	Recommendations to the Task Force by Task Force Members *(by subject and by goals set out in ESSB 5459)*
A.	**Development of System of Services**
1 **(Decision on 10/23 was to approve recommendations, but modify the language.)**	**Accurately Determine Number of Eligible Clients** • Calculate reliable number of clients eligible for services (by caseload forecasting or another method) to allow the development of budgets to meet the state's full obligation over time. (*Green*) • Add developmental disabilities services to caseload forecasting. (*Goodwin, Smith, Morehouse*)
2 **(Decision on 10/23 was to approve the top four bullets.)**	**Serve No Paid Services Caseload/Increase Capacity to Provide Services** • Restore case managers for clients who receive no paid services (*Green, Smith, Morehouse*) • Provide a thorough review of the 14,000 clients on the "no-paid services" caseload to identify the type of services needed by those individuals and provide a cost analysis of those services. (Goodwin, Smith) • Ensure that DD clients entitled to Medicaid Personal Care are informed and receive this service, if desired (*Smith*) • Fund sufficient numbers of case managers to complete baseline assessments for eligible no-paid caseload clients, starting with children (Long Term)[1] (*Clintsman*) • Partner with other agencies such as the Health Care Authority, School Districts, University of Washington, and others to expand capacity for specific areas, such as "autism education" and "treatment resources." (Long Term) (*Clintsman*) • Consider entrepreneurial capacity-building by providing tools and guidance and "seed" monies to professionals, support providers, and participants to be successful in home communities. (Long Term) (*Clintsman*) • 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. (Long Term) (*Clintsman*) • Increase capacity in the communities with identified needs. (*Balsley*)

[1] DSHS made "Short Term" and "Long Term" recommendations to the Task Force. "Short Term" recommendations are those that may be accomplished within the next 2 - 5 years. "Long Term" recommendations are those which will require extended implementation strategies which may extend 6 years out and beyond.

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3	**Community Residential Options/Cost Analysis** • Offer both SOLA and private sector residential options for families in all three DSHS regions. (*Green*) • Provide continued additions to supported living, SOLA, and crisis respite services as proposed by Governor Gregoire. (*Goodwin, Smith*); • Expansion as proposed by Governor Gregoire should include small ICF/ID and companion homes across the state which include provisions of living wages to direct support professionals. (*Smith*) • Establish more SOLAs for both children and adults in more regions of the state. (*Henricksen*) • Require DSHS to provide cost estimates for the amount needed to establish both small private and public intermediate care facilities. (*Kline*) • Continue SOLA expansion based on family and/or client choice. (Short Term) (*Clintsman*)

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4	**Providing Specialized Services** • Partner with private sector to provide expertise in all DSHS regions for medical, OT, RT, PT, Dental, etc. (*Green*) • Allow DD clients who live in the community, whether receiving paid services or not to receive services at RHCs such as PT, OT, dentistry, speech therapy, dietetics, pharmacy, doctors, nurses, nurse's aides, and attendant counselors, and allow RHCs to be used as training centers which could provide outpatient and outreach services. (*Sullivan*) • Provide access to culturally relevant services. (*Morehouse*) • Ensure that people who live in the community and need services 24/7 have access to those services. As necessary change codes, change legal designations, and institute waivers. (*Balsley*) • Allow DDD to establish Centers of Excellence in DD related healthcare (medical, dental, nursing, psychology, behavioral counseling, etc.) at such locations that best meet the needs of affected facilities, whether in existing RHCs or elsewhere. (*Kline*) • Make Fircrest, Yakima Valley School, and Lakeland centers of excellence expanding their health care, dental, physical therapies and respite capabilities. (*King*) • Work to provide individuals with DD in the community with access to care at all RHCs. (*King*) • Look at establishing a medical, dental, mental, physical therapy facility with crisis team respite in the Longview/Vancouver area. In partnership with an existing nursing home, hospital or clinic. (*King*) • Deploy interdisciplinary community treatment teams to support any new community-based intermediate care facilities. (Long Term) (*Clintsman*) • Prepare a long term plan of restructuring services and organizations, addressing smaller community-based intermediate care facility services; outreach clinics and education; crisis stabilization; and respite supports. (Long Term) (*Clintsman*)
5	**Respite/Crisis Stabilization/Other Programming** • Implement crisis stabilization program and expand if outcomes are favorable and as funding is available. (*Green*) • Develop planned and crisis respite beds throughout state based on need. (*Green*) • Use empty cottages at RHC campuses to provide services to DD clients who receive no paid services. (*Sullivan*) • Use existing RHC regional structure to provide respite and crisis stabilization services for families regionally, allowing the state to save money that would be spent on new homes and training for new staff. (*Sullivan*) • Increase respite, employment and day programs, and crisis supports to families. (*Smith*) • Provide flexible funding for families who are eligible for services to access respite or other needs. (*Morehouse*) • Develop Community Crisis Stabilization options for people under the age of 21. (*Morehouse*)

