



REPORT TO THE LEGISLATURE

Respite and stabilization report

ESSB 5092 Sec. 203 1(y)(b)
Chapter 334, 2021 Laws PV
ESSB 5268 Sec. 4
Chapter 219, 2022 Laws
ESSB 5693 Sec. 203 1(z)(b)
Chapter 297, 2022 Laws PV

October 1, 2024

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Overview

Through Engrossed Substitute Senate Bills 5092, 5268 and 5693, the Legislature asked the Department of Social and Health Services' Developmental Disabilities Administration to examine the need for community respite beds for eligible adults and stabilization beds to provide crisis stabilization services for adults with complex behavioral support needs putting them at risk of loss of provider, housing or other community connections.

We submitted a preliminary Community Respite and Stabilization report on October 1, 2022. That report noted the state of services and plans to evaluate the needs of our clients, their families and whether the current services sufficiently address their needs. We sent a progress report October 1, 2023, outlining our efforts to better understand the respite and stabilization needs of individuals with intellectual or developmental disabilities and barriers to accessing those services. For this report, we reached out to clients, families and service providers to learn what is and is not working for service delivery.

This final report is the summary of DSHS DDA's work exploring:

- The respite and stabilization needs of those with intellectual and developmental disabilities.
- Current services available to meet those needs.
- Barriers to accessing services.
- Recommendations to improve service availability and delivery.

We added the data from the previous reports with the data from recent listening sessions. People with lived experience shared their stories to help us understand how it was for them to ask for and access respite or stabilization services.

Background

In 2019, the DSHS collaborated with the William D. Ruckelshaus Center to write the [Rethinking Intellectual and Developmental Disability Policy to Empower Clients, Develop Providers, and Improve Services](#) legislative report. Recommendations in this report included:

- Increased funding for community-based overnight planned respite.
- Expanded access to crisis services for clients currently supported in the community.

In October 2022, we sent the first of three Community Respite and Stabilization reports. This first report highlighted existing respite and stabilization services and our plan to learn more from community partners and subject matter experts to better understand the statewide need for these services including initial recommendations to expand contracted diversion beds and mobile diversion services.

On October 1, 2023, DSHS DDA submitted the Community Respite and Stabilization progress report highlighting continued exploration of the needs of our clients for respite and stabilization services. We conducted surveys with various community partners, family members and individuals with lived experience to gather their feedback on service gaps and how DSHS DDA may be able to best support these needs.

This third and final report concludes our three-year study of what our clients and their families need for respite and stabilization. It provides our recommendations to:

- Expand respite and stabilization services.
- Add days of service.
- Bring respite and stabilization to places where services are most needed.

For these reports, we met with clients, families and community partners to evaluate the current service offerings available, identify opportunities to improve or enhance these services and to consider alternative ways to meet clients' need for respite and stabilization services in community settings.

Respite Services include the following:

Overnight Planned Respite Services

Overnight Planned Respite Services is a community-based respite service for adults living with their primary caregivers. The service offers a break in caregiving and provides individualized activities and supports to the client during the respite stay. Services are provided in a community setting, such as a home or apartment and are staffed by contracted, certified providers. Each overnight respite setting serves one person at a time and clients may use the service up to 14 days in a calendar year.

Planned Respite provided by a Residential Habilitation Center

Planned respite in a state-operated nursing facility at an RHC is for adults living with their primary caregivers. These locations include nursing facilities at Fircrest, Lakeland Village and Yakima Valley School. Planned respite provides personalized activities and supports within the RHCs congregate setting. RHC planned respite is limited to 30 days in a calendar year and cannot exceed 30 consecutive days across two calendar years.

Stabilization Services include the following:

Diversion Services

Diversion services are stabilization services designed to provide temporary support for DSHS DDA eligible individuals who are experiencing a crisis that may result in harm to self or others, significant property destruction or which otherwise indicates a serious deterioration in functioning. The service is intended to provide an alternative to receiving stabilization supports in a hospital or institutional setting. This service may be offered as a 24-hour bed-based service or may be provided as a mobile service that is delivered in the person’s own home. Mobile diversion has the added objective of seeking to preserve the current living arrangements and caregiver supports to minimize disruptions in home to the person. Stabilization services are intended to be offered on a short-term basis, typically up to 90 days, however extensions may be approved on a case-by-case basis.

Crisis Stabilization at an RHC

A 2017 amendment to RCW 71A.20.180 allowed us to add up to eight state-staffed crisis stabilization beds at Yakima Valley School. YVS provides crisis stabilization support to eligible clients of DSHS DDA who are experiencing behaviors that risk their safety and stability. The support stabilizes the person to then return or transition to new, appropriate long-term services. Crisis stabilization provided at YVS differs from the services provided at an RHC certified as an Intermediate Care Facility whereas ICFs’ primary purpose is to provide continuous, aggressive, active treatment to support an individual to acquire the skills necessary for the client to function with as much self-determination and independence as possible.

State-Operated Stabilization, Assessment and Intervention Facility

DSHS DDA’s State-Operated Stabilization, Assessment and Intervention Facility, also known as SAIF, is certified to provide up to 90 days of short-term stabilization services under Chapter 388-847 WAC. This program provides 24-hour support for up to six eligible people who have behavioral health needs. They are supported with a team of professionals, such as a behavior specialist, advanced registered nurse practitioner and a level of staffing to meet the client’s needs. Upon discharge to the community, SAIF provides 30-days of post discharge technical support to the long-term care provider.

Enhancements to existing services funded in the 2023-2025 biennial budget

Diversion Services

In fiscal year 2023, DSHS DDA was granted additional funding to expand diversion bed and mobile diversion services and is actively working to expand mobile diversion services across the state. To date, two additional beds have been contracted in Region 3 and are located in Pierce County. Region 3 currently has one additional diversion bed in Thurston County and has also received a proposal for up to two additional diversion beds in Clark County. Region 1 has accepted a proposal for four diversion beds which are currently in development and anticipated to begin serving clients in the Spokane County area as of Fall 2024. Region 2 has accepted a proposal for two additional diversion beds which are also in development in King County. These two beds are expected to begin serving clients during calendar year 2024. We anticipate achieving an increase from the current seven contracted diversion beds to a total of 13 contracted beds by the end of calendar year 2024.



