ADULT HOME CLOSURE STUDY
EXECUTIVE SUMMARY

NYS Commission on Quality of Care and Advocacy For Persons with Disabilities

NOVEMBER 2006

In 2005, the Commission undertook this descriptive study of adult home closures, looking at 80 residents from 17 impacted homes that closed between 2002 and 2004. Eighty-five percent (or 68) of the residents in the Commission's sample lived in 13 of the 17 homes that closed after closure policies and related protocols were developed and implemented. The Commission's purpose in conducting this study was to assess each individual's circumstances regarding their alternate housing, looking specifically at whether closure policies and related protocols promoted each individual's involvement, choice and satisfaction with housing received; whether current living arrangements and support services addressed each person's need and preferences; and whether there was a plan in place to refer the person to alternate housing if the individual was dissatisfied with the alternate housing secured.

The Commission's findings were generally positive. Most (85 percent) of the individuals we talked to were satisfied with the new home to which they moved, at least for the present time, and nearly half (46 percent) of the individual's moves were judged to have been undertaken in a way which "went well" for the resident.

Nevertheless, based on an analysis of what factors contributed to a positive outcome for each individual in our sample, the Commission found that some individuals were concerned about their lack of choice in selecting a new home; their inability to access community recreation, and serious job-related consequences caused by the move. Many residential records were silent on the person's satisfaction with their new living arrangement, and their desire to live elsewhere. Mental health clinical records sometimes failed to assess needs and address the individual's perspective on his/her move from the closed adult home as it may impact on mental health. Individuals' needs related to hygiene, using community resources/transportation, improving health (e.g., employing interventions to stop smoking etc.), and vocational training/employment were identified and addressed in less than half the mental health case management records reviewed. Study findings also suggested the need to improve the coordination of services and supports, as half of the individuals receiving mental health case management had needs in one or more areas that were not addressed, despite Office of Mental Health (OMH) guidelines that require securing and coordinating services and monitoring the individuals' progress.

Given these findings, the Commission has made seven recommendations to better assure an individual's choice in selecting a new home, and improve care and coordination of services and supports.

- **Recommendation #1: Assure the consistent application of existing DOH policy on "Adult Care Facility Closures" and OMH Supportive Case Management Guidelines.**

- **Recommendation #2: Modify resident housing preference assessment and mandate use for all individuals moving.**

- **Recommendation #3: Create a collaborative working document that lists need-related tasks, identifies the person responsible, identifies who might be able to live independently and makes appropriate referrals.**

- **Recommendation #4: Prepare a referral packet containing seven elements for each individual and revise Adult Closure Policy regarding this packet.**

- **Recommendation #5: Maintain a roster of final placements.**

- **Recommendation #6: Ensure mental health documentation of assessed needs and housing-related preferences.**

- **Recommendation #7: Treatment plans should address major life events associated with moving with particular attention to four issue areas.**

The DOH has already begun internal planning to address these recommendations, and OMH has also committed to take steps to address the Commission's recommendations. Copies of the responses to the study from the commissioners of both agencies follow the study. The Commission looks forward to continuing collaborative efforts with DOH and OMH to ensure these recommendations are implemented and coordinated in a person-centered manner that will promote an improved quality of life for people with disabilities.

ADULT HOME CLOSURE STUDY
COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES
MAY 2006

BACKGROUND

Between 2002 and 2004, 17 adult homes serving significant numbers of individuals with mental disabilities ("impacted homes") closed, either voluntarily or as a result of enforcement actions. After receiving reports and observing that some of the early closures were undertaken in a "crisis" environment which offered residents of the closing homes little opportunity to participate in decisions regarding where they would live and what they would do with their lives, the Commission worked with the Department of Health and the Office of Mental Health to assure that closures were effected in a more systemic manner which afforded residents a more active role in the process.

STUDY PURPOSE AND METHODOLOGY

In 2005, the Commission undertook a study of adult home closures affecting a selected sample of 80 residents from 17 impacted homes that closed between 2002 and 2004. Our purpose was to follow up on sample people who had been placed in alternate housing from a closed impacted adult home. Specific study objectives focused on each individual's involvement, choice, and satisfaction with housing received; whether the current living arrangements and support services addressed each person's needs and preferences; and whether there was a plan in place to refer the person to alternate housing if the individual was dissatisfied with where they were initially placed.

Prior to going on site, reviewers had to verify, to the extent possible, that people were living where the information reviewed at adult home closure meetings indicated. Once on-site, the study involved seeking the permission of the individual to be included in the study and conducting a recipient interview if they agreed. This choice dictated what types of housing we examined, but the importance of giving people control over whether they participated in the study was considered paramount, given the major shifts they endured in their lives due to adult home closures. The current residential, mental health provider and mental health case management records were also reviewed.