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	• Continue developing Community Respite so that options are available in local communities across the state. (*Morehouse*) • Develop short term stay capacity on RHC grounds. (*Henricksen*) • Reinstate the voluntary placement program. (*Kline*) • Establish accessible specialized respite services for families for early intervention for children; preventative services for children and adults; family maintenance and sustainability; technical assistance and advice; less expensive respite. (Short Term) (*Clintsman*) • Ensure respite capacity is available strategically throughout the state, rather than concentrated in any one geographic area. (Short Term) (*Clintsman*) • Systematically phase in, replicate, and establish DDD community crisis and stabilization services and clinical treatment teams in at least five (5) metropolitan areas. (Short Term) (*Clintsman*) • 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. (Porter)
6	**Funding/Revenue** • Develop funding plan which may include selling land from closed/consolidated RHC facilities and/or identifying a dedicated funding resource to adequately fund the DD system as proposed by the task force. (*Green*) • Provide a source of dedicated funding, not General Fund dollars. (*Balsley, Henricksen*) • Identify a dedicated funding source for DDD services that includes funding for people needing services on the NPS caseload. (*Kline, Morehouse*)
7	**Choice of Services** • Honor the choice of qualifying families who chose RHC care for their loved one. (*Sullivan*) • Lift ban on admission for clients under age 18. (*Sullivan*) • Ensure individuals and their families have real choices in where their loved ones live. (*Balsley*) • Re-evaluate the policy and procedure for admitting persons to RHCs to ensure that the most efficient and fair policies towards serving people in RHCs is being used. (*Henricksen*) • Ensure that parents or guardians have the option to place a family member into an RHC if they so choose. (*King*)
8	**Providers/Quality Assurance**

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	• Develop and maintain a trained, background-checked caregiver list of providers that is accessible to clients and their families. (*Green*) • Develop a more robust Quality Assurance System for DD services, including equalized processes for institutional and community oversight; i.e. same certification processes, timelines, etc. (*Smith)* • Continue developing the Home Care Referral Registry, which needs to be made more accessible to people with DD and their families. (*Morehouse*) • Quality assurance needs to be consistent across all settings. (*Morehouse*) • Evaluate the effectiveness of the DDD contract compliance capabilities to ensure contracted providers in the community are able to offer as good or better service to individuals with DD before further consolidation. (*Henricksen*) • Develop a plan for the creation of group homes and their oversight by DSHS to assure the quality of care given is consistent with that in an RHC. (*King*) • Address sustainability of community-based services, including comparable or competitive wages, especially for direct support professionals. (Long Term) (*Clintsman*)
9	**Outreach/Transitioning** • Increase information and outreach capacity of the DD system. (*Smith*) • Introduce a bill that incorporates the vetoed Section 7 of ESSB 5459. (*Smith*) • Use RHC level of care for the most complicated, high acuity clients to stabilize them and work toward community placement. (*Green*) • Continue using roads to community living funding and enhanced federal match to move people from RHCs. (*Morehouse*) • Provide individuals and families with access to information and education in their primary language. Outreach to individuals on the NPS Caseload who might be eligible for Medicaid Personal Care should also be provided. This can be done through use of the Informing Families, Building Trust project and family support organizations. (*Morehouse*) • Identify people with DD/ID in the communities in which they live. (*Balsley*) • Ensure education of community residents and providers on the needs of people with DD/ID. (*Balsley*) • Continue to use Roads to Community Living (RCL) grant fund to successfully transition individuals who choose to move from institutions to the community. (Short Term) (*Clintsman*) • 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. (Long Term) (*Clintsman*)