Region 3 has been able to extend mobile services to approximately six additional individuals in fiscal year 2024 using the increased funding received for the current biennium. Contracted mobile diversion services were also supported to improve staff training and purchase essential equipment for use in working with clients receiving the service.

A nationwide provider with experience offering crisis stabilization services proposed to DSHS DDA to offer these services in various areas of the state, including Regions 1 and 2. The regions are considering the proposal presently.

Diversion Services Planned Expansion for 2023-2025 Biennial Budget				
	FY2023 capacity	FY2024 Budget Allocation	FY2025 Budget Allocation	Total
Region 1	3 beds	2 beds	1 bed and mobile diversion	6 beds and mobile diversion
Region 2	2 beds	2 beds and mobile diversion	2 beds	6 beds and mobile diversion
Region 3	3 beds and mobile diversion	1 bed	2 beds	6 beds and mobile diversion

Data source: 2023-2025 DDA Biennial Budget

Tri-Cities Overnight Planned Respite

Community partners indicate a strong need for respite services in Central Washington. As part of the supplemental budget for fiscal year 2025, \$350,000 was allocated to develop overnight respite beds in the Tri-Cities. We are meeting with interested providers to explore development of this resource.

Emergency Transitional Support Services

We received legislative funds to continue emergency transitional services at Rainier School in the 2023-2025 operating budget, commonly referred to as Klamath. We started this service during the 2020 COVID-19 state of emergency to make sure hospitals had space for those who need medical care. People can access this service when they have risk of hospitalization without medical need or when they stay in hospital without medical need. This model continues to fill a gap and supports successful transitions to more appropriate long-term services and reduces or prevents rehospitalization. With the declared state of emergency over and continued appropriation, Chapter 388-829Z WAC became law on July 17, 2023.

	Admitted to ETSS	Discharged from ETSS
FISCAL YEAR 2022	6	6
FISCAL YEAR 2023	3	4
FISCAL YEAR 2024	5	2

Source: Electronic Health Record ADT census report and CARE

Sharing progress from Fiscal Year 2023 to Fiscal Year 2024

- As mandated in SB 5092, 5268 and 5693, this report documents: Our progress and recommendations around understanding the number and location where additional respite and stabilization beds are needed. For this final report, we reviewed data for individuals accessing these services and compared them to the previous reports in the series.
- The differences between services at our RHCs certified as an intermediate care facility versus a nursing facility.
- Contracting options for these services.

Fiscal Year 2024 respite data review

Overnight Planned Respite Services

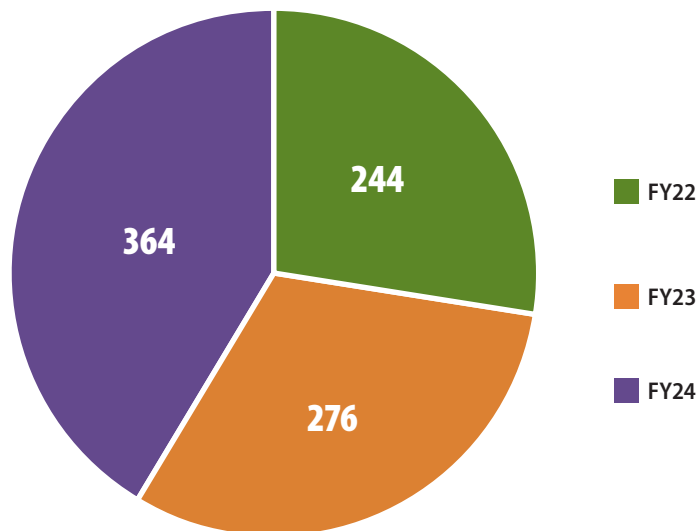
In fiscal year 2024, there were 364 adults receiving overnight planned respite. The OPRS data shows a 32% increase compared to fiscal year 2023, which served 276 clients. These counts include duplicated clients who accessed OPRS multiple times during the 12-month periods.

“What I like best about overnight respite is my son gets to come back and share experiences with me, and it gives him more opportunity in the community.”
— Family member



OPRS FY2022 through FY2024 Client Stay Total Count

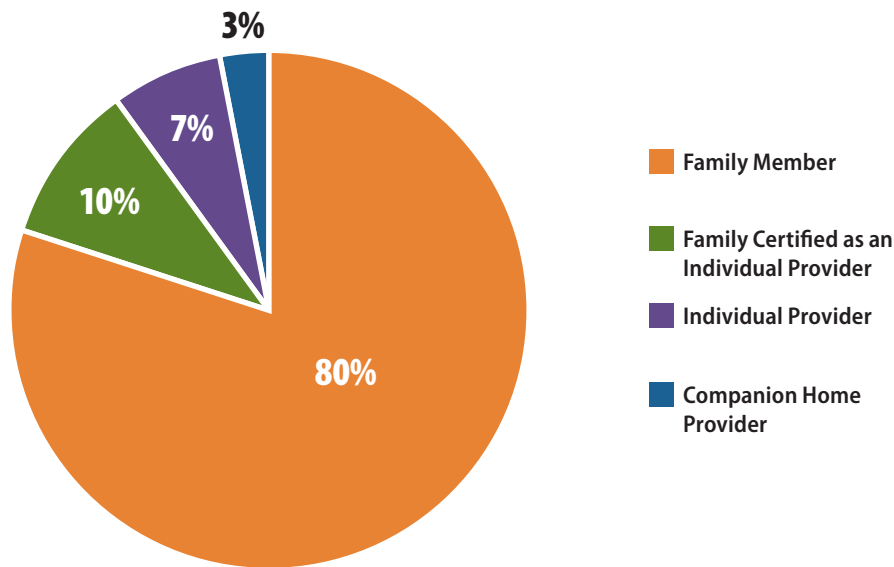
Data source: Residential and Stabilization Services Unit, Date: July 2024



In July 2024, the service expanded eligibility under Chapter 388-829C-230 WAC to allow for clients residing with companion home providers to access OPRS, in addition to those already eligible to access the service. Clients who used overnight planned respite during fiscal year 2024 resided in the following settings with their primary caregivers: 80% with family members, 10% with family certified as individual providers, 7% with individual providers and 3% with companion home providers.