STUDY FINDINGS AND RECOMMENDATIONS

The Commission's findings were generally positive. Most (85 percent) of the individuals in the sample were satisfied with the new home to which they moved, and nearly half (46 percent) of the individuals' moves were judged to have been undertaken in a way which "went well" for the resident. Based on its analysis of what factors contributed to a positive outcome for the resident, the Commission has made several recommendations for consideration by the Department of Health and the Office of Mental Health to further improve the process in the event of future closures of impacted adult homes.

SAMPLE DESCRIPTION

Listed below are the 17 impacted homes included in the Commission's sample. The Commission sampled four people who moved from each of the 14 smaller homes,[1] and eight people from each of the 3 larger homes.[2] Given the small sample size of 80[3], in relation to the total former capacity of these homes for 1,226 people, the Commission's study is descriptive and designed to tell the life stories of individuals and general outcomes resulting from the moves.

SAMPLE
IMPACTED ADULT HOMES THAT HAVE CLOSED

HOME	COUNTY	CAPACITY	SAMPLE SIZE	YEAR CLOSED
D'Antoni's	Sullivan	24	4	2002
Seaport	Kings	346	8	2003
Loeb	Rockland	78	4	2003
Morning Star	Suffolk	22	4	2003
Babylon Manor	Suffolk	21	4	2003
Dawnview	Suffolk	28	4	2003
Golden Age	Oneida	42	4	2003
Holiday Manor	Suffolk	1	4	2003
House of Hope	Suffolk	14	4	2003
Montauk Manor	Suffolk	30	4	2003
Faith Home	Westchester	14	4	2004
King Solomon	Queens	240	8	2004
South Country	Suffolk	172	8	2004
Family Lodge	Suffolk	35	4	2004
Hylan Manor	Richmond	59	4	2004
Bay Shore	Suffolk	42	4	2004
Inver	Suffolk	38	4	2004
TOTAL SAMPLE		1,226	80	

Our study sample of 80 individuals took us to four different service systems,[4] nine different types of housing in nine counties, and a number of different mental health clinics and continuing day treatment providers, as well as mental health case management agencies. More than two-thirds (68 percent or 54 people) of the sample moved from and to other adult homes; 9 percent (7

[1] The 14 smaller homes had capacities of 78 or fewer people.
[2] The 3 larger homes included capacities of 172, 240, and 346 people respectively.
[3] Twelve out of this sample of 80 people (15%) lived in three sample homes, D'Antoni's, Morningstar, and Babylon, that had to be closed, some by Commissioner's Order due to poor living conditions, prior to a closure policy being developed. Four sample people lived in each of these three homes.
[4] Department of Health (DOH); Office of Mental Health (OMH); Office of Children and Family Services (OCFS) and Office of Mental Retardation and Developmental Disabilities (OMRDD)

people) moved to nursing homes; 9 percent (7 people) to OMH certified housing;[5] 5 percent (4 people) to uncertified SROs; 5 percent (4 people) to OCFS Family Type Homes; and 1 percent each (1 person each) moved to unlicensed supported housing, transitional housing, a county certified boarding home, and an OMRDD individualized residential alternative (IRA).

The sample of 80 individuals was composed of 60 percent men and 40 percent women, ranging in age from 24 to 83 years old with an average age of 57. Almost three-quarters (74 percent) of the sample had one Axis I mental health diagnosis, and 15 percent had more than one Axis I diagnosis. The two most prominent mental health diagnoses were schizophrenia and schizoaffective disorder. Using the mental health record as the source of information, 16 percent of the sample did not have any medical diagnoses, for 10 percent of the sample this information was not available because of the lack of records, and for nearly three-quarters (74 percent), hypertension, diabetes, high cholesterol, ASHD, arthritis, GERD and obesity appeared most frequently. The two most prevalent were hypertension (30 percent) and diabetes (11 percent). Nearly half (46 percent) of the sample had between two and six medical diagnoses.

Overall, 95 percent of the sample received mental health and/or mental health case management services at the time of the study. Over half (53 percent) received mental health clinical services only, 41 percent received both mental health and mental health case management services, a small percentage (5 percent) refused or did not require mental health services, and one person received OMRDD case management services.

Sample demographics also showed that while the average length of stay in current residential placements was just over one year, people were associated with their mental health providers and mental health case managers for much longer periods of time because many were able to stay with the same provider before and after the move.

