



Washington State Legislature

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Developmental Disability Service System Task Force

Representative Tami Green, Co-Chair
Senator Curtis King, Co-Chair

January 9, 2013

Senator Karen Keiser, Chair, Health & Long-Term Care Committee
Senator Steve Conway, Vice Chair, Health & Long-Term Care Committee
Senator Randi Becker, Ranking Minority Member, Health & Long-Term Care Committee
PO Box 40466
Olympia, WA 98504-0466

Representative Ruth Kagi, Chair, Early Learning & Human Services Committee
Representative Mary Helen Roberts, Vice Chair, Early Learning & Human Services
Committee
Representative Eileen Cody, Chair, Health Care & Wellness Committee
PO Box 40600
Olympia, WA 98504-0600

Dear Senator Keiser, Senator Conway, Senator Becker, Representative Kagi, Representative Roberts, and Representative Cody:

We are pleased to present to you the report from the Developmental Disabilities Service System Task Force (Task Force) as required by Substitute Senate Bill 5459 (SSB 5459). SSB 5459 required the Task Force to address multiple longstanding and complex issues and to develop recommendations regarding them, including recommendations for providing a system of services to all persons with developmental disabilities in the years to come. The members of the Task Force were dedicated and fully engaged; they provided invaluable experience and knowledge to the group and grappled with the very serious challenge of meeting the complex and varying needs of those with developmental disabilities and their families. The Task Force met once in the fall of 2011 and then concentrated its efforts in five full-day meetings during the fall of 2012.

Even though the members of the Task Force worked diligently, we were only able to scratch the surface in reaching the statutory goals outlined in SSB 5459. It will be evident from the report that the issues were investigated thoroughly and thoughtfully. However, there was not enough time to complete the work assigned.

As Co-Chairs of the task force, we recognize that we were unable to provide recommendations for each item as directed in SSB 5459, and respectfully request that the

Legislature allow more time to examine further the important issues of how to deliver services to clients who have developmental disabilities and how to deliver those services with the necessary level of need and the proper assurance of quality and safety. We believe that this report is a first step and request the Legislature to thoroughly and thoughtfully consider the six recommendations of the Task Force outlined in this report; six recommendations that were agreed to by all members at the Task Force's final meeting.

Sincerely,



Representative Tami Green, Co-Chair



Senator Curtis King, Co-Chair

cc: Members of the Developmental Disability Service System Task Force:
Senator Adam Kline
Representative Norm Johnson
Karin Balsley
Don Clintsman
Gail Goodwin
Sue Hendrickson
Lance Morehouse
Shenon Porter
Leslie Smith
Bonnie Sullivan

TASK FORCE MEMBERS

Legislative Members

Curtis King, Senator, Co-Chair
Adam Kline, Senator

Tami Green, Representative, Co-Chair
Norm Johnson, Representative

Non-Legislative Members

Lance Morehouse, Statewide Parent Coalitions; Arc of King County, Advocate for Persons with Developmental Disabilities

Gail Goodwin, Director of Developmental Disabilities and Mental Health Residential Services, Advocate for Persons with Developmental Disabilities

Leslie Smith, Council Chair, Developmental Disabilities Council

Bonnie Sullivan, Family Member of Resident in a Residential Rehabilitation Center

Karin Balsley, Rainier School, SEIU Healthcare 1199NW

Sue Hendrickson, Washington Federation of State Employees

Don Clintsman, Assistant Director of Division of Developmental Disabilities, ADSA, DSHS

Shenon Porter, Department of Enterprise Services¹

Legislative Non-Partisan Staff

Kathy Buchli, Staff Coordinator & Counsel, Senate Health & Long-Term Care Committee

Linda Merelle, Counsel, House Early Learning & Human Services Committee

Lisa McCollum, House Task Force Legislative Assistant

Brittany Yunker, Senate Task Force Legislative Assistant

Executive Branch Staff

Don Clintsman, Assistant Director of Division of Developmental Disabilities

Kelly Foster, Project Manager, Office of Planning, Performance and Accountability

Carol Kirk, RHC Program Manager, Division of Developmental Disabilities

¹ Formerly known as the "Department of General Administration."

DEVELOPMENTAL DISABILITIES SERVICE SYSTEM TASK FORCE

Second Substitute Senate Bill 5459² (2SSB 5459)

During the 1st Special Session of 2011, which began after the 2011 Regular Session, the Legislature passed Second Substitute Senate Bill 5459. With that bill, the Legislature directed the creation of the Developmental Disabilities Service System Task Force (Task Force). The bill also addressed many facets of services that are provided to persons who have a developmental disability. Among the directives provided in the bill were the following:

- Persons under the age of 16 may not be admitted to a Residential Habilitation Center (RHC). Persons between the ages of 16 and 21 years may only be admitted to an RHC for short-term crisis or respite care, [and such admission may only occur when no other options in the community are available to provide short-term crisis or respite care.]
- The Frances Haddon Morgan Center must close by December 31, 2011.³
- Admissions to the Yakima Valley School are to be closed except for limited, short-term admissions for crisis and respite care. When the population at Yakima Valley School reaches 16, the institution must cease to exist as an RHC.
- The operation of 12 crisis stabilization and respite beds at the Yakima Valley School is to be maintained, and up to 8 state-staffed crisis stabilization beds and respite beds, each, are to be established through the state.

Executive Summary

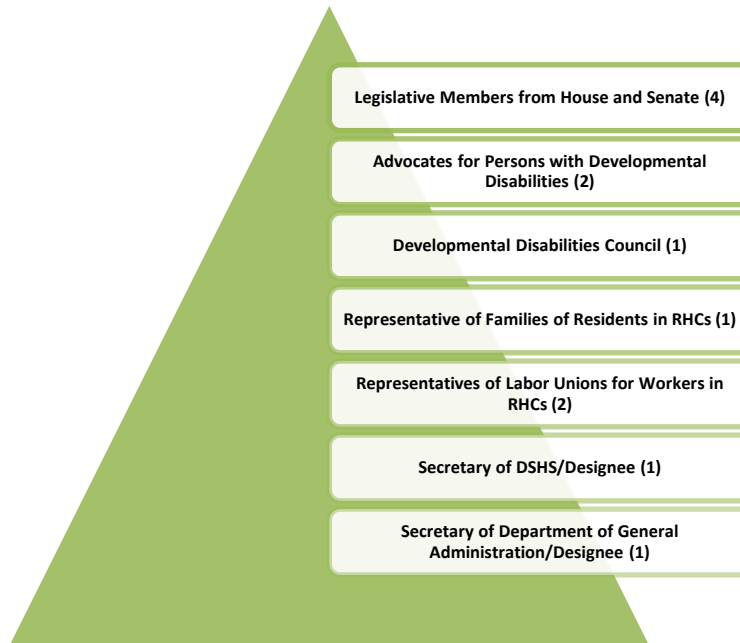
The Task Force met six times during which the members gathered relevant information and data, heard public testimony, and gathered proposals from its members. After reviewing an initial set of proposals, the task force members were asked to submit their top three proposals. After the top three proposals were submitted, the legislative members of the task force proposed five (5) recommendations for the task force's consideration. The task force reviewed and reached consideration on a set of recommendations. Those recommendations are outlined in the last section of this report.

² Appendix A.

³ The Frances Haddon Morgan Center has been closed, and its former residents have moved to other residential settings in the community or to another Residential Habilitation Center.

Task Force Members

Senator King and Representative Green were the Co-Chairs of the Task Force which was comprised of 12 members. The composition was directed by 2SSB 5459 as follows:

