REPORT TO THE LEGISLATURE

Enhanced Behavior Support Specialty Contract

Engrossed Substitute Senate Bill
5187 Sec 203(y) and Sec 204(30)

June 30, 2025

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Contents

Executive summary

"People end up further traumatized because there are so little resources to adequately support them, and we've just got to do better. They're bouncing between hospitals and jail cells because we can't figure out how to get them the support they need. DSP turnover is also over 50% every year, so you know that THOSE people are being traumatized too."
– Family Advocate

As directed by the proviso in ESSB 5187, the Developmental Disabilities Administration and Aging and Long-Term Support Administration within the Department of Social and Health Services, and the Health Care Authority collaborated to develop this plan to implement an enhanced behavior support specialty contract. The contract supports people in Supported Living, Group Training Homes and State-Operated Living Alternatives residential settings. The population served includes those who require enhanced services and supports due to autism or co-occurring mental health and intellectual and developmental disabilities to safely live in a community residential setting. The specialty contract serves up to three individuals in a home or facility and provides intensive behavioral services and supports.

The report provides detailed information to:

- Design an enhanced behavior support, specialty model and setting including the number of staff required.
- Determine the number of department staff required to implement the service.
- Implement this service, including:
  - What additional rates would be required.
  - What funding agreements would be needed with the health care authority.
  - An assumption that the service can be funded by Medicaid waivers.
- Plan for the implementation of the Enhanced Behavior Support program, including:
  - Areas of the state where this service is needed.
  - An analysis of the provider network.

The report explains the partnership between DDA, ALTSA, and HCA to provide enhanced services to the person. The funding model requires EBS providers to be licensed as both a DSHS residential provider and behavioral health agency. This allows DDA to compensate providers directly and leverage established HCA programs and reimbursement processes to support a seamless experience for the person.

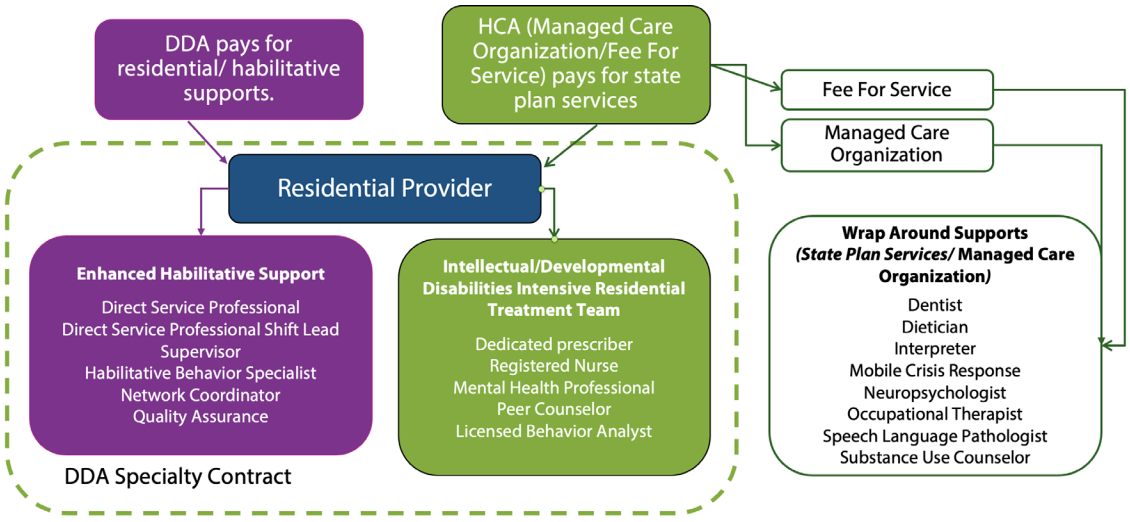
Proposed recommendations

The EBS contract helps people who experience autism or co-occurring mental health and intellectual and developmental disabilities live more independently in their communities by providing enhanced daily rates, staff training in managing complex conditions and access to specialty-trained behavior specialists and mental health professionals.

Successful implementation of the EBS model requires additional resources to:

- Establish a specialty contract to support people who experience autism or co-occurring mental health conditions and complex behavioral needs and experience frequent disruptions in services resulting in hospitalization or institutionalization.
- Enhance the daily rate by adding $510-$530 per day per person to qualified providers to:
  - Hire and retain additional professional staff with expertise in autism and co-occurring mental health conditions to support the person and offer timely guidance and ongoing consultation for the direct support professionals working with the individual.
  - Increase the hourly wage to hire and retain direct support professionals with higher qualifications.
  - Strengthen the workforce by requiring enhanced training courses such as dual diagnosis crisis, intervention training and trauma informed care.
- Expand the current HCA administered Apple Health Intensive Residential Treatment team program specializing in serving people with autism and intellectual and developmental disabilities.
- Identify and engage interested community partners to develop and implement the specialty contract.
- Develop homes with two or three housemates with increased environmental accommodations for safety and accessibility.

EBS Specialty Contract Model



Specialty contract design

EBS requires the provider to have a specialty residential service contract with DDA. This provides a holistic approach to supporting people who experience autism or co-occurring mental health conditions to ensure they experience long term stable services in their home. They frequently experience crises and require tailored supports from highly trained staff to help them avoid disruptions in the community.

What does the specialty contract provide?

To qualify for the additional rate, the EBS providers must meet additional contractual requirements for Supported Living and Group training homes and provide the following:

- Enhanced staff qualifications and training.
- Employing EBS specialty staff.
- Increasing the hourly wage for direct support professionals with higher qualifications and specialized training requirements.

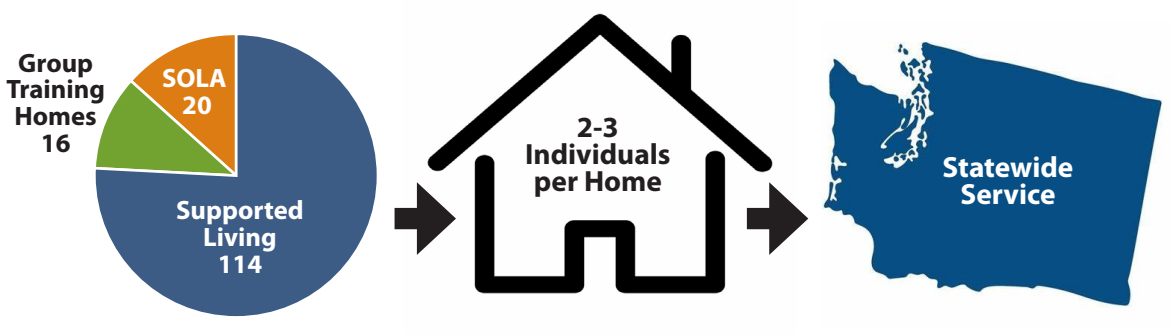
In addition, EBS providers must also be licensed by the Washington Department of Health as a behavioral health agency and contract with HCA and the managed care organizations to provide Intellectual and Developmental Disability Intensive Residential Treatment services for the person or subcontract with a behavioral health agency to establish IRT-IDD services for the people in the program.