OPRS FY2024 Client Stay Comparison by Residential Setting

Data source: Residential and Stabilization Services Unit, Date: July 2024



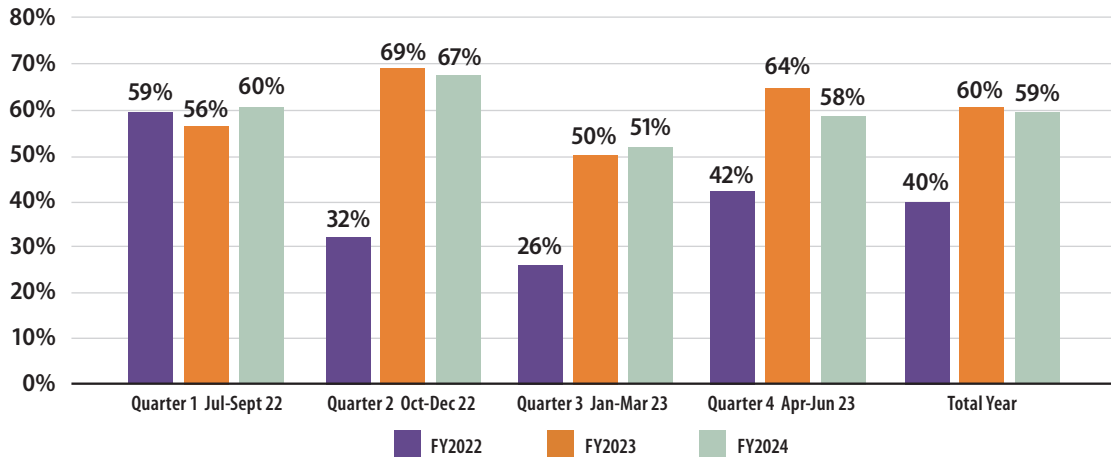
OPRS providers have limitations in their staff, training and resources to support individuals with complex behavioral and medical needs. In fiscal year 2024, they provided additional staffing and supervision for 11 clients with increased behavioral or medical support needs across 15 different stays.

In fiscal year 2024, there were an additional 76 clients denied OPRS services due to medical or behavioral needs exceeding the provider’s ability to deliver respite services. The denial count includes duplicated clients who requested OPRS multiple times during the 12-month period.

*“The reasons why agencies decline or are unable to support are the reasons why we need a break.”
— Family member*

In fiscal year 2024, although we served more clients than the previous year, we maintained on average a 59% bed occupancy rate statewide, which is comparable to the fiscal year 2023 occupancy rate of 60%. Due to COVID related constraints, fiscal years 2022 and fiscal year 2023 had fewer beds available to respond to client requests compared to fiscal year 2024.

OPRS FY2022 thru FY2024 Bed Occupancy Rates Statewide



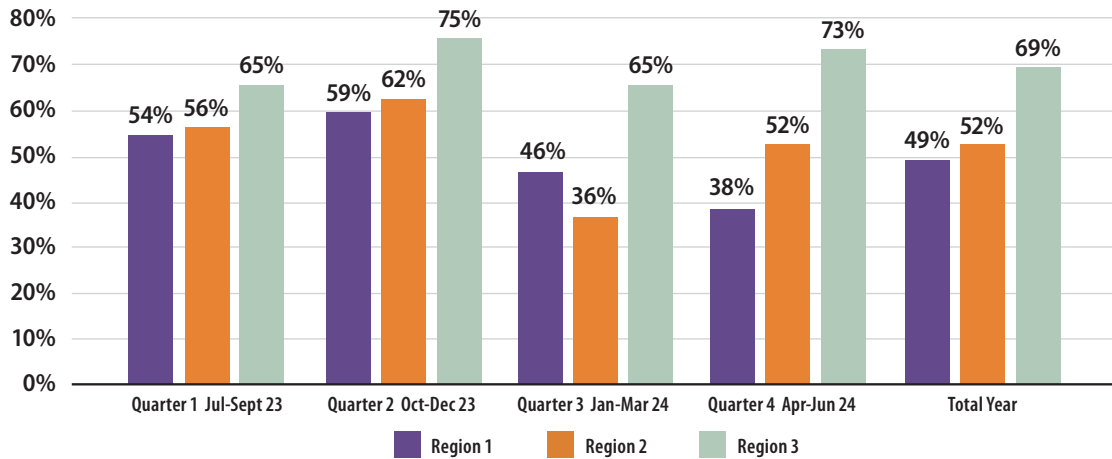
Data source: Respite and Short-term Services Unit, Date: July 2024

Of all the clients accessing overnight planned respite, 23% resided in Region 1, 33% in Region 2 and 44% in Region 3. Region 1 had the lowest bed occupancy in fiscal year 2024 impacted by staffing constraints and number of client requests. Region 3 consistently shows the highest levels of occupancy and client demand in the state during each quarter and overall.

They do a good job sticking to the plan. I really appreciated the staff, and they recognize what is important to him.”
 — Family member



OPRS FY2024 Bed Occupancy Rates by Region



Data source: Respite and Short-term Services Unit, Date: July 2024

In fiscal year 2024, Olympia, Vancouver and Lynnwood locations maintain the highest bed occupancy rates, while Bellingham showed the lowest. Lynnwood B reopened and started accepting clients full-time in the first quarter of fiscal year 2024.

Bellingham and Tacoma offer 1:1 staffing during the day and share staff with clients receiving supported living services during the graveyard shift. The shared staffing model limits staff's ability to support individuals with behavioral or medical needs that require 24-hour support or supervision. Tacoma and Bellingham providers report that the current OPRS daily rate does not allow them to increase the staffing or training needed to support individuals with enhanced needs.

