Developmental Disabilities Service System Task Force

Individual Member Top-Three Recommendations

For December 4, 2012, Meeting

Balsley

DIANE SOSNE
President

CHRIS BARTON
Secretary-Treasurer

EMILY VAN BRONKHORST
Executive Vice President

SCOTT CANADAY
Vice President – Public Sector

GRACE LAND
Vice President – Private Sector

SERVICE EMPLOYEES INTERNATIONAL UNION

15 S. Grady Way, Suite 200
Renton, WA 98057
425.917.1199
1.800.422.8934
Fax: 425.917.9707
www.seiu1199nw.org

November 7, 2012

SEIU Healthcare 1199NW: Top three priorities for DD Task Force

1. **Serve more people with DD/ID who are eligible and need services**
    a. Expand the capacity at the four RHCs:
        i. Create "Centers of Excellence" across the State to provide services to eligible people
        ii. Begin by opening up services at the four current RHCs to accommodate people who are eligible yet unserved:
        iii. Untangle red-tape with regard to billing (CMS- Medicaid& Medicare-coupons, waivers, RHC budgets, etc)
        iv. Provide Medical, Nursing, Dental, Physical Therapy, OT and other specialized services in these centers of excellence
    b. As funding becomes available, begin to create other similar centers of Excellence in areas where there are identified needs – e.g. Walla Walla, Bremerton, Okanogan, etc.
    c. Create Emergency Crisis/Intervention Centers throughout the State. Use existing resources where possible (RHCs and SOLAs) and develop other Crisis/ Intervention Centers geographically where needs are identified.
2. **Create Respite beds throughout the State**
    a. For both Adults and children –
        i. Expensive to build from scratch. The current four RHC's and SOLAs already provide emergency respite care for clients who are in crisis.
        ii. There is a wealth of knowledge and expertise at the RHC's with teams familiar with treatments and programs to help the person in crisis.
    b. Seek more respite beds throughout communities where needs are identified but no RHC or SOLA exists.
3. **Generate income from current resources:**
    a. Seek dedicated funding for DDD-
    b. Repurpose existing resources: Lease or rent (not sell) available property and/or buildings at RHCs (and elsewhere as identified)
        i. Sale of abandoned State property with buildings is reported to be costly- perhaps prohibitive; cold storage deteriorate buildings quickly, and warm storage is costly. Reuse and repurpose instead.
    c. DSHS and DOH to utilize buildings for office space to off-set costs of renting costly facilities elsewhere around the State;
    d. Partner with surrounding community builders for building low-income housing; use of pasture lands if applicable,
    e. Reopen pools and activity buildings with intent to serve general public at market or slightly reduced rates. This is an excellent opportunity to provide therapeutic activities and services to people in the communities surrounding the RHC's as well as those who live in or are short-stay at the RHCs.

Submitted by: Karin Balsley, RN, Rainier School; DD Task Force appointee, SEIU Healthcare 1199NW
Marcy Johnsen, RN, Organizer, SEIU Healthcare 1199NW

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services Administration – Division of Developmental Disabilities
Post Office Box 45310 Olympia WA 98504-5310
November 8, 2012

The Honorable Curtis King
Washington State Senate
205 Irv Newhouse Building
PO Box 40414
Olympia, WA 98504-0414

The Honorable Tami Green
Washington State House of Representatives
436B Legislative Building
PO Box 40600
Olympia, WA 98504-0600

Dear Senator King and Representative Green,

The Division of Developmental Disabilities (DDD) is recommending three priorities for the Developmental Disabilities Service System Task Force discussion. These priorities relate directly to our vision for robust home and community based systems of support for DDD clients.

Priority 1: Make direct investments in home and community based care.

Priority 2: Expand statewide capacity for community based crisis intervention and other services for children and challenging populations.

Priority 3: Improve quality oversight for community based residential services.

There are a significant number of specific recommendations and ideas that relate to these three strategic directions.

Priority 1: **Continue to make direct investments in home and community based care through Waiver and new service models.**

Funded services within the developmental disabilities systems are sometimes dominated by crisis management or responding to immediate high risk client needs. When this occurs, the outcome is expensive support to few people. Investing earlier to support clients and their families when needs arise will strengthen family skills and willingness to provide support and avert crisis. It will enable families to continue providing care for longer periods of time. Earlier

investment will result in fewer families experiencing crisis that requires out of home placement in an institution or community residential setting, the most costly services offered to clients.

