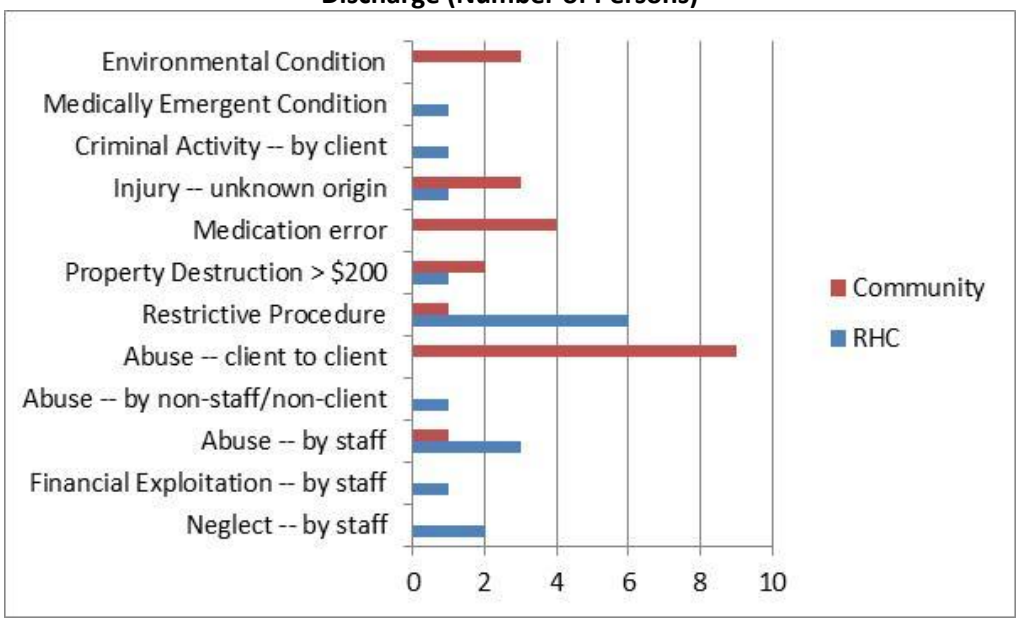


Table 1: Description and Actions Taken on Incident Reports for Former FHMC Residents who Moved to Community Settings – Discharge to One Year Post Discharge

Incident Type	Number	Description	Actions Taken
Abuse – client to client	11	Another client hit client, client hit another client, client pinched another client, client pushed another client, client slapped another client, client bit another client; most incidents resulted in no injury, some involved mild redness, superficial scratching or bruising	Clients separated, behavioral plans implemented, basic first aid applied as needed, staff instructed to watch client closely in case of further behavioral episodes, behavioral plans and medication plans updated as needed, staff retraining as appropriate. RCL Behavior Specialist provided consultation in some cases.
Medication Error	7	5 instances -- missed dosage; 1 instance – previous prescription administered to client instead of new prescription; 1 instance – discrepancy in medication dosage	Missed dosage – pharmacist contacted for instruction, client monitored for any adverse reaction, staff retrained on medication procedures. Wrong prescription – staff trained on new prescription. Dosage discrepancy – was a documentation error, client actually did receive correct dosage. Staff was retrained and instructed not to write over pharmacy administration instructions.
Injury – unknown origin	4	Small superficial scratch on client's back, bruise on left hip, bruise on chest, faint red mark on breast	All incidents were investigated and found to likely have been caused by the client's own actions. Where appropriate, staff retrained on reporting requirements.
Abuse – by staff	4	Client accused staff of hitting her and kicking her	Alleged staff members reassigned pending investigation. In every incident, reports by other witnesses did not support the allegation.
Property Destruction > $200	2	Staff's glasses broke when client threw them to the floor; client shattered car window	First incident – staff was terminated for not implementing behavior plan properly. Second incident – staff held client till driver could safely pull over, and then client was calmed.
Restrictive Procedure	2	Staff member caught client when she fell backward while trying to climb out a second story window; staff held client till the driver could pull over safely (property destruction incident mentioned above)	Behavior plan was implemented. Extra alarms and blinds were installed on client's bedroom window to give staff more time to respond to future incidents, located a 1-story house and person moved to new home.
Environmental Condition	3	Property manager uncovered asbestos when removing old flooring	Three clients were housemates and were moved to a local hotel till safe to return home.

