



DIANE SOSNE  
President

**October 18, 2012**

CHRIS BARTON  
Secretary-Treasurer

**To: D.D. Task Force Co-Chairs Representative Green and Senator Curtis King, committee members and staff:**

EMILY VAN BRONKHORST  
Executive Vice President

SEIU Healthcare 1199NW continues to be interested in working together to find solutions and balance the service needs for persons with developmental and intellectual disabilities. We are submitting the following draft proposals for how to deliver services to and for people with developmental/intellectual disabilities in Washington State.

SCOTT CANADAY  
Vice President - Public Sector

These proposals are not all inclusive but rather give a framework from which to model services following the guidelines of the Task Force Briefing Paper and our previously submitted document "SEIU Healthcare 1199NW: Our Vision for Services For People with Developmental/Intellectual Disabilities" which is also included here for reference.

GRACE LAND  
Vice President - Private Sector

**Briefing Paper:**

*2SSB 5459 established a new statewide task force that will make recommendations on:*

*The development of a system of services for persons with developmental disabilities that is consistent with the goals articulated above;*

**SERVICE EMPLOYEES  
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**SEIU HC 1199NW proposes:**

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- People who have DD/IDs are identified in the communities where they live
- People and/or their families have real choices in where their loved ones live;
- Dedicated funding is established rather than reliance on General Government funds
- Capacity building is increased - homes are identified in communities where needs are identified
- Community residents and providers are introduced to and educated on the needs of people with DD/ID
- Capacity is increased and expanded within the grounds of the existing RHCs

People who live outside an RHC who need services such as those 24-7 in the RHCs - will be able to access those services. This may mean codes are changed, legal designations are changed or waivers instituted to facilitate said services. This process may take months to accomplish but the time frame and details should not be a barrier to attempt change.

- In emergent situations
- In planned preventative care needs- medical, dental, nursing, ot/pt etc.
- In planned respite stays

**Briefing Paper:**

*The state's long term needs for residential habilitation center capacity, including the benefits and disadvantages of maintaining one center in eastern Washington and one center in western Washington;*

**SEIU HC 1199NW proposes:**

One Center of Excellence; one RHC per east and west of the mountains is not enough.

More, smaller Crisis Intervention Centers as well as Medical Centers are needed throughout the State, but expensive to build from scratch. While the endeavor to create capacity in outlying areas progresses, the current four geographically located RHCs in Spokane, Yakima, Buckley and Shoreline offer four centers of excellence where people can be served in many ways:

- Medical, Nursing and Dental care as well as OT, PT and other much needed services
- Adult day care,
- Respite Care:
  - Respite care is currently provided at Lakeland, Fircrest, Yakima, and Rainier and there is the ability to increase capacity at these RHCs; it just needs to be funded and utilized.
  - Currently some clients are being sent to Yakima Valley School instead of Rainier or Fircrest simply because of supposed capacity limitations.

***Briefing Paper:***

- A plan for efficient consolidation of institutional capacity, including whether one or more centers should be downsized or closed and, if so, a time frame for closure;***

**SEIU HC 1199NW proposes:**

- Downsizing the population in the RHC's can happen safely as long as there are comparable home settings in the broader community and where the services the clients need are either offered in or near that location, or the client's needs are met by the clients ability to access services in the RHC – the Medical Center of Excellence.
- If the populations at the current RHCs reduce, the newly vacated space(s) should be look at for respite use or other needs for people with DD/ID, or the ability to convert and repurpose the space for local or regional offices to off set higher rentals elsewhere.

***Briefing Paper:***

***Mechanisms through which any savings that result from the downsizing, consolidation, or closure of residential habilitation center capacity can be used to create additional community-based capacity;***

**SEIU HC 1199NW proposes:**

Money follows the clients wherever the client moves;

Look at creating a fully funded budget for DD/ID such as case load forecasting, not subject to General Fund cuts;

Money is saved by keeping RHCs open (dually licensed or re-licensed) and functioning as:

- Centers of Excellence,
- Emergency Crisis Centers,
- Adult day Care etc.
- Center for Traumatic brain injury

Money can be generated by opening RHCs for use by surrounding communities:

- Re-Open therapy pools and activity centers at the RHCs:
- Rent space and charge admission for participation/ use of facilities

***Briefing Paper:***

- Strategies for the use of surplus property that results from the closure of one or more centers;*

**SEIU HC 1199NW proposes:**

- Selling abandoned State property with buildings is reported to be costly- perhaps prohibitive; (lessons learned from closure of Frances Haddon Morgan Center and others)
- Downsize as appropriately assessed persons chose to move from RHC to other living setting
- DSHS and DOH to utilize buildings for office space to off-set costs of renting costly facilities elsewhere around the State;
- Lease property- partner with surrounding community builders for low-income housing; pasture lands if applicable.
- Many other idea can be explored.

