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Washington State Department of Social and Health Services

Developmental Disabilities Administration

Putting Vision Into Action

Quality Assurance Report Fisal Year 2023

Washington State Department of Social & Health Services

Transforming lives

Message from the Assistant Secretary

Dear Teammates and Stakeholders,

DSHS' Developmental Disabilities Administration remains committed to providing quality services and supports for individuals with intellectual and developmental disabilities. Our annual quality assurance report measures outcomes in health, safety and quality-of-life for the more than 50,000 DDA clients across the state. DDA's quality assurance work aligns with Guiding Values – values that envision an equitable, inclusive and accessible service-delivery system.

Each year, we face new challenges and opportunities to measure the performance of our services. This report allows us to share our goals and have an open conversation that leads to improvements. We remain engaged in partnerships with diverse groups in our state, including formal advisory committees, clients and families, advocates, providers, tribes and counties. We also realize we need to stay current with the ever-changing needs of the people we are here to support. This means working to forge new relationships with young families to better understand the challenges they face, as well as to remain connected to stakeholders and advocates who we've worked with for many years.

We invite you join us to reimagine programs and services tailored for the needs of families and communities today and into the future. In doing so we must all ensure choice for the people we serve. While no one has a crystal ball, what we can all rely upon is our commitment to the people we serve, the mission, vision and values we believe in, and the importance of fulfilling our promises to the individuals we have been called to serve.

Our mission is clear and will not waver - we transform lives by providing support and fostering partnerships that empower individuals to live the lives they choose. Your input and engagement in the work we do is valuable and necessary to develop services and supports that are meaningful. This report offers you the opportunity review to our services and provide feedback on how we're doing. We would love to hear your thoughts. Email us at DDAfeedback@dshs.wa.gov.

Sincerely,

Dr. Tonik Joseph, Assistant Secretary
Developmental Disabilities Administration

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Contents

DSHS' Developmental Disabilities Administration is committed to providing quality programs and services. Responsibility is shared across all programs, services and facilities. Our mission, vision and values drive our management system.

Who we are

In 2023, over 4,000 Developmental Disabilities Administration staff worked with over 39,000 clients throughout Washington who receive services. We are committed to providing quality programs and services to the people we support.

Our mission, vision and values drive this management system.

Our Mission

Transforming lives by providing support and fostering partnerships that empower people to live the lives they want.

Our Vision

- **Supporting** individuals to live in, contribute to, and participate in their communities.
- **Continually** improving supports to families of both children and adults.
- **Individualizing** supports that will empower individuals with developmental disabilities to realize their greatest potential.
- **Building** support plans based on the needs and the strengths of the individual and the family.
- **Engaging** individuals, families, local service providers, communities, governmental partners and other stakeholders to continually improve our system of supports.

Our Values

- **Respect** gained through positive recognition of the importance of all individuals.
- **Person-Centered Planning** to support each person to reach their full potential.
- **Partnerships** between DDA and clients, families and providers in order to develop and sustain supports and services that are needed and desired.
- **Community Participation** by empowering individuals with developmental disabilities to be part of the workforce and contributing members of society.