Table 2: Description and Actions Taken on Incident Reports for Former FHMC Residents who Moved to Other RHCs – Discharge to One Year Post Discharge

Incident Type	Number	Description	Actions Taken
Medically Emergent Condition	1	Client drank a small amount of liquid that had not been thickened.	Staff intervened, no apparent harm to client.
Medication Error	2	During admission of two clients, delay in medical orders caused clients to go more than 24 hours without their medications.	Investigation concluded that orders were delayed and not timely. There was no adverse outcome for the clients. Incident referred to Medical Director for further review and necessary action.
Injury – unknown origin	1	Bruising on upper left bicep.	Investigation concluded that bruise was likely self-inflicted. Client is very active and spends a lot of time jumping up and down and running around. Staff will continue to monitor and redirect him to slow down.
Financial Exploitation – by staff	1	Client didn't have her shoes, clothes, bed or money when transferred.	Investigation found that some of client's personal property was not transferred during move. The investigation identified that these items were not located at FHMC a month prior to move.
Abuse – by staff	4	Client tried to hit staff, then staff picked up a chair and pointed the legs at client while firmly telling client to sit down; client reported that staff kicked him on the knee; client reported that staff choked him with a helmet during a behavioral intervention; during admission physical exam, staff prescribed and administered sedation without guardian consent.	Staff reassigned during investigation. First incident – investigation concluded that picking up a chair was not an appropriate intervention technique. Administrative action taken. Second incident – investigation concluded that staff accidently hit client's knee during a behavioral intervention. Third incident – investigation revealed that the helmet was too small; it was replaced with a larger size. Fourth incident – staff believed that consent granted at FHMC applied; investigation concluded that consent was facility specific. Administrative action taken.
Abuse – by non-staff/ non-client	1	Client reported that a public school staff hit him in the stomach while at school.	Investigation by Sheriff concluded that school staff used an approved physical restraint when client became assaultive. Client may have hit his own stomach as staff was blocking his swinging arms and initiating the restraint.

Table 2 (cont.): Description and Actions Taken on Incident Reports for Former FHMC Residents who moved to other RHCs – Discharge to One Year Post Discharge

Incident Type	Number	Description	Actions Taken
Property Destruction > $200	2	Client hit window causing it to shatter; Client hit head on window causing it to break.	First incident – staff redirected client and notified nursing to assess for injury. Second incident – staff tried to intervene, and then applied a physical intervention to protect client's safety.
Criminal Activity – by client	1	While on an outing with his mother, client attacked her and she called 911.	Police responded; client attacked the officer, was tasered and was put in handcuffs. Client transported to hospital for assessment, then returned to RHC. Cross-system crisis plan developed and medication increased.
Restrictive Procedure	54	Clients hitting walls, attempting to bite, pinch, push, hit or head butt staff.	Emergency physical hold implemented until client was calm; when needed, behavior support plans were modified to reduce the likelihood of further incidents.
Neglect – by staff	2	Client got up late and staff refused to give client breakfast because he would be late for work; Staff reported that other staff failed to intervene when a client with pica ate toothpaste and then drank from a urinary hat that was used and not cleaned.	First incident – client received an apple at work and later received lunch. No adverse outcome was noted from missing breakfast. Staff was terminated. Second incident – investigation determined that staff did intervene; the client ate a minimal amount of toothpaste and the urine collection container had never been used.

Outcomes from Roads to Community Living (RCL) projects that have benefited former FHMC residents and others

The October 15, 2012 included details about several RCL projects that were underway and benefiting the individuals who moved from FHMC, as well as others with developmental disabilities, by enhancing services available in the community. Outcomes from these projects are described below.

- **Eating Safety Project Outcomes –** Every person who moved from Frances Haddon Morgan Center to any location (community-based or another RHC) has been assessed by a speech pathologist for their risk of eating and swallowing problems, safety risks during eating, or any disorders that cause them to ingest non-food items. Several individuals received follow up visits which included training their support staff on specific areas of concern. In December 2012, two workshops in each of the three regions where held for trainers employed by community residential providers to teach their staff about safe eating and swallowing.

- **Health Project Outcomes –** A Registered Nurse visited every person who moved from FHMC to the community, reviewed the health-related elements of each person's transition, and determined whether or not their health care needs were being properly met in the community. Staff consultation and training was provided to community residential agencies, as needed, to address any gaps.

- **Community Crisis Stabilization Services (CCSS) Outcomes –** The CCSS provides intensive behavioral health and stabilization services to up to 3 children, at any given time, for up to 180 days each. The goal of the program is to stabilize the child and work collaboratively with the child's family, natural supports, and service providers to ensure successful transition and placement in their home community. The intent of these services is to prevent unnecessary Residential Habilitation Center placements. To date, four children have accessed the program since December 2012, with three of those children actually placed at the CCSS home. The first child is anticipated to transition from the CCSS program to a community placement by May 2013. Quality assurance reviews will be conducted on the participants in the program and will include an evaluation of the success of the CCSS program – maintenance of the community placement; skill development of the participant; and collaboration with the participant's supports.