Sample Average Length of Stay	
In Current Residential Placements At Time of Study	1 Year and 4 Months
In Mental Health Services	3 Years and 76 Days
In Mental Health Case Management Services	4 Years and 36 Days

[5] The nine percent included four people going to certified supportive apartments, one person going to a SOCR, one person going to a RCCA, and one person going to a psychiatric crisis residence.

STUDY FINDINGS

1. **Forty-nine (49) of the 80 individuals (61 percent) in our initial sample were not where information from closure meetings said they were or they presented extenuating circumstances preventing them from taking part in the study. Most revealing, over one-half (51%) or 25 of these 49 people could not be found.**

Of the remaining 49 people, 29 percent or 14 people refused to be part of the study; 10 percent or 5 people were determined not to meet selection criteria, 4 percent or 2 people were hospitalized, 2 people had died, and 1 person had moved out-of-state. Anticipating this problem, enough alternates were selected and visited to complete the sample of 80 people.

SECTION I: RECIPIENT INTERVIEW
Satisfaction with Current Living Situation

The Recipient Interview asked several questions about individual satisfaction with one's current living situation at the time of the study, aspects of the closure and referral process experienced and desires for alternate placements where applicable. Commission staff did not verify recipients' responses.

2. **The majority of individuals (85 percent) stated they were satisfied with their new home at least for the present time.**

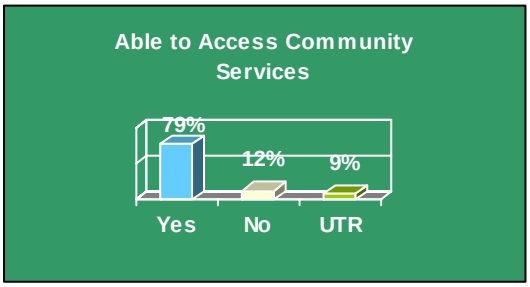
The high percentage of satisfaction with one's new home was attributed to the food, housemates, physical plant, location, new "independence," or space and privacy accommodations. Fifteen (15) percent simply stated they were not satisfied with their new housing.

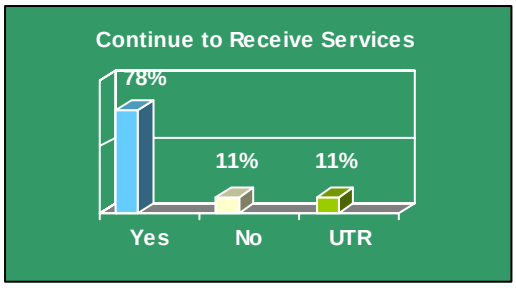
3. **More than one-third (36 percent) of individuals stated there was something in their new housing that caused them to be dissatisfied. Twenty-five percent said they wanted to live elsewhere.**

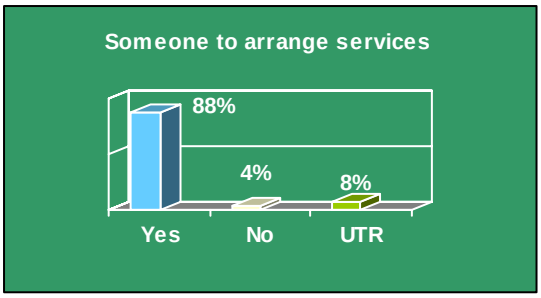
The percentage of people dissatisfied more than doubled when people were asked if there was something specific about their new housing with which they were dissatisfied. Some of the same reasons as stated above, such as the food, location, other people in the home and space and privacy accommodations, also surfaced for these negative responses. Additionally, people mentioned not being able to get to church on Sunday, the lack of heat in the winter, not enough staff, not knowing what would happen when the home "changed hands," the lower amount of personal allowance given the change in SSI classification of moving from an adult home to a skilled nursing facility, concerns about day program, and the lack of recreation.

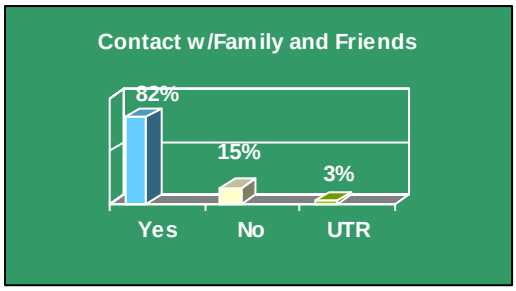
4. **As illustrated by the tables below, when individuals were interviewed about six specific aspects of satisfaction with their current living situation at the time of the study, more than half of the individuals were satisfied with their ability to: (1) use community services such as stores, banks, the post office, library and churches in the community; (2) receive services they received prior to the their move; and (3) get help to arrange needed services. The interview and the residential record review**

both indicated a substantial majority of people were able to maintain contact with family and friends. (UTR indicates the individual was unable to respond to the question.)





