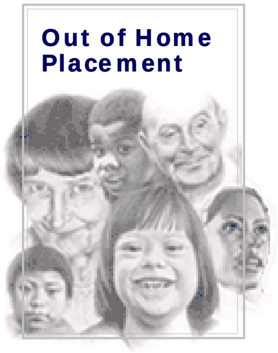
**July 2008** | Washington State Department of Social and Health Services Research and Data Analysis Division

# DSHS | Developmental Disabilities and Out of Home Risk

REPORT 5.34A | **Which clients with developmental disabilities are likely to be placed out of home?**



## APPENDIX

# Technical Notes

## Definitions

For purposes of this project, out of home placement was defined as living in an RHC or Staffed Residential/Supported Living facility. In the CCDB these are indicated as "Child Licensed Staff Residential" or "Supported Living."

## Assessments

Full assessments are due every year in order to re-evaluate the client's needs. The CRM usually meets with the client in an environment comfortable and convenient for the client and the client's family. A full assessment with all required questions can last up to 3 or more hours. Completed assessments are entered in the Case Management Information System (CMIS).

At the beginning of the process, there were 27 full assessments that needed to be completed, 16 for RHC residents, and 11 [not including pending] for staffed residential clients. We had 68 assessments without the supplemental screens, 6 for the RHC residents, 37 for staffed residential clients and 25 for the at risk clients. DDD case managers were instrumental in completing 21 out of the total 27 full assessments needed by interviewing RHC and residential staff, as well as contacting parents to complete the caregiver screen as needed.

## Data Sources

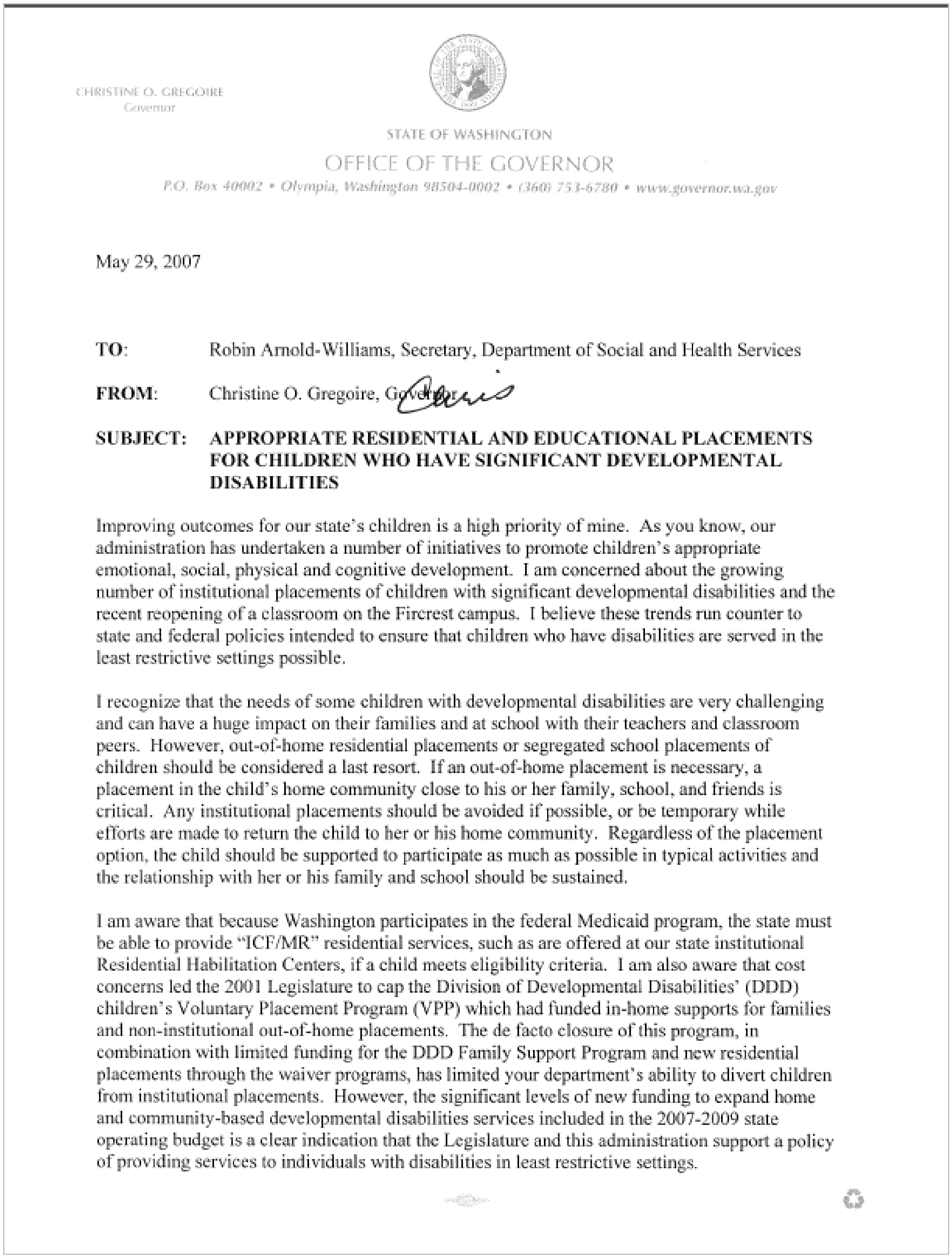
1. Data were retrieved from the DDD Case Management Information System (CMIS), that includes:
    a. CCDB – Information on clients manually extracted to determined study eligibility and living arrangement.
    b. CARE – Microsoft Access query generated files containing assessment information for RHC, Staffed Residential, At-Risk and comparison groups.
2. Project Data Set:
    a. Excel Spreadsheet – client and data extract list
    b. Excel Spreadsheet – Caregiver and Sleep screen data entry

In cases where multiple assessments were available, data were drawn from the data sources in the following order:

1. Supplemental (i.e. project data)
2. Pending (most recently gathered assessment modules)
3. Current (most recent complete and finalized assessment data)
4. History

## Correspondence

### Governor Gregoire memo to DSHS



CHRISTINE O. GREGOIRE
Governor

STATE OF WASHINGTON
OFFICE OF THE GOVERNOR
*P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 753-6780 • www.governor.wa.gov*