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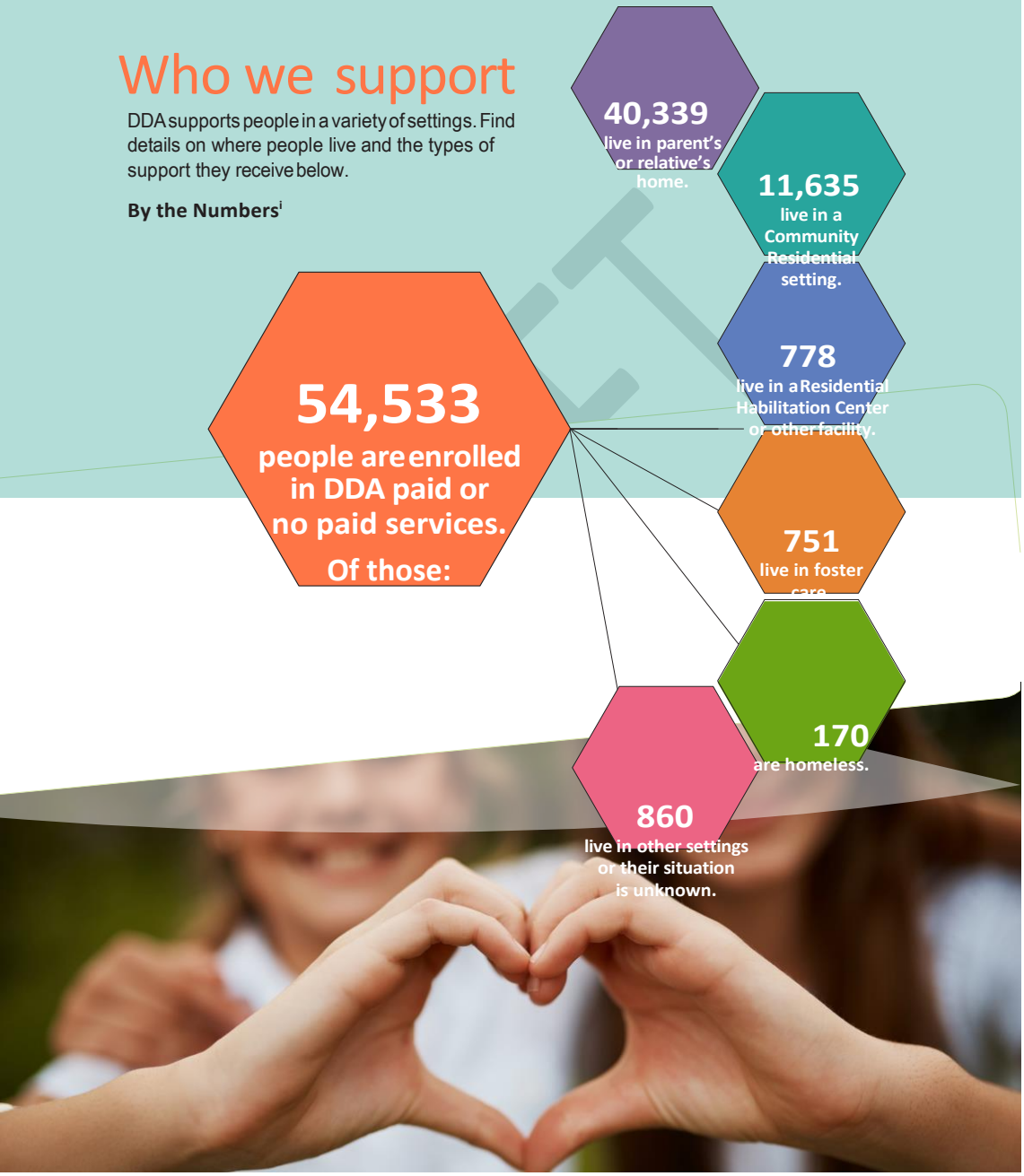
Who we support

DDA supports people in a variety of settings. Find details on where people live and the types of support they receive below.

By the Numbers[i]

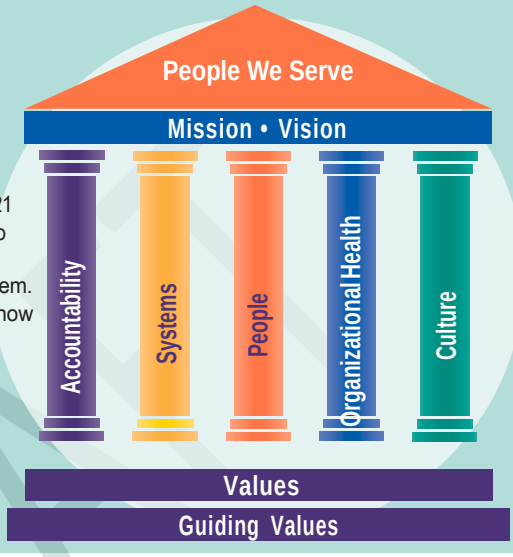


What we do

We provide support to individuals and work to create partnerships to empower people to live the lives they want. Our focus is on working to continually improve the quality of our services.