How is the service delivered?

The EBS provider must employ a support team with increased skills and resources through tailored training, appropriate staffing ratios, collaborative care and structured support to improve outcomes for people with complex behavior and support needs. The EBS model is based on the complex needs pilot project that successfully supports people with complex behavioral needs in the community. EBS has additional requirements to enhance services to people who experience autism or co-occurring mental health conditions.

EBS includes access to Apple Health's Intellectual and Developmental Disabilities Intensive Residential Teams. IRT-IDD teams provide recovery-focused treatment to promote stability and safety including medication management and in home mental health services. IRT-IDD teams provided services five days a week over multiple shifts covering at least 12 hours a day. HCA recommends requiring EBS providers to include a licensed behavior analyst on their IRT-IDD teams to support people with complex behavioral needs related to dual intellectual and developmental disabilities and behavioral health diagnoses.

Estimates by Setting for 150 individuals



Where does the person live?

Due to the complexity of the person's support needs the EBS model supports two or three people per home in the following settings:

- Supported Living
  - Contracted providers.
  - State-Operated Living Alternatives.
- Group Training Homes.

Providers must develop the infrastructure for EBS before the first person enters service. Providers need funding for program development before adding individuals to the contract. DDA estimates the program development cost at $90,000 general funds state per provider. The cost also includes training for staff.

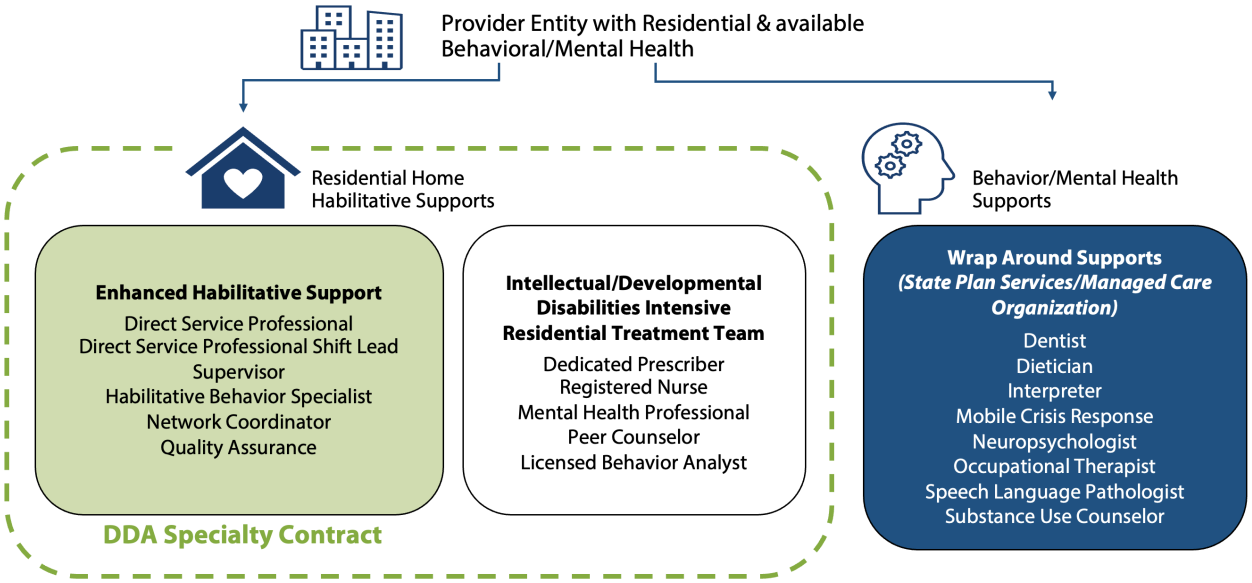
Who is eligible for the program?

The EBS model supports people who experience autism or co-occurring mental health conditions that significantly impact their daily functioning and safety (see Appendix A - Individual Personas). These individuals struggle to manage their mental health, significant behavior challenges or struggle with accepting support. Because of this, they have difficulty finding appropriate support to address their needs. They need highly trained staff and a highly structured residential environment. Many communicate without speech which complicates traditional mental health treatment. Community services do not have the required expertise, resulting in gaps in their care and support. Many of them face challenges in transitioning out of institutional settings, or temporary stabilization settings, due to the lack of suitable community-based options.

Eligibility Criteria

DDA estimates 150 people currently served could benefit from this service. Eligibility for the service is based on the individual's Person-Centered Service Plan indicating extensive mental health support needs as well as other extensive behavioral support needs, along with other indicators that they are not able to be safely supported in their current situation. *(see Appendix B-Eligibility)*.

Staffing Model



What staff will provide this support?

An EBS provider requires a team of professionals who have additional expertise, knowledge, skills and abilities to support complex needs. The direct support professional, lead direct support professional and supervisor positions require initial and ongoing specialized training beyond the current requirements. The following new EBS positions are also included in this model and are essential for program fidelity:

- Habilitative specialist.
- Network coordinator.
- Quality assurance.

The **habilitative specialist** is a unique position that provides real-time, in-person guidance and ongoing consultation for the direct support professionals working with the person. This enhanced position requires additional training and expertise to support people with complex needs and promote success in the community by:

- Designing, implementing, managing and updating habilitative plans.
- Collecting and analyzing data.
- Training staff to implement habilitative plans.
- Training staff and providers on individual needs.
- Delivering services in the home.

The **network coordinator** is a key resource for a person with:

- Medical complexities.
- Co-occurring mental health conditions.
- Multiple medications.
- Numerous providers.
- Frequent hospitalizations.
- High support needs.
- Difficulty traveling for services.

This position coordinates services by:

- Coordinating with managed care organizations or care coordinators when accessing Medicaid benefits.
- Coordinating wrap around services such as dietitian, speech pathologist or substance use counselor with the managed care organization on behalf of the person.
- Coordinating training for staff on medical related issues.
- Ensuring access to community mental health services and identified community providers.
- Ensuring continuity of care with all service providers.
- Ensuring seamless transitions between different medical care services or support.
- Improving communication between agencies and families.

