



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
October 22, 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,

In July 2010, the Division of Developmental Disabilities published a briefing report about the future of the Developmental Disabilities System. The conclusions and vision in that document remain relevant in 2012 as the Legislative Task Force addresses change for the service system. The full briefing report can be found at:

<http://www.dshs.wa.gov/ddd/RHC/documents/System%20of%20Supports%20Briefing%20Report.pdf>

In 2010, the vision focused on meeting more of the significant and growing unmet need, responding to the shift in consumer preferences to community integration and self-direction, and supporting people to live in, contribute to, and participate in their communities. To accomplish the vision in this constrained fiscal environment, the developmental disabilities service system must rely on and support shared responsibility with individuals and families.

In 2011, the Washington State Legislature set a policy direction when ESSB 5459 was enacted, which focuses on community based services for children while reframing the role of existing facility based care. In the last eight years, many youth have been admitted to the state's facilities as other community services were not readily available to meet their need. In 2011, the Legislature statutorily limited long term institutional admissions to people aged 21 or older, eliminated admission for people age 15 or below and allowed only short term admissions for people aged 16 to 20. ESSB 5459 also directed the task force to specifically examine strategies for reframing the mission of Yakima Valley School.

In order to implement this policy direction in a cost effective and sustainable manner, the developmental disabilities service system requires commitment to:

- Support individual and family driven services;
- Invest in programs and services that share the responsibility with families;
- Provide stable and predictable funding based on projected caseload growth; and
- Increase investment in a community crisis response system, with a focus on children, to prevent reliance on community first responder systems, long term institutionalization and more expensive crisis interventions.

The Division of Developmental Disabilities cannot serve the many people who need services. Only 22,000 of the 40,000 individuals on DDDs caseload receive a paid service. As a result of advances in medical care, the aging of parents, longer life spans of people with developmental disabilities and other factors, the total caseload is projected to increase to 51,000 over the next 10 years. With the exception of Medicaid Personal Care, Intermediate Care Facilities for Individuals and Intellectual Disabilities (ICF/ID) and Nursing Facilities (NF), which include the Residential Habilitation Centers (RHC), individuals access other DDD paid services only when in crisis. Crisis drives cost and makes the system unsustainable.

Families, advocates and professionals in the field warn:

- Respite and personal care help is essential and often keeps families together – *but is “not always accessible”*
- Receiving medical and/or behavioral support in the community is desired – *but sometimes “difficult to find qualified providers” and “not available in a crisis”*
- Families and caregivers are seeking stability and confidence in the systems of care – *they worry about “what happens when I’m gone” and are unable or unwilling to change services, fearing it will destabilize their family members*
- Navigating the system is complex and will be changing again as the Affordable Care Act is implemented – *“it is confusing”*
- Be prepared to address the unique behavioral, social and learning needs of children with autism.

The Task Force heard similar remarks during our work sessions.

The objectives of the Task Force match the challenges the Division of Developmental Disabilities faces for the next decade and beyond. The recommendations made by the division for the Task Force can be grouped into three strategic areas:

- Greater reliance, with improved supports, on families and community resources.
- Evolve away from a crisis driven system. Systematically move to an accessible system based on early intervention, prevention and sustainability.
- Establish new service models, using the expertise currently at RHCs to support future community needs.

There are an extensive number of recommendations that could be provided to respond to these three strategic directions. Considering the broad scope of these strategic areas, an incremental approach makes the most sense. The Legislature set a new policy direction in 2011, that being to not have children in state facility care and to transition to new service delivery options. From that starting point, the suggestions from the Division of Developmental Disabilities incrementally overlap, some can be addressed immediately within current resources, and others need a more detailed review. For purposes of this report, the division ideas are grouped into those which may be able to be accomplished within the short term of the next two to five years; and those which will require further work, may be resource intensive, and/or require extended implementation strategies over six years and beyond.

Greater reliance on families and local community resources

Short Term (two to five years)	Long Term (six years and beyond)
<ul style="list-style-type: none"> • Reinforce DDD vision to create a sustainable system of care by making direct investments in family based support through Waiver services; expand Basic Plus, Core and Children’s Intensive In Home Behavior Supports; continue this focus on children and youth • Establish the capacity to take advantage of national and/or private grants and other endowments to fund family and community capacity building for early intervention, prevention and technical assistance, especially for services for those with Autism 	<ul style="list-style-type: none"> • Fund sufficient numbers of case managers so that baseline assessments are completed for all eligible No Paid Services individuals, starting with children • Partner with other agencies such as Health Care Authority, School Districts, University of Washington and others to expand capacity for specific populations such as: Autism education and treatment resources. • Consider entrepreneurial capacity building approaches by providing tools and guidance and ‘seed’ monies to professionals, support providers, and participants to be successful in home communities; Offer grants for development of new “pockets of excellence” programs and identify better methods to promote grass roots efforts and move them to larger scale possibilities.

Systematically evolve to an accessible system based on early intervention, prevention and sustainability

Short Term (two to five years)	Long Term (six years and beyond)
<ul style="list-style-type: none"> • Continue to use Roads to Community Living (RCL) grant fund to successfully transition individuals who choose to move from institutions to the community. These funds draw up to a 75% Medicaid federal match and can be used more flexibly to meet individuals' needs. Use available RCL funds and establish innovative, non-traditional Medicaid services and new models and determine how to redeploy resources from state programs to meet broader need. • Establish accessible specialized respite services for families for purposes of: <ul style="list-style-type: none"> ○ Early intervention for children; ○ Preventative services for both children and adults; ○ Family maintenance and sustainability and needs for technical assistance and advice; ○ Alternative respite or diversion from other, more expensive services such as hospital care, institutional services or facility based care. 	<ul style="list-style-type: none"> • If possible, use RCL grant funds through 2016 (and beyond) for project management, specialized case management; family education and implementation of changes to the service system. • Options should address sustainability of community based services including comparable or competitive wages, especially for direct support professionals.
<p>Ensure respite capacity is available strategically around the state and not concentrated in any one geographic area</p>	<ul style="list-style-type: none"> • Deploy interdisciplinary community treatment teams to support any new community based Intermediate Care Facilities. • Redeploy resources that are made available through any future reductions at RHCs to community based-regional programs.
<ul style="list-style-type: none"> • Systematically phase in, replicate and establish the DDD Community Crisis and Stabilization Services (CCSS) program(s) and clinical treatment teams in at least five metropolitan areas. 	

Evolve to new service models.

Short Term (two to five years)	Long Term (six years and beyond)
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- Continue SOLA expansion based on family and/or client choice.
- Prepare a long term plan of restructuring services and organizations, addressing:
 - Smaller community based ICF services
 - Outreach clinics and education
 - Crisis stabilization
 - Respite supports.
- Implement a work plan to reframe the service delivery system at Yakima Valley School. A regional model of service may include these components:
 - Nursing Facility placements for current participants;
 - Short term respite admissions;
 - Short term evaluations, 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.

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

Sincerely,



Donald L. Clintsman, Assistant Director
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Aging and Disability Services Administration
Division of Developmental Disabilities

Cc: Robin Arnold-Williams, DSHS, Secretary
Jane Beyer, ADSA Assistant Secretary
Linda Rolfe, DDD, Director