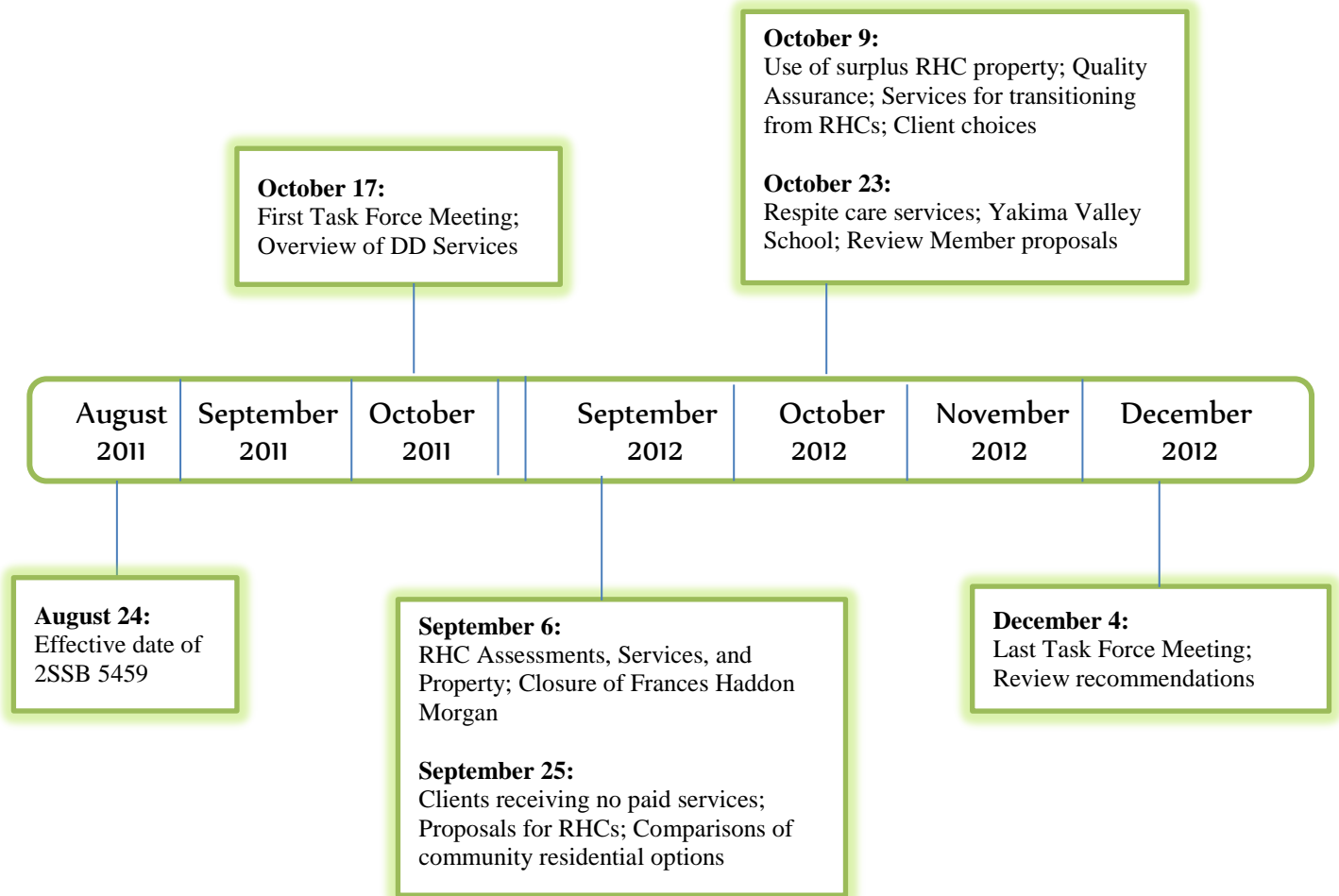


Task Force Members:

- ▶ Two members of the House of Representatives, one from each political caucus;
- ▶ Two members of the Senate, one from each political caucus;
- ▶ Two advocates for persons with developmental disabilities;
- ▶ One representative from the Developmental Disabilities Council
- ▶ One representative of families of residents in the Residential Habilitation Centers;
- ▶ Two representatives of labor unions representing workers who serve residents in Residential Habilitation Centers;
- ▶ The Secretary of the Department of Social and Health Services or his or her designee; and
- ▶ The Secretary of the Department of General Administration or his or her designee.

Meetings of the Task Force

The Task Force met six (6) times between October 2011 and December 2012.



Goals of the Task Force

The Task Force, as set forth in Section 8 of 2SSB 5459, was required to make recommendations regarding multiple issues:



Task Force Activities

The Task Force researched and gathered information on the subjects described in the goals during its six meetings and took public comment at five of its meetings. Detailed below are the topics on which they were to provide recommendations, and they include a description of the agenda items relating to those topics. All materials provided at the meetings can be accessed at:

<http://www.leg.wa.gov/JointCommittees/DDSSTF/Pages/default.aspx>.

(1) The development of a system of services for persons with developmental disabilities that is consistent with the following Legislative findings:

(a) A developmental disability is a natural part of human life and the presence of a developmental disability does not diminish a person's rights or the opportunity to participate in the local community;

(b) The system of services for people with developmental disabilities should provide a balanced range of health, social and supportive services at home or in other residential settings. The receipt of services should be coordinated so as to minimize administrative cost and service duplication, and eliminate unnecessarily complex system organization;

(c) The public interest is best served by a broad array of services that would support people with developmental disabilities at home or in the community, and that promote individual autonomy, dignity and choice;

(d) People living in RHCs and their families are satisfied with the services they receive and deserve to continue receiving services that meet their needs if they choose to receive those services in a community setting;

(e) As other care options for people with developmental disabilities become more available, the need for RHC beds is likely to decline. RHCs will continue to be a critical part of the state's long-term care options. Such services should promote individual dignity, autonomy, and a home-like environment; and

(f) In a time of fiscal restraint, the state should consider the needs of all persons with developmental disabilities and spend its limited resources in a manner that serves more people, while not compromising the care people require.

- Report on statewide issues (*October 17, 2011*)
 - Overview of residential habilitation centers: services, population, and cost.
 - Overview of community-based services: population and cost.
- Presentation on RHC information. (*September 6, 2012*)
 - Physical plants.
 - Capital needs/Costs.
 - Capacities.
 - Property studies.
 - History.
 - Population changes.
 - Placement of children.
 - National trends.
 - Long-term system influences on facility-based services.
 - Today's RHCs.

- RHC resident acuity levels. (*September 6, 2012*)
 - Division of Developmental Disabilities Comprehensive Assessment Reporting Evaluation (CARE) assessment.
 - Supports intensity scale.
 - Acuity scales and functions.
 - One-on-one or two-on-one supports.
 - RHC and community-based.
- Clients of the Division of Developmental Disabilities not receiving paid services. (*September 25, 2012*)
 - January 2012 No Paid Services Report prepared by the Developmental Disabilities Council.
 - General discussion regarding strategies for serving this population and for increasing services to prevent families from going into crisis.

Topics of discussion:

 - Identify funding options or develop a revenue package for no paid services clients, such as creating a dedicated revenue source through fees or taxes similar to county taxes that provide funding for mental health services.
 - Caseload forecasting for all or part of the growth in the DD caseload (consider gradual absorption of different categories of services).
 - Increase DD waiver slots over time.
 - Increase community capacity for crisis and respite, and make these priority services.
 - Restructure the cost for services; use a "managed care model" up to a set amount and a "fee-for-service model" above that amount.
 - Invest in low-cost state-only funded preventative family support services.
 - Make it easier for parents who have the resources to pay for services out-of-pocket.
 - Bring back case managers in some form for those who receive no paid services.
- Comparison of State Operated Living Alternatives, Adult Family Homes, and Supported Living Options.
 - Manner of assessment of quality of care.
 - Comparison of nature and frequency of complaints.
 - Comparison of costs for each option.
 - Role of federal funding.
- Data requests from Task Force (*October 9, 2012*)

- Serious incidents and quality assurance.
- State Operated Living Alternatives costs.
- Community crisis stabilization services.
- Money needed to fund case managers.
- Children enrolled in the medically intensive program.
- Regulatory and policy requirements, *Olmstead v. L.C. (October 9, 2012)*
- Review of respite care (*October 23, 2012*)
 - Overview of availability of respite care:
 - RHC setting.
 - Providers of in-home respite care.
 - Respite resources in Washington
 - Clients and respite care.
 - Parents on no paid services case load.
 - Parents who receive service.

(2) The state's long-term needs for RHC capacity, including the benefits and disadvantages of maintaining one center in eastern Washington and one center in western Washington.

- Development of services and long-term needs for RHCs. Discussion of hypothetical proposals (*September 25, 2012*):
 - Keep existing RHCs open: Determine how to best use them for services, and whether to use them exclusively for such services.
 - Reopening Yakima Valley School for admissions: What services would the school provide?

(3) 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.

- Update on Frances Haddon Morgan Center: Report on transition of residents to community placement and other RHCs. (*October 17, 2011, September 6, 2012*)
 - Outcomes.
 - New community investments.
 - Costs.
 - What went well.
 - What needs improvement.
 - Action taken.
- Limitations on the use of RHCs to provide services to the community and Centers for Medicare and Medicaid Services limitations. (*October 9, 2012*)

- Discussion of proposed bill draft on transitioning clients from RHCs to the community. (*September, 25, 2012, October 9, 2012*)
- How to ensure families are provided a choice of services. (*October 9, 2012*)

(4) Mechanisms through which any savings that result from the downsizing, consolidation, or closure of RHCs can be used to create additional community capacity.

- Presentation on Dan Thompson trust. (*September 6, 2012*)
- Use of surplus property resulting from closure of one or more centers and options for future use or sale of property. (*October 9, 2012, October 23, 2012*)

(5) Strategies for the use of surplus property that results from the closure of one or more centers.