May 29, 2007

**TO:** Robin Arnold-Williams, Secretary, Department of Social and Health Services

**FROM:** Christine O. Gregoire, Governor Chris

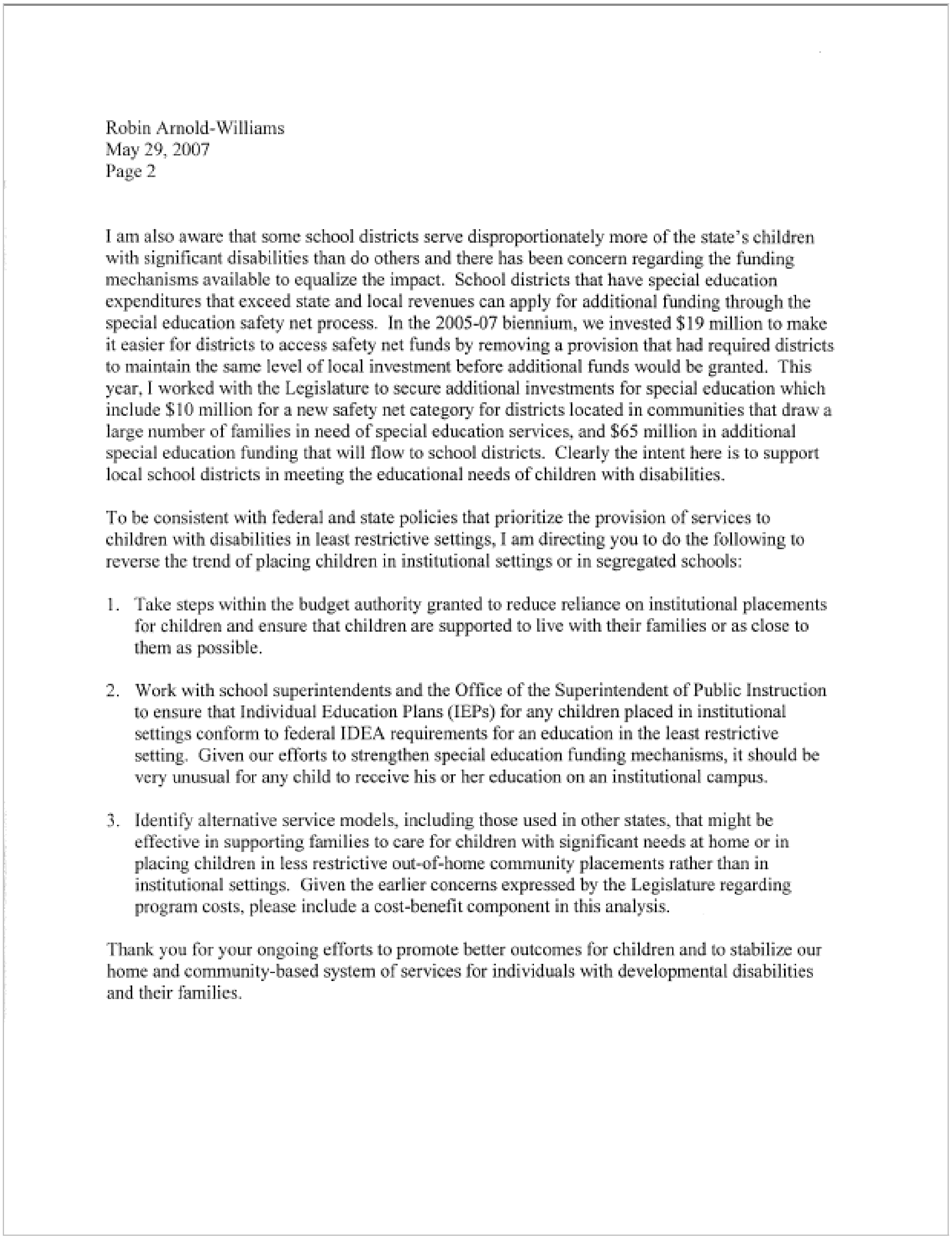
**SUBJECT:** **APPROPRIATE RESIDENTIAL AND EDUCATIONAL PLACEMENTS FOR CHILDREN WHO HAVE SIGNIFICANT DEVELOPMENTAL DISABILITIES**

Improving outcomes for our state's children is a high priority of mine. As you know, our administration has undertaken a number of initiatives to promote children's appropriate emotional, social, physical and cognitive development. I am concerned about the growing number of institutional placements of children with significant developmental disabilities and the recent reopening of a classroom on the Fircrest campus. I believe these trends run counter to state and federal policies intended to ensure that children who have disabilities are served in the least restrictive settings possible.

I recognize that the needs of some children with developmental disabilities are very challenging and can have a huge impact on their families and at school with their teachers and classroom peers. However, out-of-home residential placements or segregated school placements of children should be considered a last resort. If an out-of-home placement is necessary, a placement in the child's home community close to his or her family, school, and friends is critical. Any institutional placements should be avoided if possible, or be temporary while efforts are made to return the child to her or his home community. Regardless of the placement option, the child should be supported to participate as much as possible in typical activities and the relationship with her or his family and school should be sustained.

I am aware that because Washington participates in the federal Medicaid program, the state must be able to provide "ICF/MR" residential services, such as are offered at our state institutional Residential Habilitation Centers, if a child meets eligibility criteria. I am also aware that cost concerns led the 2001 Legislature to cap the Division of Developmental Disabilities' (DDD) children's Voluntary Placement Program (VPP) which had funded in-home supports for families and non-institutional out-of-home placements. The de facto closure of this program, in combination with limited funding for the DDD Family Support Program and new residential placements through the waiver programs, has limited your department's ability to divert children from institutional placements. However, the significant levels of new funding to expand home and community-based developmental disabilities services included in the 2007-2009 state operating budget is a clear indication that the Legislature and this administration support a policy of providing services to individuals with disabilities in least restrictive settings.

## Governor Gregoire memo to DSHS, *continued*



Robin Arnold-Williams
May 29, 2007
Page 2

I am also aware that some school districts serve disproportionately more of the state's children with significant disabilities than do others and there has been concern regarding the funding mechanisms available to equalize the impact. School districts that have special education expenditures that exceed state and local revenues can apply for additional funding through the special education safety net process. In the 2005-07 biennium, we invested $19 million to make it easier for districts to access safety net funds by removing a provision that had required districts to maintain the same level of local investment before additional funds would be granted. This year, I worked with the Legislature to secure additional investments for special education which include $10 million for a new safety net category for districts located in communities that draw a large number of families in need of special education services, and $65 million in additional special education funding that will flow to school districts. Clearly the intent here is to support local school districts in meeting the educational needs of children with disabilities.

To be consistent with federal and state policies that prioritize the provision of services to children with disabilities in least restrictive settings, I am directing you to do the following to reverse the trend of placing children in institutional settings or in segregated schools:

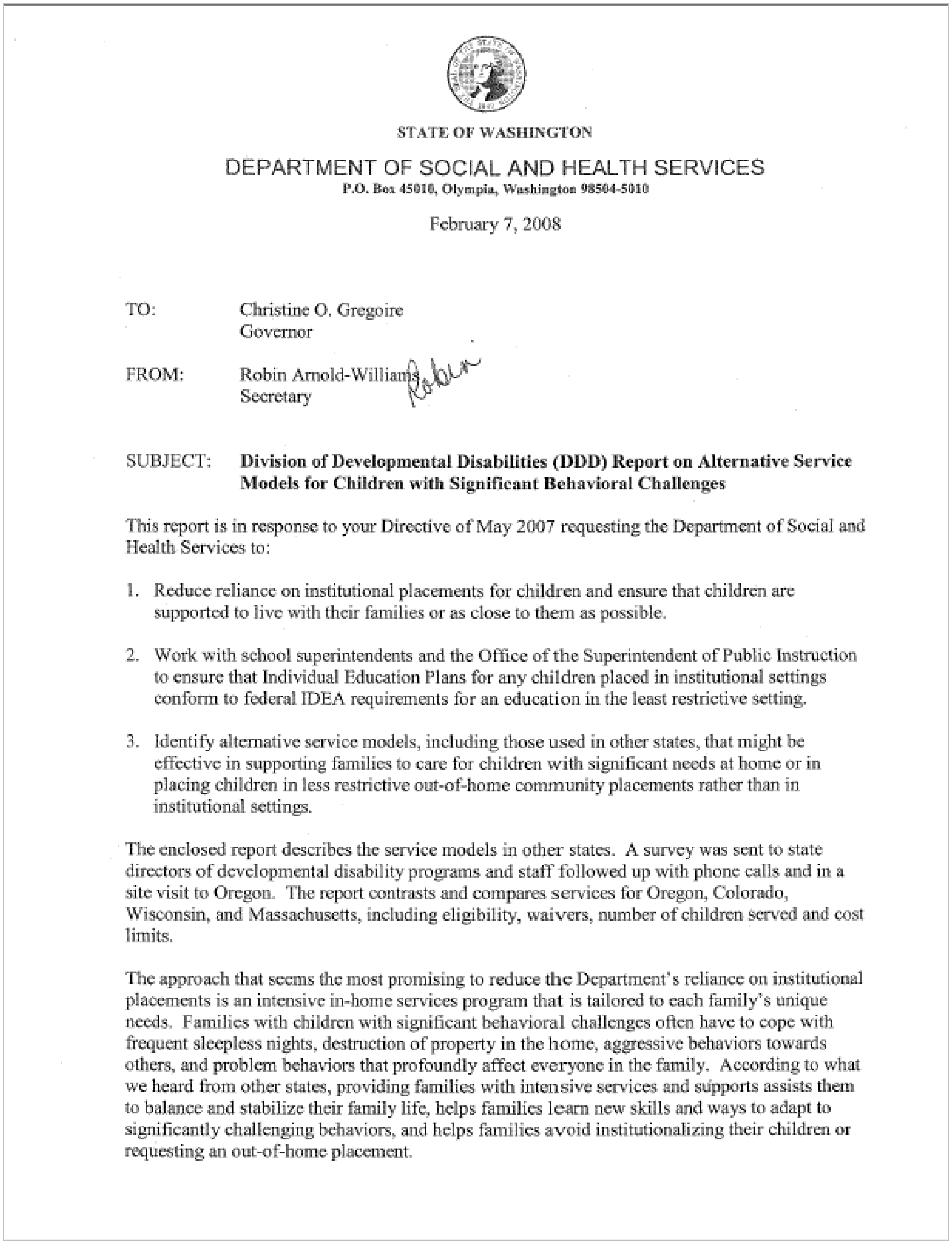
1. Take steps within the budget authority granted to reduce reliance on institutional placements for children and ensure that children are supported to live with their families or as close to them as possible.

