	Recommendations of Top Priorities to the Task Force by Task Force Members *(by subject and by goals set out in ESSB 5459)*
A.	**Development of System of Services**
1	**Accurately Determine Number of Eligible Clients:** Add developmental disabilities services to caseload forecasting. (*Morehouse, Goodwin, Kline, Smith, Green*) (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.
2	**Serve No Paid Services Caseload/Increase Capacity to Provide Services** 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. (*Goodwin, Kline, King, Smith*) 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. (*Kline*)(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. (*Morehouse*) 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. (*Kline*)(Recommendation to be incorporated into proposed legislation.) Note: On 10/23, the Task Force approved the following recommendations: • 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	**Respite/Crisis Stabilization** 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). (*Johnson, Porter, Smith, Balsley, Clintsman, Green*) 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. (*Morehouse*) c) Create respite beds throughout the state for both adults and children (*Balsley*)

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	d) Develop community crisis stabilization for people under age 21 (*Porter*) e) Increase respite, day programs and crisis support to families (*Porter*) 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. (*Porter*) 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. (*Porter*) h) Develop planned and crisis respite beds throughout state based on need. (*Green*) i) Conduct an independent longitudinal review of the crisis model and client outcomes by 2014 (*Clintsman*) 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. (*Clintsman*)
4	**Continuum of Care** 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. (*Henricksen*) 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. (*Sullivan*) c) Expand children's State Operated Living Alternatives if additional capacity is requested by parents. (*Clintsman*) d) Study the feasibility of establishing small community-based Intermediate Care Facilities for 4 to 6 persons. (*Clintsman*) e) Offer both SOLA and private sector residential options for families in all three DSHS regions. (*Green*) f) Partner with private sector to provide expertise in all DSHS regions for medical, OT, RT, PT, Dental, etc. (*Green*)
5	**Funding/Revenue** a) Seek dedicated funding resource to adequately fund the DD system. (*Green, Balsley*) b) Repurpose existing resources: Lease or rent, not sell, available property (*Balsley*) 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. (*Balsley*) d) Redeploy to the community any program savings from the development of community-based crisis center locations throughout the state. (*Clintsman*) 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. (*Green*)

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6	**Choice of Services:** Ensure that parents or guardians have the option to place a family member into an RHC if they so choose. (*Johnson, King*)
7	**Providers/Quality Assurance** a) Develop and implement a more robust quality assurance system of both continuous quality improvement and risk management for DD services. (*Smith)* b) Implement improvements to assist individuals and families to find quality providers. (*Morehouse*) 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. (*Henricksen*) d) Expand regional-based quality assurance and technical assistance efforts. (*Clintsman*) e) Implement needed changes to the DDD incident management system that would allow for shared information and data analysis. (*Clintsman*) f) Improve DDD Case Management ratios. (*Clintsman*) g) Increase investigation resources for DDD and for Residential Care Services. (*Clintsman*) h) Develop and maintain a trained, background-checked caregiver list of providers that is accessible to clients and their families. (*Green*)
8	**Outreach/Transitioning** a) Introduce a bill that incorporates the vetoed Section 7 of ESSB 5459. (*Kline*) b) Study the possibilities of using the professional expertise of the RHCs for community outreach services (*Clintsman*) c) Use RHC level of care for the most complicated, high acuity clients to stabilize them and work toward community placement. (*Green*)
9	**Expand/Increase Flexibility of Waivers** 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. (*Henricksen*) b) Systematically and methodically add growth to the DDD Basic Plus Waiver program. (*Clintsman*) c) Add openings to the Children's Intensive In-Home Behavior Supports Waiver by a set growth factor. (*Clintsman*) d) Study the possibilities of using the professional expertise of the RHCs for community outreach services. (*Clintsman*)
B.	**State's Long-Term Needs for RHC Capacity**
	1. Keep the remaining four (4) RHCs open without restrictions. (*Sullivan*) 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. (*Sullivan*)

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	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. (*Balsley*)
C.	**Reframing Mission of Yakima Valley School**
	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 (*Johnson*, *Sullivan*, *King*, *Porter*) 2. Remove/Repeal the admission restrictions at Yakima Valley School. (*Johnson*, *King*) 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. (*Porter*)
D.	**Use of Surplus Property Resulting from Closure of One of More Centers**
	1. Amend statute authorizing the Dan Thompson Trust Account to include income from the leasing of the Frances Haddon Morgan center property. (*Goodwin*, *King*, *Porter*) 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. (*King*, *Porter*) 3. Use available office space at RHCs for DSHS and DOH offices, offsetting costs of renting facilities elsewhere in the state. (*Balsley*) 4. Partner with community to lease property for low-income housing, pasture lands. (*Balsley*)
E.	**Plan for Consolidation**
	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. (*Goodwin*) 2. Consolidate one of the Western Washington RHCs, and increase funding to strengthen home and community-based services. (*Kline*) 3. Consolidate RHCs, paired with significant investments in the availability, stability, and variety of quality community options for individuals and families. (*Smith*)