

**REPORT TO THE SELECT COMMITTEE ON  
QUALITY IMPROVEMENTS IN STATE HOSPITALS**

**The Aging and Long-Term Support Administration's  
Response to Support Mental Health Transformation for FY 2018**

PSSB 5883 Section 206 (17) (d)  
October 18, 2018

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## Executive Summary

The mission of the Aging and Long-Term Support Administration (AL TSA) is to transform lives by promoting choice, independence and safety through innovative services.

This interim report is submitted in response to the following requirement outlined in PSSB 5883, Section 206 (17) (d) that reads as follows:

During FY 2018, in a presentation to the select committee on quality improvement in state hospitals, the department must describe the process of fielding and subsequently investigating complaints of abuse, neglect, and exploitation within the community alternative placement options described in (a) of this subsection (enhanced services facilities, adult family homes, assisted living facilities, skilled nursing facilities, shared supportive housing and state operated living alternatives). At a minimum, the presentation must include data about the number of complaints, and the nature of the complaints, over the preceding five fiscal years.

Please note that the department planned to present this FY 2018 information at the July SCQISH meeting. However, given other demands on the agenda, AL TSA is providing the information as a report for the October SCQISH meeting.

Complaints of abuse, neglect and exploitation are reported to AL TSA Residential Care Services (RCS) and/or Adult Protective Services (APS). RCS investigates reports of failed provider or facility practice in licensed and certified residential long-term care settings. APS investigates allegations by an individual perpetrator of abuse, neglect, or exploitation of a vulnerable adult living in their own home, or a licensed or certified setting regulated by AL TSA.

From April 1, 2016 to June 30, 2018 AL TSA received 875 reports related to individuals who transitioned from a state psychiatric hospital to services funded through AL TSA. This represents less than 1% of all reports received by RCS and APS during this time period. To-date, of the 875 reports received, 80 had findings. There are some investigations that are still in process and therefore final outcomes are not yet known. Roughly 40% of the reports were not assigned for investigation as they did not meet definitions of abuse, neglect, exploitation or failed provider practice.

68% of the time, when clients who had discharged from the state hospital were named in a report, they were the alleged victim. 21% of the time they were the alleged perpetrator and 7% of the time the individual was named as both the alleged perpetrator and the victim which can occur in instances of alleged self-neglect or resident-to-resident altercations.

## **AL TSA's Response to Mental Health Transformation**

### **Investigations Related to State Hospital Clients Transitioned to AL TSA-Funded Settings**

#### Residential Care Services' process of fielding and subsequently investigating complaints:

RCS receives complaints and investigates reports of failed provider or facility practice in licensed residential long-term care settings and certified supported living agencies through the Complaint Resolution Hotline or on-line reporting. RCS collaborates and shares information with APS on investigations that involve allegations of abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults. In addition to APS, RCS makes referrals to other investigative agencies, as appropriate.

RCS conducts investigations in response to complaints and mandated reports received to verify allegations and assess potential for harm to residents. Whenever possible, when an intake is related to a client transitioned from a state psychiatric hospital, the complaint is assigned to an investigator with a background in behavioral health. When a provider has failed practice, RCS promotes the protection of vulnerable adults through enforcement actions that require the provider to correct the issue(s). The different kinds of enforcement actions that can be applied varies across the settings that RCS regulates and depends on the severity of the violations, but can include: civil fine, stop placement, summary suspension, and/or revocation of the provider's license.

The provider has the right to due process through an informal dispute resolution (IDR) process. As part of the IDR process, each provider is entitled to dispute citations with a department employee who did not participate in, or oversee, the violation or enforcement remedy in dispute. Some types of providers can also request an administrative hearing to resolve a dispute with the department.

RCS assigns complaint timeframes based upon the severity of potential for harm. See Attachment for additional detail.

#### Adult Protective Services' process of fielding and subsequently investigating complaints:

APS receives and investigates allegations of abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults living in their own homes, and in facilities and residential programs that are licensed or certified by AL TSA. APS collaborates and shares information with RCS on investigations that involve facility/provider practice. APS also makes referrals to other investigative agencies and law enforcement, when appropriate.

APS provides protective services which may include assisting with, or pursuing, protection orders, filing for guardianship, providing a referral for legal assistance, referrals to case management, in-home care services, long-term care residential services, and referrals to other agencies. Vulnerable adults, or their legal representatives, must give written consent for protective services such as in-home and residential services, and may end services at any time. APS is not able to remove alleged victims from their homes without their permission, or detain due to capacity issues.