2. Work with school superintendents and the Office of the Superintendent of Public Instruction to ensure that Individual Education Plans (IEPs) for any children placed in institutional settings conform to federal IDEA requirements for an education in the least restrictive setting. Given our efforts to strengthen special education funding mechanisms, it should be very unusual for any child to receive his or her education on an institutional campus.

3. Identify alternative service models, including those used in other states, that might be effective in supporting families to care for children with significant needs at home or in placing children in less restrictive out-of-home community placements rather than in institutional settings. Given the earlier concerns expressed by the Legislature regarding program costs, please include a cost-benefit component in this analysis.

Thank you for your ongoing efforts to promote better outcomes for children and to stabilize our home and community-based system of services for individuals with developmental disabilities and their families.

## DSHS memo to Governor Gregoire



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 45010, Olympia, Washington 98504-5010

February 7, 2008

TO: Christine O. Gregoire
Governor

FROM: Robin Arnold-Williams Robin
Secretary

SUBJECT: **Division of Developmental Disabilities (DDD) Report on Alternative Service Models for Children with Significant Behavioral Challenges**

This report is in response to your Directive of May 2007 requesting the Department of Social and Health Services to:

1. Reduce reliance on institutional placements for children and ensure that children are supported to live with their families or as close to them as possible.

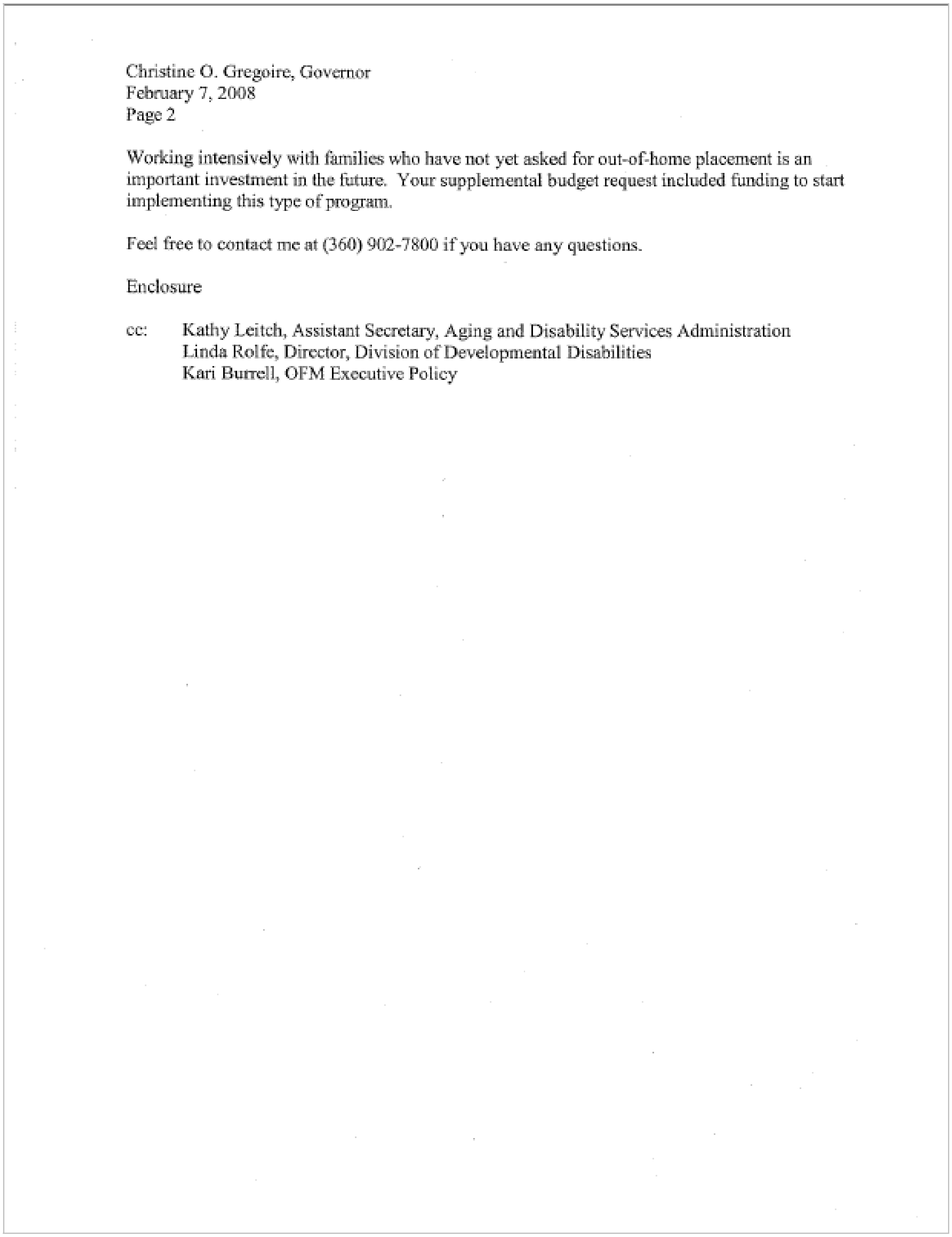
2. Work with school superintendents and the Office of the Superintendent of Public Instruction to ensure that Individual Education Plans for any children placed in institutional settings conform to federal IDEA requirements for an education in the least restrictive setting.

3. Identify alternative service models, including those used in other states, that might be effective in supporting families to care for children with significant needs at home or in placing children in less restrictive out-of-home community placements rather than in institutional settings.

The enclosed report describes the service models in other states. A survey was sent to state directors of developmental disability programs and staff followed up with phone calls and in a site visit to Oregon. The report contrasts and compares services for Oregon, Colorado, Wisconsin, and Massachusetts, including eligibility, waivers, number of children served and cost limits.

The approach that seems the most promising to reduce the Department's reliance on institutional placements is an intensive in-home services program that is tailored to each family's unique needs. Families with children with significant behavioral challenges often have to cope with frequent sleepless nights, destruction of property in the home, aggressive behaviors towards others, and problem behaviors that profoundly affect everyone in the family. According to what we heard from other states, providing families with intensive services and supports assists them to balance and stabilize their family life, helps families learn new skills and ways to adapt to significantly challenging behaviors, and helps families avoid institutionalizing their children or requesting an out-of-home placement.