The **quality assurance specialist** ensures optimal services are provided to individuals, by:

- Developing, implementing and maintaining a comprehensive and routine quality improvement system.
- Collecting the person's data and analyzing the effectiveness of the individual's support plans.
- Ensuring safety and reducing adverse outcomes that result in incident reports for individuals served.
- Following up on the grievances of individuals served.
- Monitoring the satisfaction of individuals served.
- Monitoring compliance with WAC, policy and contract.

What additional training do enhanced staff receive?

In existing DDA programs that have been successful with this population, such Stabilization, Assessment and Intervention Facility and the Complex Needs Pilot, staff receive specialized training, especially in crisis response and trauma informed care as well as training specific to the person to address unpredictable needs and enhance individual autonomy. To better understand and plan for the unique needs of these individuals, all staff working with the person being supported by the EBS must have specialized training. The specialty contract requires 14 hours of training in addition to the residential settings training requirement in WAC 388-829. Additional training requirements will be based on the position's responsibilities. *(see Appendix C- Direct care staff training outcomes)*

Developmental Disabilities Administration resources

DDA needs staff resources to support the specialty contract and successfully develop, implement, and monitor the EBS contract. These staff work with community partners to implement the plan and with the individuals to ensure they receive seamless services in the community.

DDA anticipates the need for 15 additional DDA full-time employees (see Appendix D - DDA Staff model) to support the EBS providers and the people in the program. Some of these staff will develop the policies and rules for the program and monitor the contracts. Others will provide the necessary level of support to individuals and families and ensure the specialty contract is implemented successfully throughout the state.

HCA and DDA braided funding model for EBS

The proviso language requests DDA enter into funding agreements with HCA for Applied Behavior Analysis and other applicable health care services within the community-based residential settings. Apple Health will reimburse eligible, licensed Apple Health providers who have a core provider agreement for covered services through appropriate payors per Medicaid rules. The health care services identified are currently covered under Apple Health (Medicaid). To enhance service access, HCA will contract with DSHS EBS residential providers who are also licensed as behavioral health agencies to establish new Intellectual and Developmental Disability Intensive Residential Treatment team. The proposed braided funding model establishes a comprehensive financial foundation for the specialty contract using a combination of Home and Community Based waiver funding and existing Apple Health services. It is consistent with the proviso and would include the following:

- DDA reimburses the residential provider with an add-on daily rate intended to cover the following positions:
  - Habilitative specialist.
  - Enhanced DSPs.
  - Enhanced DSP lead.
  - Network coordinator.
  - Quality assurance.
- HCA proposes building upon the existing Intellectual and Developmental Disability Intensive Residential Treatment team program. HCA recommends expanding the program by a minimum of three additional IRT-IDD teams that include:
  - A dedicated prescriber (availability and hours to be determined) or (prescriber will be available part-time).
  - Full-time registered nurses.
  - Full-time mental health providers.
  - Full-time peer counselors.
  - Full-time licensed behavior analyst.

These teams must meet all established program standards and training requirements and contract with Apple Health Managed Care Organizations for payment. HCA also recommends requiring a licensed behavior analyst in the team model to meet the ABA requirements outlined in the proviso. The EBS provider will enroll individuals in their contracted IRT-IDD team per the person's choice and bill the appropriate payor for the services provided to their individuals. See Appendix E for proposed Intellectual and Developmental Disability Intensive Residential Treatment team staff, training and qualifications.

- HCA will reimburse other state plan services if medically necessary for wrap-around services, such as speech therapy, occupational therapy or the support from a substance use counselor. Established Apple Health reimbursement processes will apply for those services.

Fiscal considerations for IRT-IDD expansion include:

- The HCA IRT pilot program is funded by the state general fund and federal general fund.
- HCA and cross-agency administrative costs:
  - Needs a HCA FTE for program management, contracting and oversight.
- Team start-up costs:
  - HCA contracts with BHAs separately for team start-up costs. MCO contracting is also required. Once services are established, the behavioral health agency submits claims to the enrolled individual's MCO for payment.
- IRT staff training:
  - IRT teams must complete START and CBTP training (see Appendix E).
- Program review, data and outcome measuring.
- Caseload adjustments:
  - May need to drop caseload per team due to the person's acuity resulting in the need for increased cost per person.
  - Enhanced rate considerations specific to the percentage of people in the program and addition of the licensed behavior analysis position.