- Use of surplus property resulting from closure of one or more centers and options for future use or sale of property. (*October 9, 2012, October 23, 2012*)

(6) Strategies for reframing the mission of Yakima Valley School that consider:

(a) The opportunity, where cost-effective, to provide medical services, including center of excellence, to other clients served by the department; and

(b) 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.

- Reframing the mission of Yakima Valley School: What services would the school provide? (*October 23, 2012*)

Task Force Recommendations

In order to develop recommendations of the Task Force, Task Force members were requested to submit their recommendations for discussion at the October 23, 2012 meeting. (*See Appendix B*). For the final meeting, members were request to narrow this list further by providing their top three recommendations for discussion. (*See Appendix C*). From this list of top three recommendations, the Legislative members produced a list of five items for discussion and recommendation. After considerable discussion and editing, the Task Force came to consensus on the following items which constitute their recommendations:

Recommendation #1

Open all RHCs to receive new clients. Remove the names of the RHCs from statute. Any proposed closure of an RHC must be approved by the Legislature. Cap the number of RHC residents at 900. This cap is not intended to necessarily increase the number of residents at an RHC, but is to reflect respite services at RHCs.

Recommendation #2

Continue to provide respite in RHCs. Continue the commitment to provide and further develop respite care in the community and keep flexibility to allow for clients to access services where they choose.

Recommendation #3

Direct the Department of Social and Health Services to begin assessing the 14,000 clients on the no paid services caseload. Give DSHS authority to prioritize which clients will be assessed first. Increase Basic Plus waiver capacity incrementally per biennium as funding allows. DSHS is to perform assessments within funds made available for this.

Recommendation #4

Modify the Dan Thompson trust to allow the proceeds from the sale of RHC property to go to the trust. Ensure that Francis Haddon Morgan property is included in the trust language.

Recommendation #5

- a) Ensure that persons transitioning to the community are provided the level of care that meets the individual's assessed need. Establish a right of return.
- b) Provide DSHS with authority to investigate all allegations of abuse and neglect in a timely, transparent, and thorough manner so that all persons are held accountable.

Recommendation #6

Request the legislature to reconvene the Task Force at the end of the legislative session to review and continue to work on developing a system of services.

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE SENATE BILL 5459

Chapter 30, Laws of 2011
(partial veto)
62nd Legislature
2011 1st Special Session

PEOPLE WITH DEVELOPMENTAL DISABILITIES--SERVICES

EFFECTIVE DATE: 08/24/11

Passed by the Senate May 25, 2011
YEAS 32 NAYS 13

BRAD OWEN

President of the Senate

Passed by the House May 25, 2011
YEAS 63 NAYS 33

FRANK CHOPP

Speaker of the House of Representatives

Approved June 15, 2011, 2:42 p.m., with
the exception of Sections 7 and 11 which
are vetoed.

CHRISTINE GREGOIRE

Governor of the State of Washington

CERTIFICATE

I, Thomas Hoemann, Secretary of
the Senate of the State of
Washington, do hereby certify that
the attached is **SECOND SUBSTITUTE
SENATE BILL 5459** as passed by the
Senate and the House of
Representatives on the dates
hereon set forth.

THOMAS HOEMANN

Secretary

FILED

June 15, 2011

**Secretary of State
State of Washington**

SECOND SUBSTITUTE SENATE BILL 5459

AS AMENDED BY THE HOUSE

Passed Legislature - 2011 1st Special Session

State of Washington 62nd Legislature 2011 1st Special Session

By Senate Ways & Means (originally sponsored by Senators Kline, Keiser, Regala, and McAuliffe)

READ FIRST TIME 05/19/11.

1 AN ACT Relating to services for people with developmental
2 disabilities; amending RCW 71A.10.020, 71A.20.010, 71A.20.020,
3 71A.18.040, 71A.20.080, and 71A.20.170; adding new sections to chapter
4 71A.20 RCW; adding a new section to chapter 70.02 RCW; creating new
5 sections; providing an effective date; and declaring an emergency.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** The legislature finds that:

8 (1) A developmental disability is a natural part of human life and
9 the presence of a developmental disability does not diminish a person's
10 rights or the opportunity to participate in the life of the local
11 community;

12 (2) The system of services for people with developmental
13 disabilities should provide a balanced range of health, social, and
14 supportive services at home or in other residential settings. The
15 receipt of services should be coordinated so as to minimize
16 administrative cost and service duplication, and eliminate
17 unnecessarily complex system organization;

18 (3) The public interest would best be served by a broad array of

1 services that would support people with developmental disabilities at
2 home or in the community, whenever practicable, and that promote
3 individual autonomy, dignity, and choice;

4 (4) In Washington state, people living in residential habilitation
5 centers and their families are satisfied with the services they
6 receive, and deserve to continue receiving services that meet their
7 needs if they choose to receive those services in a community setting;

8 (5) As other care options for people with developmental
9 disabilities become more available, the relative need for residential
10 habilitation center beds is likely to decline. The legislature
11 recognizes, however, that residential habilitation centers will
12 continue to be a critical part of the state's long-term care options;
13 and that such services should promote individual dignity, autonomy, and
14 a home-like environment; and

15 (6) In a time of fiscal restraint, the state should consider the
16 needs of all persons with developmental disabilities and spend its
17 limited resources in a manner that serves more people, while not
18 compromising the care people require.

19 NEW SECTION. **Sec. 2.** It is the intent of the legislature that:

20 (1) Community-based residential services supporting people with
21 developmental disabilities should be available in the most integrated
22 setting appropriate to individual needs; and

23 (2) An extensive transition planning and placement process should
24 be used to ensure that people moving from a residential habilitation
25 center to a community setting have the services and supports needed to
26 meet their assessed health and welfare needs.

27 **Sec. 3.** RCW 71A.10.020 and 2010 c 94 s 21 are each amended to read
28 as follows:

29 As used in this title, the following terms have the meanings
30 indicated unless the context clearly requires otherwise.

31 (1) "Community residential support services," or "community support
32 services," and "in-home services" means one or more of the services
33 listed in RCW 71A.12.040.

34 (2) "Crisis stabilization services" means services provided to
35 persons with developmental disabilities who are experiencing behaviors

1 that jeopardize the safety and stability of their current living
2 situation. Crisis stabilization services include:

3 (a) Temporary intensive services and supports, typically not to
4 exceed sixty days, to prevent psychiatric hospitalization,
5 institutional placement, or other out-of-home placement; and

6 (b) Services designed to stabilize the person and strengthen their
7 current living situation so the person may continue to safely reside in
8 the community during and beyond the crisis period.

9 (3) "Department" means the department of social and health
10 services.

11 ~~((3))~~ (4) "Developmental disability" means a disability
12 attributable to intellectual disability, cerebral palsy, epilepsy,
13 autism, or another neurological or other condition of an individual
14 found by the secretary to be closely related to an intellectual
15 disability or to require treatment similar to that required for
16 individuals with intellectual disabilities, which disability originates
17 before the individual attains age eighteen, which has continued or can
18 be expected to continue indefinitely, and which constitutes a
19 substantial limitation to the individual. By January 1, 1989, the
20 department shall promulgate rules which define neurological or other
21 conditions in a way that is not limited to intelligence quotient scores
22 as the sole determinant of these conditions, and notify the legislature
23 of this action.

24 ~~((4))~~ (5) "Eligible person" means a person who has been found by
25 the secretary under RCW 71A.16.040 to be eligible for services.

26 ~~((5))~~ (6) "Habilitative services" means those services provided
27 by program personnel to assist persons in acquiring and maintaining
28 life skills and to raise their levels of physical, mental, social, and
29 vocational functioning. Habilitative services include education,
30 training for employment, and therapy.

31 ~~((6))~~ (7) "Legal representative" means a parent of a person who
32 is under eighteen years of age, a person's legal guardian, a person's
33 limited guardian when the subject matter is within the scope of the
34 limited guardianship, a person's attorney-at-law, a person's
35 attorney-in-fact, or any other person who is authorized by law to act
36 for another person.

37 ~~((7))~~ (8) "Notice" or "notification" of an action of the
38 secretary means notice in compliance with RCW 71A.10.060.

1 ~~((+8))~~ (9) "Residential habilitation center" means a state-
2 operated facility for persons with developmental disabilities governed
3 by chapter 71A.20 RCW.