## DSHS memo to Governor Gregoire, *continued*



Christine O. Gregoire, Governor
February 7, 2008
Page 2

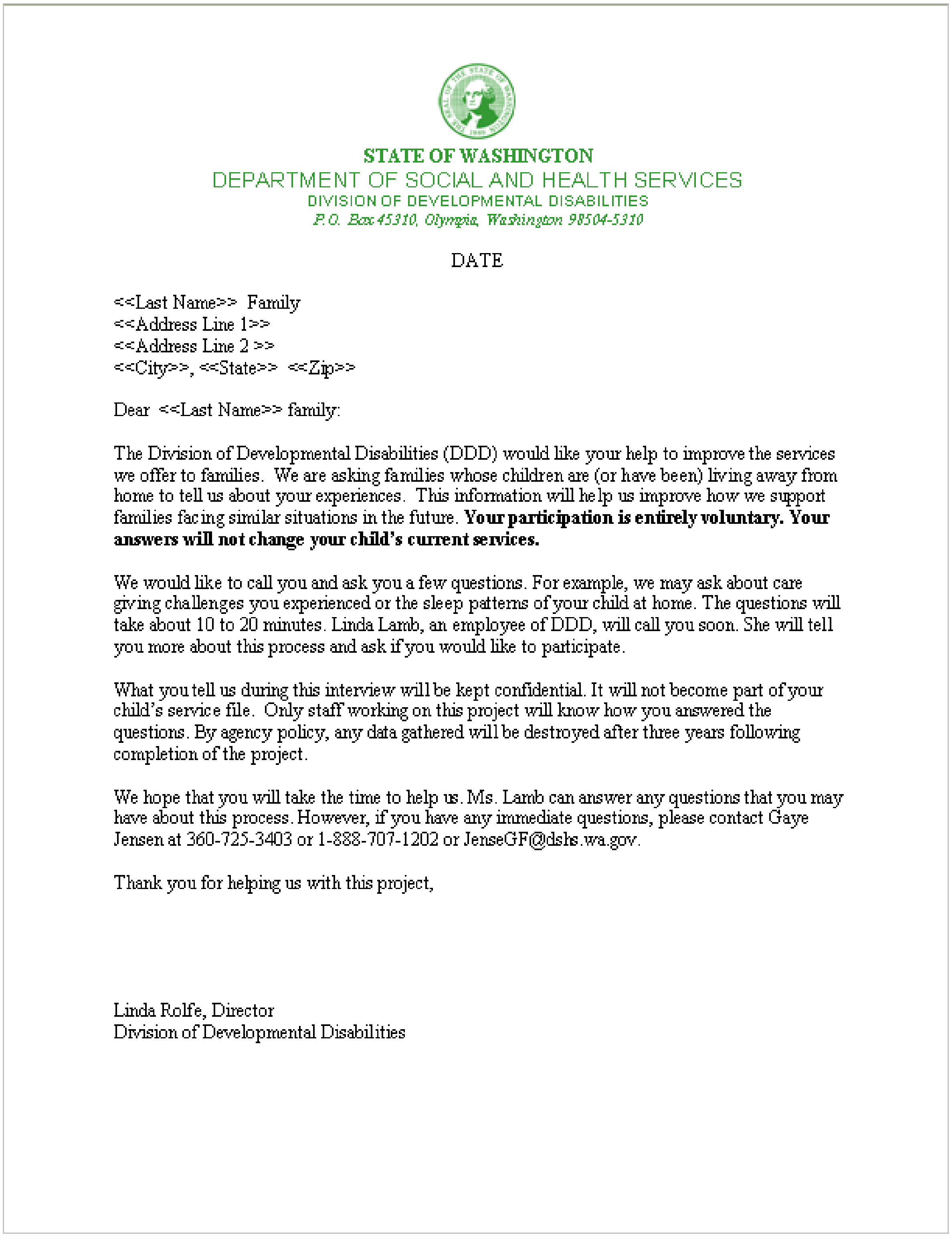
Working intensively with families who have not yet asked for out-of-home placement is an important investment in the future. Your supplemental budget request included funding to start implementing this type of program.

Feel free to contact me at (360) 902-7800 if you have any questions.

Enclosure

cc: Kathy Leitch, Assistant Secretary, Aging and Disability Services Administration
Linda Rolfe, Director, Division of Developmental Disabilities
Kari Burrell, OFM Executive Policy

## Letter to Parents



**STATE OF WASHINGTON**
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES
*P.O. Box 45310, Olympia, Washington 98504-5310*

DATE

<<Last Name>> Family
<<Address Line 1>>
<<Address Line 2 >>
<<City>>, <<State>> <<Zip>>

Dear <<Last Name>> family:

The Division of Developmental Disabilities (DDD) would like your help to improve the services we offer to families. We are asking families whose children are (or have been) living away from home to tell us about your experiences. This information will help us improve how we support families facing similar situations in the future. **Your participation is entirely voluntary. Your answers will not change your child's current services.**

We would like to call you and ask you a few questions. For example, we may ask about care giving challenges you experienced or the sleep patterns of your child at home. The questions will take about 10 to 20 minutes. Linda Lamb, an employee of DDD, will call you soon. She will tell you more about this process and ask if you would like to participate.

What you tell us during this interview will be kept confidential. It will not become part of your child's service file. Only staff working on this project will know how you answered the questions. By agency policy, any data gathered will be destroyed after three years following completion of the project.

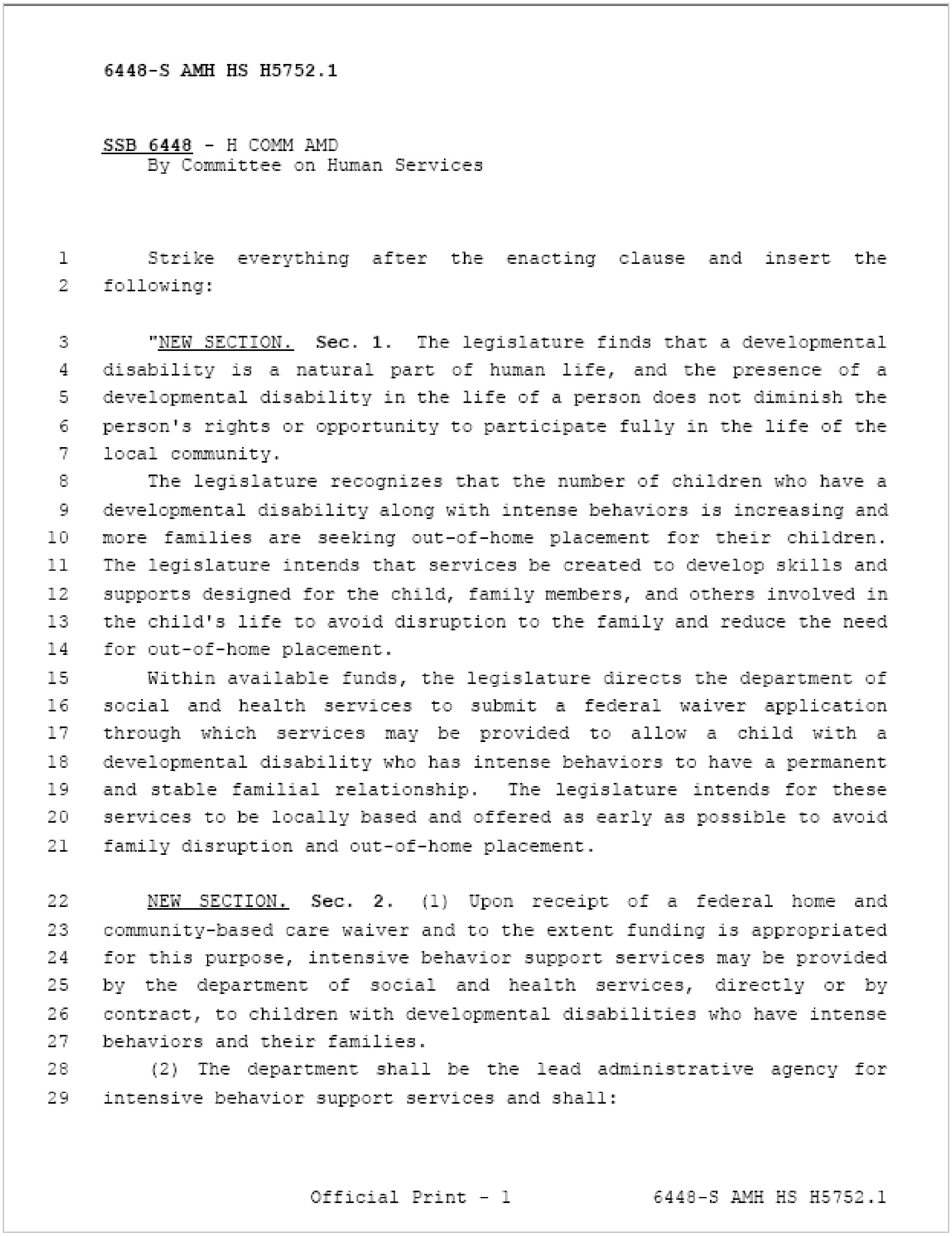
We hope that you will take the time to help us. Ms. Lamb can answer any questions that you may have about this process. However, if you have any immediate questions, please contact Gaye Jensen at 360-725-3403 or 1-888-707-1202 or JenseGF@dshs.wa.gov.

