



Prevent Inappropriate Hospitalization of People with Developmental Disabilities

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Who is working on this issue?

Office of the Developmental Disabilities Ombuds; The Arc of Washington and chapters; [Children and Youth Behavior Health Workgroup](#)

Advocacy areas

Civil rights; community services/supports; economic stability; health care; housing; K-12 education

What is the problem you are trying to solve?

- Hospitals are inappropriately being used as crisis placements for children and adults with intellectual and developmental disabilities (IDD) across the state.

Since July 2018, the DD Ombuds has worked with children and adults with IDD who were or are stuck waiting in a hospital without any medical need because the Developmental Disabilities Administration (DDA) could provide them with an appropriate residential placement in the community.



What is your proposed solution?

- DDA must build capacity to support behavior crisis among people with IDD.

Collect data for all ages, from all placements: Require DDA to collect data that includes all people with IDD who are taken to the hospital to find out why people are stuck there. This includes all ages, and people coming out of residential service settings and private homes.

Identify medical and behavior support needs: To prevent further hospitalization, ensure that people waiting for placement have assessments and person-centered service plans that meet all state and federal requirements for their medical and behavioral support needs.

Expand specialized expertise. DDA should analyze the number and type of specialized providers needed in each DDA region. Using this data, DDA should employ or contract directly with specialists who can provide the following throughout the state: Psychological assessments; consultation on behavior supports for family caregivers, staff, and medical providers; behavior supports for people with IDD living in hospitals; and specialized habilitation services.

Remove barriers: Direct DDA to identify and remove barriers to utilization of behavioral support, such as in-home consultation for children and adults who reside with parents.

Add beds: Fund more diversion beds, emergency respite, or other bed capacity to meet the need for crisis services so individuals with IDD have an appropriate placement available.

Fund complex care teams: Increase funding for complex transition care coordinators or teams, mobile diversion rapid response, intensive habilitation services, youth peer mentors, provider development, 24-hour personal care, state-operated personal care, smaller caseloads, and enhanced support to providers to prevent unnecessary hospitalization or out-of-state-placement.

Ensure state efforts understand IDD: Ensure Wraparound with Intensive Services (WISe) and similar providers are trained and equipped to serve youth with IDD.

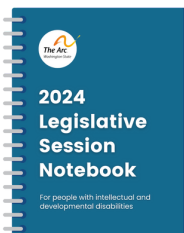
Why is this a good solution?

The systems we create must work for people with IDD and be responsive to their needs. Being stuck in a hospital for a prolonged time is traumatizing and can worsen mental health conditions. People in this situation say they are often scared and don't know what will happen to them. Hospitals also concerned that space and resources are diverted from providing acute medical care.



For more information, see DD Ombuds reports: ["I Want to Go Home"](#) (youth report) and ["Stuck in the Hospital"](#) (adult report).

What is the fiscal impact?	Is there a bill number?	Is there a legislator working on this issue?
Not known	Not yet	Rep. Lisa Callan, 5th LD, lisa.callan@leg.wa.gov



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