We created the **Pillars of Quality** in early 2021 and use them to provide the framework for us to review and refine our quality management system. They reflect our commitment to quality and show how our values connect with our mission and vision. Our quality efforts focus on:

- Accountability.
- Systems.
- People.
- Organizational health.
- Culture.



Quality Management System

We started our quality journey with the creation of the Pillars of Quality. This has created the foundation for the Quality Management System. A Quality Management System is a way for us to make sure that the service we provide meets what our stakeholders expect of us and rules that we are required to follow. We are using the international standard for Quality Management System called ISO:9001. This is a tool that provides a framework for a Quality Management System. There is a version that supports the work we do called ISO:9001 in local government and that is what we are using to create our Quality Management System.

Our Quality Management System will help us reduce duplication of quality assurance we do across the administration. We are just in the beginning phase of this work and we can't wait to share more information as we grow this program.

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Strategic Objectives

Our Strategic Plan includes high priority areas of focus for us and consists of Objectives and Success Measures. An Objective is a broad, statement of what we are intending to accomplish and is supported by Success Measures that look at not only data, but the story behind the data. Using data, we check the progress of the success measures to make sure we are on track to meet the objectives.

Our current strategic objectives for 2023-2025 focus on the following areas:

- Ensure individuals receiving Supported Living, Group Home, Group Training Home services and Adult Family Homes get regular medical and dental care and that health needs are met.
- Support individuals with developmental disabilities to be able to receive services that support them to live in their own communities rather than in facility-based settings.
- Use available funding to provide the services and supports needed.
- Increase the number of working-age adults with a developmental disability who are employed.
- Ensure that services and supports provided to clients in certified residential settings meet regulatory requirements and quality of care standards.
- Conduct timely assessments to ensure that services authorized are adequate in supporting identified health and welfare needs.
- Continue to support and promote equity, diversity, access and inclusion in the workplace and public outreach through recruitment, hiring, training, retention as well as staff and stakeholder communication.
- Train our employees to do their jobs in a manner that promotes safety in the workplace.

Beginning State Fiscal Year 2025, we and the rest of the DSHS Administrations will be changing how we do Strategic Planning from a 2 year cycle to 1 continuous version that will be updated each year. This will make sure that most up to date priorities and legislative initiatives are properly captured within the plan.

Starting July 1st 2024, we will be focusing on the 3 objectives that center around individuals living in the communities and settings they choose, expanding accessibility to services, and enhancing our quality management system.

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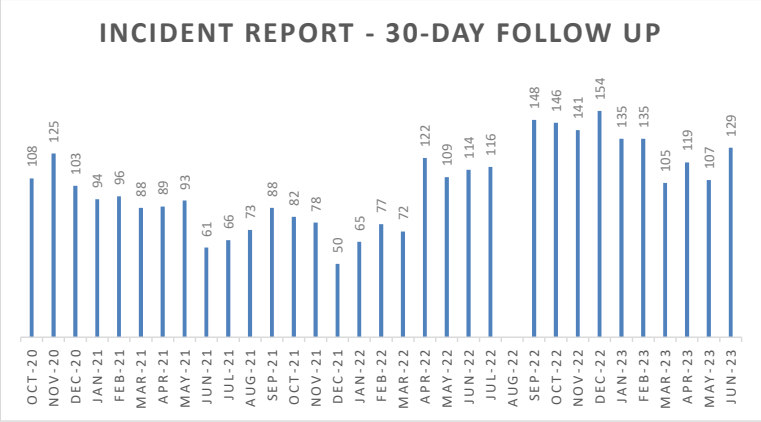
Incident report follow up: Case managers follow up with clients and their legal representatives after incidents that are related to suspected abuse, neglect, exploitation and abandonment within 30 days. This follow up allows us to assure that the person is getting the support they need after the reported incident.