“OPRS Providers are struggling to find homes and staff.”
— Caregiver



Spokane Bismarck reopened in the fourth quarter of fiscal year 2023 and remained open through fiscal year 2024. In the second quarter of fiscal year 2025, Arc of Spokane will permanently close their Spokane Lidgerwood and Spokane Bismarck OPRS locations. This will result in no available overnight respite beds in Region 1. The provider cited staffing constraints, increasing client population served with complex behavioral needs, and inflation affecting staff wages and operational expenses which exceed the current daily rate as reasons for the closure. The provider indicated they would be open to reconsidering contracting for OPRS in the future with an increased daily rate in line with annual cost of living adjustments, training allowances, operational costs, and a competitive staffing pool.

OPRS FY2024 Bed Occupancy Rates by Location					
Location	Quarter 1 Jul-Sept 23	Quarter 2 Oct-Dec 23	Quarter 3 Jan-Mar 24	Quarter 4 Apr-Jun 24	Total Year
Spokane Bismarck	42%	52%	40%	40%	43%
Spokane Lidgerwood	65%	67%	52%	36%	55%
Bellingham	28%	42%	6%	29%	26%
Lynnwood Duplex A	79%	76%	51%	65%	68%
Lynnwood Duplex B	61%	75%	53%	62%	63%
Olympia Duplex A	90%	85%	85%	87%	87%
Olympia Duplex B	53%	86%	75%	81%	74%
Tacoma	36%	35%	31%	43%	36%
Vancouver	80%	92%	73%	79%	81%

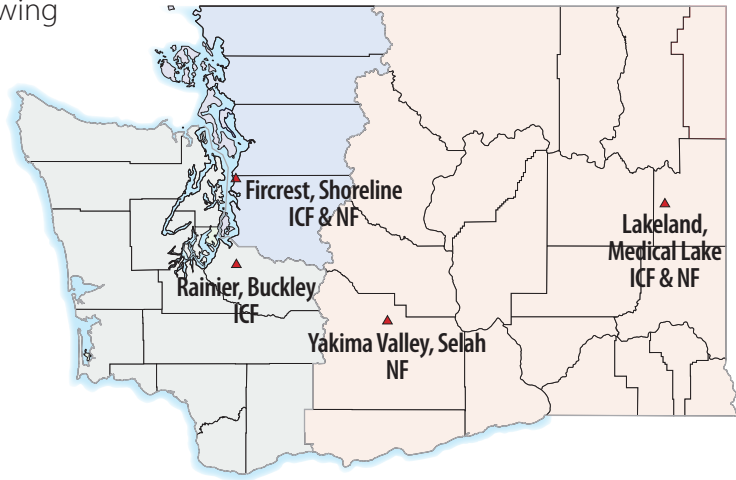
Data source: Residential and Stabilization Services Unit, Date: July 2024

Each OPRS location has different accessibility options and staffing resources, which can impact bed occupancy. Respite demand is highest during holidays, weekends or high-travel months. This impacts monthly bed availability and rates.

Residential Habilitation Center Planned Respite Service

We provide planned respite at the following RHCs certified as nursing facilities:

- Lakeland Village – Region 1.
- Yakima Valley School- Region 1.
- Fircrest- Region 2.

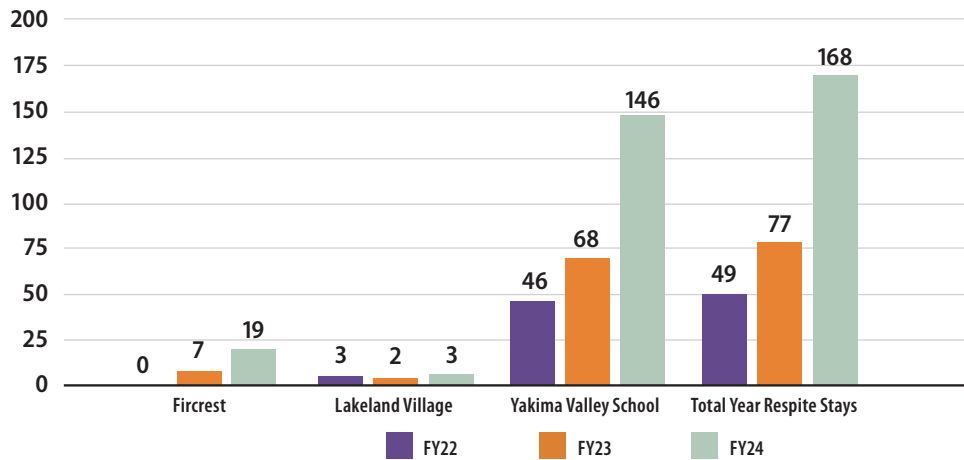


“It is hard to find support for medically complex clients. He loves Fircrest, which is accommodating and stable.” –Family member

The RHCs supported 168 clients with planned respite during fiscal year 2024. Data shows 146 of those clients were supported at Yakima Valley School, 19 at Fircrest and three at Lakeland Village. Demand is growing for the service, showing a 118% increase in comparison to fiscal year 2023, which supported 77 individuals overall. Some of these individuals are duplicated in the data as they may have used respite on more than one occasion.

