



Many Voices / One Vision



2026 Legislative Candidate Survey

*Questions for Legislative Candidates – The Arc of Washington
The Community Advocacy Coalition for Developmental Disabilities
The Children's Campaign Fund*

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1. Do you have a personal connection or professional experience with someone who has an intellectual/developmental disability (IDD)? If yes, would you describe its impact on you and your candidacy? If not, what have you learned about people with intellectual or developmental disabilities and how has it impacted your candidacy?

My professional experience as a registered nurse has given me direct exposure to people with intellectual and developmental disabilities and their families. In healthcare, you see how much people depend on a system that can either support independence, dignity, and safety, or make life harder through delays, confusing rules, limited services, and gaps in care.

That experience has shaped how I think about public policy. People with IDD are not defined by a diagnosis. They are children, adults, family members, neighbors, students, workers, and community members who deserve the opportunity to live safely, participate fully, and be treated with dignity.

It has also shown me how much families and caregivers carry. Too often, parents, siblings, spouses, and other caregivers are expected to navigate complicated systems while also providing daily support. That is not sustainable without access to respite, reliable services, healthcare, housing, transportation, education supports, and a stable care workforce.

As a candidate, this reinforces my belief that government should be judged by how well it serves people who need support the most. I will listen to self-advocates, families, caregivers, educators, providers, and disability organizations, and I will support policies that strengthen inclusion, protect Medicaid and long-term services, support family caregivers, and help people with IDD live full and connected lives in their communities.

2. What policies and systems are you aware of that impact the lives of people with IDD and their families? If elected, what responsibility would you have to change those policies or systems?

People with intellectual and developmental disabilities and their families are impacted by many connected systems, including Medicaid, long-term services and supports, home and community-based services, respite care, special education, early intervention, behavioral health, housing, transportation, employment supports, and the direct support workforce.

In many cases, these systems determine whether a person can live safely at home, participate in school, work, build relationships, and be included in their community. When services are delayed, underfunded, hard to access, or difficult to navigate, the burden often falls on families and caregivers. That can lead to isolation, financial strain, burnout, and crisis.

As a nurse, I am especially aware of how important Medicaid and long-term supports are for people with IDD. These programs are not optional extras. For many families, they are the foundation that makes daily life, independence, and community living possible. I am also aware of the workforce challenges in caregiving, direct support, education, and

behavioral health. If we do not have enough trained and fairly compensated workers, then even well-designed programs will fail the people who depend on them.

If elected, my responsibility would be to listen to people with IDD, families, caregivers, providers, educators, and advocacy organizations, then work to improve the systems that affect their lives. That means protecting Medicaid, strengthening home and community-based services, improving access to respite, supporting special education and transition services, expanding affordable and accessible housing, and addressing workforce shortages.

It also means using the role of legislator to ask practical questions: Are services reaching people when they need them? Are families able to navigate the system? Are providers being supported? Are public dollars producing better outcomes? My responsibility would be to help build systems that are easier to access, more accountable, and centered on dignity, inclusion, and real community support.

3. If elected, what are your top three priorities, and how would people with IDD and their families benefit from each priority?

My top three priorities are affordability, healthcare, and education/workforce opportunity. Each of these directly affects people with intellectual and developmental disabilities and their families.

First, affordability. Families are struggling with housing costs, childcare, transportation, and the basic cost of living. For people with IDD, affordability also means access to stable, accessible housing, reliable transportation, and community-based supports. If elected, I will support policies that expand affordable and accessible housing, protect people from being priced out of their communities, and help families maintain stability.

Second, healthcare and long-term supports. As a registered nurse, I understand how important Medicaid, home and community-based services, behavioral health, respite care, and long-term services are for people with IDD. These services help people live safely, remain connected to their communities, and avoid unnecessary crisis or institutional care. I will work to protect Medicaid, strengthen community-based supports, address

workforce shortages, and reduce barriers that make it difficult for families to access the care and services they need.

Third, education and workforce opportunity. Students with IDD deserve fully supported educational opportunities, including early intervention, special education, inclusive classrooms when appropriate, transition services, and pathways to employment and independent living. Families should not have to fight every step of the way for services their children are entitled to receive. I will support public schools, paraeducators, special education services, career and technical education, and programs that help people with IDD move from school into meaningful work, community participation, and greater independence.

