

Proposal for DD Task Force Consideration

Develop a system of care with emphasis on serving clients and their families in the communities where they reside. Develop a system that allows all eligible clients and their families to receive the care they are eligible for. Develop a system that supports families in the ways they have identified would be most helpful such as emphasizing planned and crisis respite care. Transition experienced state employees into care that will be delivered in the community. Some of the elements of this proposal could include.

1. Using RHC level of care for the most complicated, high acuity clients to stabilize them and work toward community placement. Consider consolidating to three facilities state wide over a period of time.
2. Calculate a reliable number of clients that are eligible for services so that budgets may be developed to meet the state's full obligation over time. (caseload forecasting or another method)
3. Restore no services case managers to assist families to obtain available community resources and to assist with crisis situations.
4. Offer both SOLA options and Private Sector options for families in the 3 DSHS regions.
5. Partner with private sector medical providers to provide expertise in each of the three DSHS regions for medical, OT, RT, PT, Dental etc.
6. Implement the crisis stabilization program and expand if outcomes are favorable and as funding is available.
7. Development planned and crisis respite beds throughout the state based on need.
8. Develop and maintain a trained, background checked caregiver list of providers that is accessible to clients and their families.
9. Develop a 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.
10. 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.