4 ~~((+9))~~ (10) "Respite services" means relief for families and other
5 caregivers of people with disabilities, typically not to exceed ninety
6 days, to include both in-home and out-of-home respite care on an hourly
7 and daily basis, including twenty-four hour care for several
8 consecutive days. Respite care workers provide supervision,
9 companionship, and personal care services temporarily replacing those
10 provided by the primary caregiver of the person with disabilities.
11 Respite care may include other services needed by the client, including
12 medical care which must be provided by a licensed health care
13 practitioner.

14 (11) "Secretary" means the secretary of social and health services
15 or the secretary's designee.

16 ~~((+10))~~ (12) "Service" or "services" means services provided by
17 state or local government to carry out this title.

18 ~~((+11))~~ (13) "State-operated living alternative" means programs
19 for community residential services which may include assistance with
20 activities of daily living, behavioral, habilitative, interpersonal,
21 protective, medical, nursing, and mobility supports to individuals who
22 have been assessed by the department as meeting state and federal
23 requirements for eligibility in home and community-based waiver
24 programs for individuals with developmental disabilities. State-
25 operated living alternatives are operated and staffed with state
26 employees.

27 (14) "Supported living" means community residential services and
28 housing which may include assistance with activities of daily living,
29 behavioral, habilitative, interpersonal, protective, medical, nursing,
30 and mobility supports provided to individuals with disabilities who
31 have been assessed by the department as meeting state and federal
32 requirements for eligibility in home and community-based waiver
33 programs for individuals with developmental disabilities. Supported
34 living services are provided under contracts with private agencies or
35 with individuals who are not state employees.

36 (15) "Vacancy" means an opening at a residential habilitation
37 center, which when filled, would not require the center to exceed its
38 biennially budgeted capacity.

1 **Sec. 4.** RCW 71A.20.010 and 1988 c 176 s 701 are each amended to
2 read as follows:

3 (1) This chapter covers the operation of residential habilitation
4 centers. The selection of persons to be served at the centers is
5 governed by chapters 71A.16 and 71A.18 RCW. The purposes of this
6 chapter are: To provide for those ((children and adults)) persons who
7 are exceptional in their needs for care, treatment, and education by
8 reason of developmental disabilities, residential care designed to
9 develop their individual capacities to their optimum; to provide for
10 admittance, withdrawal and discharge from state residential
11 habilitation centers upon application; and to insure a comprehensive
12 program for the education, guidance, care, treatment, and
13 rehabilitation of all persons admitted to residential habilitation
14 centers.

15 (2) Effective no later than July 1, 2012, no person under the age
16 of sixteen years may be admitted to receive services at a residential
17 habilitation center. Effective no later than July 1, 2012, no person
18 under the age of twenty-one years may be admitted to receive services
19 at a residential center, unless there are no service options available
20 in the community to appropriately meet the needs of the individual.
21 Such admission is limited to the provision of short-term respite or
22 crisis stabilization services.

23 **Sec. 5.** RCW 71A.20.020 and 1994 c 215 s 1 are each amended to read
24 as follows:

25 (1) Except as provided in subsection (2) of this section, the
26 following residential habilitation centers are permanently established
27 to provide services to persons with developmental disabilities:
28 Lakeland Village, located at Medical Lake, Spokane county; Rainier
29 School, located at Buckley, Pierce county; Yakima Valley School,
30 located at Selah, Yakima county; and Fircrest School, located at
31 Seattle, King county((; and Frances Haddon Morgan Children's Center,
32 located at Bremerton, Kitsap county)).

33 (2) The Yakima Valley School, located at Selah, Yakima county,
34 shall cease to operate as a residential habilitation center when the
35 conditions in section 6(2)(b) are met.

1 NEW SECTION. **Sec. 6.** A new section is added to chapter 71A.20 RCW
2 to read as follows:

3 (1) By December 31, 2011, the department shall:

4 (a) Close Frances Haddon Morgan residential rehabilitation center
5 and relocate current residents consistent with the requirements of
6 section 7 of this act; and

7 (b) Establish at least two state operating living alternatives on
8 the campus of the Frances Haddon Morgan center, if residents have
9 chosen to receive care in such a setting and subject to federal
10 requirements related to the receipt of federal medicaid matching funds.

11 (2)(a) Upon the effective date of this section, the department
12 shall not permit any new admission to Yakima Valley School unless such
13 admission is limited to the provision of short-term respite or crisis
14 stabilization services. Except as provided in (b) of this subsection,
15 no current permanent resident of Yakima Valley School shall be required
16 or compelled to relocate to a different care setting as a result of
17 this act.

18 (b) The Yakima Valley School shall continue to operate as a
19 residential habilitation center until such time that the census of
20 permanent residents has reached sixteen persons. As part of the
21 closure plan, at least two cottages will be converted to state-operated
22 living alternatives, subject to federal requirements related to the
23 receipt of federal medicaid matching funds.

24 (3) To assure the successful implementation of subsections (1) and
25 (2) of this section, the department, within available funds:

26 (a) Shall establish state-operated living alternatives to provide
27 community residential services to residential habilitation center
28 residents transitioning to the community under this act who prefer a
29 state-operated living alternative. The department shall offer
30 residential habilitation center employees opportunities to work in
31 state-operated living alternatives as they are established;

32 (b) May use existing supported living program capacity in the
33 community for former residential habilitation center residents who
34 prefer and choose a supported living program;

35 (c) Shall continue to staff and operate at Yakima Valley School
36 crisis stabilization beds and respite service beds at the existing bed
37 capacity as of June 1, 2011, for individuals with developmental
38 disabilities requiring such services;

1 (d) Shall establish up to eight state-staffed crisis stabilization
2 beds and up to eight state-staffed respite beds based upon funding
3 provided in the appropriations act and the geographic areas with the
4 greatest need for those services; and

5 (e) Shall establish regional or mobile specialty services evenly
6 distributed throughout the state, such as dental care, physical
7 therapy, occupational therapy, and specialized nursing care, which can
8 be made available to former residents of residential habilitation
9 centers and, within available funds, other individuals with
10 developmental disabilities residing in the community.

11 ***NEW SECTION. Sec. 7. A new section is added to chapter 71A.20 RCW**
12 **to read as follows:**

13 **The department:**

14 **(1) May, within sixty days of admission to a residential**
15 **habilitation center, ensure that each resident's individual**
16 **habilitation plan includes a plan for discharge to the community;**

17 **(2) Shall use a person-centered approach in developing the**
18 **discharge plan to assess the resident's needs and identify services the**
19 **resident requires to successfully transition to the community,**
20 **including:**

21 **(a) Engaging families and guardians of residents by offering**
22 **family-to-family mentoring provided by family members who themselves**
23 **experienced moving a family member with developmental disabilities from**
24 **an institution to the community. The department shall contract with**
25 **the developmental disabilities council to provide mentoring services;**

26 **(b) Employees of the residential habilitation centers and the**
27 **department providing transition planning for residents. To strengthen**
28 **continuity of care for residents leaving residential habilitation**
29 **centers, the department shall provide opportunities for residential**
30 **habilitation center employees to obtain employment in state-operated**
31 **living alternatives;**

32 **(c) Providing choice of community living options and providers,**
33 **consistent with federal requirements, including offering to place, with**
34 **the consent of the resident or his or her guardian, each resident of**
35 **the residential habilitation center on the appropriate home and**
36 **community-based waiver, as authorized under 42 U.S.C. Sec. 1396n, and**

1 provide continued access to the services that meet his or her assessed
2 needs;

3 (d) Providing residents and their families or guardians
4 opportunities to visit state-operated living alternatives and supported
5 living options in the community;

6 (e) Offering residents leaving a residential habilitation center a
7 "right to return" to a residential habilitation center during the first
8 year following their move;

9 (f) Addressing services in addition to those that will be provided
10 by residential services providers that are necessary to address the
11 resident's assessed needs, including:

12 (i) Medical services;

13 (ii) Nursing services;

14 (iii) Dental care;

15 (iv) Behavioral and mental health supports;

16 (v) Habilitation services;

17 (vi) Employment or other day support; and

18 (vii) Transportation or other supports needed to assist family and
19 friends in maintaining regular contact with the resident;

20 (3) Shall assure that, prior to discharge from a residential
21 habilitation center, clients continue to be eligible for services for
22 which they have an assessed need;

23 (4) Shall maximize federal funding for transitioning clients
24 through the roads to community living grant;

25 (5) Shall limit the ability of a state-operated living alternative
26 to reject clients;

27 (6) Shall use any savings achieved through efficiencies to extend
28 services, including state-staffed crisis stabilization and respite
29 services, to people with developmental disabilities currently receiving
30 limited or no services; and

31 (7)(a) Shall employ the quality assurance process currently in use
32 by the department to monitor the adjustment of each resident who leaves
33 a residential habilitation center; and

34 (b) Convene a work group to review findings from the quality
35 assurance for people moving process and provide feedback on the
36 transition process. The work group shall include representatives of
37 the developmental disabilities council, disability rights Washington,

1 **University of Washington center for human development and disability,**
2 **providers, and families and advocates of persons with disabilities.**

**Sec. 7 was vetoed. See message at end of chapter.*

3 NEW SECTION. **Sec. 8.** A new section is added to chapter 70.02 RCW
4 to read as follows:

5 (1) A developmental disability service system task force is
6 established.