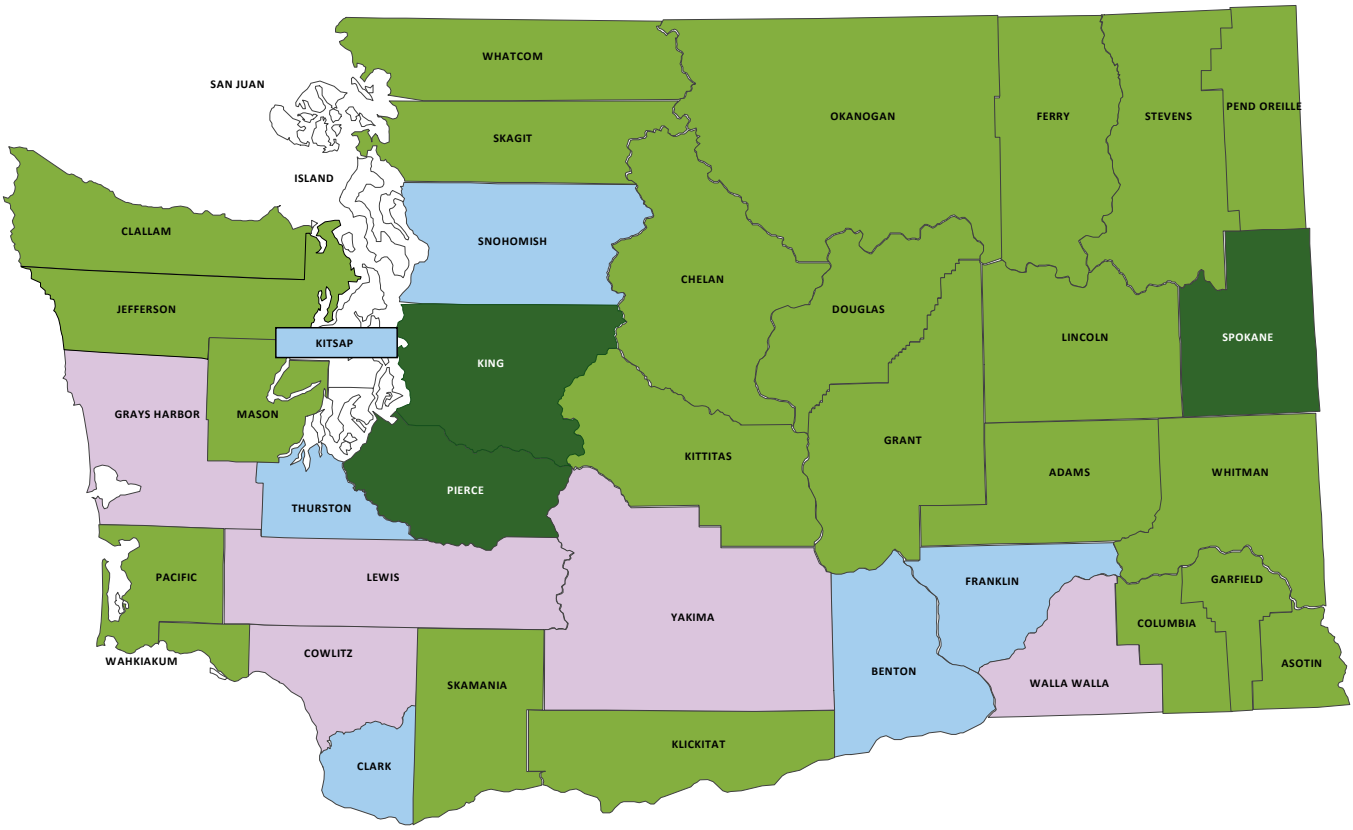
Implementation

The report recommends a five-year phase-in model for developing and implementing the specialty contract. A five-year phase-in allows time for providers to build the infrastructure needed. This includes hiring and training staff and hiring or contracting additional professional positions, to support approximately 150 people with complex needs. People transition to one of three settings: supported living, group training homes and State-Operated Living Alternatives. The specialty contract will cost DDA approximately $49 million ($24.5 million state general funds) per year, once fully implemented. The cost includes an additional reimbursement of $510-$530 per day per person beyond the assessed regular daily rate for supported living and group training homes and funding necessary for SOLA to support 20 people.

After reviewing DSHS, DDA and Residential Care Services policies, rules and contracts, DDA determined that a readiness evaluation would help before implementation of the next phase to ensure that the specialty contract achieves all milestones before moving forward. Each stage is contingent on the success of the previous stage.

For DDA to be ready to implement this plan, the following must be in place:

- Communication and engagement plan supporting materials.
- Training plan and materials.
- Provider development and recruitment.
- Updated policies and rules.
- Contracts with all supporting exhibits.
- Quality assurance procedures.
- Trained DDA staff.
- Intellectual and Developmental Disability Intensive Residential Treatment team developed, able to expand and reimburse type established.



Five Year Implementation Plan for EBS

YEAR 1

Build Infrastructure

YEAR 2

Initial Launch:
King
Pierce
Spokane

YEAR 3

Build Capacity:
Benton
Clark
Franklin
Kitsap
Thurston
Snohomish

YEAR 4

Build Capacity:
Cowlitz
Grays Harbor
Lewis
Yakima
Walla Walla

YEAR 5

Statewide Services

Equity, diversity, accessibility and inclusion

This report incorporates DDA's guiding values and DSHS principles of equity, diversity, accessibility and inclusion when developing (see appendix F - Framework Strategies) by:

- Identifying and embedding EDAI principles into the specialty contract development process.
- Incorporating person-centered services.
- Incorporating demographic metrics into performance feedback.
- Conducting annual reviews to increase the likelihood of services effectively reaching diverse and historically underserved populations and meet established goals.
- Assuring equal access to mental health, medical and dental services.
- Collaborating with Tribes and community partners.

Community outreach

We thank our community partners for developing this report with us. EBS could not happen without their engagement and interest. We need to continue our collaboration in the development and implementation of the EBS program. Efforts began with identifying those partners (see Appendix G - Community Partner's Interest and Influence chart). We identified community partners based on their level of interest and influence on the EBS project. The partners assessed as having high interest include individuals, legal representatives, DD Ombuds, DDA, ALTSA, MCS, tribes, HCA, WA Federation of State Employees Union and residential providers.

Next, we identified partners in developing this service. We sought input from legislative report community collaborators, the self-advocate advisory committee, residential provider leadership meetings and complex needs provider meetings.

Community partner engagement

Multiple sessions with self-advocates, guardians, family members and industry representatives helped us gather input in developing EBS. DDA will need continuous engagement with community partners and current residential providers for further development to implement EBS. Until we have a robust provider pool, we need to continue to recruit EBS providers.

Network analysis

The project conducted seminars with 135 current in-state supported living providers, DDA, ALTSA and HCA, with 21 expressing interest in becoming enhanced behavioral support specialty providers. Additionally, 11 out-of-state providers participated and four providers showed interest in the specialty. The EBS specialty depends upon a sufficient network of providers to serve all EBS-eligible individuals.

In addition, we reached out to Bridgercare services in Oregon and California's Enhanced Behaviors Service Program. Their modeling, insight and experience with supporting people with complex needs helped shape the specialty contract we outlined.

The research

DSHS analyzed data to identify locations of active DDA and ALTSA providers and DDA-supported living and group training home provider locations. The data pulled provided some areas where a higher volume of people who may qualify for the enhanced behavioral support specialty reside.

The department's findings from this analysis include the following:

- A lack of provider network adequacy is a barrier to providing support to people in supported living, group training homes or group homes.
- Providers are clustered in and around urban areas across Washington state, causing the rural areas to be underserved.
- Complexity with the application process.

To address the need for more providers, the DDA and Residential Care Services are partnering to streamline the application process so that new providers understand program requirements so they can effectively address them in their applications. DDA will continue recruitment efforts both in state with current DDA and HCS providers and out of state with national organizations to expand our provider pool. Bringing on new providers will require additional support from regional oversight, which will be critical in to ensuring new providers are brought onboard quickly and are prepared to begin supporting people.

Conclusion

We are thankful for the Legislature's interest in expanding developmental disability services that empowers the success of people in the community. There are over 150 eligible individuals who will benefit from the EBS service. The people identified in the EBS model want to live in their community. To support them, staff needs to be appropriately trained to support individuals who experience autism or co-occurring mental health conditions. They also need to have timely access to their Medicaid services. The specialty contract will develop and implement enhanced staffing models and structured support tailored to support this high-need population. The EBS model provides a way to support individuals with these complex behavioral health needs. Thank you for your future support in implementing our EBS model. It will improve services for people with complex needs.