- **Employment Project Outcomes –** The Employment Project supports fourteen individuals to find jobs; twelve who moved from FHMC and two who moved out of Fircrest School. All fourteen individuals have chosen employment providers, developed an individualized employment plan, engaged a network of individuals including family members, consultants, and community members to provide support, explore interests in the community, and develop skills for employment. To date, four individuals have found paid employment. Four counties (including King, Pierce, Kitsap, and Snohomish) are involved with this project and have helped to design a model that enhances employment opportunities for individuals leaving RHCs.

- **SOLA Housing Project Outcomes –** Thirteen of the former FHMC residents supported by the SOLA program have moved into four new homes after residing in market rate rentals which were prone to rent increases, limited ability to remodel, lease renewal dependent on the landlord, and other issues of typical rental properties. The new homes were purchased and remodeled using a variety of affordable housing grants to meet the individualized needs of the residents. The homes will provide

stable and affordable housing for these individuals. Another home is being purchased and remodeled for three additional former FHMC residents that are now supported by the SOLA program in Port Orchard.

- **Environmental Supports Project Outcomes –** The Developmental Disabilities Administration contracted with Creative Housing Solutions to provide person-centered housing development and environmental adaptations consultation for four SOLA homes and three other community homes where fourteen former FHMC residents live. Safety features were recommended as well as environmental adaptations that can support each person's unique needs. Creative Housing Solutions has developed checklists and housing templates for community providers to use when locating homes for other individuals who may move from RHCs to community-based housing. The organization has also provided workshops throughout the state regarding locating housing and adapting environments for individuals for whom conventional housing does not work.

- **Assistive Technology and Communications Project Outcomes –** The University of Washington Department of Rehabilitation Medicine has developed an assessment tool and protocol for identifying activities for assistive technology evaluation and recommending appropriate assistive technologies to enhance independence on those activities. Six former FHMC residents have participated in the project through RCL grant funding to identify assistive technology devices that best suit their needs. RCL also contracted with a speech/language pathologist who formerly worked at FHMC, to assess and recommend communication supports and to provide training for ten additional former FHMC residents. Additionally, two assistive technology workshops were held in Tacoma in April and Spokane in March of 2013.

- **Electronic Client Records Project Outcomes –** DDA made the decision to implement a consistent electronic record keeping system for State Operated Living Alternatives (SOLA). The chosen web-based records system, Therap, is used by more than thirty other states and was developed for community-based programs that support persons with developmental disabilities. The RCL grant assisted with the transition from paper to computerized records, data and systems. As a result, all SOLA homes have electronic interconnectivity, extensively track health and social information about each participant, and support staff has access to information about participants in real time. The new records system allows better communication with staff who works in remote locations. SOLA Managers can review chart entries daily and follow up on any issues immediately.

- **Community Values and Appreciative Inquiry Project Outcomes –** The closure of FHMC presented an opportunity to review the Administration's "big picture" on how to apply and enhance community-based services. Roads to Community Living engaged Responsive Systems Associates (RSA) to explore how the Administration could better incorporate system values and markers of success into all aspects of the DDA system. Responsive Systems Associates facilitated numerous workshops using the Appreciative Inquiry (AI) process as a way to learn from what is working well and how to extend that knowledge and practice to other areas within the DDA service system. RSA also provided "*Supporting Social Roles*" workshops for participants to learn the importance of and how to support individuals with developmental disabilities to have valued roles in the community such as neighbor, worker, volunteer, or community member. Under contract, Washington Initiative for Supported Employment (WiSe) is organizing a statewide conference which will bring together people with disabilities and their families, community providers, public employees, and other interested community members to discuss ideas and learn how to build inclusive communities. "*The*

Community Summit… Let's Get Connected" will be held in Ellensburg from June 19-21, 2013 for up to 1,200 people.

- **Transition Planning Project Outcomes –** RCL has developed a transition planning process which outlines the guiding principles and step by step actions for a successful transition from an RHC or other institutional setting to a home in the community. This person-centered planning process is directed by the individual and the family or guardian with support from a team of knowledgeable individuals and outlines the unique supports that each person will need during the transition process. The transition planning process was developed from lessons learned during the transition of individuals from FHMC to homes in the community. This process is undergoing pilot testing with future institution to community moves for DDA clients, with the goal to finalize transition process and policy in the near future.

What are the Outcomes from the FHMC Closure?

Challenges

The process of closing FHMC and the transition of individuals to their new homes presented several challenges. Although problems did occur, they were also successfully resolved. Several of these concerns, along with recommendations for future large scale downsizing efforts were discussed in the February 1, 2012 report. Some notable issues that occurred during the FHMC closure and relocation of its residents include the following:

- The fast pace of the closure of FHMC, as required by Second Substitute Senate Bill 5459, resulted in rushed timelines that placed stress on the residents, their families, staff, DDA management, and others involved with the closure; but the closure of FHMC did occur on time and within the budget established by the Legislature, and families reported high satisfaction with their family member's new home.