RHC Planned Respite FY2022 through FY2024 Client Stay Count by Location

Data source: Residential and Stabilization Services Unit, Date: July 2024

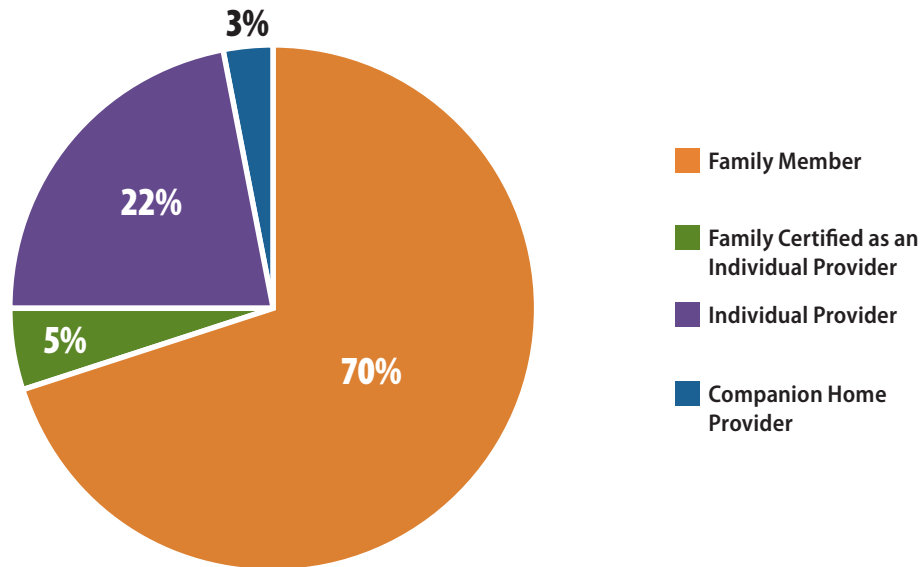


In Q4 of fiscal year 2024, Fircrest nursing facility in Shoreline paused respite requests due to the planned closure of one cottage in the nursing facility in preparation for construction of their new nursing facility. After closing Fircrest, anyone on the western side of the state had to travel several hours to access these services in Eastern or Central Washington. Planned respite at the Fircrest nursing facility reopened in August 2024.

In fiscal year 2024, clients receiving RHC planned respite lived with the following supports: 70% with family members, 5% with families certified as individual providers, 22% with individual providers and 3% with companion home providers.

RHC Planned Respite FY 2024 Client Stay Comparison by Residential Setting

Data source: Residential and Stabilization Services Unit, Date: July 2024



In fiscal year 2024, there were 14 clients across 21 respite stays that required 1:1 or 2:1 staffing during their respite stay. Yakima Valley School supported 11 clients across 18 respite stays, Fircrest supported three clients and Lakeland had no clients needing similar levels of staffing support during their respite stay.

The RHCs have limited staffing capacity to support clients who need enhanced supervision during their planned respite stay in the cottages where other long-term clients are living. In fiscal year 2024, we declined 70 planned respite requests because the client's needs exceeded what the RHC could provide. Of these denials, 29 were from Fircrest, 31 from Lakeland Village and 10 from Yakima Valley School. In fiscal year 2023, we declined 51 planned respite requests when the client's needs exceeded what the RHC could provide. Some clients may have been counted more than once in the data based on how many respite requests they made.



*"My concern is that, for someone coming out of an institution, we need the stabilization, so we don't become homeless. It's important."
-Self advocate*

Fiscal Year 2024 stabilization data review

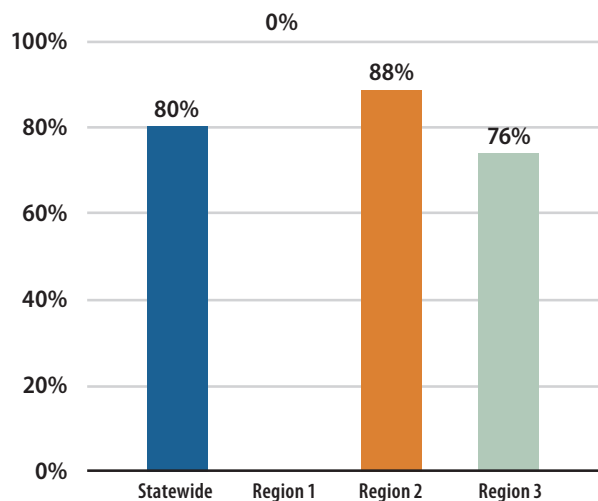
Stabilization Diversion Services

In fiscal year 2024, we had five diversion beds available through January 2024. Region 3 added two more diversion beds which began supporting clients as of April 2024. We supported 12 individuals in DSHS DDA contracted diversion beds during this fiscal year.

- Region 1 had no contracted diversion beds operating in fiscal year 2024.
- Region 2 had two diversion beds, both located in King County.
- Region 3 had three diversion beds, two in Pierce County and one in Thurston County through January 2024. Two additional beds were added in Pierce County in 2024.

We expect each diversion bed to maintain 80% occupancy or greater. In fiscal year 2022, the average occupancy was 85% statewide. In fiscal year 2023, the occupancy rates increased to 88%. The remaining vacancy rate reflects time for diversion providers to support transition activities for exiting individuals and their caregivers as well as pre-admission evaluations, training of staff to support new clients accepted into the diversion bed. In fiscal year 2024, the statewide average was down slightly at 81% overall. During this time, Region 2 maintained the two beds previously in contract while seeking new providers for expansion. Region 3 brought two additional beds online and began serving clients in the new location as of April 2024. Unfortunately, one provider in Region 3 was offline much of the year while restructuring their program. The agency ultimately decided it was not feasible for them to continue offering this service and opted not to renew their contract at the end of fiscal year 2024. The slight overall decrease in occupancy in fiscal year 2024 was, in part, due to repairs needed to one of the homes because of damages incurred during a client stay and the need for repairs to be completed prior to another client entering that setting.

DDA Crisis Diversion Bed Occupancy FY2024



Data Source: DSHS ALTSA and DDA Datamart 8.6.24

Stabilization Mobile Diversion Services

Mobile diversion is a stabilization service offered in the individual's own home. Bringing these supports to the client where they live reduces disruption to their lives while receiving support to stabilize and remain in their community. Mobile diversion services are designed to:

- Evaluate the challenges an individual is experiencing.
- Identify strategies that will help to stabilize them.
- Prevent further disruption including loss of caregivers or residence.
- Provide training to the primary caregivers to foster a successful home environment for all involved.

In fiscal year 2024, we referred 33 individuals for mobile diversion services. Of those, 28 individuals were accepted into service with 21 of them successfully progressing through the stabilization program. There were seven individuals who experienced barriers to successful stabilization due to hospitalization or relocation to an area where the service is not currently available.

State-Operated Stabilization, Assessment and Intervention Facility updates

When the SAIF program started, it was in a temporary facility and could only serve three clients at a time. In July 2024, the program moved into their permanent facility in Gig Harbor. Minor construction has kept SAIF from reaching full capacity. We expect participation in fiscal year 2025 to grow from seven to 12.