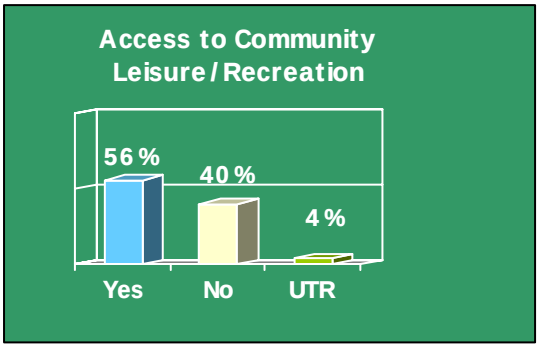


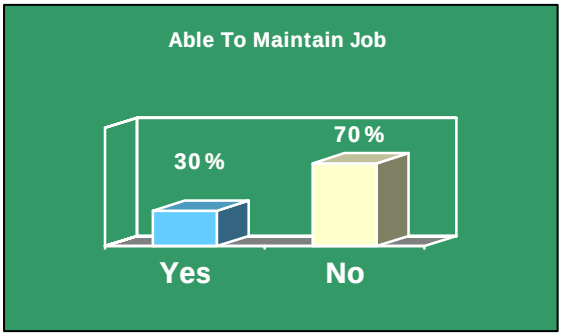


In contrast to these positive findings, there were areas of concern for some individuals. Similar to responses received from more than one-third of individuals stating that there was something in their new housing that caused them to be dissatisfied such as the lack of recreation and concerns about what they would do during their day (see finding #3 above), more specific questioning raised these issues again.

5. **As illustrated by the tables below, forty percent said they were not able to access community recreation. Going to sporting events, parks, restaurants, picnics and shopping were some of the activities people said they would like to do. Additionally, while only 10 individuals stated they held a job prior to the move, 7 of them were not able to maintain a job once they moved primarily due to location and transportation issues.**

For example, one man who moved from a closed adult home formerly located in Kings County to another adult home in Brooklyn, New York, said he did not go out, and that he did not know if they offered community recreation. Another man who moved from and to adult homes both located in Sullivan County explained that he did not go out into the community because the area was too rural.





Recipient Interview
Involvement and Choice

As part of the study, the Commission also assessed the sample individuals' involvement and choice with moving to their new residence. These findings represent what people reported to Commission reviewers. Commission staff did not verify individuals' comments.

6. **Sixty-four percent of the sample people stated they were involved with their move. Specifically, 19 percent (15 people) stated they were involved a great deal, 45 percent (36 people) felt they were somewhat involved. Nevertheless, nearly one-third (31 percent or 25 people) said they were not at all involved, and 5 percent were unable to respond to this question.**

7. **As shown in the table below, additional problems became apparent. Forty-one percent stated they were not asked where they preferred to live and some commented "We had to be out of there. You had no choice." "There was no other place to go." "It was written on the board where I was to go." Further, when asked if other types of places to live were explained, 44 percent said "no" and further commented, "No one explained anything." "Only adult homes." "No, very rushed." Finally, while nearly two-thirds (64 percent) of the sample said they visited their current residence, importantly more than half (51 percent) reported they were not given the opportunity to visit other residential options prior to moving.**

Recipient Interview: Involvement and Choice

Issue	Yes	No	Unable to Respond
Asked Where Preferred to Live	48%	**41%**	11%
Explained Other Places to Live	42%	**44%**	14%
Visited Current Home	**64%**	32%	4%
Visited Other Places	41%	**51%**	8%

Recipient Interview Conclusions

In conclusion, major positive findings of the recipient interview included the individuals' high degree of satisfaction with their new homes, at least for the present time, and the minimization of personal disruptions caused by the move. Areas of concern focused on the lack of choice in selecting a home, the inability to access community recreation, and serious job-related consequences caused by the move.

SECTION II: RESIDENTIAL RECORD REVIEW

The next area of findings relate to the residential record review conducted for 75 of 80 individuals in the sample who lived in residences where there is a record keeping requirement.[6] Rather than focusing on different regulations governing each of the nine different types of housing visited by the Commission, issues were examined that the Commission believes directly impact quality of life, regardless of setting.