Thank you for helping us with this project,

Linda Rolfe, Director
Division of Developmental Disabilities

## Authority

### Substitute Senate Bill 6448



6448-S AMH HS H5752.1

SSB 6448 - H COMM AMD
By Committee on Human Services

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** The legislature finds that a developmental disability is a natural part of human life, and the presence of a developmental disability in the life of a person does not diminish the person's rights or opportunity to participate fully in the life of the local community.

The legislature recognizes that the number of children who have a developmental disability along with intense behaviors is increasing and more families are seeking out-of-home placement for their children. The legislature intends that services be created to develop skills and supports designed for the child, family members, and others involved in the child's life to avoid disruption to the family and reduce the need for out-of-home placement.

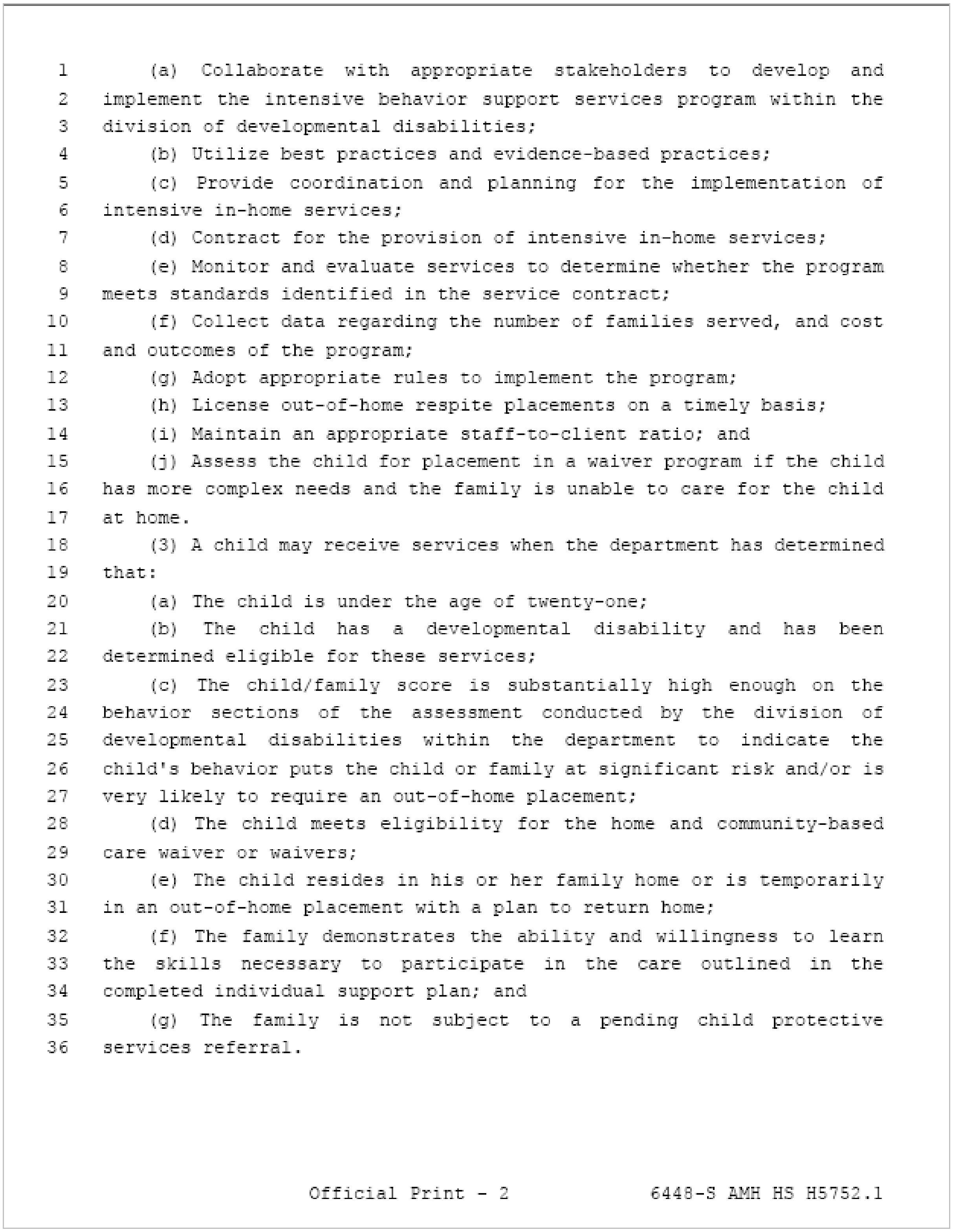
Within available funds, the legislature directs the department of social and health services to submit a federal waiver application through which services may be provided to allow a child with a developmental disability who has intense behaviors to have a permanent and stable familial relationship. The legislature intends for these services to be locally based and offered as early as possible to avoid family disruption and out-of-home placement.

NEW SECTION. **Sec. 2.** (1) Upon receipt of a federal home and community-based care waiver and to the extent funding is appropriated for this purpose, intensive behavior support services may be provided by the department of social and health services, directly or by contract, to children with developmental disabilities who have intense behaviors and their families.

(2) The department shall be the lead administrative agency for intensive behavior support services and shall:

Official Print - 1 6448-S AMH HS H5752.1

## **Substitute Senate Bill 6448, *continued***



(a) Collaborate with appropriate stakeholders to develop and implement the intensive behavior support services program within the division of developmental disabilities;

(b) Utilize best practices and evidence-based practices;

(c) Provide coordination and planning for the implementation of intensive in-home services;

(d) Contract for the provision of intensive in-home services;

(e) Monitor and evaluate services to determine whether the program meets standards identified in the service contract;

(f) Collect data regarding the number of families served, and cost and outcomes of the program;

(g) Adopt appropriate rules to implement the program;

(h) License out-of-home respite placements on a timely basis;

(i) Maintain an appropriate staff-to-client ratio; and

(j) Assess the child for placement in a waiver program if the child has more complex needs and the family is unable to care for the child at home.

(3) A child may receive services when the department has determined that:

(a) The child is under the age of twenty-one;

(b) The child has a developmental disability and has been determined eligible for these services;

(c) The child/family score is substantially high enough on the behavior sections of the assessment conducted by the division of developmental disabilities within the department to indicate the child's behavior puts the child or family at significant risk and/or is very likely to require an out-of-home placement;

(d) The child meets eligibility for the home and community-based care waiver or waivers;

(e) The child resides in his or her family home or is temporarily in an out-of-home placement with a plan to return home;

(f) The family demonstrates the ability and willingness to learn the skills necessary to participate in the care outlined in the completed individual support plan; and

(g) The family is not subject to a pending child protective services referral.