7 (2) The task force shall be convened by September 1, 2011, and
8 consist of the following members:

9 (a) Two members of the house of representatives appointed by the
10 speaker of the house of representatives, from different political
11 caucuses;

12 (b) Two members of the senate appointed by the president of the
13 senate, from different political caucuses;

14 (c) The following members appointed by the governor:

15 (i) Two advocates for people with developmental disabilities;

16 (ii) A representative from the developmental disabilities council;

17 (iii) A representative of families of residents in residential
18 habilitation centers;

19 (iv) Two representatives of labor unions representing workers who
20 serve residents in residential habilitation centers;

21 (d) The secretary of the department of social and health services
22 or their designee; and

23 (e) The secretary of the department of general administration or
24 their designee.

25 (3) The members of the task force shall select the chair or
26 cochairs of the task force.

27 (4) Staff assistance for the task force will be provided by
28 legislative staff and staff from the agencies listed in subsection (2)
29 of this section.

30 (5) The task force shall make recommendations on:

31 (a) The development of a system of services for persons with
32 developmental disabilities that is consistent with the goals
33 articulated in section 1 of this act;

34 (b) The state's long-term needs for residential habilitation center
35 capacity, including the benefits and disadvantages of maintaining one
36 center in eastern Washington and one center in western Washington;

1 (c) A plan for efficient consolidation of institutional capacity,
2 including whether one or more centers should be downsized or closed
3 and, if so, a time frame for closure;

4 (d) Mechanisms through which any savings that result from the
5 downsizing, consolidation, or closure of residential habilitation
6 center capacity can be used to create additional community-based
7 capacity;

8 (e) Strategies for the use of surplus property that results from
9 the closure of one or more centers;

10 (f) Strategies for reframing the mission of Yakima Valley School
11 consistent with this act that consider:

12 (i) The opportunity, where cost-effective, to provide medical
13 services, including centers of excellence, to other clients served by
14 the department; and

15 (ii) The creation of a treatment team consisting of crisis
16 stabilization and short-term respite services personnel, with the long-
17 term goal of expanding to include the provisions of specialty services
18 such as dental care, physical therapy, occupational therapy, and
19 specialized nursing care to individuals with developmental disabilities
20 residing in the surrounding community.

21 (6) The task force shall report their recommendations to the
22 appropriate committees of the legislature by December 1, 2012.

23 **Sec. 9.** RCW 71A.18.040 and 1989 c 175 s 142 are each amended to
24 read as follows:

25 (1) A person who is receiving a service under this title or the
26 person's legal representative may request the secretary to authorize a
27 service that is available under this title in place of a service that
28 the person is presently receiving.

29 (2) The secretary upon receiving a request for change of service
30 shall consult in the manner provided in RCW 71A.10.070 and within
31 ninety days shall determine whether the following criteria are met:

32 (a) The alternative plan proposes a less dependent program than the
33 person is participating in under current service;

34 (b) The alternative service is appropriate under the goals and
35 objectives of the person's individual service plan;

36 (c) The alternative service is not in violation of applicable state
37 and federal law; and

1 (d) The service can reasonably be made available.

2 (3) If the requested alternative service meets all of the criteria
3 of subsection (2) of this section, the service shall be authorized as
4 soon as reasonable, but not later than one hundred twenty days after
5 completion of the determination process, unless the secretary
6 determines that:

7 (a) The alternative plan is more costly than the current plan;

8 (b) Current appropriations are not sufficient to implement the
9 alternative service without reducing services to existing clients; or

10 (c) Providing alternative service would take precedence over other
11 priorities for delivery of service.

12 (4) The secretary shall give notice as provided in RCW 71A.10.060
13 of the grant of a request for a change of service. The secretary shall
14 give notice as provided in RCW 71A.10.060 of denial of a request for
15 change of service and of the right to an adjudicative proceeding.

16 (5)(a) When the secretary has changed service from a residential
17 habilitation center to a setting other than a residential habilitation
18 center, the secretary shall reauthorize service at the residential
19 habilitation center if the secretary in reevaluating the needs of the
20 person finds that the person needs service in a residential
21 habilitation center.

22 (b) A person who has moved from a residential habilitation center
23 that has closed to a community-based setting shall be offered a right
24 to return to a residential habilitation center during the first year
25 following their move to the community.

26 (6) If the secretary determines that current appropriations are
27 sufficient to deliver additional services without reducing services to
28 persons who are presently receiving services, the secretary is
29 authorized to give persons notice under RCW 71A.10.060 that they may
30 request the services as new services or as changes of services under
31 this section.

32 **Sec. 10.** RCW 71A.20.080 and 1989 c 175 s 143 are each amended to
33 read as follows:

34 (1) Whenever in the judgment of the secretary, the treatment and
35 training of any resident of a residential habilitation center has
36 progressed to the point that it is deemed advisable to return such
37 resident to the community, the secretary may grant placement on such

1 terms and conditions as the secretary may deem advisable after
2 consultation in the manner provided in RCW 71A.10.070. The secretary
3 shall give written notice of the decision to return a resident to the
4 community as provided in RCW 71A.10.060. The notice must include a
5 statement advising the recipient of the right to an adjudicative
6 proceeding under RCW 71A.10.050 and the time limits for filing an
7 application for an adjudicative proceeding. The notice must also
8 include a statement advising the recipient of the right to judicial
9 review of an adverse adjudicative order as provided in chapter 34.05
10 RCW.

11 (2) A placement decision shall not be implemented at any level
12 during any period during which an appeal can be taken or while an
13 appeal is pending and undecided, unless authorized by court order so
14 long as the appeal is being diligently pursued.

15 ~~((The department of social and health services shall periodically
16 evaluate at reasonable intervals the adjustment of the resident to the
17 specific placement to determine whether the resident should be
18 continued in the placement or returned to the institution or given a
19 different placement.))~~

20 ***NEW SECTION. Sec. 11. A new section is added to chapter 71A.20**
21 **RCW to read as follows:**

22 ***Beginning November 1, 2012, and annually thereafter, the department***
23 ***shall submit information to the appropriate committees of the***
24 ***legislature regarding persons who have transitioned from residential***
25 ***habilitation centers to the community, for the first two years***
26 ***following each person's new placement, including:***

- 27 ***(1) Progress toward meeting the requirements of this act;***
28 ***(2) Client and guardian satisfaction with services;***
29 ***(3) Stability of placement and provider turnover, including***
30 ***information on returns to a residential habilitation center under***
31 ***section 7(2)(e) of this act;***
32 ***(4) Safety and health outcomes;***
33 ***(5) Types of services received by clients transitioned to the***
34 ***community; and***
35 ***(6) Continued accessibility of former residents to family.***

**Sec. 11 was vetoed. See message at end of chapter.*

1 **Sec. 12.** RCW 71A.20.170 and 2008 c 265 s 1 are each amended to
2 read as follows:

3 (1) The developmental disabilities community trust account is
4 created in the state treasury. All net proceeds from the use of excess
5 property identified in the 2002 joint legislative audit and review
6 committee capital study or other studies of the division of
7 developmental disabilities residential habilitation centers (~~at~~
8 ~~Lakeland Village, Yakima Valley school, Francis Haddon Morgan Center,~~
9 ~~and Rainier school~~)) that would not impact current residential
10 habilitation center operations must be deposited into the account.

11 (2) Proceeds may come from the lease of the land, conservation
12 easements, sale of timber, or other activities short of sale of the
13 property, except as permitted under section 7 of this act.

14 (3) "Excess property" includes that portion of the property at
15 Rainier school previously under the cognizance and control of
16 Washington State University for use as a dairy/forage research
17 facility.

18 (4) Only investment income from the principal of the proceeds
19 deposited into the trust account may be spent from the account. For
20 purposes of this section, "investment income" includes lease payments,
21 rent payments, or other periodic payments deposited into the trust
22 account. For purposes of this section, "principal" is the actual
23 excess land from which proceeds are assigned to the trust account.

24 (5) Moneys in the account may be spent only after appropriation.
25 Expenditures from the account shall be used exclusively to provide
26 family support and/or employment/day services to eligible persons with
27 developmental disabilities who can be served by community-based
28 developmental disability services. It is the intent of the legislature
29 that the account should not be used to replace, supplant, or reduce
30 existing appropriations.

