

# Developmental Disabilities Administration

## Fact Sheets

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## **POSITIVE BEHAVIOR SUPPORT FOR CHILDREN**

### ***Information for Individual Providers***

The mission of the Division of Developmental Disabilities (DDD) is to endeavor to make a positive difference in the lives of people, all ages, eligible for services, through offering quality supports and services that are: individual/family driven; stable and flexible; satisfying to the child and his or her family; and able to meet individual needs.

Supports and services shall be offered in ways that ensure parents and/or guardians have the necessary information to make decisions about their child's options and provide optimum opportunities for development and success.

DDD wants children to experience positive life benefits, including:

- Health and safety;
- Developmentally appropriate personal power and choice;
- Value and positive recognition by self and others;
- A range of experiences which help them participate in the physical and social life of their communities; and
- Positive relationships with friends and relatives.

#### **Positive behavior support is based on respect, dignity, and personal choice.**

If a child's needs are met effectively, challenging behaviors should not occur. A supportive environment quickly and effectively meets a child's needs. This can prevent children from having to resort to maladaptive or inappropriate behaviors. For example, once you learn what triggers inappropriate behaviors, you can develop supports that eliminate, block, or change the triggering factors.

Increasing a child's opportunity to make choices can increase his or her control over their environment and perhaps reduce negative or problem behavior as a means of getting his or her needs met. Positive behavior supports should begin as early in a child's life as possible, and be developmentally appropriate.

Parents, relatives, teachers, and/or regular caregivers will be most helpful in determining where supports are needed and what supports to implement. They will be able to share valuable assessment information with you, and help develop teaching, communication, and care strategies for the child.

Even for some children who have good skills and a supportive environment, challenging behavior may occur as a manifestation of mental illness, sexual needs, or other factors. Contact the child's case resource manager if you feel the child needs special intervention.

**Encouragement and other positive procedures should always be used first to elicit cooperation from a child.** Always use a strategy that fits the child's developmental level. Some suggested interventions are:

- Prompting – using gestures, verbal and physical cues, or physical assistance;
- Modeling – explaining or showing a child how to do something correctly, coaching or guiding the child with or without physical assistance;
- Ignoring inappropriate behaviors, when possible;

- Offering or suggesting alternatives, discussing options, and discussing consequences of different behaviors;
- Scheduling – developing and maintaining predictable schedules to reduce uncertainty and anxiety as well as enhancing choice making; and
- Providing consistent and supportive attention to reduce inappropriate attention seeking.

Positive behavior support plans include ongoing evaluation of the effectiveness of the supports in relation to the challenging behaviors. Effective supports are continued, and less successful strategies are revised.

**You may not physically force a child to do anything he or she does not want to do unless it is to avoid immediate danger to the child, yourself, or someone else.**

When dealing with negative behavior, **DDD providers are not permitted to use certain forms of discipline or control under any circumstances.** The following are specifically prohibited:

- Aversive stimulation – doing something to the child which is unpleasant for him or her (i.e., water mist to the face, unpleasant tastes to the mouth);
- Electric shock – applying an electronic shock to any part of the child’s body;
- Physical punishment of any kind, including spanking, slapping of hands, pinching, pushing, shaking, etc.;
- Locking a child alone in a room;
- Physical or mechanical restraint; and
- Withholding or modifying food as a consequence for behavior.

**Protective procedures** are permitted to interrupt or prevent behaviors that are dangerous or harmful to the child, others, or property, or which cause significant emotional or psychological stress to others. Some examples of protective procedures are:

- Providing additional supervision;
- Physically blocking a child’s behavior without holding the child;
- Requiring a child to leave an area without physical force;
- Requiring a child to leave an area to protect others by physically holding and moving the child;
- Using door and/or window alarms (a parent/guardian decision);
- Restricting access to certain areas;
- Removing personal property being used to inflict injury on one’s self or others.

If you feel that you need help with managing a child’s behavior more effectively, call the child’s DDD case resource manager or local DDD office for assistance.

### **Reporting Abuse and Neglect**

As a provider, you may see things in any environment that concern you. If you feel there may be neglect or abuse occurring in the child’s life, you must report your concerns to DSHS Child Protective Services (CPS) at **1-800-562-5624**.

***For a crime, physical or sexual abuse, or a life-threatening situation, call 911.***

For more information and telephone numbers of local DDD offices,  
visit the DDD Internet website at:  
<http://www1.dshs.wa.gov/ddd/index.shtml>

## **POSITIVE BEHAVIOR SUPPORT FOR ADULTS** *Information for Individual Providers*

The mission of DDD is to endeavor to make a positive difference in the lives of people, all ages, eligible for services, through offering quality supports and services that are: individual/family driven; stable and flexible; satisfying to the person and their family; and able to meet individual needs. Supports and services shall be offered in ways that ensure people have the necessary information to make decisions about their options and provide optimum opportunities for development and success.