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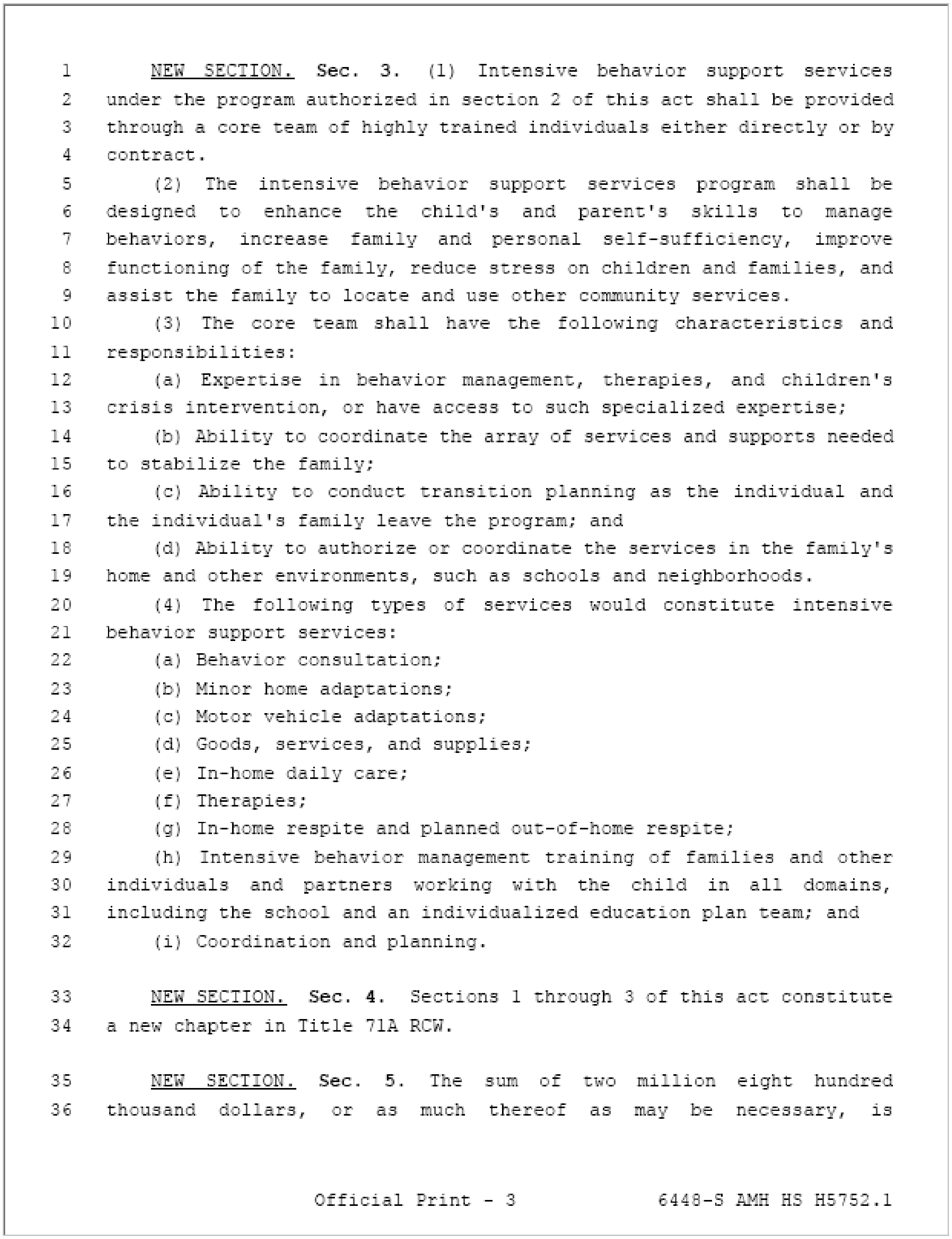
## Substitute Senate Bill 6448, *continued*



<u>NEW SECTION.</u> **Sec. 3.** (1) Intensive behavior support services under the program authorized in section 2 of this act shall be provided through a core team of highly trained individuals either directly or by contract.

(2) The intensive behavior support services program shall be designed to enhance the child's and parent's skills to manage behaviors, increase family and personal self-sufficiency, improve functioning of the family, reduce stress on children and families, and assist the family to locate and use other community services.

(3) The core team shall have the following characteristics and responsibilities:

(a) Expertise in behavior management, therapies, and children's crisis intervention, or have access to such specialized expertise;

(b) Ability to coordinate the array of services and supports needed to stabilize the family;

(c) Ability to conduct transition planning as the individual and the individual's family leave the program; and

(d) Ability to authorize or coordinate the services in the family's home and other environments, such as schools and neighborhoods.

(4) The following types of services would constitute intensive behavior support services:

(a) Behavior consultation;

(b) Minor home adaptations;

(c) Motor vehicle adaptations;

(d) Goods, services, and supplies;

(e) In-home daily care;

(f) Therapies;

(g) In-home respite and planned out-of-home respite;

(h) Intensive behavior management training of families and other individuals and partners working with the child in all domains, including the school and an individualized education plan team; and

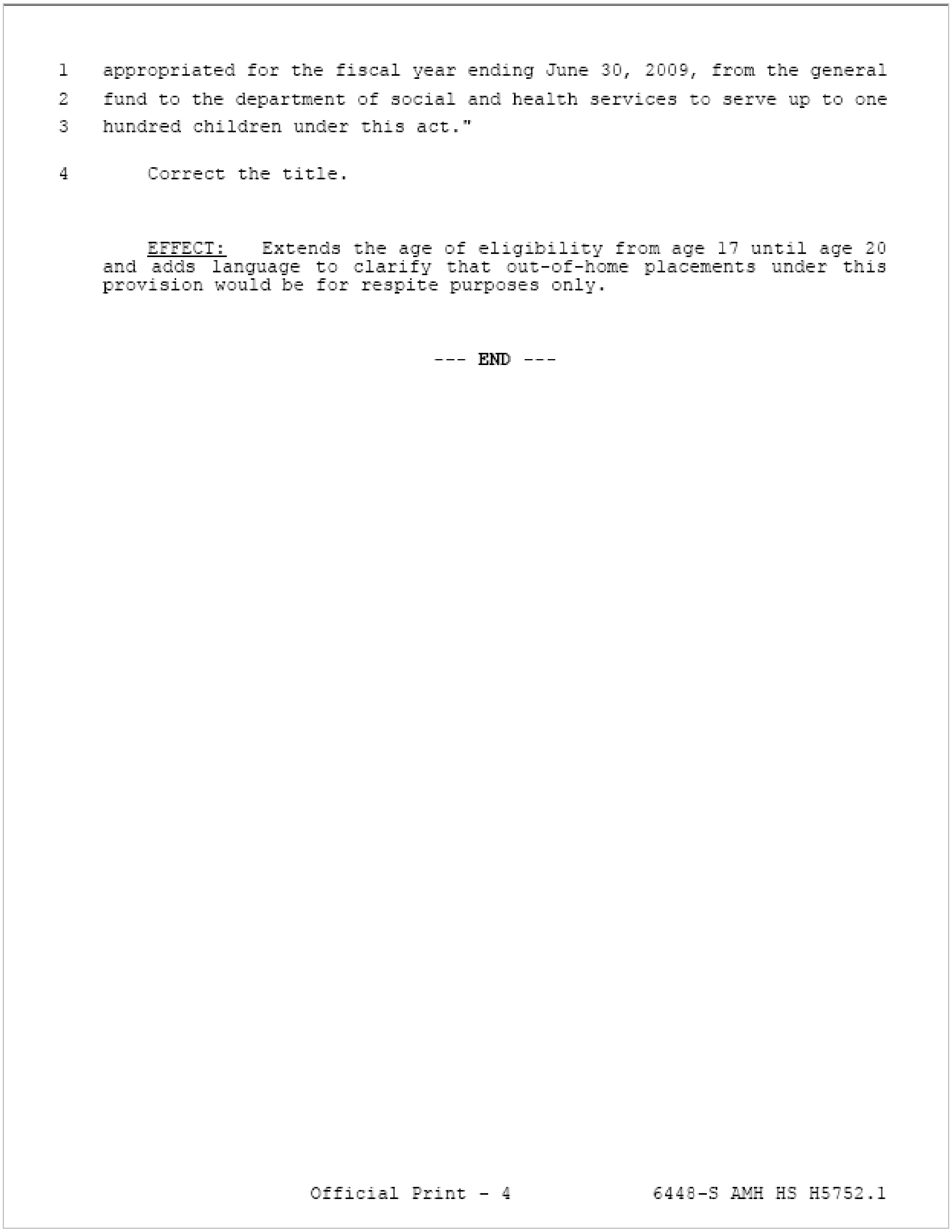
(i) Coordination and planning.