Current trends are showing an increase in incidents that did not receive their required 30-day follow up. This is something that we are continuing to work on to assure that those we support are getting the 30-day follow up To make improvements in this area, we have made the following changes:

- Adjusted notifications to case managers for more timely follow-ups. They will be notified to do the follow-up 14 days before and another 3 days before it is due.
- Incident Report Program Manager will notify field leadership of case managers who have multiple late follow-ups.
- Reports created monthly to show what 30-day follow-ups are past due.
- Updates are being done to our Incident Report system to include new information on the dashboard to provide case managers more information on 30 day follow-up.



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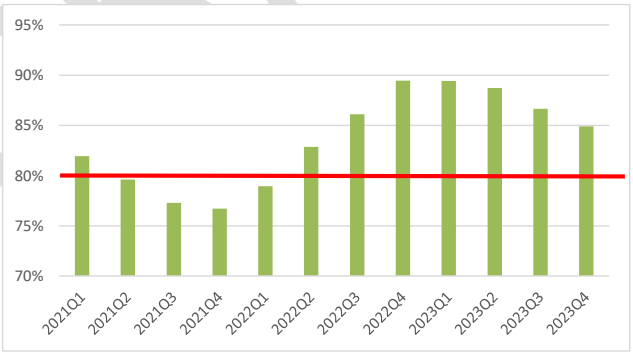
Dental Care: People who live in community residential: Supported Living, Group Home, Companion Home, and State-Operated Living Alternatives need regular dental care. The statewide average is 85%, and we are exceeding the goal of 80%. To continue improvements in this area, we are recommending the following actions:

- Support providers with a list of dentists accepting new Medicaid clients.
- Survey providers to ask what barriers they are experiencing.
- Work with Health Care Authority to recruit more dentists to accept Medicaid clients.
- Survey people receiving community residential services to see what the barriers they are experiencing.
- Add dropdown box to assessment tool to better understand the barriers and reasons for a missed dental visit.
- Survey dentists to find what barriers they are facing to accept more Medicaid patients.

Percentage of Individuals Seeing a Dentist Statewide SFY 2021-2023



Data Source: CARE, December 2023

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Medical Care: It is an important part of life or everyone to go and visit their doctor annually. This is a way to have preventative care which is when you see a doctor before something happens to you or to catch an illness earlier. It is no different for those who reside in: Supported Living, Group Home, Group Training Home, Alternative Living, and Companion Homes. It is asked during an individuals annual CARE assessment if they have visited the doctor over the last year.

Percentage of individuals seeing a Doctor
Statewide SFY 2021-2023

Data Source: CARE, January 2024

Putting our Vision into Action

Supporting people to live in, contribute to and participate in their communities:

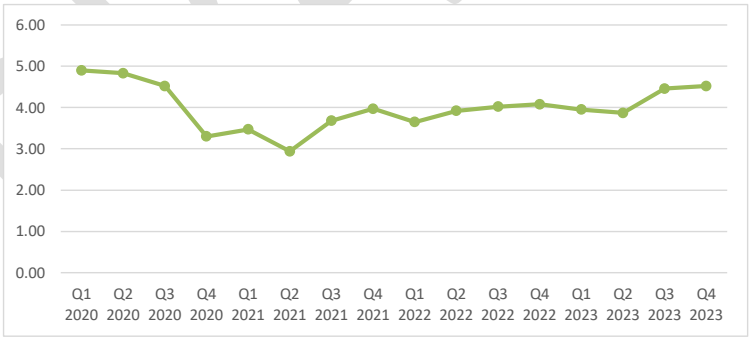
- Increase the amount of time people in community residential services spend doing activities that are meaningful to them outside of their home.
- Increase supported employment to pre-pandemic levels.
- Continue expanding tools and resources to providers so they have the support necessary to meet the needs of the individuals they support.

