

To: Developmental Disabilities Task Force

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

RE: Task Force Recommendations

2SSB 5459 establishes a task force that will make recommendations on Washington States Long-Term need for RHC capacity. The bill mandates that the task force should consider the benefits and disadvantages of maintaining one center in eastern Washington and one center in Western Washington.

The Washington Federation of State Employees, as a stake holder in this endeavor, would like to provide comment and recommendations for the task force to consider.

Consolidation of the States Residential Habilitation Centers (RHC) has already occurred. Interlake RHC was closed in 1994. Francis Haddon Morgan Center closed this last year. The remaining RHCs have all mothballed living units and facility resources such as physical therapy pools, and occupational training programs. The consolidation that has occurred to this point has not been without cost to people with developmental disabilities in our state. We do not believe that services provided in the community to the consolidation that has occurred to date has been equal to the prior services that were provided in RHCs.

Further consolidation of RHC's cannot currently be accomplished without harm to the developmentally disabled in this state. Sufficient community resources currently do not exist to provide an adequate level of service to those who would be displaced with further RHC closure. We strongly feel that a dedicated funding source for our state's population of developmentally disabled is needed to provide a seamless publicly provided continuum of care and adequate level of support.

Services such as short term care, dentistry, behavioral intervention and occupational, physical and speech therapies, assistive technologies etc, exist within the community setting, but they do not exist at a sufficient level or in enough regions of our state to serve the needs of the our population without RHCs. In order for there to be a sufficient continuum of care, facilities that cannot refuse service regardless of the complexity or acuity, are necessary. Presently, RHCs fill that role. RHC's have the necessary psychiatric, medical and staffing expertise to meet the needs of our most complex cases. These resources are available 24 hours a day, on site. We do not currently have options outside RHCs that can meet this critical role in the safety net.

We maintain that before consolidation of publicly staffed facilities occur, publicly staffed facilities that are able to provide as good, or better service to the population must be established. In addition, the task force has heard testimony regarding the large number of unserved and underserved. Reducing capacity within RHCs without first building a sufficient continuum of care within the community would only increase those numbers.

Further consolidation would also require significant investment at a time when the state budget is already desperately thin. Closing Francis Haddon Morgan Center cost approximately \$9 million dollars and resulted in significant harm to residents. It was the smallest of the states RHCs. Any further consolidation would involve larger facility closure with significantly larger number of vulnerable residents having to move from their long time homes. Prioritizing consolidation at this time over the many other emergent gaps in our states safety net seems imprudent.

As stakeholders to this project we have the following recommendations for the Taskforce to consider:

- To better serve our states un-served we should work with our federal congressional delegation to create a waiver that would allow the developmentally disabled who live in the community to access resources at an RHC if they are not able to find appropriate care in the community they live in.
- The Task Force should recommend the further development of the publicly provided continuum of care by establishing more State Alternative Living Alternatives (SOLA) for both children and adults in more regions of the state.
- The Task Force should explore the possibility of developing short term stay capacity on RHC grounds and bed capacity should be made available to the developmental disabilities community.
- The Task Force should explore inclusion of staff who work in the community into the already available mandatory trainings that exists within the RHCs. Mandatory trainings such as Therapeutic Options, Blood Born Pathogen t, CPR/First aid could all be accessed on site at RHCs.
- The Department of Developmental Disabilities should develop the ability for residents of RHC's families to use their personal insurance to help pay for their care there.
- The Task Force should re-evaluate the Department of Disabilities policy and procedure for admittance to RHC's to ensure that the most efficient and fair policies towards serving people in RHC's is being used.
- 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
- The Task Force should recommend repeal of the admissions moratorium at Yakima Valley School. This Facility could be used to relieve the need for respite and emergency care.