Acknowledgements

Executive Sponsors

Bea Rector (DSHS' ALTSA)

Laura Han (DSHS' ALTSA)

Dr. Charissa Fotinos (HCA)

Kris Pederson (DSHS' DDA)

Business Sponsors

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Amy Abbott (DSHS' ALTSA Residential Care Services)

Jaime Bond (DSHS' DDA)

Saif Hakim (DSHS' DDA)

Contracted Project Management

Vividco

Appendix A

Individual personas

Persona Profile	Background
Persona 1 Age: 35 Gender: Female Diagnosis: Type 2 diabetes, IDD, borderline personality disorder, mood disorder, impulse disorder and post-traumatic stress disorder	The person refuses medications several times a week, increasing self-injurious behaviors of swallowing foreign objects. Significant history of physical and verbal assaults toward staff and nurses, who required medical attention after the assault. She has a history of being suicidal around the holidays. Currently one of her treatment goals is to report to staff when she feels unsafe. Due to her aggressive behaviors, in the past she had support from the Community Protection Program but is currently not enrolled in the program because she refused services.
Persona 2 Age: 28 Gender: Male Diagnosis: Schizophrenia, oppositional defiance disorder, bipolar disorder, borderline personality disorder, ADHD, obsessive compulsive disorder/anxiety and autism	The person has complex medical needs due to obesity and requires dietary limitation. He has limited vocabulary. His medication was changed in the last two weeks and is now exhibiting hallucinations. He has very limited coping strategies that lead to physical aggression, self-injurious behavior, property destruction, and unsafe community behavior. Past supported living agencies did not feel they could support his behaviors when frustrated. As a result, he has had two long community hospital stays. He needs lots of visual aids, books, and calendars to support or communicate his needs. In the past, he used a feelings chart to identify his triggers and replace precursors with behaviors related to his goals and desires.
Persona 3 Age: 29 Gender: Male Diagnosis: Autism	The person communicates with gestures, but complex concepts are difficult for him to communicate. He screams daily for hours and swings his arms in the air and sometimes at others. Staff believe his behavior is due to something internal believed to be an undiagnosed mental health issue. Mental health providers are unable to provide a diagnosis, citing inability to interview him in the traditional way due to his non-traditional communication.
Persona 4 Age: 20 Gender: Male Diagnosis: Autism	The person is assaultive toward staff and peers three times per week. He threatens to kill anyone in his home daily. It is unknown why he engages in these behaviors due to them being unpredictable and spontaneous. Police are called out to the house at each incident to intervene. He then calms and returns to daily activities after the police put him in the back of their vehicle and talk to him about his behavior. At least two times per month he continues to escalate after police intervention, resulting in community hospital visits. The local community mental health provider has turned him away due to no mental health diagnosis and limited communication skills, which makes engaging with the therapist difficult. Care plan includes sharp or heavy objects restrictions to support keeping staff safe, since when escalated, he has attempted to stab and throw items at staff, resulting in significant injury. Criminal charges for the assaultive behavior have failed, and he has been found incompetent to stand trial by the court.

Persona 5 Age: 18 Gender: Female Diagnosis: ADHD, autism, disruptive mood dysregulation disorder, oppositional defiance disorder and diabetes	The person communicates with gestures and single word responses. She becomes escalated when having a clear idea what she wants to do, usually an unsafe activity, despite staff attempting to redirect her to safer activities. When dysregulated, she will throw small objects (sunscreen, coffee mugs, rocks, etc.) causing injury to staff or destruction to personal belongings of staff or other residents; screams or yells for hours. She will leave the house and engage in these behaviors causing issues for the neighbors and the landlord. In the last six months, she has caused damage to three vehicles. Staff are trained in Crisis Intervention and Prevention strategies, Ukeru, and Therapeutic Options. Yet, police are still being called weekly to intervene. She is taken into police custody monthly. Staff, neighbors and other individuals have filed charges for the assaults and property destruction, which are ultimately dropped because court deems her incompetent to stand trial.
Persona 6 Age: 20 Gender: Male Diagnosis: IDD, depression, intermittent explosive disorder (aggression toward peers), insomnia and psychosis	The person has a history of abusing illegal and controlled substances. He has been able to live independently for a maximum of nine months before relapsing. He has attended multiple outpatient treatment programs and has never been able to get in-patient treatment due to his mental health diagnosis. He indicates his desire for sobriety yet is easily influenced by substance abusers and media. He has been a victim of exploitation by family members and transient drug users. He engages in risky sexual behaviors to get his drug needs met. He has serious health conditions including COPD, hypertension pre-diabetes.

Appendix B

Eligibility

The project team assessed people with complex behavioral needs to identify common markers in the person's assessment. Based on that research, the enhanced behavioral support specialty contract was developed to offer community residential options for people who experience autism or co-occurring mental health conditions. DDA identified more than 150 individuals who could benefit from the specialty contract.

The person will be eligible for the program if they have a cooccurring diagnosis and their current PCSP indicates extensive behavior supports in mental health needs and four or more of the following areas:

- Emotional outbursts.
- Suicide attempts.
- Sexual aggression.
- Self-injury.
- Property destruction.
- Assaults or injuries to others.
- Uncooperative behavior.
- Agitation overreactive behavior.
- Obsessive repetitive behavior.
- Substance use disorder.

CARE documentation shows that the individual:

- Exhibits behavior that is not safely sustainable in the community based on frequency or intensity.
- Unable to find stable community residential support.
- Requires additional support in the last year due to:
  - Hospitalization while medically cleared for discharge.
  - Two or more crisis contacts for mental health evaluation.
  - Two or more uses of emergency services (e.g., emergency room, urgent care, ambulances and 911).

Appendix C

Direct care staff training outcomes

Position	Training Outcome
Direct support professionals	Crisis intervention and de-escalation Grief, loss and trauma Positive behavior support Client-specific cultural competency (trained by the habilitative specialist) Trauma informed model or philosophy Values and client rights Autism Dual diagnosis Suicide prevention and response
Network coordinator	De-escalation Grief, loss and trauma Positive behavior support Cultural appreciation and humility - a broad understanding of cultural implications Trauma-informed practice mode or philosophy
Habilitative specialist	De-escalation Grief, loss and trauma Positive behavior support How to write plans in the 12 areas - this relates to the fourth implementation recommendation Trauma-informed practice mode or philosophy Words matter
DDA administrative staff who will engage with agencies on a regular basis	Understanding applicable statute and policy Structure of residence and staff turnover How placements are made Understanding client experience and client rights Broad cultural competency Trauma informed model or philosophy Words matter
DDA administrative staff who will engage with individuals or families on a regular basis	De-escalation Grief, loss and trauma Positive behavior support Understanding applicable statute and policy Structure of residence and staff turnover How placements are made Understanding client experience and client rights How to identify and engage behavioral specialists Broad cultural competency Trauma informed model or philosophy Words matter Dual diagnosis