SAIF Sensory Room

"The SAIF staff are amazingly helpful with how they interact with the individual and respond to the client's support needs. I look forward to visits and asking the many questions I have so I can better support the client!"
–Supported living provider



SAIF Common Room

	Admitted to SAIF	Referred but didn't have capacity
FY2023	5	11
FY2024	7	23

Data collected from referral tracking by SAIF program



SAIF Kitchen and Dining Room

Crisis Stabilization at an RHC

Yakima Valley School, certified as a nursing facility, can support up to eight clients for crisis stabilization. This is in addition to the planned respite services and the long-term residents who live there as their permanent home. The clients receive supports from medical and professional staff during their stay for stabilization. Once the client returns to baseline, and we get their consent, we start to plan for them to move to their home. This home could be the place they came from or someplace new. Either way, we make sure they have the long-term supports they need to stay in the community.

	Admitted to YVS Crisis	Referred but didn't have capacity
FY2022*	0	1
FY2023	8	10
FY2024	11	9

**Impact due to COVID-19
Data source: RHC admissions request tracking and CARE prior approvals*



*"We need more community mental health professionals who are trained to cater services to people with I/DD."
-Parent*

General population hospitalization and escalation updates Western State Hospital and Eastern State Hospital admission and discharge updates

Western State Hospital in Lakewood and Eastern State Hospital near Spokane provide support for clients who are diagnosed with both mental health condition and intellectual and developmental disabilities. We tailor supports to meet the specialized needs of this population on the Habilitative Mental Health wards. There are a limited number of beds available on the HMH wards so the DSHS Behavioral Health Administration keeps an admission waitlist. Admission referrals can come through the forensic process related to competency restoration or through civil commitment. We continue to work to facilitate successful transitions back to community living for clients when they are ready for discharge. Individuals with I/DD may benefit from extra stabilization services to discharge promptly.

	Admitted to WSH	Admitted to ESH	Total Discharged
FY2022	33	9	14
FY2023	31	10	23
FY2024	32	12	27

Data source: Waiver Residential State Hospital Transition Spreadsheet, July 2024

Acute care hospital admissions and discharge updates

We have directed significant focus on individuals in acute care settings who experience discharge barriers after being medically cleared for discharge. The data below reflects the number of people admitted to an acute care hospital who stayed in the hospital after being medically cleared for discharge because the community had no appropriate services and supports identified for a safe discharge.

	Youth up to age 22	Adults aged 22+	Total
FY2022	35	79	114
FY2023	64	109	173
FY2024	73	92	165

**Impacted due to COVID-19.
Data Source: Hospital Tracking Database, fiscal year 2022 and fiscal year 2023; CARE, fiscal year*

To improve discharge success rates, we are:

- Proactively coordinating care.
- Adding service options such as:
 - Increased stabilization service capacity.
 - Complex Needs Supported Living Pilot program.
 - The Adult Family Home pilot program.
 - Intensive Behavioral Supportive Supervision (Managed Care Organization funded).

These programs have been key in facilitating safer and more supportive transitions back to community settings. HB 1905 (2022) created what is now known as the Youth and Young Adult Housing Response Team. YYAHRT is an interagency team that meets to triage complex cases involving young people ages 12-24 who are experiencing or at risk for homelessness when leaving publicly funded care. YYAHRT started in August 2023 to help young people move from systems of care into safe and stable housing within their communities.

State plan adult behavioral health escalation updates

We continue to partner with managed care organizations and the Washington Health Care Authority to improve services and supports. We have a process to escalate concerns to the HCA when there are barriers to accessing state plan services. The process allows DSHS DDA and HCA to collaborate directly with the managed care organizations and find solution-based remedies to access needed supports. All escalations are followed through to resolution.

- In fiscal year 2022, we escalated 130 requests to Health Care Authority about DSHS DDA Clients. All these requests were resolved.
- In fiscal year 2023, we escalated 152 requests to Health Care Authority about DSHS DDA Clients. All these requests were resolved.
- In fiscal year 2024, we escalated 78 escalation requests to Health Care Authority about DSHS DDA Clients. There are 64 of these requests resolved to date.

Community advocacy for additional respite days

We were asked to recommend whether an increase in respite days was needed. To understand if this was enough, in fiscal year 2023 we surveyed clients, family members, guardians, caregivers and paid providers. More than 1,100 people shared their input on whether additional respite days are needed. For OPRS, respondents recommended adding at least 20 more OPRS days to the 14 days of respite available in a calendar year. For RHC planned respite, respondents suggested adding at least 33 RHC respite days to the 30 days already available in a calendar year.

In fiscal year 2024, we held several listening sessions with clients, caregivers, families and community partners. We heard they need respite to prevent or overcome a crisis, to offer individuals opportunities to try out new living options and experiences away from home, for caregiver medical procedures, vacation and downtime to relax.

We heard that individuals with more complex behavioral or medical needs have limited options for respite in the community and are more likely to experience a crisis when respite is unavailable.

Families and caregivers are also worried about their loved ones' well-being if they themselves become sick or need medical care. They would like to see readily available respite options for unplanned emergencies or procedures.



*"We have to plan so far in advance, we can't access respite when we're in a crisis."
-Family member*

To make progress toward these objectives, clients, families and caregivers would like to see an increase in overall days offered for the service with careful attention on how this could affect occupancy and accessibility for the programs.

Based on current occupancy rates in relation to the demand for increased days, we recommend:

- Increasing OPRS access to 30 days each calendar year.
- Single stays lasting not longer than 14 days.

This will let clients use respite in a community setting while providing consistency in the number of days allowed for those who choose to access respite at an RHC. The limit of 14 days each stay ensures we keep space for others who need to access these beds.

Demand for planned respite at Yakima Valley School continues to grow as noted in the data above. Capacity for respite at YVS is limited by law (RCW 71A.20.180). Currently YVS has 37 clients who permanently reside at the nursing facility. We could meet the growing demand for respite with more funds for extra beds specifically in the empty cottages at the YVS campus.

