

Legislative Auditor

OVERVIEW

EVALUATION OF THE QUALITY OF CARE IN HOMES SERVING PEOPLE WITH DEVELOPMENTAL DISABILITIES

Honolulu, Hawaii

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Summary

Developmental disabilities are mental and/or physical impairments that occur during childhood, are likely to continue indefinitely, and limit a person's ability to carry out activities of daily living. The most common developmental disabilities are mental retardation, cerebral palsy, epilepsy, and autism. More than 700 adults with developmental disabilities live in care homes that also serve residents who are frail and elderly, chronically mentally ill, or otherwise in need of assistance. More than 130 adults live in group

homes that only serve residents with developmental disabilities.

In response to Senate Concurrent Resolution 57, Senate Draft 1, Regular Session of 1989, the auditor hired the Human Services Research Institute to evaluate the quality of care in homes serving adults with developmental disabilities. The consultants evaluated residential services and quality assurance activities and recommended improvements in state laws, rules, and program operations.

FINDINGS

Care homes are run by caring families, create a stable living environment for most residents, and are reasonably safe places to live. However, care home operators lack the time and support services to address the needs of residents with developmental disabilities and to manage behavioral problems effectively. In some group homes, high staff turnover creates an unstable living environment.

Psychotropic medications are used to control the behavior of nearly half of the care home residents with developmental disabilities and nearly 40 percent of the group home residents. Many residents with developmental disabilities do not have family members or legal guardians to look after their interests.

Care home licensing regulations do not encourage homelike living arrangements or the development of independent living skills. Group home operators complain about the rigidity, intrusiveness, and institutional nature of the regulations. Some group homes do not meet any state standards.

Department of Health case managers do not have adequate administrative or support services to carry out planning, coordination, and monitoring. Many home operators do not receive training that meets their specific needs in caring for residents with developmental disabilities. Essential information about resident rights and the procedures for filing complaints is not available to interested parties.

RECOMMENDATIONS

Specialized care homes serving only residents with developmental disabilities should be established. The Department of Health should develop a certification program for these homes and waive unnecessary licensing regulations for certified homes. It should ensure that operators of these homes receive training, support services, and additional compensation in recognition of their special expertise.

The Developmental Disabilities Division should strengthen the psychotropic medication monitoring

system and the case management system. It should encourage the development of residential service agencies and consider raising day activity program rates. Guardians should be appointed for residents without active family members, and home operator training programs should be decentralized. The State Planning Council on Developmental Disabilities should develop more social activities for residents and together with protection and advocacy agencies develop a handbook on resident rights.

RESPONSE

The Department of Health agreed that there is a need to strengthen the informed consent process for psychotropic medications, improve the case management system, and develop a certification program. The State Planning Council on Developmental Disabilities and the Protection and Advocacy Agency of Hawaii supported most of the findings and recommendations in the report.