8. **In more than 80 percent of the records, reviewers found that pertinent medical (85 percent) and mental health information (81 percent) followed the individuals to their current placements.**

9. **Many residential records were silent on the person's satisfaction with their new living arrangement, and their desire to live elsewhere.**

    - ✓ **Residential records <u>documented</u> satisfaction with the current living arrangement for half (50 percent) of the individuals; 11 percent documented dissatisfaction; and for the remaining 39 percent, no documentation was found regarding whether the person was satisfied.**

    - ✓ **While most people were satisfied, at least for the time being, with their current housing, the residential record of nine individuals (12 percent) stated they would prefer an alternate housing arrangement.**

    - ✓ **Additionally, while 9 individuals' records (12 percent) documented their desire for alternate housing, 20 individuals (25 percent) told Commission staff that they would prefer to be living some place other than their current placement.**

These people said they wanted to live near their family, live in a different location, had no choice in where they were placed, wanted to be near their day program, or wanted to be with a different group of people. Interestingly, some people who said they wanted to remain in their current placement made comments such as, "It's okay for now." "Eventually I want my own apartment." "Most places were worse…."

As this finding demonstrates, there were significant differences between what individuals told Commission staff and what was documented in the residential records, as fewer than one-half of the people who told us they wanted to move had any information in their records about this desire. This was due, in some measure, to the silence of the records on satisfaction with the new home.

[6] Four people lived in OCFS Family Type Homes and 1 person lived in a certified county boarding home where there were no requirements that such records be maintained.

SECTION III: MENTAL HEALTH SERVICES

We next looked to see if pertinent information was forwarded from the referral source to the mental health program or service (clinics, continuing day treatment) and acted upon for people who needed to change programs because of their move.

10. Of the 37 relevant cases, 70 percent had information shared and acted upon, more than one-quarter (27 percent) had no information shared or acted upon, and 3 percent had information shared but not acted upon.

Next we looked at documentation in the mental health record that assessed needs and preferences subsequent to the individual's move.

11. Although 63 percent had current information in the mental health record assessing needs, more than one-third (37 percent) did not. Additionally, approximately one-third (32 percent) of mental health records discussed the individual's perspective on his/her move from the closed adult home to the new residence. Sixty eight percent did not.

Since these people had all undergone a recent change, often under difficult circumstances, one would expect that satisfaction with housing would be addressed in the record, as it would likely impact mental health.

SECTION IV: MENTAL HEALTH CASE MANAGEMENT SERVICES

The fourth area assessed was case management services. Thirty-five (35) of the 80 sample individuals (44 percent) were enrolled in mental health case management services. The following findings are based on 32 individuals because 3 individuals did not have viable case management records to review.[7] Again, the assessment of needs and preferences was the first aspect reviewed.

12. In **compliance with OMH Supportive Case Management Guidelines, the case management records for 26 of 32 individuals (81 percent) contained an assessment that identified needs to be addressed following the individual's move to his/her new living environment.**

Examples of assessed needs included addressing sadness of residents who had to leave family and significant others, addressing medical and dental care issues, learning housekeeping skills, and accessing supplemental medical services such as physical therapy.

13. Nevertheless, only 44 percent of the mental health case management records addressed an individual's adjustment to the new home by identifying important

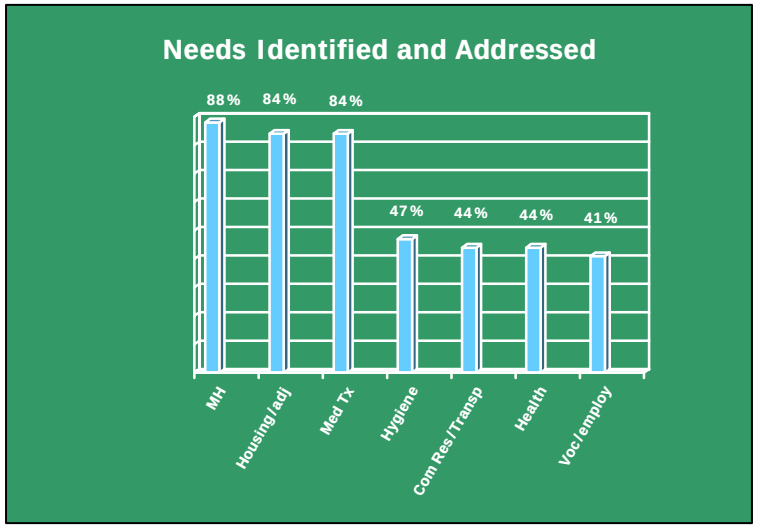
[7] One individual refused to co-operate with services but had not yet been discharged, and a second person was in the midst of the intake process. The case records for these individuals contained too little information to be useful to the study. The third person had a private, community-based case manager that refused Commission staff access to the record despite a signed consent for release of information and CQCAPD jurisdiction under Mental Hygiene Law.

quality of life preferences such as engaging in more community activities like shopping and exercising, traveling to visit family and friends or vice versa, engaging in social club activities and returning to higher education classes. More than half (56 percent) of the assessments did not address preferences.