The high cost of having to allocate available resources to support people in crisis impedes the department's ability to fund other services at key transition points in life. Services provided earlier allow clients and their families to plan proactively to address their own family demands, prevent crisis, and reduce the departments per person costs. This focus will address:

- Inequitable access to daily support which puts family caregivers at risk of not being able to continue providing care.
- The need for additional in home supports (or out of home day services) after the client ages-out of the public education system.
- Services that preserve the family's ability to care for the complex disability needs of the client.
- Responding effectively to behaviors that endanger family caregivers or others in the home.

To accomplish this, the Division recommends:

1. Systematically and methodically add growth to the DDD Basic Plus Waiver program. For example, a 10% enrollment step would increase the number of people receiving waiver services by about 700 individuals. This offers more equity in the service system for those on the DDD no paid services caseload along with addressing new needs.

2. Add openings to the Children's Intensive In-Home Behavior Supports Waiver by a set growth factor.

3. Establish a functional clearinghouse for accessible respite services that are specialized with focus on early intervention for children and preventative services for clients to meet family needs for technical advice, skill development, and family maintenance needs.

4. Study the possibilities of using the professional expertise of the RHCs for community outreach services.

Priority 2: **Further expand community crisis intervention services, especially for children.**

The addition of the new DDD Community Crisis Stabilization Service in Pierce County establishes the first state run, community based clinical-technical program model for crisis intervention. Secondly, a children's State Operated Living Alternative is being established in the Spokane area.

To improve community capacity for children and for others with exceptional, complicated or significant challenges, the division recommends:

1. Continue the replication of the community based crisis model at additional locations, placed strategically across the state.

2. Redeploy any program savings to the community.

3. Conduct an independent longitudinal review of the crisis model and client outcomes by 2014.

4. Expand children's State Operated Living Alternatives if additional capacity is requested by parents.

5. Study the feasibility of establishing small community based Intermediate Care Facilities for 4 to 6 persons.

Priority 3: **Improve quality oversight for community based residential services**

The Department is responsible to ensure residential services are stable, secure, caring and of high quality. Community quality assurance is very different than centralized facility based monitoring, although the principles of providing quality programs remain the same. Carrying out those practices in a person's home is much more customized to a single person. With growth in community-based residential programs, increased emphasis has been placed upon the need to develop comprehensive quality assurance systems for communities

Families of persons with developmental disabilities, particularly parents of the state residential center clients, have expressed concern and doubt about whether community programs and facilities actually provide the kind and quality of care that clients require. These same families like the fact that congregate settings have additional employees, supervisors, business associates and others on the campuses who provide an "extra set of eyes" to monitor clients well being.

Several monitoring systems exist to safeguard against major deficiencies in community residential services. First, programs and facilities serving persons with developmental disabilities are either licensed or certified by the state, through either the Department of Health or the Department of Social and Health Services. All services and facilities seeking Medicaid reimbursement must be certified as meeting federal regulations. Services and facilities are surveyed regularly for compliance with licensing and certification requirements, and also after serious and emergent incidents have been reported to DSHS. Services and facilities failing to comply with regulations, and those in which substantiated abuse or neglect has been found can have their licenses revoked, face full decertification, be provisionally certified or have the clients moved.

Second, the division has regional quality assurance staff and case/resource managers who monitor the quality of services. Case managers must make face to face visits with clients when conducting annual assessments. Case managers and quality assurance staff conduct multiple follow up visits with clients during their first year after they have moved from an RHC. Additionally, regional staff is responsible for spot check monitoring of clients plans, and some intensive case studies for specifically

complex clients and negative incidents that may occur. Deficiencies identified by regional staff are brought to the attention of the provider and corrective action is developed by the provider. Uncorrected deficiencies are brought to the attention of the appropriate licensing agency.

Third, clients' families, friends, advocates, visitors and other service providers have the opportunity to observe conditions in the person's life to help monitor the quality of services. Complaints made by such persons are investigated by a variety of agencies, depending upon the issue, including the regional staff, advocacy organizations, professional boards, licensing and certifying agencies and in extreme cases, law enforcement.

There are over 20,000 people with developmental disabilities receiving services in communities across the state. The department would like to have increased capacity to conduct routine and regular administrative reviews of each DDD provider, conduct automatic reviews and follow up after implementation of correction actions completed by providers and offer technical assistance to providers improve quality of care. The Division of Developmental Disabilities and Residential Care Services (RCS) currently lack the resources necessary to build such a robust system.

