

REPORT TO THE LEGISLATURE

Enhanced Respite Services for Children Ages 8-21

Engrossed Substitute Senate Bill 6052
Chapter 4, Laws of 2015, Section 205
(Partial Veto)
64th Legislature
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Transforming Lives

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EXECUTIVE SUMMARY

In the 2015-2017 biennial budget and continued thereafter, the Washington State Legislature provided funding for the Developmental Disabilities Administration (DDA) to develop eight enhanced respite beds for children with developmental disabilities who are age eight or older but under age twenty-one and enrolled in school. 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 to both the child and the family.

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.

Engrossed Substitute Senate Bill 6052 requires the DDA to develop a respite utilization report by January 2, 2016, and each year thereafter. 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.

UTILIZATION RATES AND BARRIERS

The table below illustrates enhanced respite service utilization during fiscal year 2018.

Enhanced Respite Services Utilization Fiscal Year 2018			
Respite Location	No. of clients served	Utilization Rates	Comments
Kennewick Breakthrough	15	92%	Services ended March 2018
Spokane Breakthrough	15	79%	Services ended March 2018
Spokane Visions	21	95%	Current contract
Longview Life Works	3	55%	Contract started April 2018
Vancouver Hope Human	8	81%	Contract started March and ended in August
Ferndale Service Alternatives	10	82%	Services began February 2018
Bonney Lake Aacres	1	52%	Services ended July 2017

The total number of clients who utilized enhanced respite services in the tables above is 73. Some of these clients may have utilized enhanced respite on more than one occasion. The tables also demonstrate that as a new location opens, it takes time for utilization to increase; however, once the service is established, the occupancy is high. Utilization ranged from a low of 52% to a high of 95%.

Barriers to Accessing 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 DCYF 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) To meet the enhanced respite needs for families in the northeastern region, DDA developed a licensed and contracted enhanced respite facility in Spokane.
- 3) 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.

DDA was funded to provide eight enhanced respite beds. As the cost of service in the stand-alone model is higher, the program capacity was adjusted to seven beds statewide to accommodate the program need and budget limitations. Costs are higher in the stand alone-model due to the contractor's inability to utilize any economies of scale with their current staffing structure. The reason for the creation of the stand-alone model are explained in the "barriers to access" section above.

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.