***Briefing Paper:***

- Strategies for reframing the mission of Yakima Valley School consistent with 2SSB 5459 that consider:*

- o The opportunity, where cost-effective, to provide medical services, including centers of excellence, to other clients served by the Department of Social and Health Services; and*
- o The creation of a treatment team consisting of crisis stabilization and short term respite services personnel, with the long term goal of expanding to include the provisions of specialty services, such as dental care, physical therapy, occupational therapy, and specialized nursing care to individuals with developmental disabilities residing in the surrounding community.*

**SEIU HC 1199NW proposes:**

As we have proposed for all RHCs, the opportunity exists to keep the property, the facilities and equipment, the staff expertise of direct care, assessment and treatment by qualified nurses, medical, dental staff etc. to expand to full capacity the services needed throughout the State of Washington.

**Conclusion:**

There are many ways in which we need to serve the population of Washington State. The unmet need for services-identified by many members of the DD Task Force and persons and organizations giving public comments, can begin to be met if the Task Force will recommend and the State decrees and commits to finding ways to expand services to the surrounding communities.

When clients can come into an RHC for needs and professional staff can be deployed into the surrounding community to assess and deliver quality care and treatment to those in need in their homes, we can begin to serve some of the identified unmet needs, while also building more capacity that is so desperately missing.

The most difficult tasks may be figuring out how to detangle the red tape in order to make this happen and securing designated funding. However, we believe that just because the work of figuring this out is challenging and time consuming, it does not mean that is it not possible or that it should not happen. We must challenge ourselves and figure out how to make it happen. Many vulnerable people are relying on us all as leaders to make a viable plan that will grow and sustain services for people with developmental and intellectual disabilities.

Submitted by SEIU Healthcare 1199NW

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**SEIU Healthcare 1199NW: Our Vision for Services  
For People with Developmental/Intellectual Disabilities**

Vision

As nurses caring for some of the most vulnerable residents in our state, we stand for quality, compassionate care and services for people with developmental disabilities. We believe that every person deserves to live with the highest level of independence, dignity and respect in the community of their choice.

Principles

Our principles as a union:

- Choice: People with disabilities in the State of Washington deserve to live in a safe environment that supports them with quality and consistency, and helps them reach their highest potential.
- Access to services: People with developmental disabilities deserve to have access to healthcare and the specialized professional services and equipment they need to thrive such as medical, nursing and therapies.
- Quality of care: People who choose to move from state supported Regional Habilitation Centers (RHCs) to community living should be assured that the types and qualities of care will follow them into the community.
- Compassion, not cost-cutting: Decisions about where people with disabilities live should be determined by the person's choice and quality of life/quality of care issues, not economics.
- Public services are quality services: Services to people with disabilities – whether provided in RHCs or in the community – should be provided by state employees. Publicly-provided services ensure quality training, appropriate wage and benefit levels, and public accountability for quality care. State lawmakers MUST resist the temptation of trying to save money by contracting out services in the community. All too often that results in less public accountability, diminished quality of services, inadequately-trained staff, and a lower quality of life for the individual (s) involved.

Consumer choice

True consumer choice is an essential part of any successful system caring for people with disabilities. In the foreseeable future, there will be a continuing need for services both in the community and in congregate-care settings like RHCs. Decisions made by state government must be carefully crafted to ensure the maintenance of true choice for consumers and their families.

Many consumers and their families prefer community settings, and those should be available. In the community, newly developed homes for people with developmental disabilities need to provide consistency of supports including trained, qualified staff; access to professionals: medical, nursing OT/PT, speech and hearing, dental and recreational therapies.

Other consumers and their families prefer settings offered by the RHCs, as long as the RHC can provide a broad range of services. Additionally, as the population ages, there will be a need for RHCs to provide more advanced medical support for consumers. The state must ensure that it retains sufficient RHC capacity and scope of services to meet the continuing needs of these people.