Specific recommendations include:

1. Expand regional based quality assurance and technical assistance efforts.

2. Implement needed changes to the DDD incident management system that would allow for shared information and data analysis.

3. Improve DDD Case Management ratios.

4. Increase investigation resources for DDD and for RCS.

Thank you for the opportunity to provide these suggestions. The division is willing to further explain these recommendations at your request.

Sincerely yours,

Don Clintsman
Assistant Director

Cc: Robin Arnold-Williams, Department of Social and Health Services, Secretary
Jane Beyer, Aging and Disabilities Services Administration, Assistant Secretary
Linda Rolfe, Division of Developmental Disabilities, Director

Goodwin

Final Recommendations

Developmental Disabilities Service System Task Force

Gail Goodwin, Community Advocate - Association of County Human Services

Our recommendations are based on these issues in the development of a System of Services

- The public interest is benefited by a broad array of services supporting persons with developmental disabilities at home or in the community that promote individual autonomy, dignity, and choice.
- The state should consider the needs of all persons with developmental disabilities and spend its limited resources in a manner that services more people, while not compromising the care required.

Our recommendations are:

- The Division of Developmental Disabilities needs accurate data to be able to fund and provide needed services. To accomplish this, we feel that all developmental disabilities services should be included in Caseload Forecasting. There needs to be a thorough review of the 14,000+ clients currently on the "no paid services" caseload to determine what services are needed.
- Amend the Dan Thompson memorial developmental disabilities community trust account to include the Francis Hadden Morgan Center property and the sale of any residential habilitation property.
- Proceed with the consolidation/downsizing of institutional capacity by using a measured approach that uses savings or projected savings to assist with funding the additional community –based capacity for supported living, SOLA, respite, crisis respite, supported employment and community access services where they are needed.

We fully support our State and the concept that a continuum of care for people with developmental disabilities can be achieved in a person's local community. When looking at our current system, the lack of services for those people needing *some* services in *their* community is where our continuum is lacking. We believe the implementation of our recommendations will be good first steps in closing that gap.

Representative Green’s top three recommendations
are included in the compilation document.

Council 28
AFSCME
Washington Federation of State Employees

Henricksen

STATE HEADQUARTERS OFFICE
1212 JEFFERSON ST. S.E., SUITE 300 • OLYMPIA, WA 98501-2332
(360) 352-7603 • 1-800-562-6002 • FAX: (360) 352-7608 • www.wfse.org

To: Developmental Disabilities Task Force

From: Sue Henricksen, Task Force Member, Vice President WFSE

RE: Top Three Task Force Recommendations for the Washington Federation of State Employees

Date: November 6, 2012

Committee members:

Although we strongly believe that all of the recommendations offered by WFSE in my letter 10/16/12 should be further explored, the following are the top three concepts we recommend to the task force for further action:

1. The task force should recommend the use of existing RHCs and further development of the publicly provided continuum of care by establishing more State Operated Living Alternatives (SOLA) for both children and adults in all regions of the state. We believe that this is the safest and best way to meet the increasing need for crisis and respite care.
2. Mandate the Department of Health or this task force to develop and implement a plan that would allow people with disabilities who live in the community to access resources already provided in RHCs. To do this DOH will likely need to work in cooperation with Centers for Medicare/Medicaid Services (CMS) to develop a waiver that would allow community members with disabilities to access resources in RHCs like medication assessment, physical therapy, dentistry, and other vital services not easily available in all parts of our state and communities.
3. The Department should evaluate the effectiveness of its contract compliance capabilities to ensure contracted providers in the community are able offer as good or better quality of service to people with developmental disabilities prior to considering further consolidation of RHCs.

We look forward to continued collaboration in this very important matter.