Any person with an initial, substantiated APS finding, has a right to an administrative hearing to challenge the finding. If the APS finding is upheld in the administrative hearing, the finding becomes final and the person's name is placed on the Aging and Disability Services (ADS) Registry. The ADS Registry is a database, maintained by DSHS that contains a list of names with final, substantiated findings. Placement on this registry permanently disqualifies the person from being a paid, Medicaid provider of long-term care services.

Additionally, APS field staff participate in community task groups addressing the awareness and prevention of, and protection against, the abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults.

APS assigns timeframes for responding to APS complaint reports based upon the severity and risk of the harm reported. See Attachment for additional details.

Residential Care Services and Adult Protective Services Tracking Data:

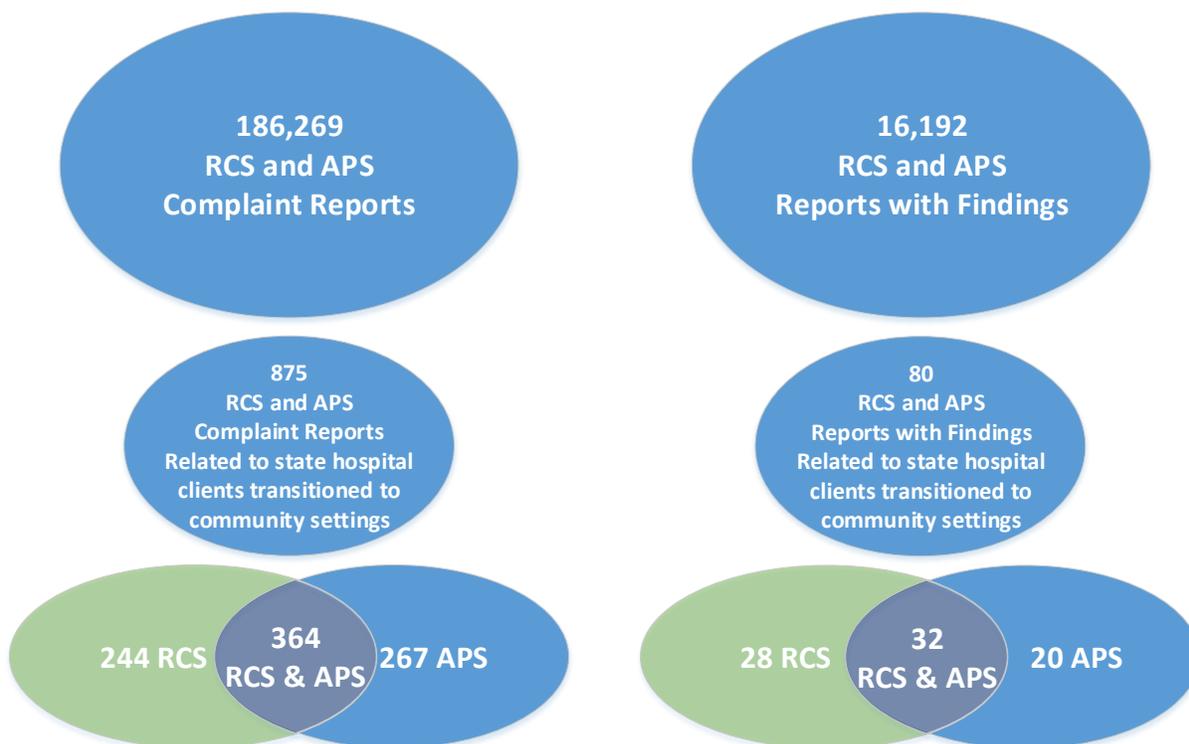
Both RCS and APS use the Tracking Incidents of Vulnerable Adults (TIVA) system for tracking complaints and reports. ALTSA did not track individual client transitions from WSH prior to April 1, 2016 and individual client transitions from ESH prior to September 1, 2016. For this reason, ALTSA is unable to report RCS and APS data related to individuals who transitioned from state hospitals prior to this time.

From April 1, 2016 to June 30, 2018, 471 state hospital clients were transitioned to community settings to receive ALTSA services. During this same period, APS and RCS received a combined 875 complaint reports (425 RCS and 450 APS) related to these clients. 364 of these reports involved both RCS and APS, which means APS conducted an investigation under Chapter 74.34 RCW of abuse, neglect, or exploitation of an individual living in the setting by an alleged perpetrator, while RCS investigated provider practice allegations.