Expanding Service Opportunities at an RHC

Intermediate Care Facilities at the RHCs are not suitable for respite. ICFs focus on active treatments to support learning or keeping skills, so that the individual can have more independence and live in a less restrictive environment. Active treatment does not apply when a caregiver wants respite but the client has community supports without barriers. Our ICFs can lose certification if they provide respite. Residential Care Services, who monitor compliance with regulations, have been clear that ICFs are not the appropriate setting to provide respite.

We have the opportunity to meet the demand and community partners' request for more respite provided by the RHC if we expand the capacity for respite at Yakima Valley School. Previous legislation, RCW 71A.20.180, directed YVS to establish sixteen beds, split between respite and crisis stabilization. There is consistently greater demand for these services provided by YVS. The cottages at YVS could expand the bed capacity of respite and crisis stabilization and continue to receive federal funding. Another option for respite at an RHC could be to use state only funds to provide respite at available cottages that are not certified as an ICF, such as on Rainier School's campus.



"The key is having great communication and knowing that we are listening to each other." -Family member

We heard that individuals, families, caregivers and community partners need more information about respite and stabilization services. They would like us to streamline the request process. They also requested assigned case resource managers to be trained in the service so they can discuss service options with them. In fiscal year 2024 we have:

- Developed updated website platforms to showcase a variety of DSHS DDA services, including available service options in the local communities where people live.
- Collaborated with Informing Families to update the OPRS bulletin with plans in the works to create a new video for the service.
- Updated the frequently asked questions guide and fact sheet for OPRS.
- Updated program specific internal SharePoint sites and resource hub to support case resource managers when discussing service options with clients and caregivers.
- Provided ongoing training and technical assistance to case resource managers statewide.
- Offered several listening sessions throughout the year with clients, families, caregivers, and community partners to highlight the services and hear about community need, concerns and suggestions for enhancement.
- Developed DSHS DDA Policy 4.01 One Referral, creating a streamlined process to help case resource managers efficiently refer individuals to the services they need.
 - Developed a single referral form (15-600) for all short-term settings, facilitating creation of one referral for each client seeking services across multiple short-term settings.
- Created a fact sheet for stabilization diversion bed services.
- Updated DSHS DDA's State Operated Stabilization, Assessment, and Intervention Facility policy.
- Updated DSHS DDA's RHC admission policy.

In addition to the strategies listed above, DSHS DDA will provide more educational and training opportunities for DSHS DDA CRMs and other staff regarding available respite and stabilization services to promote awareness of these services for clients, families and caregivers.

Provider Training Considerations

OPRS providers indicated they would need more training and an enhanced rate to support individuals with more complex physical, medical or behavioral support needs. For OPRS, this would amend the current model to serve more clients, families and caregivers in need by tailoring the service to address round-the-clock support and supervision needs on an individual basis rather than the shared supervision offered in some of the current settings. Enhanced training around complex support needs and behavioral health challenges would allow provider staff to better support these individuals in short-term settings.

Stabilization bed service providers also struggle to hire, train and retain the most qualified staff to support individuals in need of residential stabilization services. These clients often come into stabilization beds having already lost their permanent homes, caregivers, employment or other community supports. Staff supporting clients in this setting need to be equipped with the training and skills necessary to assist the client to stabilize while remaining in the community setting. Stabilization bed service providers also need adequate funding to cover the expenses associated with establishing and operating these beds as well as providing a high quality of staff 24 hours per day for the length of the client's stay. Providers report that operational costs, including rent, utilities, training and staff wages continue to rise while funding for these providers has not increased similar to programs such as supported living.

Both OPRS and stabilization bed service providers would benefit from training enhancements and funding for activities such as advanced training on medical concerns, behavior support strategies and techniques, training and consultation with experts in the field of I/DD and co-occurring disorders and hiring of professionals to support in-house training and plan development. We have identified curriculum, tools and training opportunities that would help providers develop and enhance their staff and programs such as certification through the National Association for the Dually Diagnosed and crisis prevention and intervention trainings such as Therapeutic Options, Right Response and Ukeru. Our Complex Needs Rate Pilot has demonstrated the benefit of providers having professionals such as board-certified behavioral analysts on staff that can support initial and ongoing training for direct support professionals to create effective, person-centered support plans to facilitate the client's stabilization.



“Providers need hands on nitty gritty training that is person specific and lots of training opportunities.” –Family member

Geographic locations and bed expansion

Overnight Planned Respite is a statewide service but may not be conveniently located for all clients. Being far away can pose challenges to individuals, families and caregivers who may prefer services closer to home for their support needs, ease of access, transportation limitations or simply wanting to remain in familiar surroundings.

*"It takes about two hours to get to where some of these resources are located. It can be hard for individuals with co-occurring disorders to have to travel so far."
–Caregiver*

We heard from clients, families, caregivers and community partners that they need more overnight respite and diversion options available in the local communities in which they live, and they need culturally relevant opportunities during their stay. The following communities especially have limited access to community-based overnight respite and diversion services and were identified for focused provider recruitment efforts:

- Central Washington.
- Eastern Washington.
- Northwestern Washington.

Additionally, the demand for respite in Region 3 supports the need for an additional respite bed location in southwest Washington.

There is a strong demand from community partners for overnight respite options to be available in communities statewide. We recommend additional allocations for OPRS beds to increase capacity to support individuals in their local communities.

Stabilization diversion beds are available to support clients across the state, however, like OPRS services, access may be impacted because of the limited number of locations where the services are offered. Clients and their caregivers shared with us that it is difficult for them to travel to locations hours away from their permanent home and their typical systems of support including medical and mental health providers. These families are often in crisis and in need of urgent support so the added burden of coordinating transportation to and from an available bed across the state may be prohibitive. They voiced concern about the client having to relocate and establish services in another community where they cannot maintain connections with previous providers and resources. For some clients, maintaining those connections to their home community is a critical factor in achieving stabilization. As we continue to work to establish additional stabilization beds, we are encouraging our providers to consider setting up new beds in geographic areas that are currently underserved. We are focusing on establishing beds in eastern Washington and exploring options to contract with providers at the northern and southern ends of the I-5 corridor to improve ease of access.