OLYMPIA FIELD OFFICE
906 Columbia St. SW, Suite 500
Olympia, WA 98501
(360) 786-1303
1-800-624-0256
Fax: (360) 786-1338

SEATTLE FIELD OFFICE
6363 7th Ave. S., Suite 220
Seattle WA, 98108-3407
(206) 525-5363
1-800-924-5754
Fax: (206) 525-5366

SMOKEY POINT FIELD OFFICE
16710 Smokey Point Blvd., Suite 308
Arlington, WA 98223-8435
(360) 659-4333
1-800-967-3816
Fax: (360) 657-3336

SPOKANE FIELD OFFICE
316 W. Boone Ave., Suite 353
Spokane, WA 99201-2346
(509) 326-4422
1-800-442-8618
Fax: (509) 326-4424

TACOMA FIELD OFFICE
6003 Tacoma Mall Blvd.
Tacoma, WA 98409-6826
(253) 581-4402
1-800-924-5753
Fax: (253) 581-4404

VANCOUVER FIELD OFFICE
3305 Main St., Suite 109
Vancouver, WA 98663-2234
(360) 735-1115
1-800-967-9356
Fax: (360) 735-1121

YAKIMA FIELD OFFICE
3804 Kern Road, Suite B
Yakima, WA 98902-7801
(509) 452-9855
1-800-439-9855
Fax:(509) 457-1939

Rep. Norm Johnson's Top 3 Goals for the DD Task Force **Johnson**
November 6, 2012

1. Remove the admission restrictions at Yakima Valley School, and continue to operate as an RHC and use excess space and property to create a "center of excellence" to provide medical, dental, therapies, mental health services, and community crisis and stabilization services for developmentally disabled client.

2. Ensure that parents or guardians have the option to place a family member into an RHC if they so choose.

3. Develop community respite and crisis and stabilization services capacity throughout the State, rather than being concentrated in any one geographic area. This could include establishing agreements with nursing homes, residential facilities, group homes, and/or hospitals that would provide stabilization services until the individual could be transported to an RHC.

King

Senator King's recommendations were contained in an email.

1. Pass legislation that would allow proceeds from the sale or lease of any RHC properties, including Francis Haddon Morgan Center, be placed in to the Dan Thompson Trust.

2. Find funding to provide a thorough review of the 14,000 clients on the "no-paid services" caseload to be evaluated so we know the extent of the state's liability to treat these people. We need to provide services to those with identified needs.

3. Repeal the admissions moratorium at Yakima Valley School. Work to establish it as a center of excellence.

Senator Kline's top three recommendations
are included in the compilation document.

11/7/12 Morehouse

DD System Taskforce Priorities
Lance Morehouse

Overall, my recommendations need to be taken in the context that I believe that all people with developmental disabilities, regardless of the severity of disability, can live successfully in the community. This is also one of the core values of The Arc organization.

In order to continue to consolidate and downsize RHC's in our state and ensure that people have their needs met, we must invest in the community system of services. The three priorities that I would like to put forward to the Taskforce are as follows:

1. Provide some level of service to people on the No Paid Services Caseload who need service. The priority service that should be provided is respite to family caregivers who are providing the majority of support for many people with intellectual and developmental disabilities. Improvements in systems that assist individuals and families to find quality providers need to be a part of this plan.

2. Develop Crisis Stabilization Services in the community for people in crisis and possibility in danger of out of home placement or institutionalization. The model as proposed by DDD seems to be a proactive wrap around service that immediately starts planning for a person's successful return to their living situation. This is much better than repeated short term stays in RHC's. These services should be available in geographical locations across the state.

3. In order to address the ongoing issue of the No Paid Services Caseload, services to people with developmental disabilities should be added to the Caseload Forecast Council and generate increases in funding for caseload growth. If this does not take place, the NPS Caseload will continue to grow.

In addition, recent reports of abuse and neglect in both SOLA and Supported Living settings show that the quality assurance and investigative systems in our state need to be improved. As a taskforce, we have been given data on the number of serious incidents and mortality rates that happen in the community as well as in RHC's which unfortunately shows that abuse and neglect happens in all settings. Quality assurance and investigative systems need to be improved across all settings.

Porter

STATE OF WASHINGTON

DEPARTMENT OF ENTERPRISE SERVICES

1500 Jefferson Street SE, Olympia, WA 98501
PO Box 41050, Olympia, WA 98504-1050

To: Members of the Developmental Disability Service System Task Force

From: Shenon Porter, Department of Enterprise Services/Task Force Member

Re: Selection of Top Three Recommendations

Date: November 7, 2012

Thank you for the opportunity to review and provide input on the Recommendations to the Task Force by Task Force Members. At the most recent Task Force meeting, members were asked to identify and submit their top three recommendations. For your consideration, please find below my top three recommendations to the Developmental Disability Service System Task Force.