Physical location	Roles	Functions and tasks	Additional or specific qualifications or competencies
In home	Enhanced DSP staff	·24/7 non-medical care. · Implement plans.	· Direct care experience.
In home or agency, may serve multiple homes	Enhanced DSP shift lead	· 24/7 support of DSPs. · Monitor behaviors. · Carry out the plans. · Collects, maintains and. · interprets data. · Deliver services in the home.	1-2 years' experience. Required experience: · Behavior technician. · IDD. · Co-occurring mental health complexities. · Data collection and · interpretation.
In home or agency, may serve multiple homes	Enhanced supervisor	· Supervise staff. · Coaching and training. · Habilitative support. · 24/7 on call resource. · Deliver services in the home.	Supervisory experience Experience with: · IDD. · Co-occurring mental health complexities. · Data collection and · interpretation. Preferred: Bachelor's degree.
Agency, may serve multiple homes	Habilitative specialist - new	Design and implement behavioral and crisis prevention plans. · Manage and update plans. · Collect and analyze data. · Train staff to implement plan. · Train staff and providers on · individual needs. · Deliver services in the home.	Newly established position. Required: · A degree in an appropriate area. · 2 years' experience working with IDD. · Co-occurring mental health complexities. · Data collection and interpretation. · Recommendations from people within the field. · 30-45 hours didactic training program and proof of learning demonstrated (successful completion of exam).
Agency, may serve multiple homes	Quality Assurance	· Develop, implement and maintain a comprehensive and routine quality check/quality assurance/quality improvement system. · Collect and analyze data on the quality systems and their effectiveness.	Experience with IDD and dual diagnosis.

Physical location	Roles	Functions and tasks	Additional or specific qualifications or competencies
Agency, may serve multiple homes	Quality Assurance	· Ensure the safety and reduce adverse outcomes for individuals served. · Follow up on the grievances of the individuals served. · Monitor the satisfaction of the individuals served. · Monitor compliance with WAC and policy.	
Agency, may serve multiple homes	Network coordinator	· Oversee care and action items to ensure continuity of care. · Medical administrative tasks. · Connects individuals to relevant health care providers. · Coordinates and manages the delivery of medical care. · Training staff for medical related items and issues. · May deliver services at the residence, as appropriate. · Ensures seamless transitions between different medical care services or supports. · Arrange medical support team meetings. · Scheduling patient appointments. · Coordinate with MCO care coordinator.	Experience with MCOs. Experience with medical appointment scheduling. Preferred · Experience with MCO or FFS providers. · Experience with IDD and dual diagnosis individuals or authorized representatives.

Appendix D

DDA staff staffing model

FTE	Justification for EBS Specialty Contract
(5) EBS case resource manager	Increase support to individuals and families will need a 1:35 ratio.
(3) Resource manager	Increased development, monitoring and accountability of residential providers.
(1) HQ policy and specialty contract development	Development of new specialty contract requires new policy, WAC and training to field and providers.
(1) Training and curriculum development specialty contract manger (project)	Increased curriculum development for supporting individuals with complex needs.
(3) Psych associate	Increased support to individuals and providers due to complex nature of the service both regionally.
(1) Quality compliance coordinator	Increased need for monitoring DDA performance and quality.
FTE	**Justification for SOLA program expansion**
(1) Human resource consultant	Additional need to support SOLA in hiring state employed staff.

Appendix E

Proposed Intellectual and Developmental Disability Intensive Residential Treatment team staff, training and qualifications

The expanded Intensive Residential Treatment Intellectual and Developmental Disability team the HCA is proposing will include the core staff outlined in the Intensive Residential Treatment program guide and a licensed behavior analyst. All staff on the team must also receive Systematic Therapeutic Assessment Resources and Treatment training, Cognitive Behavioral Therapy for Psychosis in addition to the qualifications listed in the table below. In addition to the qualifications listed in the table below.

Role	Functions or tasks	Qualifications
Dedicated prescriber - psychiatric care provider	· The person's primary psychiatric medication provider and will ensure they are available for team needs.	Licensed to prescribe psychiatric medications in the State of Washington. Be available 24/7 either on call or through a tele-psych arrangement.
Full time registered nurse	· Provide an array of medication and wellness support, including psych-education related to medication and wellness. · Assist in assuring medications are filled and ready for pickup or delivery to the facility depending on arrangements.	Licensed by the Department of Health as a registered nurse.
Full time mental health provider	· Required to complete all intakes into services and sign completed recovery plans. · Provide oversight for other team members. · Must validate that services provided are working towards the goals of the recovery plan.	Any mental health professional who meets the criteria under WAC 246-341-200.
Full time peer counselor	· Work with the person on recovery-oriented problem solving. · Work to help build skills and progress community integration.	Recognized by HCA as a peer counselor as defined in WAC 182-538D-0200.
Licensed behavior analyst	· Conduct assessments, including functional behavior assessments. · Develop and maintain an ABA therapy treatment plan including skill acquisition goals, behavior reduction goals, caregiver training goals, discharge goals and a positive behavior support plan. · Collect and analyze data on client behavior and skills to track progress and make changes to interventions as needed. · Provide training to coach caregivers and direct support staff in implementing interventions outlined in the positive behavior support plan.	Licensed by the Department of Health to practice independently as a licensed behavior analyst OR as a licensed mental health counselor, licensed marriage and family therapist, licensed independent clinical social worker, licensed advanced social worker or licensed psychologist with a signed Applied Behavior Analysis attestation form regarding certification as a board-certified behavior analyst on file with HCA. (WAC 182-531A-0800)

Appendix F

Community Partner's Interest and Influence chart

The purpose of a change impact assessment is to tell the story, at a high level, the degree of disruption DSHS' DDA Collaborator Groups are likely to experience if the recommendations envisioned in this report are implemented. For each group, the impact assessment measures disruption across ten different areas, called "aspects", then summarizes them into an average 'overall degree of impact' score. The list of aspects measured includes process, systems, tools, job roles, critical behaviors, mindset, reporting structure, performance reviews, compensation and location.