DDD wants people to experience positive life benefits, including:

- Health and safety;
- Personal power and choice;
- Personal value and positive recognition by self and others;
- A range of experiences which help them participate in the physical and social life of their communities;
- Positive relationships with friends and relatives; and
- Competence to manage daily activities and pursue personal goals.

**Positive behavior support is based on respect, dignity, and personal choice.** If a person's needs are met effectively, challenging behaviors should not occur. A supportive environment quickly and effectively meets a person's needs. When needs are met through tailored supports, people do not have to resort to maladaptive or inappropriate behaviors. For example, once you learn what triggers inappropriate behaviors, you can develop supports that eliminate, block, or change the triggering factors.

Supports that increase a person's opportunity to make choices are generally most effective because they provide increased control over the environment. When a person learns to make meaningful choices, the tendency to use challenging behaviors for any reason is reduced.

Relatives, guardians, vocational and residential providers, and other caregivers will be most helpful in determining where supports are needed and what supports to implement. They will be able to share valuable assessment information with you, and help develop teaching, communication, and care strategies for the person.

Even for some people who have good skills and a supportive environment, challenging behavior may occur as a manifestation of mental illness, sexual needs, or other factors. Contact the person's case resource manager if you feel the person needs special intervention.

**Encouragement and other positive procedures should always be used first to elicit cooperation from an individual.** Some suggested interventions are:

- Prompting – using gestures, verbal and physical cues, or physical assistance;
- Modeling – explaining or showing a person how to do something correctly, coaching or guiding the person with or without physical assistance;
- Ignoring inappropriate behaviors, when possible;
- Teaching alternatives to challenging behaviors, discussing options, and reinforcing attempts to perform appropriate behaviors;

- Creating supportive routines and procedures that eliminate triggers for challenging behaviors; and
- Redirecting or diverting (i.e., offering a positive alternative to the behavior).

Positive behavior support plans include ongoing evaluation of the effectiveness of the supports in relation to the challenging behaviors. Effective supports are continued, and less successful strategies are revised.

**You may not physically force a person to do anything he or she does not want to do unless it is to avoid immediate danger to the person, yourself, or someone else.**

**When dealing with negative behavior, DDD providers are not permitted to use certain forms of discipline or control under any circumstances.** The following are specifically prohibited:

- Aversive stimulation – doing something to the person which is unpleasant for him or her (i.e., water mist to the face, unpleasant tastes to the mouth);
- Electric shock – applying an electronic shock to any part of the person’s body;
- Physical punishment of any kind, including spanking, slapping of hands, pinching, pushing, shaking, etc.;
- Locking a person alone in a room;
- Physical or mechanical restraint; and
- Withholding or modifying food as a consequence for behavior.

**Protective procedures** are permitted to interrupt or prevent behaviors which are dangerous or harmful to self, others, or property, or which cause significant emotional or psychological stress to others. Some examples of protective procedures are:

- Physically blocking a person’s behavior without holding him or her;
- Requiring a person to leave an area without physical coercion/force;
- Requiring a person to leave an area to protect others by physically holding and moving him or her;
- Using door and/or window alarms (a parent/guardian decision);
- Restricting access to certain areas; and
- Removing personal property being used to inflict injury on one’s self or others; and
- Providing additional supervision.

**If none of the above procedures are successful and the person, yourself, others, or property are in immediate danger, call 911 for assistance.** These and other serious incidents, such as physical assault, injury requiring medical attention, wandering/running away, and serious property damage, need to be reported as soon as possible to the person’s parent/caregiver and then to DDD by the next working day.

If you feel that you need help with managing a person’s behavior more effectively, call the person’s case resource manager at the local DDD office for assistance.

### **Reporting Abuse or Neglect**

As a provider, you may see things in any environment that concern you. If you feel there may be neglect or abuse occurring in the person’s life, you must report your concerns.