These along with additional measures continue to support us with our work towards our mission, vision and values.

Provider Survey

A survey is sent to Supported Living, State Operated Living Alternatives, Group Homes and Group Training Home providers each quarter. The survey gathers information on how many days during a week people receiving services went into their community to places such as a library, store or other locations. While the number of outings per week dropped significantly during the COVID-19 pandemic, we are seeing this number increase slowly towards pre-pandemic levels. The goal is for individuals to access their community at least five times per week.

Number of Days in a Week People in Community Residential Services Spend Doing Activities Outside of Their Home



Data Source: Provider Survey Results, December 2023

During the fourth quarter of 2022, approximately 17% of individuals surveyed went out into the community two times or less per week. We are following up by offering technical assistance to providers and to encourage conversations around the importance of offering choice for people to go out into the community and what they choose to do. This survey is being updated in collaboration with stakeholders and people with lived experience to help us understand how to better use this survey and to make sure it reflects what is important to the person. Data from the revised survey will be shared in future quality assurance reports.

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Employment Data

The information below is what we share as part of the National Survey of State Intellectual Developmental Disabilities Agencies for Day and Employment Services.

Number of Individuals Who Participate in Integrated Employment Services Provided by the State Intellectual and Developmental Disability Agency

	Washington 2021 Number	Percent	Nation 2021 Number	Percent
Total in day and employment services	9,395		595,101	
Total in integrated employment services	7,800	83%	131,416	22%
Total funding for day and employment services	$63,420,147		$7,835,650,276	
Total funding for integrated employment services	$58,066,961	92%	$689,740,770	11%

Data Source: State Data Info, January 2024

We contract with 39 counties to administer employment and day services in the community. Counties are required to evaluate providers once every two years to monitor contract compliance and quality of services. Providers complete self-evaluation surveys every two years. Counties are also required to review documentation from providers:

- Billing records.
- Staff background checks.
- Performance metrics.
- Organizational charts.
- Policies and procedures.
- Individual-related documents, such as case notes and plans.

We reviewed all Washington state counties' employment data over four state fiscal years. This quality assurance process has increased contract compliance as well
as strengthened relationships between us and our county partners.

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Continually improving supports to families of both children and adults:

Quality assurance is a continuous process. To ensure our programs and services meet individual needs, we use:

- Satisfaction surveys.
- Person-centered assessments.
- Quality compliance checks.

Some of the ways we work to provide a variety of services and supports needed to meet different needs is through:

- Resource development.
- Specialized caseloads, such as the Enhanced Case Management Program.

Enhanced Case Management Program

The Enhanced Case Management Program was created to support individuals who have current health or safety concerns noted in their assessment or a recent incident. These individuals and families receive extra case management support when a DDA client is receiving person care services in their home and there are any concerns about:

- being underweight, or
- caregiver stress, or
- isolation, or
- their home environment, or
- or other factors that may impact the level of care needed such as whether the individual experienced an event that changed their support need such as a hospitalization, arrest, loss of a primary caregiver, victimization, or
- has been the subject of a referral to a protective service agency such as Adult Protective Services or Child Protective Services.

ECMP provides case resource managers who have smaller caseloads of 30 or less and can offer specialized support. The CRMs make home-visits at least once every four months.

In 2023, we increased the program from 689 to 1500 individuals and went from 17 to 50 case managers statewide. This increase in staffing allowed us to drop the caseload to 30 individuals for each case manager and hire four additional ECMP Coordinators to support the case managers. Below, the chart is looking at the quarterly visits data.