31 (6) The account shall be known as the Dan Thompson memorial
32 developmental disabilities community trust account.

33 NEW SECTION. **Sec. 13.** If any provision of this act or its
34 application to any person or circumstance is held invalid, the
35 remainder of the act or the application of the provision to other
36 persons or circumstances is not affected.

1 NEW SECTION. **Sec. 14.** If any part of this act is found to be in
2 conflict with federal requirements that are a prescribed condition to
3 the allocation of federal funds to the state, the conflicting part of
4 this act is inoperative solely to the extent of the conflict and with
5 respect to the agencies directly affected, and this finding does not
6 affect the operation of the remainder of this act in its application to
7 the agencies concerned. Rules adopted under this act must meet federal
8 requirements that are a necessary condition to the receipt of federal
9 funds by the state.

10 NEW SECTION. **Sec. 15.** Section 7 of this act is necessary for the
11 immediate preservation of the public peace, health, or safety, or
12 support of the state government and its existing public institutions,
13 and takes effect June 30, 2011.

 Passed by the Senate May 25, 2011.

 Passed by the House May 25, 2011.

 Approved by the Governor June 15, 2011, with the exception of
 certain items that were vetoed.

 Filed in Office of Secretary of State June 15, 2011.

 Note: Governor's explanation of partial veto is as follows:

"I am returning, without my approval as to Sections 7 and 11, Second
Substitute Senate Bill 5459 entitled:

"AN ACT Relating to services for people with developmental
disabilities."

This bill makes a number of changes that address the increased
provision of services to persons with developmental disabilities in
community settings. It reduces admissions to residential
habilitation centers, closes the Frances Haddon Morgan Center by
December 31, 2011, provides for relocation and alternatives, and
strengthens the array of support available in communities.

Section 7 of this bill mandates that the Department of Social and
Health Services provide a series of processes and services that assist
successful client transitions into the community. Most provisions in
this section are current practices within the Department, including
the following: person-centered approaches to discharge plans, family
mentoring, offering residential habilitation center employees
opportunities for employment in community settings, offering
residents leaving a residential habilitation center the ability to
return, and maximizing federal funding. Approval of Section 7 is not
required to implement these approaches. However, Section 7(2)(f)
(vii) could be interpreted to mandate that the Department provide new
transportation services and other supports to assist family and
friends in maintaining regular contact with residents who have moved
out of a residential habilitation center. While I agree that clients
should maintain contact with their family and friends, this subsection
could create a broad, undefined requirement that is also unfunded.
The type, frequency, and costs of transportation are not easily
assessed. Because these unknown elements present serious concerns
about unanticipated fiscal impacts, I am vetoing Section 7.

Section 11 mandates that the Department annually submit a report to the Legislature regarding persons who have transitioned from residential habilitation centers to the community. Much of the information required for this report is already gathered as a standard part of the client assessment and existing quality assurances processes. Aggregating and assembling client-specific information into a new report is a significant unfunded mandate.

Although I am vetoing this section, I am directing the Department to share the various reports related to the quality of client transitions and community-based services with the Legislature.

For these reasons, I have vetoed Sections 7 and 11 of Second Substitute Senate Bill 5459.

With the exception of Sections 7 and 11, Second Substitute Senate Bill 5459 is approved."

VETO MESSAGE ON 2SSB 5459

June 15, 2011

To the Honorable President and Members,
The Senate of the State of Washington

Ladies and Gentlemen:

I am returning, without my approval as to Sections 7 and 11,
Second Substitute Senate Bill 5459 entitled:

"AN ACT Relating to services for people with
developmental disabilities."

This bill makes a number of changes that address the increased provision of services to persons with developmental disabilities in community settings. It reduces admissions to residential habilitation centers, closes the Frances Haddon Morgan Center by December 31, 2011, provides for relocation and alternatives, and strengthens the array of support available in communities.

Section 7 of this bill mandates that the Department of Social and Health Services provide a series of processes and services that assist successful client transitions into the community. Most provisions in this section are current practices within the Department, including the following: person-centered approaches to discharge plans, family mentoring, offering residential habilitation center employees opportunities for employment in community settings, offering residents leaving a residential habilitation center the ability to return, and maximizing federal funding. Approval of Section 7 is not required to implement these approaches. However, Section 7(2)(f)(vii) could be interpreted to mandate that the Department provide new transportation services and other supports to assist family and friends in maintaining regular contact with residents who have moved out of a residential habilitation center. While I agree that clients should maintain contact with their family and friends, this subsection could create a broad, undefined requirement that is also unfunded. The type, frequency, and costs of transportation are not easily assessed. Because these unknown elements present serious concerns about unanticipated fiscal impacts, I am vetoing Section 7.

Section 11 mandates that the Department annually submit a report to the Legislature regarding persons who have transitioned from residential habilitation centers to the community. Much of the information required for this report is already gathered as a standard part of the client assessment and existing quality assurances processes. Aggregating and

assembling client-specific information into a new report is a significant unfunded mandate.

Although I am vetoing this section, I am directing the Department to share the various reports related to the quality of client transitions and community-based services with the Legislature.

For these reasons, I have vetoed Sections 7 and 11 of Second Substitute Senate Bill 5459.

With the exception of Sections 7 and 11, Second Substitute Senate Bill 5459 is approved.

Respectfully submitted,
Christine Gregoire
Governor

Recommendations to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
A.	Development of System of Services
1	<p>Accurately Determine Number of Eligible Clients</p> <ul style="list-style-type: none"> • 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. (<i>Green</i>) • Add developmental disabilities services to caseload forecasting. (<i>Goodwin, Smith, Morehouse</i>)
2	<p>Serve No Paid Services Caseload/Increase Capacity to Provide Services</p> <ul style="list-style-type: none"> • Restore case managers for clients who receive no paid services (<i>Green, Smith, Morehouse</i>) (One option is to use community guides or private funding to support organizations. (<i>Morehouse</i>)) • 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. (<i>Goodwin, Smith</i>) • Ensure that DD clients entitled to Medicaid Personal Care are informed and receive this service, if desired (<i>Smith</i>) • Increase capacity in the communities with identified needs. (<i>Balsley</i>) • Fund sufficient numbers of case managers to complete baseline assessments for eligible no-paid caseload clients, starting with children (Long Term)¹ (<i>Clintzman</i>) • 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) (<i>Clintzman</i>) • 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) (<i>Clintzman</i>) • Offer grants for development of new "pockets of excellence" programs and identify better methods to promote grass roots efforts and remove them to larger scale possibilities. (Long Term) (<i>Clintzman</i>)

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.

Recommendations to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
3	<p>Community Residential Options/Cost Analysis</p> <ul style="list-style-type: none"> • Offer both SOLA and private sector residential options for families in all three DSHS regions. (<i>Green</i>) • Provide continued additions to supported living, SOLA, and crisis respite services as proposed by Governor Gregoire. (<i>Goodwin, Smith</i>); • 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. (<i>Smith</i>) • Establish more SOLAs for both children and adults in more regions of the state. (<i>Henricksen</i>) • Require DSHS to provide cost estimates for the amount needed to establish both small private and public intermediate care facilities. (<i>Kline</i>) • Continue SOLA expansion based on family and/or client choice. (Short Term) (<i>Clintzman</i>)
4	<p>Providing Specialized Services</p> <ul style="list-style-type: none"> • Partner with private sector to provide expertise in all DSHS regions for medical, OT, RT, PT, Dental, etc. (<i>Green</i>) • 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. (<i>Sullivan</i>) • Provide access to culturally relevant services. (<i>Morehouse</i>) • 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. (<i>Balsley</i>) • 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. (<i>Kline</i>) • Make Fircrest, Yakima Valley School, and Lakeland centers of excellence expanding their health care, dental, physical therapies and respite capabilities. (<i>King</i>) • Work to provide individuals with DD in the community with access to care at all RHCs. (<i>King</i>) • 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. (<i>King</i>) • Deploy interdisciplinary community treatment teams to support any new community-based intermediate care facilities. (Long Term) (<i>Clintzman</i>) • 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) (<i>Clintzman</i>)