1. Respite Care/Crisis Stabilization
    a. Ensure respite capacity is available strategically throughout the state, rather than concentrated in any one geographic area
    b. Increase respite, day programs and crisis support to families
    c. Develop Community Crisis Stabilization for people under the age of 21
    d. Develop a feasibility study to compare the cost and benefits/challenges of: Leasing and improving privately owned space; purchasing and improving existing single family homes; and designing and constructing new residential facilities for respite and crisis stabilization.
    e. Determine if the Housing Trust Fund can be used to fund the development of respite and crisis stabilization facilities. RCW 43.185.070(3) states that preference for applications shall be given to projects meeting certain criteria including projects which “provide necessary habilitation and support services for projects focusing on special needs populations” and “projects serving special needs populations which are under statutory mandate to develop community housing”.
2. Allow the proceeds from the sale of real property to be used as income for Dan Thompson Trust Account
    a. Include Francis Haddon Morgan Center as a trust property.
    b. Allow proceeds from the Dan Thompson Trust to be used to support the development of respite and crisis stabilization facilities.
3. Reframe the mission of Yakima Valley School
    a. Continue to operate as an RHC and use excess space and property to create a "center of excellence" to provide medical, dental, therapies, mental health services, and community crisis stabilization services for developmentally disabled clients
    b. Implement work plan to reframe the service delivery system at Yakima Valley School; a regional model may include: nursing facility placements for current participants; short-term respite admissions; short-term evaluation, emergency crisis intervention services consistent with the Community Crisis Stabilization Services model; and community clinics, outreach and provider education for medical, health, and dental services.

Leslie Smith & Associates
Leadership & Organization Development

November 8, 2012

To: DD Task Force Stakeholders

From: Leslie G. Smith, Chair, DDC

Re: Priority Recommendations

1. Consolidation of RHC's

   Our task force has been asked to make recommendations regarding future consolidation of the RHC's and although I adamantly support this consolidation it would have to paired with significant investments in the availability, stability, and variety of quality community options for individuals and families.

2. No Paid Services Caseload

   A recommendation regarding the unserved or underserved requires several components.
   - Reinstate case managers at ratios that are meaningful to do outreach, assessments, and engage with individuals and families.
   - Provide respite, day program, and crisis services for families to ward off more expensive out of home placements. These services should be a variety of types and located in geographically diverse spots across the state. They should be located in communities where the people and needs are.
   - Add DDD to caseload forecasting. Continuing to ignore 1000's of our most vulnerable citizens does not absolve the state of its obligation nor avoid the significant risk exposure from lawsuits and the Department of Justice for our failure to build a robust system of quality, community supports.

3. Risk Management/Quality Assurance

   It is unfortunate that the recent Disability Rights Washington report and the Seattle Times articles makes it clear that abuse and neglect happens, and it happens in all settings. A more robust *system* of both continuous quality improvement and risk management needs to be developed and implemented. The Developmental Disabilities Council also believes that people with intellectual and developmental disabilities do not need to be institutionalized for their safety. We need systems that work. Reporting responsibilities and lines of authority need to be swift, clear, and people need to be accountable.

206 619 3601
Leslie@lgsmith.net

Bonnie Sullivan's Recommendations to the DDSS Task Force

#1 PRESERVE OUR FOUR (4) RHCs WITHOUT RESTIRCITIONS...
So that eligible people who wish to use RHC services, either on a long term or temporary basis, may do so. RHCs shall fully function as Regional Resource Centers that provide various professional services to both RHC and non-RHC residents. This will be accomplished either on an inpatient or out patient basis. These services include, but are not limited to, medical, dental, psychological, psychiatric, physical and occupational therapies, speech therapies, vocational services, etc. Submit to federal CMS a proposal to utilize RHCs as Resource Centers for all eligible people (serves/unserved) with developmental disabilities.

#2 FULLY UTILIZE THE EXISTING CAPACITY AT EVERY RHC...
for Respite Care. Emergency Crisis, Crisis Stabilization, adult day activities, traumatic brain injury centers, training centers for medical, dental, various therapies, vocational services, etc.

#3 ESTABLISH A TRUE CONTINUUM OF CARE...
For all people with developmental disabilities that offers choice based upon need that ranges from the "community" to the RHC environment. Establish and improve uniform oversight of all non-RHC designed to better the consistency of services.