Since treatment planning is a collaborative effort between the individual and the provider, preferences in major life areas should be discussed.

14. **As illustrated in the table below, a review of case management records to determine if needs were identified in seven issue areas revealed 84 percent to 88 percent of the sample records had identified and addressed needs related to mental health services, housing/adjustment, and medical treatment. However, needs related to hygiene, using community resources/transportation, improving health (e.g. employing interventions to stop smoking etc.), and vocational training/employment were identified and addressed in less than half the relevant cases.**

Mental Health Case Management



15. **Additionally, among the 32 people receiving case management services, half (50 percent) or 16 people, had needs in one or more areas that were not addressed, despite OMH Supportive Case Management Guidelines that require securing and coordinating services and monitoring the progress of recipients.**

As an example, one woman, who needed to improve her hygiene, lived in an adult home and received mental health case management from a separate agency, but there was no mention by her mental health case manager that she had such a fear of showering alone that she needed a home health aide.

Another adult home resident wanted to improve his health by understanding his medications, according to his residential record. This need was not identified or addressed in his mental health

case management record. Consequently, his mental health case manager did not secure or coordinate services to teach him about his medications or to monitor his progress.

Comparison of Mental Health and Mental Health Case Management

16. **Mental health case management records contained assessments and addressed stated preferences more often than mental health records. Eighty-one (81) percent of the case management records contained current assessments vs. 63 percent in mental health records. However, both mental health and case management records did a poor job of identifying and addressing preferences related to housing (68 percent vs. 56 percent respectively did <u>not</u> address preferences).**

SECTION V: NEEDS ADDRESSED ACROSS PROVIDERS

Given the spotty nature of these records in regard to sample individuals' needs and preferences associated with their moves, it was paramount to ascertain if <u>someone</u> was addressing individuals' needs within the same seven issue areas among <u>all</u> the providers assigned to each person.[8]

17. **In most instances, someone, either the residence staff, the mental health provider or case manager, addressed the person's needs. The vast majority of sample people's needs were addressed in the following areas: 97 percent addressed both in mental health and medical treatment; 90 percent needs addressed in hygiene: 88 percent needs addressed in improving health; and 84 percent addressed in housing/adjustment.**

18. **Nevertheless, almost one-third (29 percent) of sample individuals did not have their vocational training/employment needs met, and the records of half of the individuals who needed to learn how to use community resources and transportation failed to address these needs.**

Comparison of Findings

Similar findings have emerged when assessing if mental health case managers or any provider identified and addressed needs of sample people related to two of the seven assessed issue areas: using community resources and transportation, and vocational training/employment. The Recipient Interview confirmed that addressing vocational training/employment needs was a problem.

In summary, the use of community resources and transportation, and vocational training/employment were areas of need most often missed by providers. Case management identified and addressed needs in less than half the relevant cases in use of community resources and transportation (44 percent) and vocational training/employment (41 percent), and although the percentages were higher when looking to see if any provider addressed these needs (50

[8] Two (2) of the 80 sample people did not have residential records, and we did not have access to their private psychiatrist records, therefore this section was analyzed based on 78 records.

percent and 71 percent respectively – see finding #18 above), these areas still remained the least addressed areas of care within the seven areas examined. Of interest, sample people told Commission reviewers that vocational training/employment needs were addressed only 30 percent of the time. Seventy (70) percent of the relevant individuals who held jobs prior to their moves said they lost those jobs once they moved due to location and transportation issues.

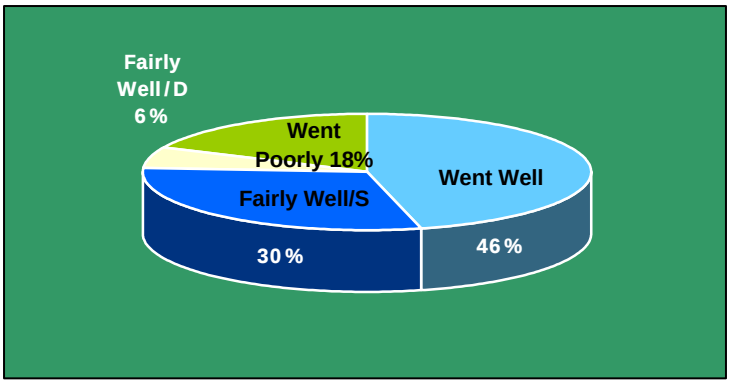
SECTION VI: OVERALL RATER EVALUATION

After reviewing all the records and interviewing the individual, Commission reviewers were asked to rate how well each individual was doing after their move from the closed adult home.