Recommendations to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
5	<p>Respite/Crisis Stabilization/Other Programming</p> <ul style="list-style-type: none"> • Implement crisis stabilization program and expand if outcomes are favorable and as funding is available. (<i>Green</i>) • Develop planned and crisis respite beds throughout state based on need. (<i>Green</i>) • Use empty cottages at RHC campuses to provide services to DD clients who receive no paid services. (<i>Sullivan</i>) • 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. (<i>Sullivan</i>) • Increase respite, employment and day programs, and crisis supports to families. (<i>Smith</i>) • Provide flexible funding for families who are eligible for services to access respite or other needs. (<i>Morehouse</i>) • Develop Community Crisis Stabilization options for people under the age of 21. (<i>Morehouse</i>) • Continue developing Community Respite so that options are available in local communities across the state. (<i>Morehouse</i>) • Develop short term stay capacity on RHC grounds. (<i>Henricksen</i>) • Reinstate the voluntary placement program. (<i>Kline</i>) • 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) (<i>Clintzman</i>) • Ensure respite capacity is available strategically throughout the state, rather than concentrated in any one geographic area. (Short Term) (<i>Clintzman</i>) • 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) (<i>Clintzman</i>)
6	<p>Funding/Revenue</p> <ul style="list-style-type: none"> • 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. (<i>Green</i>) • Provide a source of dedicated funding, not General Fund dollars. (<i>Balsley, Henricksen</i>) • Identify a dedicated funding source for DDD services that includes funding for people needing services on the NPS caseload. (<i>Kline</i>)

Recommendations to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
7	<p>Choice of Services</p> <ul style="list-style-type: none"> • Honor the choice of qualifying families who chose RHC care for their loved one. <i>(Sullivan)</i> • Lift ban on admission for clients under age 18. <i>(Sullivan)</i> • Ensure individuals and their families have real choices in where their loved ones live. <i>(Balsley)</i> • 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. <i>(Henricksen)</i> • Ensure that parents or guardians have the option to place a family member into an RHC if they so choose. <i>(King)</i>
8	<p>Providers/Quality Assurance</p> <ul style="list-style-type: none"> • Develop and maintain a trained, background-checked caregiver list of providers that is accessible to clients and their families. <i>(Green)</i> • 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. <i>(Smith)</i> • Continue developing the Home Care Referral Registry, which needs to be made more accessible to people with DD and their families. <i>(Morehouse)</i> • Quality assurance needs to be consistent across all settings. <i>(Morehouse)</i> • 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. <i>(Henricksen)</i> • 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. <i>(King)</i> • Address sustainability of community-based services, including comparable or competitive wages, especially for direct support professionals. (Long Term) <i>(Clintzman)</i>

Recommendations to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
9	<p>Outreach/Transitioning</p> <ul style="list-style-type: none"> • Increase information and outreach capacity of the DD system. (<i>Smith</i>) • Introduce a bill that incorporates the vetoed Section 7 of 2SSB 5459. (<i>Smith</i>) • Use RHC level of care for the most complicated, high acuity clients to stabilize them and work toward community placement. (<i>Green</i>) • Continue using roads to community living funding and enhanced federal match to move people from RHCs. (<i>Morehouse</i>) • 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. (<i>Morehouse</i>) • Identify people with DD/ID in the communities in which they live. (<i>Balsley</i>) • Ensure education of community residents and providers on the needs of people with DD/ID. (<i>Balsley</i>) • 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) (<i>Clintzman</i>) • 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) (<i>Clintzman</i>)
10	<p>Modify Mission of Task Force</p> <ul style="list-style-type: none"> • 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. (<i>Green</i>)
11	<p>Increase Efficiencies</p> <ul style="list-style-type: none"> • Operate DD services efficiently by finding efficiencies through streamlining and reducing the number of times case managers must determine eligibility. (<i>Morehouse</i>) • Eliminate redetermination of eligibility at age 10. (<i>Morehouse</i>)
12	<p>Expand Use of Existing RHCs re Services/Training</p> <ul style="list-style-type: none"> • Expand capacity within the grounds of the existing RHCs (<i>Balsley</i>) • Include staff working in the community into the mandatory trainings that exist within RHCs. (<i>Henricksen</i>) • Develop ways for families to use personal insurance to pay for care of their loved ones residing in RHCs. (<i>Henricksen</i>)

Recommendations to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
13	<p>Expand/Increase Flexibility of Waivers</p> <ul style="list-style-type: none"> • 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. <i>(Henricksen)</i> • 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) <i>(Clintzman)</i>
B.	State's Long-Term Needs for RHC Capacity
	<ul style="list-style-type: none"> • Maintain at least three (3) RHCs, one in eastern, western, and central WA. <i>(Johnson)</i> • Remove the admission restrictions on Yakima Valley School. <i>(Johnson)</i> • Keep the remaining four (4) RHCs open. <i>(Sullivan)</i> • Consider consolidating to three (3) facilities statewide over a period of time. <i>(Green)</i> • Close one RHC on the West side of the state and use Roads to Community Living to capture federal funding. <i>(Morehouse)</i> • Invest in Supported Living providers statewide and cease investing more capital in RHC buildings. <i>(Morehouse)</i> • Use the expertise at RHCs to develop quality services in the community. <i>(Morehouse)</i> • Retain the four RHCs in their current locations of Spokane, Yakima, Buckley, and Shoreline and provide medical care, adult day care, and respite care. <i>(Balsley, Henricksen)</i> • Close Rainier School. Decrease services over a 4 or 5 year period <i>(Kline, King)</i> • Upgrade the existing cottages at Fircrest, Yakima Valley School, and Lakeland to better use their facilities and services. <i>(King)</i>
C.	Reframing Mission of Yakima Valley School
	<ul style="list-style-type: none"> • 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 <i>(Johnson)</i> • If expertise at Yakima Valley School is available, provide a crisis stabilization team for Eastern Washington. <i>(Morehouse)</i> • For all RHCs keep the property, facilities, equipment, and staff to expand services needed throughout the state. <i>(Balsley)</i> • Repeal the admissions moratorium at Yakima Valley School. Use the facility for respite and emergency care. <i>(Henricksen, King)</i> • 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. <i>(King)</i>

Recommendations to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
	<ul style="list-style-type: none"> 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) (<i>Clintzman</i>)
D.	Use of Surplus Property Resulting from Closure of One of More Centers
	<ul style="list-style-type: none"> 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. (<i>Goodwin, Smith, Morehouse, Kline, King</i>) Allow proceeds from the sale of property to be used as income for the Dan Thompson Trust Account. (<i>Goodwin, Smith, Morehouse, Kline, King</i>) Direct excess property from consolidation and closures to the Dan Thompson trust. (<i>Morehouse, Kline, King</i>) Use available office space at RHCs for DSHS and DOH offices, offsetting costs of renting facilities elsewhere in the state. (<i>Balsley</i>) Partner with community to lease property for low-income housing, pasture lands. (<i>Balsley</i>)
E.	Plan for Consolidation
	<ul style="list-style-type: none"> 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. (<i>Goodwin</i>) 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. (<i>Smith</i>) Continue to develop SOLA options and supported living capacity to provide individuals and families with choice of options. (<i>Morehouse</i>) Reduce 250 beds over a 6 year period while developing a plan to close another RHC. (<i>Morehouse</i>) Focus on downsizing one facility at a time, rather than reduce beds across all facilities. (<i>Morehouse</i>) Legislation providing protections of services for those moving from an RHC should be developed and supported. (<i>Morehouse/Kline</i>) 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. (<i>Balsley</i>) Do not consolidate the RHCs further. Further consolidation cannot be accomplished without harm to the developmentally disabled in the state. (<i>Henricksen</i>) Before consolidation of publicly staffed facilities may occur, publicly staffed facilities that provide as good or better services must be established. (<i>Henricksen</i>)

Recommendations to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
F.	Savings from Downsizing, Consolidation or Closure of One or More Centers
	<ul style="list-style-type: none"> • 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. <i>(Morehouse)</i> • 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. <i>(Balsley)</i> • 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. <i>(Balsley)</i> • Re-deploy resources that are made available through any future reductions at RHCs to community-based regional programs. (Long Term) <i>(Clintzman)</i>