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10	**Modify Mission of Task Force** • Continue the task force for another legislative session to help with designing a new system and planning for implementing the system over the next decade. (*Green*)
11	**Increase Efficiencies** • Operate DD services efficiently by finding efficiencies through streamlining and reducing the number of times case managers must determine eligibility. (*Morehouse*) • Eliminate redetermination of eligibility at age 10. (*Morehouse*)
12	**Expand Use of Existing RHCs re Services/Training** • Expand capacity within the grounds of the existing RHCs (*Balsley*) • Include staff working in the community into the mandatory trainings that exist within RHCs. (*Henricksen*) • Develop ways for families to use personal insurance to pay for care of their loved ones residing in RHCs. (*Henricksen*)
13	**Expand/Increase Flexibility of Waivers** • Work with the Federal government to create a waiver to allow individuals with DD who live in the community to access resources at an RHC if they are not able to find appropriate care in the community. (*Henricksen*) • 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 focus on children and youth (Short Term) (*Clintsman*)
B.	**State's Long-Term Needs for RHC Capacity**
	• Maintain at least three (3) RHCs, one in eastern, western, and central WA. (*Johnson*) • Remove the admission restrictions on Yakima Valley School. (*Johnson*) • Keep the remaining four (4) RHCs open. (*Sullivan*) • Consider consolidating to three (3) facilities statewide over a period of time. (*Green*) • Close one RHC on the West side of the state and use Roads to Community Living to capture federal funding. (*Morehouse*) • Invest in Supported Living providers statewide and cease investing more capital in RHC buildings. (*Morehouse*) • Use the expertise at RHCs to develop quality services in the community. (*Morehouse*) • Retain the four RHCs in their current locations of Spokane, Yakima, Buckley, and Shoreline and provide medical care, adult day care, and respite care. (*Balsley, Henricksen*)

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	• Close Rainier School. Decrease services over a 4 or 5 year period (*Kline, King*) • Upgrade the existing cottages at Fircrest, Yakima Valley School, and Lakeland to better use their facilities and services. (*King*) • Fund additional Predesign Studies for Fircrest School, Rainier School, and Lakeland Village. (Porter)
C.	**Reframing Mission of Yakima Valley School**
	• 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 (*Johnson*) • If expertise at Yakima Valley School is available, provide a crisis stabilization team for Eastern Washington. (*Morehouse*) • For all RHCs keep the property, facilities, equipment, and staff to expand services needed throughout the state. (*Balsley*) • Repeal the admissions moratorium at Yakima Valley School. Use the facility for respite and emergency care. (*Henricksen*, *King*) • Allow a trial program in unused facilities in Yakima Valley School for the treatment and housing of low level mental health patients rather than treating them at Eastern State Hospital. If successful, this program could be established at the unused facilities at FHMC. Income from rental and/or savings to be used for DD programs and patients. (*King*) • 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. (Short Term) (*Clintsman*)
D.	**Use of Surplus Property Resulting from Closure of One of More Centers**
	• Include the Frances Haddon Morgan center property in the list of properties, the use of which may generate income for the Dan Thompson Trust Account. (*Goodwin, Smith, Morehouse, Kline, King, Porter*) • Allow proceeds from the sale of property to be used as income for the Dan Thompson Trust Account. (*Goodwin, Smith, Morehouse, Kline, King, Porter*) • Direct excess property from consolidation and closures to the Dan Thompson trust. (*Morehouse, Kline, King*) • Use available office space at RHCs for DSHS and DOH offices, offsetting costs of renting facilities elsewhere in the state. (*Balsley*) • Partner with community to lease property for low-income housing, pasture lands. (*Balsley*)

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E.	**Plan for Consolidation**
	• Proceed with consolidation, downsizing, or closure of institutional capacity by using a measured approach that uses savings or projected savings to create additional community-based capacity when needed and establish reasonable time frames to assure community capacity. (*Goodwin*) • Further consolidation of RHC's in western Washington with 3 to 5 years to plan and ensure appropriate placement of current residents and staff and increase community capacity. (*Smith*) • Continue to develop SOLA options and supported living capacity to provide individuals and families with choice of options. (Morehouse) • Reduce 250 beds over a 6 year period while developing a plan to close another RHC. (*Morehouse*) • Focus on downsizing one facility at a time, rather than reduce beds across all facilities. (*Morehouse*) • Legislation providing protections of services for those moving from an RHC should be developed and supported. (*Morehouse/Kline*) • Downsize if there are comparable home settings in the broader community and the individual's needs can be met in the community or at an RHC. (*Balsley*) • Do not consolidate the RHCs further. Further consolidation cannot be accomplished without harm to the developmentally disabled in the state. (*Henricksen*) • Before consolidation of publicly staffed facilities may occur, publicly staffed facilities that provide as good or better services must be established. (*Henricksen*)
F.	**Savings from Downsizing, Consolidation or Closure of One or More Centers**
	• Reinvest savings resulting from downsizing and consolidation to create respite options and crisis stabilization services statewide. Savings could also increase quality assurance and address the need of people on the NPS caseload. (*Morehouse*) • Money is saved by keeping the RHCs open and functioning as Centers of Excellent, Emergency Crisis Centers, Adult Day Care, and/or a Center for traumatic brain injury. (*Balsley*) • Generate money by opening RHCs for use by the surrounding community including re-open therapy pools and activity centers, rent space and charge admission for use of facilities. (*Balsley*) • Re-deploy resources that are made available through any future reductions at RHCs to community-based regional programs. (Long Term) (*Clintsman*)