	# of Collaborators	Aspects Impacted	Overall Degree of Impact
DDA Training Unit	10	6	4.2
Wrap-around Support Providers	50	7	4.1
Ombuds	6	5	4.0
Residential Providers	15	8	3.8
DDA Residential Headquarters	10	5	3.8
DDA Case Managers	100	6	3.5
Emergency Services	20	2	3.5
DDA Resource Managers	20	5	3.0
Parent to Parent / Networks	30	5	3.0
County Employment Vendors	20	3	3.0
DDA HQ Psychologists	5	2	3.0
Policy Writers (DDA)	10	2	3.0
RCS Field Managers	23	1	3.0
RCS Policy / Training	20	1	3.0
DDA Quality Assurance	10	5	2.8
Regional Clinical Teams	10	5	2.8

	# of Collaborators	Aspects Impacted	Overall Degree of Impact
Managed Care Organizations	10	6	2.7
People First / Networks	10	5	2.6
Individuals, Family Members, & Guardians	1,500	5	2.4
State-Operated Staff	30	8	2.1
Residential Care Setting Associations	200	3	2.0
Tribes (DDA)	60	2	2.0
Urban Indian Organizations (DDA)	12	2	2.0
Waiver Unit	6	2	2.0
Local School Districts	10	2	2.0
RCS Business Unit	14	1	2.0
WA Federation of State Employees Union	3	1	2.0
DCYF	3	5	1.8
Health Care Authority	25	3	1.3
ALTSA Budget	5	3	1.0
DDA Budget	5	3	1.0
Tribal Affairs Administrators (DDA and ALTSA) and DSHS Office of Indian	10	2	1.0

The information produced from this impact assessment will inform the Legislature and DSHS DDA and RCS about the considerations and effort required to mitigate disruption for each of the Collaborator Groups when implementing the Enhanced Behavioral Support specialty. Overall, the impact analysis illustrates that DSHS DDA training unit staff, wrap-around support providers, the DD Ombuds, DDA residential headquarters staff, and Residential Providers will experience the highest level of overall disruption when the changes envisioned in this report are implemented. These groups will likely be required to understand new processes, update systems and develop and use new tools and systems related to the Enhanced Behavioral Support specialty.

The table below provides additional detail regarding the degree to which impacted groups will experience disruption across each aspect. The summary results of the EBS impact assessment are shown in the table below, in order of degree of impact.

Degree of Impact Legend: 0 = No Impact; **1** = Extremely Low Impact; **2** = Low Impact; **3** = Moderate Impact; **4** = High Impact; **5** = Extremely High Impact

	Process	Systems	Tools	Job Roles	Critical Behaviors	Mindset, Attitudes, Beliefs	Reporting Structure	Performance Reviews	Compensation	Location
Wrap-around support providers	5	5	5	5	5	3	1	0	0	0
Residential providers	5	0	5	5	5	4	0	3	2	1
DDA Training Unit	5	5	4	5	3	3	0	0	0	0
Ombuds	2	0	3	5	5	5	0	0	0	0
DDA Case Managers	5	3	3	5	3	2	0	0	0	0
DDA Residential HQ	0	5	3	5	3	3	0	0	0	0
DDA Resource Manager	5	3	3	0	2	2	0	0	0	0
Individuals, Family Members, Guardians	1	1	1	0	4	5	0	0	0	0
People First / Networks	2	2	2	0	2	5	0	0	0	0
DDA HQ Psychologists	0	0	0	0	5	1	0	0	0	0
Parent to Parent / Networks	3	2	3	0	3	4	0	0	0	0
DDA Quality Assurance	0	0	3	3	2	3	3	0	0	0
Managed Care Organizations	3	4	1	2	3	3	0	0	0	0
Regional Clinical Teams	3	0	4	3	1	3	0	0	0	0
State-Operated Staff	2	0	2	4	3	2	0	1	2	1
Emergency Services	0	0	0	0	3	4	0	0	0	0
County Employment Vendors	0	0	0	3	3	3	0	0	0	0
Department of Children, Youth, and Families	1	1	1	0	3	3	0	0	0	0
Policy Writers	0	0	0	0	3	3	0	0	0	0
Residental Care Setting Associations	2	0	0	0	1	3	0	0	0	0
RCS Field Managers	0	0	0	0	0	3	0	0	0	0
RCS Policy/Training	0	0	0	0	0	3	0	0	0	0
Tribes (DDA)	0	0	0	0	2	2	0	0	0	0
Urban Indian Organizations (DDA)	0	0	0	0	2	2	0	0	0	0
Waiver Unit	0	0	0	0	2	2	0	0	0	0
Local School Districts	0	0	0	0	2	2	0	0	0	0
RCS Business Unit	0	0	0	0	0	2	0	0	0	0
WA Federation of State Employees Union	0	0	0	0	0	2	0	0	0	0
Health Care Authority	0	0	0	1	1	2	0	0	0	0
ALTSA budget	1	1	1	0	0	0	0	0	0	0
DDA budget	1	1	1	0	0	0	0	0	0	0
Tribal Affairs Administrators (DDA and ALTSA) and DSHS Office of Indian Policy	0	0	0	0	1	1	0	0	0	0

These data indicate the importance of relevant training on new or updated processes, systems, tools and job roles to help these groups navigate the new specialty successfully. Additionally, the data reflect the importance of being intentional with communicating the benefits of utilizing the EBS so that impacted groups can model critical behaviors and develop mindsets to effectively champion them.