The ratings were broken into four categories. A rating of **"went well"** indicated that the individual was satisfied with their new housing and that their needs and preferences were being addressed. The two middle categories were both **"went fairly well," with modifiers. "Went fairly well – satisfied,"** meant that the resident was satisfied with their home, but some of their needs and general preferences were not being addressed. The **"went fairly well – dissatisfied"** category indicated the individual was dissatisfied with their living arrangement, but their other needs and general preferences were addressed. The final category indicated the move **"went poorly,"** and was used when an individual was clearly dissatisfied with their current living situation and their needs and preferences were not being addressed.

19. **As shown in the pie chart below, nearly one half of the individuals' moves were judged as having "went well," over one-third "went fairly well," and 18 percent the individuals' moves were judged as "went poorly."**

Rater Evaluation



Some of the variables that contributed to individuals' satisfaction with their current placement were: (1) their involvement with the decision making process regarding their moves, such as location and housing type; (2) they visited various housing options, including their current placement; (3) they were able to maintain contact with family and friends; (4) they received needed support services; (5) their needs and preferences were being addressed; and (6) they had access to community resources.

Example of "Move Went Well"

Mr. B. is an example of an individual whose move went well. He is a 54-year old man diagnosed with Schizophrenia who has an extensive history of polysubstance abuse, including heroin. He has a criminal record and seven psychiatric hospitalizations. Mr. B. moved from an adult home which closed in 2002. He then moved three times to two different OMH Family Care Homes, and finally to his current home, at the time of the study, in an OMH certified intensive supportive apartment. He attended a continuing day treatment (CDT) program.

When interviewed by Commission staff, he said he was satisfied because his apartment was nice and he had a roommate. He said he was able to maintain contact with his mother and siblings in his new location and was able to walk to stores and a bank. Mr. B. also indicated that his counselors at the CDT program talked to him about where he preferred to live, and he was involved a great deal with his decisions to move. A note in his CDT record indicated that Mr. B. was *"…pleased with his housing and gets along with his roommate, but hopes to progress to more independent housing…He seems to be thriving in this living situation."* Additionally, the CDT program treatment plan for Mr. B. included goals that addressed his needs and aspirations such as acquiring his GED, honing his job skills, and addressing his history of substance abuse.

Example of "Went Fairly Well - Satisfied"

Mr. D., 52-years old, was satisfied with his home, but some of his needs were not addressed. He moved from one adult home in Staten Island to another. He received mental health clinic services. During the interview, Mr. D. stated that he liked his new home and felt comfortable, but there was no note in either his residential record or in his mental health record to assess any preferences or needs regarding the transfer to his current home. Additionally, per notes from his therapist, Mr. D. is a heavy smoker with chronic obstructive pulmonary disease. Yet there was nothing in his treatment plan to address health related issues or discussions regarding improving his health. Finally, there was very little information in the residential record, particularly in case management notes, that gave an overall picture of Mr. D. and his adjustment to the new home.

Example of "Went Fairly Well - Dissatisfied"

Ms. C., 77-years old, was dissatisfied with her move, but her needs were being addressed. She moved from one adult home in Staten Island to another. Ms. C. was diagnosed with schizoaffective disorder and received mental health services at the time of the study. She also had breast cancer resulting in a mastectomy in 2004. During her interview with Commission staff, Ms. C. stated she was not happy in her home because she wanted to live in the same home as her boyfriend. She did not like the other residents in her home, did not like the home's decorations and did not like her bed. Appropriate notes in the residential and mental health records reflected her dissatisfaction. Further, there was indication that the home and the mental health program were working on helping Ms. C. adjust to her new home, and the current home's staff was addressing her desire to move to the adult home where her boyfriend lived. Additionally, the mental health program addressed Ms. C.'s need for support prior to and after her mastectomy.

Variables That Caused a "Poor" Rating

There were 14 individuals whose moves were rated as "went poorly." The situations of these 14 people illustrate 5 different problems that predominately caused the poor outcomes. Five of the 14 individuals' placement preferences were not assessed or addressed and/or the person moved multiple times. Another five people did not have assessments completed or current assessments were inadequate. Two other people had clinical providers that did not recognize all their needs in their records. One other person was in a nursing home, but there was insufficient documentation to support her placement there, and the last individual's residence and day program did not meet her needs.

Example of a Move That "Went Poorly"

Ms. T's move from one adult home in Suffolk County, which closed due to deplorable conditions, to a family type home for adults, went poorly. The family type home could not meet her needs, and she was again relocated to another family type home. Family type homes for adults are certified by the Office of Children and Family Services and have no specific requirements to record the type of information the Commission reviewed in other residential programs. Therefore Commission reviewers could not determine what, if any, issues needed to be addressed. Ms. T. also did not have a case manager. The family type home provider stated that Ms. T. saw a private psychiatrist, but did not know the psychiatrist's name. Ms. T. attended an adult day care program more geared for people with physical disabilities than those with mental health problems.