ECMP Data - TBD

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Roads to Community Living – Reinstitution Rate

There are times when someone, who has moved out of an institution (Residential Habilitation Center, Acute Care Hospital, etc.), returns to an institutional setting within the same year. It is important for us to know why some moves to the community are not successful and what we can do better support people during their first year.

Number of Individuals Who Returned to Institutional Setting within One Year After Transition to Community

	Returned to Instituationl Setting within one year after transtion to community					
Reason for Reinstitutionalization	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	Total
Acute Care Hospitalization	0	2	5	3	4	14
By Request of Participant or Guardian	1	0	0	0	2	3
Deterioration in cognitive functioning	0	0	0	0	0	0
Deterioration in health	1	2	0	5	5	13
Deterioration in mental health	3	4	7	7	5	26
Loss of housing	0	0	0	1	2	3
Loss of Caregiver	0	0	0	0	1	1
	5	8	12	16	41	

In State Fiscal Year 2023, **mental health concerns and deterioration in health** were the top reason people's move to the community were unsuccessful during the first year. To address this, we:

- Implemented a transition caseload that identifies community providers and supports for the individual. A case manager is assigned to work with the person for 12 months after they move into the community.
- Determine eligibility for Medicaid and Medicare to ensure there is coverage in place.
  - Medicaid clients enrolled in a managed care plan are eligible for care coordination which provides identification and assistance to access physical and mental health providers.
  - Some Medicaid/Medicare (dual eligible) individuals are eligible for Medicare Advantage plans that also make care coordination available to Medicare clients.

We will be working to conduct in-depth interviews with people who return to institutions or similar settings in the future to better understand what supports could have helped them remain in the community.

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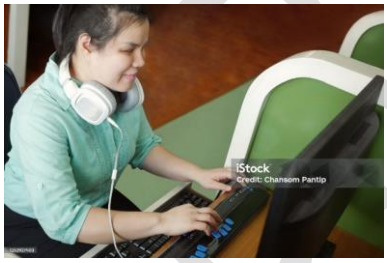
Individualizing supports that empower individuals with developmental disabilities to realize their greatest potential:

- Working with the people we support to develop goals that they think are important.
- Expanding waiver services to provide more tools to the people we support.
- Requiring new case managers to participate in training by people with lived experiences on person- centered practices.

Assistive Technology - TBD



There are many types of devices available to support someone with communicating their needs. We get the word out about this service by emailing information through GovDelivery messages, trainings to our case managers and we are in the process of finalizing a policy regarding Assistive Technology. These efforts allow us to increase service use.

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Building support plans based on the needs and strengths of the individual and the family:

- Person-centered assessments.
- Individual Instruction and Support Plans created collaboratively between provider and the people they support.
- Functional Assessment.
- Positive Behavior Support Plans.
- Negotiated Care Plans developed with Adult Family Home providers, individuals and others the individual wants included.

Positive Behavior Support Plans

A Positive Behavior Support Plan is a tool used by our community residential providers that looks at what supports someone needs to be successful in Supported Living if there a behaviors that need additional support. A Functional Assessment is used to help create the Positive Behavior Support Plan. A plan will include what skills someone has and what they need to work through a behavior with support from their provider.

There are times when a Positive Behavior Support Plan also includes a restrictive procedure. A restrictive procedure is when

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Children's Services

We work to help youth and their families get the support they need to succeed. The additional quality assurance supports we put in place include:

- Partnering with Health Care Authority to provide medically necessary physical and behavioral health benefits.
- Waiver supports that help the young person be successful in their home.
- Proactive collaboration if a youth comes into an emergency room setting for more rapid interventions.
- Collaboration with local health care systems to create a foundation of support for youth.
- Levels of case management support based on support needs.