- In some instances it may have taken a while to get supports in place, and in other instances needs for new supports were identified after the move; but in all instances and in all settings, appropriate supports were eventually identified and provided.

- Some individuals experienced post move anxiety or other significant challenges; but with the intervention and assistance of their family, support providers, and RCL staff, they were able to resolve any issues that arose.

- Tragically, one former FHMC resident is deceased; however, multiple investigations have determined that the move out of FHMC was not directly attributable to this incident.

- Individuals and their families needed to say "good bye" to their former home and support members of many years. In some instances it took a while for individuals and families to establish relationships with their new providers; but issues and concerns did get resolved and families and individuals did achieve good working relationships and trust with their new providers over time.

- Access to community-based health care systems, such as selection of primary care doctors and dentists, may have taken longer for a few individuals who chose a community-based residence;

however, almost all persons had these supports arranged within one month post move and others were able to identify their choice of providers soon thereafter.

Opportunities

While there were challenges presented by the FHMC closure, it also presented a wealth of opportunities. Some notable opportunities that occurred due to the FHMC closure include the following:

- Individuals from every residential setting and their families began to see and experience opportunities that they weren't aware of before. Former FHMC residents are benefiting from new experiences such as employment, greater access to their community, and other learning and skill building activities.

- A successful process for transitioning individuals from institutions to community-based settings has been developed and is currently undergoing pilot testing. When fully implemented, this new process will benefit future individuals moving out of institutions for many years to come.

- Persons who moved to community-based settings have successfully utilized temporary hospitalization and other community-based health care systems and supports, and none have returned to an institutional placement.

- New systems and trainings have been developed and implemented to enhance oversight and provision of support and advocacy for individuals' health care. This includes additional training throughout the state for community providers on aspiration and swallowing issues, and instruction on how to advocate for a person's health care in community settings.

- A substantial amount of knowledge has been gained on how to adapt conventional housing to suit the needs of persons with significant challenges. There were no issues with establishing stable housing, and moves that did occur were due to the choice and benefit of the individuals involved.

- Individuals had an opportunity to show their strength and resilience. Many former FHMC residents adjusted to their new residential setting more easily than their families or DDA staff had anticipated.

- Through RCL funding, several individuals received access to enhanced services that have allowed them to obtain adaptive technology evaluations and increase their communication skills through the provision of state of the art training and equipment.

- Many former FHMC residents are enjoying more regular contact with family, due to living closer together than when they resided at FHMC.

- Several individuals experienced reductions in problem behaviors as a result of obtaining a residential setting suited to their needs, or the insight of new staff that were able to provide a new perspective on the causes of these behaviors.

- Families of numerous FHMC movers have noticed that their family members seem to be happier now and enjoy returning to their new homes.

- Through RCL funding, DDA has been able to initiate numerous projects that will benefit persons residing in community-based settings and allow them to avert the need for institutionalization when significant issues arise.

- The community provider base has been strengthened by several independent professional evaluations and consultations with providers; information provided by DDA to contracted providers; workshops; and training opportunities. The upcoming conference, "*The Community Summit… Let's Get Connected*" is anticipated to further strengthen the community.

What's next for the former residents of FHMC?

Individuals who chose to move to another RHC will continue to be supported in their chosen setting with the same supports and quality assurance procedures that they have been receiving since their move. For individuals who selected community-based settings (SL or SOLA), their year of funding under the Roads to Community Living (RCL) federal Money Follows the Person (MFP) grant is now over. These persons have been transferred to DDA's Core Waiver, a Medicaid Home & Community Based Services (HCBS) waiver, which provides 50 percent federal match for state dollars spent on their care. All services and supports these individuals received under RCL funding have continued under the Core Waiver.

Monitoring and quality assurance for the individuals who moved as a result of the FHMC closure will continue through regular quality assurance visits and data collection performed by the Developmental Disabilities Administration and others.

- ### Money Follows the Person Quality of Life Surveys
  The Washington State Developmental Disabilities Council (DDC) administers this federal survey to all persons enrolled for RCL funding who move from institutional-based to community-based residences. The survey is conducted independent from the Department of Social and Health Services. For former FHMC residents who move to the community, a baseline survey was administered while they still resided at FHMC and at one year post move. The grant requires this survey to be administered again at two years post move.

- ### DDA Quality Assurance Processes
  The February 2012 report provided a thorough discussion of the Administration's quality assurance processes. DDA quality assurance systems will continue to provide ongoing quality assurance and oversight to ensure the health and wellness of former FHMC residents as they continue their lives as members of our community.

For more information, please contact:
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