Recommendations of Top Priorities to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
A.	Development of System of Services
1	<p>Accurately Determine Number of Eligible Clients: Add developmental disabilities services to caseload forecasting. (<i>Morehouse, Goodwin, Kline, Smith, Green</i>) (Sen. Kline's recommendation is to be incorporated in proposed legislation.) Note: The Task Force approved this recommendation on 10/23, but the language may need to be modified.</p>
2	<p>Serve No Paid Services Caseload/Increase Capacity to Provide Services</p> <ol style="list-style-type: none"> a) Hire enough case managers and provide funding to 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, including Medicate Personal Care. (<i>Goodwin, Kline, King, Smith</i>) b) Direct the Developmental Disabilities Council (DDC), with funds appropriated, to expand its Informing Families Building Trust communication project to provide information to individuals and families on the no paid services caseload. (<i>Kline</i>)(Recommendation to be incorporated in proposed legislation.) c) Provide some level of service to those on the no paid services caseload who need service; priority should be given to respite. (<i>Morehouse</i>) d) Appropriate funds to and direct DDD to provide respite care for 4,000 individuals on the no paid services caseload in year one, and another 4,000 in year two (not to exceed \$4000 per family, per year) prioritizing those with the highest need and caregiver stress. (<i>Kline</i>)(Recommendation to be incorporated into proposed legislation.) <p>Note: On 10/23, the Task Force approved the following recommendations:</p> <ul style="list-style-type: none"> • Restore case managers for clients who receive no paid services. • Provide a thorough review of the 14,000 clients on the no paid services caseload. • Ensure that DD clients entitled to Medicaid Personal Care are informed and receive this service, if desired. • Fund sufficient numbers of numbers of case managers to complete baseline assessments for eligible no paid caseload clients, starting with children.
3	<p>Respite/Crisis Stabilization</p> <ol style="list-style-type: none"> a) Develop respite and crisis stabilization services throughout the state, rather than being concentrated in any one geographic area; (this could include establishing agreements with nursing homes, residential facilities, group homes, and/or hospitals that would provide stabilization services until the individual could be transported to an RHC). (<i>Johnson, Porter, Smith, Balsley, Clintsman, Green</i>) b) Develop crisis stabilization services in the community for people in crisis and possibly in danger of out-of-home placement or institutionalization; use model proposed by DDD which provides proactive wraparound services where planning for a person's return to their home is begun immediately. (<i>Morehouse</i>) c) Create respite beds throughout the state for both adults and children (<i>Balsley</i>)

Recommendations of Top Priorities to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
	<ul style="list-style-type: none"> d) Develop community crisis stabilization for people under age 21 <i>(Porter)</i> e) Increase respite, day programs and crisis support to families <i>(Porter)</i> f) Develop a feasibility study to compare the cost, benefits, and challenges of: Leasing and improving privately owned space; purchasing and improving existing single family homes; and designing and constructing new residential facilities to respite and crisis stabilization. <i>(Porter)</i> g) Determine if the Housing Trust Fund (RCW 43.185.070(3), which allows support for projects focusing on special needs populations, can be used to fund the development of respite and crisis stabilization facilities. <i>(Porter)</i> h) Develop planned and crisis respite beds throughout state based on need. <i>(Green)</i> i) Conduct an independent longitudinal review of the crisis model and client outcomes by 2014 <i>(Clintzman)</i> j) Establish a functional clearinghouse for accessible specialized respite services that are specialized with focus on early intervention for children and preventative services for clients to meet family needs for technical advice, skill development, and family maintenance needs. <i>(Clintzman)</i>
4	<p>Continuum of Care</p> <ul style="list-style-type: none"> a) Use existing RHCs and further development of publicly provided continuum of care by establishing more SOLAs for both children and adults in all regions of the state. <i>(Henricksen)</i> b) Establish a true continuum of care for all people with developmental disabilities that offers choice based upon need that ranges from the "community" to the RHC environment; establish and improve uniform oversight of all non-RHC care to provide better consistency of services. <i>(Sullivan)</i> c) Expand children's State Operated Living Alternatives if additional capacity is requested by parents. <i>(Clintzman)</i> d) Study the feasibility of establishing small community-based Intermediate Care Facilities for 4 to 6 persons. <i>(Clintzman)</i> e) Offer both SOLA and private sector residential options for families in all three DSHS regions. <i>(Green)</i> f) Partner with private sector to provide expertise in all DSHS regions for medical, OT, RT, PT, Dental, etc. <i>(Green)</i>
5	<p>Funding/Revenue</p> <ul style="list-style-type: none"> a) Seek dedicated funding resource to adequately fund the DD system. <i>(Green, Balsley)</i> b) Repurpose existing resources: Lease or rent, not sell, available property <i>(Balsley)</i> c) Re-open pools and activity buildings with intent to serve general public at market or slightly reduced rates; this is an excellent opportunity to provide therapeutic activities and services to people in the communities surrounding the RHCs as well as those who live in or are short-stay at the RHCs. <i>(Balsley)</i> d) Redeploy to the community any program savings from the development of community-based crisis center locations throughout the state. <i>(Clintzman)</i> e) 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. <i>(Green)</i>

Recommendations of Top Priorities to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
6	Choice of Services: Ensure that parents or guardians have the option to place a family member into an RHC if they so choose. <i>(Johnson, King)</i>
7	Providers/Quality Assurance <ul style="list-style-type: none"> a) Develop and implement a more robust quality assurance system of both continuous quality improvement and risk management for DD services. <i>(Smith)</i> b) Implement improvements to assist individuals and families to find quality providers. <i>(Morehouse)</i> c) Evaluate the effectiveness of the DDD contract compliance capabilities to ensure contracted providers in the community are able to offer as good or better quality of service to individuals with DD before further consolidation. <i>(Henricksen)</i> d) Expand regional-based quality assurance and technical assistance efforts. <i>(Clintzman)</i> e) Implement needed changes to the DDD incident management system that would allow for shared information and data analysis. <i>(Clintzman)</i> f) Improve DDD Case Management ratios. <i>(Clintzman)</i> g) Increase investigation resources for DDD and for Residential Care Services. <i>(Clintzman)</i> h) Develop and maintain a trained, background-checked caregiver list of providers that is accessible to clients and their families. <i>(Green)</i>
8	Outreach/Transitioning <ul style="list-style-type: none"> a) Introduce a bill that incorporates the vetoed Section 7 of 2SSB 5459. <i>(Kline)</i> b) Study the possibilities of using the professional expertise of the RHCs for community outreach services <i>(Clintzman)</i> c) Use RHC level of care for the most complicated, high acuity clients to stabilize them and work toward community placement. <i>(Green)</i>
9	Expand/Increase Flexibility of Waivers <ul style="list-style-type: none"> a) Mandate the Department of Health or this task force to develop and implement a plan that would allow people with disabilities who live in the community to access resources already provided in the RHCs, such as medication assessment, physical therapy, dentistry, and other vital services not easily available in all parts of the state and communities. DOH would likely need to work with the Center for Medicare/Medicaid Services (CMS) to develop a waiver that would allow such services to be provided. <i>(Henricksen)</i> b) Systematically and methodically add growth to the DDD Basic Plus Waiver program. <i>(Clintzman)</i> c) Add openings to the Children's Intensive In-Home Behavior Supports Waiver by a set growth factor. <i>(Clintzman)</i> d) Study the possibilities of using the professional expertise of the RHCs for community outreach services. <i>(Clintzman)</i>
B.	State's Long-Term Needs for RHC Capacity
	<ul style="list-style-type: none"> 1. Keep the remaining four (4) RHCs open without restrictions. <i>(Sullivan)</i> 2. Fully utilize the existing capacity at every RHC for respite care, emergency crisis, crisis stabilization, adult day activities, traumatic brain injury centers, training centers for medical, dental, various therapies, vocational services, etc. <i>(Sullivan)</i>

Recommendations of Top Priorities to the Task Force by Task Force Members <i>(by subject and by goals set out in 2SSB 5459)</i>	
	<p>3. Expand the capacity at the four (4) RHCs to create "Centers of Excellence" across the state to provide services to eligible people that include Medical, Dental, Nursing, etc.; as funding becomes available, create Centers in other locations where there are identified needs; i.e. Walla Walla, Bremerton, Okanogan, etc. <i>(Balsley)</i></p>
C.	Reframing Mission of Yakima Valley School
	<p>1. 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 <i>(Johnson, Sullivan, King, Porter)</i></p> <p>2. Remove/Repeal the admission restrictions at Yakima Valley School. <i>(Johnson, King)</i></p> <p>3. 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. <i>(Porter)</i></p>
D.	Use of Surplus Property Resulting from Closure of One of More Centers
	<p>1. Amend statute authorizing the Dan Thompson Trust Account to include income from the leasing of the Frances Haddon Morgan center property. <i>(Goodwin, King, Porter)</i></p> <p>2. Amend statute authorizing the Dan Thompson Trust Account to allow proceeds from the sale of property to be used as income for the Dan Thompson Trust Account. <i>(King, Porter)</i></p> <p>3. Use available office space at RHCs for DSHS and DOH offices, offsetting costs of renting facilities elsewhere in the state. <i>(Balsley)</i></p> <p>4. Partner with community to lease property for low-income housing, pasture lands. <i>(Balsley)</i></p>
E.	Plan for Consolidation
	<p>1. 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 for supported living, SOLA, respite, crisis respite, supported employment and community access services where they are needed. <i>(Goodwin)</i></p> <p>2. Consolidate one of the Western Washington RHCs, and increase funding to strengthen home and community-based services. <i>(Kline)</i></p> <p>3. Consolidate RHCs, paired with significant investments in the availability, stability, and variety of quality community options for individuals and families. <i>(Smith)</i></p>