Our case managers escalate cases to the Health Care Authority when there are barriers to accessing medically necessary or entitled benefits from the client's Apple Health managed care organization. The process ensures the managed care organizations and HCA can track trends and act quickly to address barriers to accessing a client's Apple Health benefits. One of the key benefits of Apple Health Managed Care is care coordination. This benefit is a wrap-around approach and brings together appropriate representatives from various service areas to plan and mitigate the risk of a client's admittance to a hospital setting. Below, the data shows the number of requests for these wrap-around supports by quarter. We supported 132 youth and adults with their wrap around requests. This included closing 109 request with 19 still open and 4 pending closure. We continue to work to prevent youth from experiencing unnecessary hospitalization.

Number of Requests for Wrap-Around Supports

	Closed	Open	Pending Closure	Grand Total
Qtr1	21	3		24
Qtr2	29	11	3	43
Qtr3	34	2		36
Qtr4	25	3	1	29
Grand Total	**109**	**19**	**4**	**132**

Data Source: SharePoint Escalation Database, February 2024

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Engaging individuals, families, local service providers, communities, governmental partners and other stakeholders to continually improve our system of supports:

We collaborate with people who have lived experience to ensure our system of supports continues to meet the identified needs. This includes engaging with people who have intellectual and development disabilities, their families, local service providers, communities, other stakeholders and governmental partners. Some of our partnerships include People First of Washington, who we work with on the Self-Advocate Advisory Committee to assure members are paid for their time. We also work with the Washington State Developmental Disabilities Council and Informing Families in making sure our messages are easy to read and understand and advocating for the IDD Community.

To ensure we reach all stakeholders, we look for ways to meet them where they are, such as through regular communication with people receiving services, families, providers and the public using GovDelivery email messages. Over the State Fiscal Year, we sent out 527 GovDelivery messages to the public. They covered various topics including information, resources and trainings. In addition, we have held roundtables, consultations, town hall meetings and distributed satisfaction surveys.

We regularly evaluate our services and look at ways to improve them by working closely with:

- Advocacy partnerships.
- Developmental Disabilities Council.
- The Office of Developmental Disabilities Ombuds.
- Federally recognized tribes and recognized American Indian organizations.
- Home and Community Based Services Quality Assurance Committee.
- Self-Advocate Advisory Committee.

Self-Advocate Advisory Council

We partner and consult closely with many stakeholders and groups, such as Self-Advocate Advisory Council, a group that we look to as subject matter experts when developing policies and procedures.

The Advisory Council meets monthly, with eight to 12 members actively engaged in providing valuable input into our work. Each month the committee typically reviews and gives feedback on three to five different policies, programs, management bulletins, communications, or similar items. The feedback from the Self-Advocate Advisory Council continues to make impact on the work DDA staff are doing. For example:

- Simplifying DDA homepage for accessibility.
- CPP staff meeting with individuals directly vs through a survey to gather data.
- Changes to the language and delivery of the movers survey.

Commented [AS1]: Need photo of group with disabilities or advocates

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Council members report feeling heard and that their experience is respected and valued. Their input helped us improve the quality of our services and supports. The Council will continue to meet monthly to review polices and practices and to collaborate with staff and will spend the next year looking to bring in new members in order to have varied and rotating voices and experiences on the committee.

Family Advisory Council

In January of 2024 we empaneled the first Family Advisory Council that will parallel the work of the Self-Advocate Advisory Council acting as subject matter experts collaborating with DDA staff to develop policies and procedures.

The application process for the Council had a tremendous response with over 430 applications submitted in multiple languages. The Family Advisory Council has 15 members representing the geographic, cultural and language diversity of the state as well as reflecting a wide variety of family members support needs. The chosen Council members have been enthusiastically embracing the work ahead and there has been an overwhelming response of the applicants who were not chosen at this time to partner with DDA on other projects as the need arises.

Thank you for taking the time to look at our quality assurance efforts. These ongoing efforts are important for a continuous cycle of quality improvement. We are working with DSHS' Research Data Analysis to update this report and will expand upon our quality assurance efforts. This report will showcase the efforts of staff across our agency in transforming the lives of those who utilize our services.

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