To-date, of the 875 reports received by RCS and APS, 80 or 9.1% had findings.

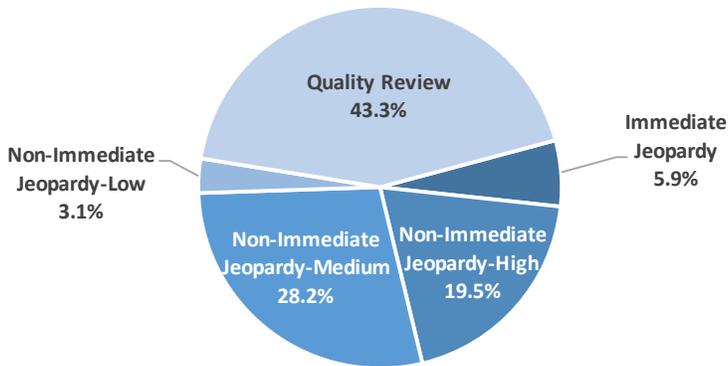
During this same period, the total complaint reports received by APS and RCS was 186,269. To-date, of the total reports, 16,192 or 8.7% had findings.

**April 1, 2016 – June 30, 2018**

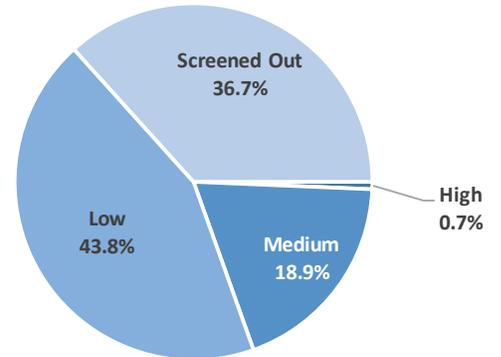


5.9% of the RCS complaint reports were assigned as immediate jeopardy and 0.7% of APS complaint reports were assigned a high priority. Additional information about prioritization can be found in the Attachment.

RCS Complaint Report Types

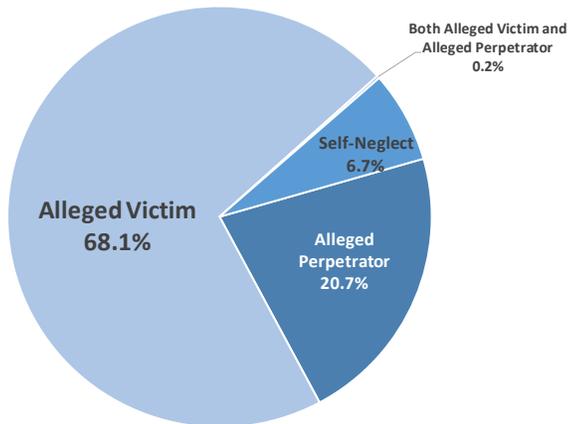


APS Complaint Report Types

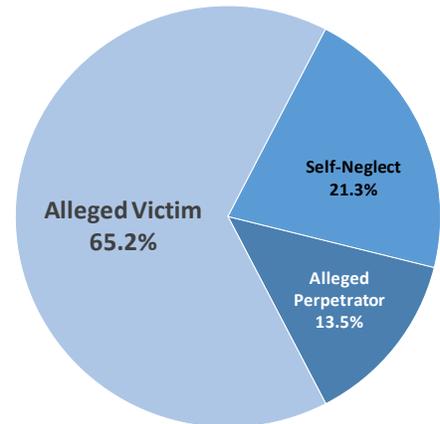


When clients were named in the report and had discharged from the state hospital, 68% of the time they were the alleged victim. Of the individuals referenced in a complaint with findings, the majority of the time they were the alleged victim.

Roles on Reports



Roles on Reports with Findings



**Note:** The individuals in the “Both Alleged Victim and Alleged Perpetrator” category were involved in a situation where they were identified as an alleged victim and an alleged perpetrator. This happens in instances of self-neglect or in a resident-to-resident altercation.

More than half of individuals discharged from state hospitals were not identified in any complaint report made to RCS or APS. Of the 221 individuals discharged who were identified in a report, 15 individuals were named 285 times.

### April 1, 2016 - June 30, 2018



**15** Individuals were identified **285** times in the 875 reports.

- These 15 individuals were listed as the alleged victim 206 times.
- Four of these individuals were responsible for 117 reports.
- Of these 285, 2% of the RCS complaint reports were assigned as immediate jeopardy and none of the APS complaint reports were assigned a high priority.