- **Call 1-800-562-6078 to make a report about adults in nursing, boarding, and adult family homes.**

➤ **Call DSHS Adult Protective Services to make a report about vulnerable adults in their own homes:**

Region 1:	1-800-459-0421	Region 2:	1-877-389-3013
Region 3:	1-800-4870416	Region 4:	1-866-221-4909
Region 5:	Kitsap 1-888-833-4925	Pierce	1-800-442-5129

***For a crime, physical or sexual abuse, or a life-threatening situation, call 911.***

For more information and telephone numbers of local DDD offices,  
visit the DDD Internet website at:  
<http://www1.dshs.wa.gov/ddd/index.shtml>

## Enhanced Case Management Program (ECMP)

The ECMP can support up to 689 clients who may be at high risk for abuse and neglect. The program provides funding for specialized caseloads of 40 clients each, allowing case managers to visit clients at least every four months to:

- Promote a person-centered, holistic approach to service
- Ensure quality of care
- Assist clients, families, and providers to access available resources
- Promote community integration through use of paid and non-paid supports

## Eligibility Requirements

When capacity allows, Developmental Disabilities Administration (DDA) may add clients to the program. To do this, the client must live with a paid caregiver and:

- Be assessed with a limited ability to supervise their caregiver
- Be assessed to have communication barriers and few community contacts
- No independent paid or unpaid supports exist to assist the client with supervising care in the home

### Or

Client lives with their paid caregiver or is largely dependent on a paid provider in the client's home and one of the following apply:

- Client is a minor
- Client is an adult with referrals to Adult Protective Services which were screened in for action, or
- DDA has documented concerns regarding the home environment and how it pertains to the client's health, safety, or quality of life

## Goals

- Promote resources that reduce risk factors for abuse and neglect
- Provide clients and families with assistance:
  - ✓ Peer connections
  - ✓ Personal health and safety
  - ✓ Safe living environments
  - ✓ Other DDA services

## Stakeholders

- DDA clients
- Family members
- Legal representatives
- Contracted providers

## Contact

Heather Lum  
Enhanced Case Management Program  
Manager

[heather.lum@dshs.wa.gov](mailto:heather.lum@dshs.wa.gov)

360-407-1526

DDA developed the Enhanced Case Management Program in (year) as a response to Senate Bill 6564, Protecting Persons with Developmental Disabilities.

## Medically Intensive Children's Program (MICP)

The Medically Intensive Children's Program (MICP) provides skilled nursing services to children ages 17 and younger. These children have complex medical needs that require a registered nurse for support. Nursing services may be provided in the family home, foster homes, and in contracted medically intensive children's group and staffed residential homes.



## Eligibility Requirements

### Individuals:

- Age 17 or younger;
- With complex medical needs i.e., ventilator-dependent, tracheostomy care);
- Enrolled in Washington Apple Health (Medicaid) under the categorically needy scope of care; and
- Requiring at least four hours of continuous skilled nursing care per day.

### Services

- In-Home Skilled Nursing

### Stakeholders

- Department of Children, Youth and Families
- DSHS Home and Community Services Division
- Washington State Health Care Authority
- Service providers
- Families of clients
- Community organizations
- Hospitals

## Contact

Doris Barret RN, MBA, Unit Manager  
Nursing Services DDA  
[doris.barret@dshs.wa.gov](mailto:doris.barret@dshs.wa.gov)  
360-407-1504

Saif Hakim, Chief  
Office of Residential, Employment, and Day  
Programs  
[saif.hakim@dshs.wa.gov](mailto:saif.hakim@dshs.wa.gov)  
360-407-1505

This program helps keep families together. It greatly reduces the cost of in-patient hospital care where children would reside without this program. The MICP supports approximately 200 children.



## Nursing Services

Nursing Services under the Developmental Disabilities Administration (DDA) includes skilled nursing services, nurse delegation, skin observation protocol, private-duty nursing (PDN); which includes medically intensive children's program (MICP) and PDN for adults. Nursing care consultants assess clients and make recommendations to DDA Case Resource Managers and Social Workers to develop safe plans of care.



## Eligibility Requirements

- Current DDA clients
- Individual meets Social Security disability criteria
- Individual has a functional or intellectual disability that requires support and supervision

## Services

- Private-duty nursing for adults and medically intensive children
- Skilled nursing
- Nurse delegation
- Consultation

## Stakeholders

- Clients
- Families
- Hospitals
- Children residential service providers
- Department of Children, Youth and Families
- Manage Care organizations
- Nursing agencies
- Washington State Department of Health

## Contact

Doris Barret RN, MBA, Unit Manager  
Nursing Services DDA  
[doris.barret@dshs.wa.gov](mailto:doris.barret@dshs.wa.gov)  
360-407-1504

Saif Hakim, Chief  
Office of Residential, Employment, and Day  
Programs  
[saif.hakim@dshs.wa.gov](mailto:saif.hakim@dshs.wa.gov)  
360-407-1505

For more information:  
[www.dshs.wa.gov/dda/consumers-and-families/services-and-programs-non-residential](http://www.dshs.wa.gov/dda/consumers-and-families/services-and-programs-non-residential)

## Stabilization, Assessment and Intervention Facility (SAIF)

### Overview

The purpose of the Stabilization, Assessment and Intervention Facility (SAIF) is to provide crisis intervention and stabilization-diversion services for up to 90 days to clients with complex behavioral health needs.