<u>NEW SECTION.</u> **Sec. 4.** Sections 1 through 3 of this act constitute a new chapter in Title 71A RCW.

<u>NEW SECTION.</u> **Sec. 5.** The sum of two million eight hundred thousand dollars, or as much thereof as may be necessary, is

Official Print - 3 6448-S AMH HS H5752.1

## Substitute Senate Bill 6448, *continued*



appropriated for the fiscal year ending June 30, 2009, from the general fund to the department of social and health services to serve up to one hundred children under this act."

Correct the title.

EFFECT: Extends the age of eligibility from age 17 until age 20 and adds language to clarify that out-of-home placements under this provision would be for respite purposes only.

--- END ---

Official Print - 4 6448-S AMH HS H5752.1

# Authority

## Budget Note Related to Substitute Senate Bill 6448

*Revised Omnibus Operating Budget Conference Proposal*
*Office of Program Research, Appropriations Committee*
*March 12, 2008*

**COMMENTS:**

1. **Keep Children Out of Institutions** – Funding is provided for a new waiver program for children with developmental disabilities who are at risk of being institutionalized as a result of intense behaviors. The Division of Developmental Disabilities' new comprehensive assessment tool will identify families who are eligible for Home and Community Based Services and who are most likely to request an out- of-home placement for their children. The families of eligible children will receive coordinated in-home support services, such as minor home or vehicle adaptations, respite, therapies, and intensive behavior management training for the family, other caregivers, or school staff. The funding reflects a phase-in of services for up to 100 families. (General Fund-State, General Fund-Federal) *Ongoing*

# FULL ASSESSMENT SCRIPT

**AT RISK GROUP:**

No special instructions needed. Be sure to complete the DDD Sleep screen within the CARE application even though these are not mandatory questions. NOTE: If the client is not on or considered for paid services you will not be able to access the DDD Sleep screen, which is located in the Service Level Assessment. Please complete the paper version that we will provide to you.

**RHC or STAFFED RESIDENTIAL:**

**Administer *ALL REQUIRED* Sections of the Assessment First**

**Transition to elective questions:**

The Division of Developmental Disabilities (DDD) would like your help to improve the services we offer to families. We are asking families whose children are (or have been) living away from home to tell us about your experiences. This information will help us improve how we support families facing similar situations in the future.

**Your participation is entirely voluntary. Your answers will not change your child's current services.**

I would like to ask you some questions about being a caregiver <and your child's sleep patterns>. The questions will take about 10 to 20 minutes. The information that you tell me will only be used for this project and will not become part of the DDD client record.

**Would you be willing to help us by answering a few more questions?**

**If no,**

Thank the person for their time.

**If yes,**

It is important for me to ask all of the questions and for you to answer them the best that you can. If you want to answer a question privately, just let me know and we'll save that question or questions till the end of the assessment. If you feel too uncomfortable answering a question, you do not need to answer it.

There are no RIGHT or WRONG answers. If you don't understand a question, let me know and I'll try to explain it. If you are not sure how to answer a question, just give your best estimate. If you don't understand a question, let me know and I'll try to explain it.

***Do you have any questions about how your answers will be used? Do you have any other questions about what we are doing here?***

***Are you ready to continue, or would you like to take a short break?***

**Caregiver Status Scale:**

***[only administer if required]***

First, we will fill out the Caregiver Status Scale. I will ask you questions about what things were like just before your child moved away from home.

ADMINISTER CAREGIVER STATUS SCALE

**Sleep Scale:**

***[only administer if required]***

Now I'm going to ask you some questions about [CLIENT NAME'S] sleep and nighttime support needs. These questions will be about what things are like today. Again, there are no RIGHT or WRONG answers. If you don't understand a question, let me know and I'll try to explain it.

ADMINISTER SLEEP SCALE

**Assessment Conclusion:**

I am now finished with all my questions. Are there any items that you would like to return to and discuss a bit more?

RETURN TO PREVIOUS ITEMS OR DOCUMENT ADDITIONAL INFORMATION AS NEEDED.

Thank you for talking with me today. I really appreciate the time you spent answering these questions. Your information will help us improve how we support families facing similar situations in the future. Thanks again for your help.

**DDD Caregiver Status Scale**

## CAREGIVER/SLEEP SCALE ADDENDUM SCRIPT

| *Scale(s)* | *May be Administered to* | *May be Administered by* |
|---|---|---|
| *Caregiver* | *Family Member* | *Phone interview* |
| *Sleep* | *Facility Staff Member* | *In person interview* |
| | | *Case manager* |
| | | *Field Staff* |

**Scheduling:**

Hi, my name is _______________. I work for the Division of Developmental Disabilities.

Is now a good time to talk?

***If no,***

Arrange another time to call back.

***If yes,***

CONTINUE

The Division of Developmental Disabilities (DDD) would like your help to improve the services we offer to families. We are asking families whose children are (or have been) living away from home to tell us about your experiences. This information will help us improve how we support families facing similar situations in the future.

**Your participation is entirely voluntary. Your answers will not change your child's current services.**

I would like to ask you some questions about being a caregiver <and your child's sleep patterns>. The questions will take about 10 to 20 minutes. The information that you tell me will only be used for this project and will not become part of the DDD client record.

**Would you be willing to help us by answering a few questions?**

**If no,**

Thank the person for their time.

**If yes,**

We can complete the interview now, or I can call you back at another time, or if you'd prefer, we can meet in person. What would you like to do?

**If call back,**

When would be a good time to call you back? ***(Be sure to write the agreed upon time in your calendar.)***

**If in person,**

When would be a good time to meet? ***(Be sure to get directions and repeat the date and time. One day in advance of the interview, call back to confirm.)***

**If now,**

CONTINUE

### Introduction to the Interview:

It is important for me to ask all of the questions and for you to answer them the best that you can. If you feel too uncomfortable answering a question, you do not need to answer it.

There are no RIGHT or WRONG answers. If you don’t understand a question, let me know and I’ll try to explain it. If you are not sure how to answer a question, just give your best estimate. If you don’t understand a question, let me know and I’ll try to explain it.

**Your participation is entirely voluntary. Your answers will not change your child’s current services.** The information that you tell me will only be used for this project and will not become part of the DDD client record. You will be helping improve how we support families like yours in the future.

***Do you have any questions about how your answers will be used? Do you have any other questions about what we are doing here?***

### Caregiver Status Scale:

***[only administer if required]***

First, we will fill out the Caregiver Status Scale. I will ask you questions about what things were like just before your child moved away from home.

ADMINISTER CAREGIVER STATUS SCALE

### Sleep Scale:

***[only administer if required]***

Now I’m going to ask you some questions about [CLIENT NAME’S] sleep and nighttime support needs. These questions will be about what things are like today. Again, there are no RIGHT or WRONG answers. If you don’t understand a question, let me know and I’ll try to explain it.

ADMINISTER SLEEP SCALE

### Assessment Conclusion:

I am now finished with all my questions. Are there any items that you would like to return to and discuss a bit more?

RETURN TO PREVIOUS ITEMS OR DOCUMENT ADDITIONAL INFORMATION AS NEEDED.