Provider Development and Contracting Considerations

Regional staff, with the support of DSHS DDA Headquarters staff, have been looking for new providers for both bed-based and mobile diversion services statewide. In fiscal year 2024, we approved proposals from three providers to establish eight new diversion beds across the state. We added two beds in Pierce County that began serving clients in March 2024. Two beds in King County should be ready in January 2025 to begin serving clients. Spokane County has four beds approved and in development. We recruited a provider agency specifically to operate these beds, the first diversion bed in Region 1 since July 2023.

Mobile diversion service expansion is also actively in development. Regional teams are working with providers to explore creative solutions to find new providers for this service. We have connected with a nationwide provider of I/DD services and supports in consideration of partnering to offer this service in regions where the service is not yet available. We are also working to update provider qualification requirements to let us to contract with providers who have expertise in providing stabilization services without necessitating certification as a residential provider. We plan to offer this service to clients across the state within the current fiscal year.

Individuals, caregivers, families and community partners are clear that we need more overnight respite options. This is especially true in underserved and underrepresented communities. We are proactively working with providers across regions to recruit, develop, diversify and expand contracting opportunities throughout the state.

Based on community feedback, we continue targeted recruitment efforts in Central Washington, specifically within the Tri-Cities community. With the support of the Tri-Cities provider development funds made available in the fiscal year 2025 supplemental budget, we are meeting with interested providers to develop a local community-based overnight respite program in fiscal year 2024.

As we continue to explore diversion and overnight respite contracting opportunities with providers to support bed expansion on a statewide level, prospective providers continue to tell us daily rates are not enough to meet operating expenses, maintenance, training and staffing for the programs. Agencies continue to struggle to hire and retain quality staff. It is critical to ensure that funding is sufficient for agencies to maintain a team of well-trained, experienced staff. This is how we will meet the needs of this population.

We also recommend aligning future OPRS contracts to a 24-hour and 1:1 staff support model with the goal of increasing support for individuals with more complex behavioral or medical needs.

We heard from tribal leaders during Indian Policy Advisory Committee Subcommittee meetings and 7.01 planning meetings that they would like us to better understand the respite and stabilization needs of tribal members. It was suggested we build a DSHS collaborative workgroup with tribal members and tribal representatives to further explore the need for these services.

We heard from clients, families, caregivers, staff and community partners that they would like to see an increase in flexible overnight respite options. Here are some of the suggestions we received:

- Build client and provider relationships by creating a respite program with a membership model to streamline access to respite when it is needed, including emergency access.
- Create state-operated overnight respite options in the community to support individuals with more complex behavioral or medical needs.
- Allow providers to offer overnight respite in a client's own home.
- Increase geographic access to respite by offering respite by a contracted provider in a hotel or other mobile setting.
- Create more overnight respite options in the local communities where people live.
- Consider companion home providers as an option to provide overnight respite.
- Increase access to respite in RHC nursing facilities.
- Create a formal system navigator program that knows DSHS DDA services and related supports available in the community.



Recommendations

In this report, we are sharing our recommendations developed from the feedback we gathered from surveys and listening sessions with community partners over the past couple years. It is clear from the data and voices of those we support that individuals, families and caregivers urgently require improvement to the respite and stabilizations services we provide.

These services are essential to supporting individuals with intellectual and developmental disabilities. They prevent a crisis from starting or keep individuals from unnecessary hospitalization and ensure continuity of care within local community settings.

Current demands far exceed available resources. This leads to long waits to receive services and insufficient support for those in need. Enhanced funding and expansion of services are imperative to meet growing demands, improve outcomes and foster greater inclusivity and support for individuals and families under stress in our communities.

Here are our final recommendations, based on what we have learned.

Respite recommendations:

- Expand annual overnight planned respite access from 14 days per year to 30 for each individual by investing in additional program funding and infrastructure to prevent unintended reductions to overall service capacity.
- Direct additional respite bed funding to underserved geographic areas to better support individuals in their own communities.
- Direct appropriations to support OPRS contract rates to support 24 hours per day, 1:1 client to staffing ratios to maintain providers and improve access for individuals with complex medical or behavioral support needs.
- Direct funding to increase bed capacity appropriations and corresponding staffing for planned respite at Yakima Valley School.

Stabilization recommendations:

- DSHS DDA will explore opportunities to collaborate with community mental health providers to share information regarding best practices, support service enhancements, and increase access to mental health services for individuals with intellectual and developmental disabilities.
- Direct additional funding for stabilization diversion bed services and program development to underserved geographic areas.
- DSHS DDA will work with CMS to update our waiver rules to allow stabilization services to be provided for up to 180 days to better meet the needs of those who require additional time to achieve stabilization.
- DSHS DDA will continue to engage in targeted provider outreach and development to increase access to stabilization services for individuals residing in underserved communities.
- Direct funding to increase bed capacity appropriations and corresponding staffing for crisis stabilization services at Yakima Valley School.

Overall recommendations:

- DSHS DDA will continue to engage and collaborate with our community partners, including tribal members and tribal representatives. We advocate for the creation of a joint DSHS collaborative workgroup with tribal members and tribal representatives to explore respite and stabilization needs and potential opportunities for contracting for these services in their communities.
- Direct additional funding for enhanced training for respite and stabilization service providers to enable them to better support individuals with complex medical or behavioral needs.



"These services are vital and saved me in this time of stress. The program was there when we needed support." –Family member

Summary

This final report summarizes the outcomes of the data and outreach efforts that we conducted and evaluated during fiscal years 2022 through 2024. It includes our recommendations to improve access and enhance overnight respite and stabilization services for the clients we serve.

Community respite and stabilization services play a crucial role in supporting adults with unmet behavioral support needs that are at risk of losing their provider, residence, employment or their connection to the community. These services offer a safe and supportive environment while preventing or diverting individuals from unnecessary hospitalization or institutionalization, promoting recovery and enhancing community integration. These critical services afford primary caregivers a much-needed break from the day-to-day responsibilities of providing care to their loved ones. They also improve the stability of the household and reduce the potential need for stabilization services to be delivered in an inpatient setting.