Across all three priorities, my focus is on dignity, inclusion, and practical support. People with IDD and their families benefit when public systems are easier to navigate, properly funded, and designed around real lives rather than bureaucracy.

4. When you have questions about how to best support people with IDD and their families, what or who are your trusted resources?

When I have questions about how to best support people with intellectual and developmental disabilities and their families, my first trusted resources would be people with IDD themselves, their families, and the caregivers who support them every day. Policy should be shaped by the people who are actually living with the systems we are trying to improve.

I would also rely on disability advocacy organizations, including The Arc of Washington, the Community Advocacy Coalition for Developmental Disabilities, local self-advocacy groups, family caregiver organizations, special education advocates, educators, direct support professionals, healthcare providers, and community-based service providers.

As a nurse, I have learned that listening to the person receiving care, and the people closest to them, is essential. Professionals and policymakers can bring important expertise, but they should not replace the voices of people with lived experience.

If elected, I would want ongoing communication with self-advocates, families, caregivers, providers, schools, and organizations that work directly

on IDD policy. My goal would be to understand what is actually working, where people are falling through the cracks, and what changes would make the biggest practical difference in daily life.

5. The national trend -- and legal mandate --- supports transitioning individuals with IDD out of institutional settings and into community-based care, which is not only the best practice but also the most cost-effective approach. Studies consistently show that community-based services cost significantly less per person than institutional care while providing greater independence and quality of life. In Washington the cost of care in a Residential Habilitation Center (RHC) is more than double the cost of equivalent services in community settings. Although Washington has made progress, continued efforts are needed to align with best practices, civil rights, federal priorities, and fiscal responsibility. Transitioning more individuals into community-based care will allow the state to reinvest savings into services for much needed community-based services. How do you believe Washington state should approach investment in home and community based services for people with IDD in the next five years?

Washington should make a serious five-year commitment to strengthening home and community-based services for people with intellectual and developmental disabilities. We have made progress, but we are still not where we should be compared with the level of need. Too many individuals and families are waiting for support, navigating complicated systems, or relying on family caregivers without enough respite, workforce support, housing options, or community-based services.

I believe the state should prioritize investments that help people with IDD live safely and fully in their communities. That means expanding access to home and community-based services, reducing wait times, supporting family caregivers, improving respite care, investing in the direct support workforce, and making sure people have access to affordable and accessible housing, transportation, employment supports, and behavioral health services.

As a nurse, I also believe this is both a civil rights issue and a practical healthcare issue. People should not be forced into more restrictive or institutional settings simply because community-based supports are

unavailable. If community-based care provides greater independence, better quality of life, and is more cost-effective, then Washington should align its budget and policy choices with that reality.

Over the next five years, I would support a plan that responsibly transitions more resources toward community-based services while protecting safety, continuity of care, and individual choice. That includes listening to self-advocates, families, caregivers, providers, and disability organizations so that changes are done with people, not to people.

The goal should be clear: people with IDD should be able to live with dignity, receive the supports they need, remain connected to their communities, and have real choices about their lives.

6. Is there any other information you'd like constituents with intellectual or developmental disabilities and their family and friends to know?

I want constituents with intellectual and developmental disabilities, and their families and friends, to know that I will listen to you and take your experiences seriously. You should not have to fight every step of the way to access services, education, healthcare, housing, transportation, employment support, or community inclusion.

As a nurse, I have seen how complicated systems can either support people or wear families down. I believe public policy should make life easier to navigate, not harder. People with IDD deserve dignity, safety, independence, meaningful relationships, and the opportunity to participate fully in their communities.

I also recognize that families and caregivers carry a tremendous amount of responsibility, often without enough support. Respite care, reliable services, a stable direct support workforce, and clear information are not luxuries. They are essential to helping people and families thrive.

If elected, I will not assume I already know the answer. I will continue listening to self-advocates, families, caregivers, educators, providers, and disability organizations. My commitment is to support practical policies that expand inclusion, strengthen community-based services, protect Medicaid and long-term supports, and help people with IDD live full, connected, and valued lives.