Thank you for talking with me today. I really appreciate the time you spent answering these questions. Your information will help us improve how we support families facing similar situations in the future. Thanks again for your help.

# CAREGIVER STATUS SCALE

**Interview Date** MO DAY YR

**DD Client Name** LAST FIRST MIDDLE

**DD Client Number**

**Client DOB** MO DAY YR

**Region**

**Interviewer Name**

**Interviewer Telephone**

**Interviewer E-Mail**

## DDD Caregiver Status

**Primary Caregiver Name**

**Caregiver's Birthyear**

**How long have you been providing care?** months years

**Stress/Barriers**

**1. Overall, how stressed do you feel in caring for the client?**

| Enter "1" for circled answer | Circle Answer # | Answer |
|---|---|---|
| | 1 | Not stressed |
| | 2 | Somewhat stressed |
| | 3 | Very stressed |

**Comments:**

**2. Other caregiving for persons who are disabled, seriously ill or under 5?**

| Enter "1" for circled answer | Circle Answer # | Answer |
|---|---|---|
| | 1 | Client is the ONLY person who requires direct care |
| | 2 | PT responsibility for one or more additional persons |
| | 3 | FT responsibility for ONE additional person |
| | 4 | FT responsibility for TWO OR MORE additional persons |

**Comments:**

**3. Factors that make it hard to be a caregiver for client?**

| Enter "1" for circled answer | Circle Answer # | Answer |
|---|---|---|
| | 1 | Decline in physical health |
| | 2 | Decline in emotional health |
| | 3 | Negative impact on employment |
| | 4 | Getting < 5 hours of uninterrupted sleep because of caregiving |
| | 5 | Health or safety impact |
| | 6 | Other issues that impact caregiving |
| | 7 | None of these |

**Comments:**

**4. How much do these things impact your ability to care for the client?**

| Enter "1" for circled answer | Circle Answer # | Answer |
|---|---|---|
| | 1 | Little or no impact |
| | 2 | Possible impact, no concrete evidence |
| | 3 | Concrete evidence of reduced care |
| | 4 | Unable |

**Comments:**

**Continuing Care**

**1. Under what conditions are other caregiver(s) available?**

| Enter "1" for circled answer | Circle Answer # | Answer |
|---|---|---|
| | 1 | Routinely provides care |
| | 2 | Upon request |
| | 3 | Emergency only |
| | 4 | No other caregiver available |

**Comments:**

**2. Is the client creating significant stresses on other household members?**

| Enter "1" for circled answer | Circle Answer # | Answer |
|---|---|---|
| | 1 | Family/household is stable and healthy |
| | 2 | Clearly identifiable signs of stress |
| | 3 | Serious risk of failure |

**Comments:**

**3. How long do you expect to continue providing care?**

| Enter "1" for circled answer | Circle Answer # | Answer |
|---|---|---|
| | 1 | 2 or more years |
| | 2 | 6 months to 2 years |
| | 3 | 1 to 6 months |
| | 4 | Less than 1 month |

**Comments:**

# DDD SLEEP SCALE

| | | | | |
|---|---|---|---|---|
| **Interview Date** | 0 | 0 | 0 | |
| | **MO** | **DAY** | **YR** | |
| **DD Client Number** | 0 | | | |
| **Client DOB** | 0 | 0 | 0 | |
| | **MO** | **DAY** | **YR** | |
| **Interviewer Name** | 0 | | | |
| **Interviewer Telephone** | 0 | | | |

| | | | | | |
|---|---|---|---|---|---|
| **DD Client Name** | 0 | | 0 | | 0 |
| | **LAST** | | **FIRST** | | **MIDDLE** |
| **Region** | 0 | | | | |
| **Interviewer E-Mail** | 0 | | | | |

## DDD Sleep

**1. Nighttime assistance needed**

| | Type of Support | | | | | Daily Support Time | | | | | Frequency | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 | 0 | 1 | 2 | 3 | 4 |
| Enter " 1 " for circled answer | | | | | | | | | | | | | | | |

**RATING KEY**

| TYPE OF SUPPORT: | DAILY SUPPORT TIME: | FREQUENCY: |
|---|---|---|
| What kind of support should be provided? | On a typical day when support in this area is needed, how much time should be devoted? | How frequently is support needed for this activity? |
| 0 = none<br>1 = monitoring<br>2 = verbal/gestural prompting<br>3 = partial physical assistance<br>4 = full physical assistance | 0 = none<br>1 = less than 30 minutes<br>2 = 30 minutes to less than 2 hours<br>3 = 2 hours to less than 4 hours<br>4 = 4 hours or more | 0 = none or less than monthly<br>1 = at least once a month, but not once a week<br>2 = at least once a week, but not once a day<br>3 = at least once a day, but not once an hour<br>4 = hourly or more frequently |

**2.Nighttime behavioral/anxiety issues**

| Enter "1" for circled answer | | Circle Answer # | Answer |
|---|---|---|---|
| | | 1 | Severe |
| | | 2 | Moderate |
| | | 3 | Minor |
| | | 4 | None |

**Comments:**

**3. Wakes to toilet most nights?**

| Enter "1" for circled answer | | Circle Answer # | Answer |
|---|---|---|---|
| | | 1 | No |
| | | 2 | Yes |

**Comments:**

**4. Can toilet self at night?**

| Enter "1" for circled answer | | Circle Answer # | Answer |
|---|---|---|---|
| | | 1 | No |
| | | 2 | Yes |

**Comments:**

## Acronyms

| | |
|---|---|
| **ADL** | Activities of Daily Living |
| **CARE** | Comprehensive Assessment and Reporting Evaluation |
| **CCDB** | Common Client Database |
| **CIIS** | Children’s Intensive In-Home Services |
| **CMIS** | Case Management Information System |
| **CP** | Cerebral Palsy |
| **CRM** | Case Resource Manager (Field Staff) |
| **DD** | Developmental Disability |
| **DDD** | Division of Developmental Disabilities |
| **Demos** | Demographics |
| **DOB** | Date of Birth |
| **DSHS** | Department of Social and Health Services |
| **ISP** | Individual Support Plan |
| **MR** | Mental Retardation |
| **RHC** | Residential Habilitation Center |
| **SSB** | Substitute Senate Bill |

## Age Detail

**Risk Level by Age**

**Number and Percentage**

**Out of Home**

| | **Low** | | **Med-High** | | **High** | | **Severe** | |
|---|---|---|---|---|---|---|---|---|
| **Age*** | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT |
| 8-12 | 1 | 8% | 1 | 8% | 4 | 40% | 7 | 16% |
| 13-17 | 6 | 50% | 10 | 83% | 5 | 50% | 31 | 69% |
| 18-20 | 5 | 42% | 1 | 8% | 1 | 10% | 7 | 16% |

**At Risk**

| | **Low** | | **Med-High** | | **High** | | **Severe** | |
|---|---|---|---|---|---|---|---|---|
| **Age*** | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT |
| 8-12 | 1 | 20% | 0 | 0% | 1 | 13% | 7 | 70% |
| 13-17 | 4 | 80% | 0 | 0% | 4 | 50% | 3 | 30% |
| 18-20 | 0 | 0% | 0 | 0% | 3 | 38% | 0 | 0% |

**Comparison**

| | **Low** | | **Med-High** | | **High** | | **Severe** | |
|---|---|---|---|---|---|---|---|---|
| **Age*** | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT | NUMBER | PERCENT |
| 8-12 | 1013 | 33% | 111 | 33% | 43 | 22% | 35 | 25% |
| 13-17 | 1016 | 33% | 126 | 37% | 74 | 38% | 64 | 45% |
| 18-20 | 1056 | 34% | 103 | 30% | 75 | 39% | 42 | 30% |

*Age calculated for age at time of assessment for comparison group and admission to current placement for out-of-home group

**Electronic versions of both the FULL REPORT and the APPENDIX are available at:**
**http://www1.dshs.wa.gov/RDA/**

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