



Department of Social and Health Services

Community Safety

Utilizing a network of professionals, resources and services, the Department of Social and Health Services (Department) works hard to ensure clients receive services in their home or a community-based facility that will foster their success and safety.

In addition to a client's own home, there are **seven different types of facilities** in Washington where clients can be provided with the services they need. Case managers, behavioral support teams and providers make every effort to ensure clients receive the care they need in an environment and manner that is safe.

Safety is a Priority for the Department

The safety of our clients and the community is a top priority for the Department. We make safety a priority by providing:

- Case management staffing that assists clients in choosing the services that best address their needs and preferences and provide ongoing support to meet the client's immediate and long-term needs.
- Timely response to all allegations of abuse, neglect, financial exploitation and self-neglect of vulnerable adults and working with law enforcement when needed.
- Skills training for providers to serve individuals with complex needs through investments in training and specialty contracts.
- Technical assistance with residential care facilities and programs prior to individuals transitioning from State Hospitals into the community.
- Behavioral Health Quality Improvement Consultations with Providers that are individualized for residents with behavioral health challenges to improve the quality of care.

Quick Facts



1 out of 4

Washingtonians receive a service from the Department of Social and Health Services



3,600 Facilities

The Department oversees long-term care facility licensing, certification and oversight of quality of care



88% of Individuals Transitioning from State Hospitals

Actively receive long-term services and supports.



Washington receives **national acclaim** for its community-based long-term care system

Safety Focus

Common Misconceptions

Individuals transitioning from **State Hospitals to the community** are dangerous.

- **Less than 1%** of all Adult Protective Services and Residential Care Services complaint intakes involved clients transitioning from the State Hospitals between July 1, 2017 and May 31, 2018.
- **78%** of the APS intakes involving clients transitioning from State Hospitals regarded the client as the **alleged victim**.

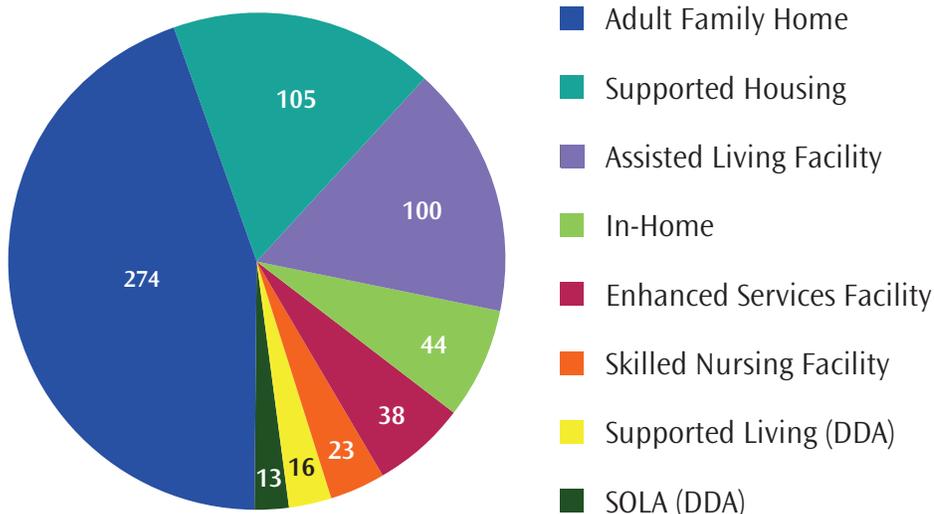
The Department decides where providers can **offer services**.

- The Department **does not determine** where providers can site their community residential facilities, Developmental Disabilities Administration programs and State Operated Community Residential programs.
- **The owner** decides where to locate a facility.
- The Department meets with **potential owners and local city and county jurisdictions** to discuss siting options.
- Once a decision is made, the **owner** applies for a license.

Staff aren't qualified to provide necessary care and supervision to keep the facility, **residents and community safe**.

- Providers in all settings are obligated to meet the **health and safety needs** of the individuals in their care.
- Individuals have support teams that help them succeed while considering the **safety of other residents and the community**.
- DSHS provides classroom and individualized training, technical assistance, **consultation and supportive services** to providers.

Transition from State Hospitals to Long-Term Care Settings



Individuals receiving Medicaid long-term services and supports have a much **higher success rate in the community** than individuals with unmanaged behavioral health needs that live in the community without supports.