The community-based facility provides 24-hour support, including support for challenging behaviors, for up to six adult clients.

The SAIF program is intended to prevent institutionalization while collaborating with the client's habilitation team. The program will stabilize one to three targeted behaviors so the client can access or return to their residential service provider.

The facility is located in Pierce County.



### SAIF provides:

- Behavioral data to assess the effectiveness of the interventions strategies.
- Creation and implementation of an individualized behavior support plan based upon a functional assessment.
- Services in the client's person-centered service plan.
- Medication administration and medication assistance, as needed.
- Staff who are trained in de-escalation techniques to help the client acquire, retain and improve upon self-help, socialization and adaptive skills.
- Collaboration with the residential support provider on each client's individualized support needs in preparation for discharge.

Washington State Department of Social and Health Services

## SAIF Eligibility Requirements

- Is age 18 or older;
- Is eligible for DDA services under chapter 388-823 WAC;
- Is eligible for discharge from an acute care setting;
- Has an identified residential service provider;
- Does not pose a risk to the health or safety of program staff or other clients in the program and the program can safely meet the client's needs within available funding; and
- Has frequent stabilization, assessment, and intervention needs as indicated by:
  - Three or more hospital admissions for behavioral health stabilization in the last year;
  - A hospital admission for behavioral health stabilization lasting more than four months; or
  - The regional clinical team's assessment that behavioral health destabilization is likely to occur.

## Quality assurance oversight is provided by:

- DDA Office of Compliance, Monitoring, and Training
- DDA Office of Quality Assurance and Communications
- DSHS's Adult Protective Services
- Washington State Department of Health

## Stakeholders include;

- Individuals receiving services
- Families and guardians
- Advocacy organizations

## Program questions can be directed to:

AnnMarie DeGroot- Program Manager

[Annmarie.degroot@dshs.wa.gov](mailto:Annmarie.degroot@dshs.wa.gov)

360-584-7390

## Voluntary Placement Services (VPS)

VPS provide residential habilitation services for children outside of a child's family home. The service is voluntary and agreed to by the child's parent, custodian or legal guardian, and service provider. Services are provided in licensed settings integrated within local communities. Parents retain custody, and work in partnership with the licensed provider through a shared parenting plan that supports the child and their individual support needs. VPS engage local communities, licensed providers, schools, the Department of Children, Youth, and Families, and other stakeholders to coordinate services that wrap around the individual.

### Eligibility Requirements

#### The client:

- Is determined eligible for Developmental Disabilities Administration (DDA) services under Chapter 388-825 WAC
- Will receive residential habilitation services before the age of 18
- Has accessed all other available and appropriate DDA services

#### The child's parent, guardian, or legal custodian:

- Is unable to provide care for the child's needs
- Has determined the child would benefit from residential habilitation services
- Requests residential habilitation services that are based solely on the child's developmental disability
- Complies with the voluntary placement agreement; and DDA:
  - Has available funding;
  - Determines that available and appropriate in-home supports do not meet the child's needs;
  - Determines that residential habilitation

## Quality Assurance Oversight

- State Department of Children, Youth and Families - Licensing Division
- Center for Medicare and Medicaid Services
- DDA Office of Compliance, Monitoring, and Training
- DDA Office of Quality Assurance and Communications

## Stakeholders

- Individuals receiving services
- Families of program participants
- Advocacy organizations
- Children's residential service providers
- Department of Children, Youth and Families
- DSHS Behavioral Health Administration
- State Health Care Authority
- Pediatric hospitals

## Contact

Nichole Jensen  
Children's Residential Services Program  
Manager  
[Nichole.Jensen@dshs.wa.gov](mailto:Nichole.Jensen@dshs.wa.gov)  
360-407-1521

Saif Hakim, Office Chief  
Office of Residential, Employment, and Day  
Programs  
[Saif.Hakim@dshs.wa.gov](mailto:Saif.Hakim@dshs.wa.gov)  
360-407-1505

Approximately 110 children and youth were receiving residential habilitation services under the DDA HCBS Core waiver in 2019. Find out more about how DSHS is transforming lives at [www.dshs.wa.gov](http://www.dshs.wa.gov).