Attachment

RCS Complaint Report Timeframes		
Complaint Type	Complaint Type Description	Timeframe
Immediate Jeopardy	A situation in which the provider's noncompliance with one or more requirements of participation <b>has caused, or is likely to cause, serious injury, harm, impairment, or death</b> to a resident. Immediate corrective action is necessary.	Onsite within 2 working days of receipt
Non-Immediate Jeopardy (High)	The alleged noncompliance <b>may have caused harm</b> that negatively impacts the individual's mental, physical and/or psychosocial status and are of such consequence to the person's well-being that a rapid response by the SA is indicated. Usually, specific rather than general information (such as, descriptive identifiers, individual names, date/time/location of occurrence, description of harm, etc.) factors into the assignment of this level of priority.	Onsite within 10 working days of prioritization
Non-Immediate Jeopardy (Medium)	The alleged noncompliance <b>caused or may cause harm that is of limited consequence</b> and does not significantly impair the individual's mental, physical and/or psychosocial status or function.	Onsite within 20 working days of prioritization
Non-Immediate Jeopardy (Low)	The alleged noncompliance <b>may have caused physical, mental and/or psychosocial discomfort</b> that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next onsite survey.	Onsite within 45 working days of prioritization
N/A	Complaint investigation may be delayed if the allegation is general in nature, anonymous, and a survey is scheduled within 90 working days. In general, this is a priority assignment made by the field manager, not the CRU. Complaint issues in this category do not meet the criteria for a 2, 10, 20 or 45 working day assignment.	Onsite within 90 working days of prioritization
N/A	Intakes are assigned this priority if an onsite investigation is not necessary. The field conducts an offsite administrative review (e.g., written/verbal communication or documentation) to determine if further action is necessary. The field may review the information at the next onsite survey. Allegations may also receive a "Quality Review" designation if any other report of a more urgent nature has already prompted an investigation of the situation by the Department.	Administrative Review (Quality Review)

APS Complaint Report Timeframes		
Priority Type	Criteria and Examples	Maximum Response Timeframe
High	<p><b>Serious or Life Threatening harm is occurring or appears to be imminent.</b></p> <ul style="list-style-type: none"> <li>Emergency response summoned during intake (e.g., police, EMT, Designated Mental Health Professional (DMHP)).</li> <li>Physical wounds such as a possible fracture, severe burn, laceration requiring sutures, head injury, internal injuries, bruising on the face or trunk.</li> <li>Possible sexual assault within past 72 hours.</li> <li>Self-neglect or neglect resulting in risk of freezing, starvation, or hemorrhaging or individual is in need of urgent medical attention and is refusing or unable to consent to medical care.</li> <li>Caregiver has abandoned a vulnerable adult without a means to protect or care for self (e.g., individual with dementia).</li> <li>Living environment has serious biological or physical hazards or major structural damage (e.g. drug lab on the premises, tree fell through the roof).</li> <li>Report alleges forced isolation or imprisonment or use of restraints.</li> </ul>	24 hours

<b>APS Complaint Report Timeframes</b>		
<b>Priority Type</b>	<b>Criteria and Examples</b>	<b>Maximum Response Timeframe</b>
Medium	<p><b>Harm that is more than minor, but does not appear to be life threatening at this time, has occurred, is ongoing, or may occur.</b></p> <ul style="list-style-type: none"> <li>• Stable physical or mental condition that is not acute (e.g., depression, disease or illness, poor nutrition).</li> <li>• Chronic self-neglect.</li> <li>• Exploitation.</li> </ul>	5 Business Days
Low	<p><b>Harm that poses a minor risk at this time to health or safety, has occurred, is ongoing, or may occur.</b></p> <ul style="list-style-type: none"> <li>• Physical injury that is superficial, minor or healed, and without an imminent risk of reoccurrence (e.g., the alleged perpetrator has left).</li> <li>• Allegation of an event that occurred weeks ago without apparent risk of reoccurrence.</li> <li>• Verbal abuse such as harassment or cursing.</li> <li>• Unkempt or filthy living conditions.</li> <li>• Lack of appropriate contribution to food and shelter expenses by household members or failure to pay the vulnerable adult's bills.</li> </ul>	10 Business Days
Screened Out	<b>Does not meet vulnerable adult status in RCW 74.34 or there is no allegation</b>	N/A