During the Commission's interview, Ms. T. stated that she felt uneasy in her current placement - there were no stores nearby, and she wanted to help with household chores. In an interview, a social worker at Ms. T.'s day program stated that Ms. S.'s failure at the first family type home was due to a lack of personal hygiene and leaving the stove on and that Ms T. needed more supervision. Ms. T.'s care fell short of what is offered to other individuals in the mental health system who benefit from OMH programs that offer supervision with training in the skills Ms. T. desires to do on her own, such as cooking, ironing and cleaning.

RECOMMENDATIONS

Although this study of 80 sample people who moved from 17 impacted adult homes that closed between 2002 and 2004 showed that the majority of individuals (85 percent) stated they were satisfied with their new homes, at least for the time being, and that nearly one-half (46 percent) of the individuals' moves were judged as having "went well," there were Commission study findings that have led the Commission to recommend improvements in care and smoother transitions through seven (7) recommendations.

- **Recommendation #1: Assure the Consistent Application of Existing DOH Policy on "Adult Care Facility Closures" and OMH Supportive Case Management Guidelines**

Both the DOH policy entitled "Adult Care Facility Closures," and the OMH Supportive Case Management Guidelines provide sufficient guidance to staff of the Departments that, when

consciously applied, would reduce trauma to persons moving from a closing adult home, identify new opportunities for housing and meaningful daily activities and ensure the transfer of essential information. Referral for prompt enforcement proceedings should occur when operators do not follow the DOH closure policy.

- **Recommendation #2: Modify Resident Housing Preference Assessment and Mandate Use for All Individuals Moving**

The Commission recommends that the Housing Preference Assessment form be modified to make it applicable to all regions of the state and expanded to include a basic assessment of the individual's functional skills. It should be a working document created by the individual, an OMH clinician and the adult home. When no OMH clinician is involved, the adult home case manager and the individual should collaboratively complete the form.

- **Recommendation #3: Create a Collaborative Working Document that Lists Need-Related Tasks, Identifies Person Responsible, Identifies Who Might Be Able to Live More Independently and Makes Appropriate Referrals**

In addition to completing the housing preference form, OMH case managers should work cooperatively with the adult home and the individual to complete a list of need-related tasks and identify who is responsible for meeting each need as part of the residential record. The adult home case manager should assume this responsibility, when no mental health case manager is involved with the individual. These cooperative meetings should identify those persons who might be able to live more independently and ensure that appropriate referrals are made and acted upon.

- **Recommendation #4: Prepare a Referral Packet Containing Seven Elements for Each Individual and Revise Adult Closure Policy Regarding this Packet**

A referral packet should be prepared for each person moving from an adult home that contains: (1) a completed Housing Preference Assessment; (2) personal identifying information; (3) medical and mental health provider information; (4) a copy of the most recent 3122 medical evaluation; (5) documentation of the individual's financial status and the transfer of benefits checks and personal account money; (6) notification to family members of the move if appropriate; and (7) any other information, such as a completed ALR Personal Data and Resident Evaluation form and an ISP for individuals living in a closing ALR, that will assist the individual in making a successful transition. DOH should revise the Adult Care Facility Closure policy to ensure that the closing adult home has the referral packet in place and that a copy of the completed Housing Preference form and the list of need-related tasks are given to the individual.

- **Recommendation #5: Maintain a Roster of Final Placements**

DOH should ensure that a roster of residents' final placements, including the name of residential program, address and phone numbers, is prepared as required by its closure policy and submitted to DOH upon closure. The roster should include all residents listed on the census submitted as part of the closure plan.

- **Recommendation #6: Ensure Mental Health Documentation of Assessed Needs and Housing-Related Preferences**

OMH should address the study finding that over one-third of the mental health records reviewed, such as clinic and CDT program records, not including mental health case management records, did not have documentation that assessed needs, and over two-thirds did not address housing-related preferences, subsequent to the individual's move.

- **Recommendation #7: Treatment Plans Should Address Major Life Events Associated with Moving with Particular Attention to Four Issue Areas**

OMH should guide mental health clinicians and case managers to consider major life events when developing treatment plans, both prior to and after the move occurs, such as the disruption of personal relationships and feelings of loss, powerlessness and fear often associated with a change in residence. Attention to personal hygiene, health issues, vocational/employment needs and community resources/transportation should also be addressed.