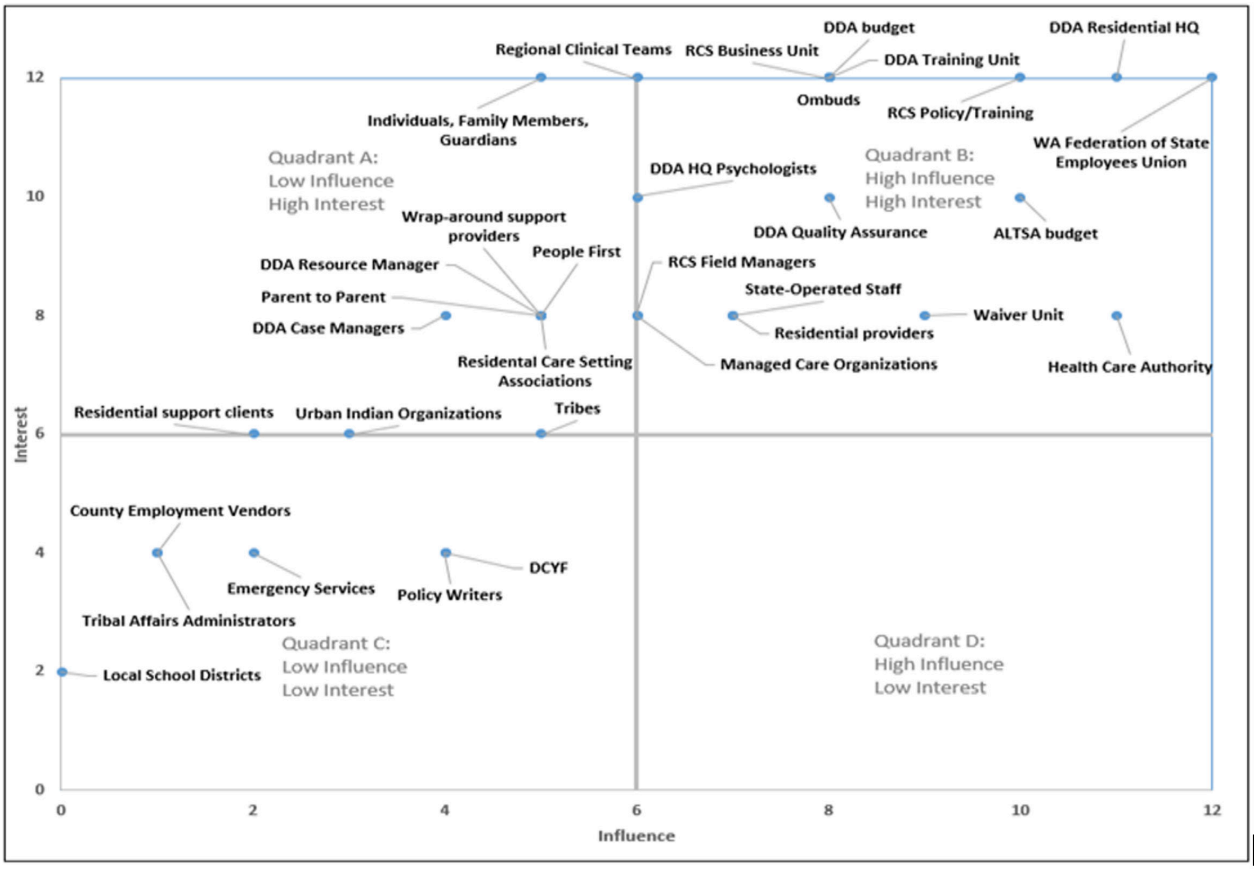
Risk assessment and analysis

The Organizational Change Management Risk Assessment evaluates the overall 'people risk' of the change envisioned in this report, were it to be implemented. OCM Risk is calculated by assessing 14 characteristics that relate to the scope and size of the change and 14 attributes that describe the degree to which DSHS is change-ready or change-resistant as an organization. For example:

- **Change characteristics:** The degree of impact on benefits or reporting structure, the complexity of the change and the number of individuals impacted.
- **Organizational attributes:** The level of DSHS DDA's historical responsiveness to change, leadership mindset about change and overall change saturation.

The risk assessment enables the implementation planning project team to distinguish between audiences needing significant focus and risk management versus those audiences who need only a moderate level. The graph below illustrates the results of the risk assessment for implementing the EBS specialty.

As the graph illustrates, the change characteristics score for the changes envisioned in this feasibility study is 47 out of a possible 70 points.



The organizational attributes score is 47 out of 70 possible points. This results in an overall rating of high risk for OCM purposes. The change management plan and execution tactics for this implementation, when it occurs, will need to be scaled up to adequately mitigate disruption to impacted collaborator groups.

Findings and recommendations

Although there is a great deal of support across staff and collaborators regarding the changes envisioned in this report, implementing EBS is still a change to which all impacted groups will need to adapt. The baseline impact and risk assessments tell us that by incorporating change management best practices including using the input received from internal and external collaborators, DSHS can successfully manage the disruption caused by this change. This will increase the likelihood of a smooth transition to utilizing the new specialty. Our recommended change management tactics for use in implementation planning are outlined in the paragraphs below.

First, we recommend DDA use assessment tools, such as pulse surveys and periodic readiness assessments, to measure readiness among all impacted groups. This data will help the implementation planning team understand and monitor the overall readiness trajectory. In cases where the data shows readiness gaps, we recommend using additional communication tactics (e.g., newsletters, pre-recorded video modules or additional targeted messaging) to address them.

Next, we recommend DDA use existing town hall-style meetings, focus groups and 1-on-1 meetings to maintain a dialogue with highly impacted groups. This will create a feedback loop that allows individuals to see how their input is being used. Not only will the impacted groups see themselves in the change, but it will also increase the likelihood of their willingness to champion it with others.

Impact and readiness summary

The EBS change management impact and risk assessment data underscore the importance of including the voices of those who will be impacted by it when planning for implementation. An organizational change management administrator who is well equipped to partner with DSHS DDA and RCS leaders to execute the recommended tactics provided in this report will be vital for DSHS to fully realize and sustain the benefits of implementing the EBS.

Data from the recent Rates Study, Complex Needs Pilot, as well as implementations of Stabilization Assessment and Intervention Facility and Enhanced Service Facility helped shape the Enhanced Behavioral Supports Specialty.

CNP implemented enhanced behavioral support services within designated supported living settings with increased training and qualifications for direct support providers. These efforts have reduced hospitalizations and created stable living environments for individuals who would otherwise cycle between family homes, temporary respite placements, hospital boarding, jail, or being unhoused at greater expense to our state, medical, and mental health systems. The pilot program offered a financial incentive to providers to enhance their staff team to adequately support individuals, which results in long-term staff retention and low turnover. Individual success in the community relied on ongoing person-centered training to direct support providers from a board-certified behavioral analyst or similarly credentialed position who writes PCSP. Staff must receive this enhanced training to enable individuals to be successful in the community.

Additionally, the Contracted Community Residential Services Rate Study Report looked at the adequacy of the current rates and the need for a specialty contract. The study recommended a 10 percent increase in rates based on calendar year 2022 utilization. This would allow providers to be more competitive as employers. This study also focused on additional services and needed infrastructure for providers to deliver services to individuals under a more specialized contract. The study stated "Some individuals have complex behavioral support needs, which may involve completing a Functional Assessment, developing a PCSP, additional direct support professional training and coaching, use of a behavioral technician, training the DSPs to an individual's support need, and the use of behavioral support specialists for oversight, coaching, training and supervision of behavioral support services. – (Milliman: Rate Study report; 10/25/2023; pg. 1).

Appendix G

Framework strategies

The project team used this framework to develop a person-centered approach to tailor services to provide seamless experience in meeting individuals' complex support needs. The workgroup created individual personas and profiles (See Appendix A - Individual Personas) to identify individuals who would benefit from the enhanced behavioral support specialty.

To determine best practices, we used insights from existing programs such as:

- The Stabilization Assessment Intervention Facility.
- Community Protection Program.
- Enhanced Services Facilities.
- The Contracted Community Residential Services Rate Study.
- The Complex Needs Pilot.
- Data from CARE.

The project team engaged the following groups for their perspective and input:

- The Legislative Report Community Collaborators.
- The Family Advisory Council.
- The Self-Advocate Advisory Council.
- Supported Living providers, both current and potential.