REPORT TO THE LEGISLATURE

Enhanced Respite Services for Children Ages 8-21

Engrossed Substitute House Bill 1109
Chapter 415, Laws of 2019
Section 203 1(h)

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EXECUTIVE SUMMARY

In the 2015-2017 biennial budget, the Washington State legislature passed ESSB 6052 appropriating funds to the Developmental Disabilities Administration (DDA) for the development and implementation of eight enhanced respite beds for children with developmental disabilities age 8-17 and 18-21 while enrolled in school. In the 2017-2019 biennial budget, funds were allocated to allow for full utilization of the service. In the 2019-2021 biennial budget, funds were appropriated for an additional five enhanced respite beds. The intent is to provide statewide, short-term, community-based, enhanced respite services as an alternative to using respite services in an institutional setting.

To comply with requirements from the Centers for Medicare and Medicaid Services (CMS), the DDA must provide respite services in an integrated setting that supports client access to community activities.

BACKGROUND AND CONTEXT

Legislative Charge

In 2011, the Washington State Legislature amended Chapter 71A.20 RCW under Second Substitute Senate Bill 5459. The bill directed the Department of Social and Health Services to establish state-staffed community crisis stabilization services. The bill further directed that no person under age 16 may be admitted to receive services at a Residential Habilitation Center (RHC) and no person under age 21 may be admitted to receive services at a RHC “unless no service options are available in the community” and that “such admission is limited to the provision of short-term respite or crisis stabilization services.”

Families continue to identify out-of-home respite as one of their greatest needs to continue to provide supports in the family home. For families raising children with complex behavioral support needs, it is important to have out-of-home respite available to meet the needs of the child while providing therapeutic supports rooted in positive behavior support.

As part of the 2015 legislative session, the Washington State Legislature passed Engrossed Substitute Senate Bill 6052, appropriating funds for the establishment of eight enhanced respite beds for children. These services are intended to provide families and caregivers with a break in caregiving, the opportunity for behavioral stabilization of the child, and the ability to collaborate with the state to develop a person-centered service plan that allows the child to remain in his or her family home. DDA’s mission is to provide services to individuals in the community and is prioritizing increasing statewide respite options for families who are in need of a break in caregiving.

Engrossed Substitute Senate Bill 6052 requires the DDA to develop a respite utilization report annually and continues in current statute. The report must include:

1) The number of children who have used enhanced respite services in the fiscal year; and
2) The location and number of days per month that each respite bed was occupied.
The table below illustrates enhanced respite service utilization during fiscal year 2019. At the end of FY19, there was a total of six contracted enhanced respite beds.

<table>
<thead>
<tr>
<th>Respite Location</th>
<th>No. of clients served</th>
<th>Utilization Rates</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spokane Visions Bed 1</td>
<td>15</td>
<td>88%</td>
<td>Current contract</td>
</tr>
<tr>
<td>Spokane Visions Bed 2</td>
<td>15</td>
<td>83%</td>
<td>Started service in Bed 2 in August 2018</td>
</tr>
<tr>
<td>Spokane Visions Bed 3</td>
<td>12</td>
<td>86%</td>
<td>Started service in Bed 3 in October 2018</td>
</tr>
<tr>
<td>Longview Life Works Bed 1</td>
<td>21</td>
<td>91%</td>
<td>Current contract</td>
</tr>
<tr>
<td>Longview Life Works Bed 2</td>
<td>19</td>
<td>89%</td>
<td>Started service in Bed 2 in August 2018</td>
</tr>
<tr>
<td>Ferndale Service Alternatives</td>
<td>16</td>
<td>81%</td>
<td>Bed went offline in June 2019 due to lack of staffing</td>
</tr>
</tbody>
</table>

The total number of clients who utilized enhanced respite services in the tables above is 98. Some of these clients may have utilized enhanced respite on more than one occasion.

**Challenges Implementing Enhanced Respite Services**

1) Due to regional minimum wages and the current reimbursement rate, providers have difficulty hiring and retaining staff who meet the standards defined in the enhanced respite services licensing requirements.

2) Providers also report it is difficult to locate affordable homes due to the limited rental market and high rent costs.

3) Delays in Department of Children, Youth, and Families background check clearances affecting the length of time to get a home licensed.

4) Clients may experience crisis requiring a level of support and intervention beyond what is provided in the enhanced respite setting.
5) Some providers have requested termination of their enhanced respite services contract due to the high level of support needed for the respite client and the negative impact to the long-term residents in the integrated setting.

SERVICE COORDINATION AND RESOURCE DEVELOPMENT

1) In response to provider feedback regarding the challenges of providing the enhanced respite service within a home serving long term residents (integrated model), DDA expanded service delivery to include a stand-alone enhanced respite model. As of November 2018, there are two stand-alone programs and one integrated program (Spokane, Longview, and Ferndale).

2) DDA continues to prioritize statewide resource development by pursuing current contracted and licensed providers who have capacity to develop additional enhanced respite resources in local communities.

SUMMARY

DDA created a stand-alone model to mitigate disruption to clients who permanently reside in the homes where enhanced respite services may be provided. Additional barriers service providers identified include:

- Locating and licensing homes;
- Hiring and retaining staff who meet licensing requirements;
- Supporting clients during school hours when the client is accessing enhanced respite services outside of their home district and unable to access educational services in the district where the enhanced respite services are available.

As suggested by the high utilization rates, families continue to rely on enhanced respite services. They often identify the service as being a key factor in their ability to continue meeting their child’s needs in their own home. DDA will work to develop additional enhanced respite sites within the budgetary and legislative allowances. Additional locations would be useful to families so that they do not have to leave their local communities to access the enhanced respite services.