

REPORT TO THE LEGISLATURE

Community respite and stabilization

ESSB 5092 Sec. 203 1(y)(b)
Chapter 334, 2021 Laws
ESSB 5268 Sec. 4
Chapter 219, 2022 Laws PV
ESSB 5693 Sec. 203 1(z)(b)
Chapter 297, 2022 Laws PV

October 1, 2022

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Executive Summary

Engrossed Substitute Senate Bill 5268 was passed during the 2022 Legislative session relating to transforming services for individuals with intellectual and developmental disabilities by increasing the capacity of community residential settings and redesigning the long-term nature of intermediate care facilities. The Department of Social and Health Services' Developmental Disabilities Administration was asked to examine the need for community respite beds for eligible individuals and stabilization, assessment and intervention beds to provide crisis stabilization services for individuals with complex behavioral needs. The 2022 Supplemental Budget provided funding for DDA to expand and enhance respite and programs available to DDA eligible children and youths.

A preliminary report must be submitted no later than Oct. 1, 2022. A final report to be submitted no later than Oct. 1, 2023 to the governor and the appropriate committees of the Legislature that:

- Estimates the number of crisis stabilization beds needed in fiscal years 2023 through 2025 (FY23-FY25).
- Recommends geographic locations of these beds.
- Provides options for contracting with community providers for these beds.
- Provides options for utilizing existing intermediate care facilities to meet these needs.
- Recommends whether an increase to respite hours is needed.

Background

In 2019, the DDA submitted the Legislative Report, [Rethinking Intellectual and Developmental Disability Policy to Empower Clients, Develop Providers, and Improve Services](#) a process guided in collaboration with the William D. Ruckelshaus Center. A recommendation from this report was to expand access to crisis services for clients currently supported in the community. In 2019, the Legislature provided funding to DDA to develop state-operated stabilization services to eligible DDA clients with an identified need. Under Chapter 388-847 WAC, DDA created the Stabilization, Assessment and Intervention Facility to deliver stabilization services for up to 90 days to clients with complex behavioral health needs.



*Stabilization, Assessment and Intervention Facility
located in Pierce County*



Methodology to be used for final report

This preliminary report provides a baseline, methodology and preliminary recommendations for expansion of contracted diversion resources with geographic recommendations. The final report submitted to the Legislature will use quantitative and qualitative data to define the need for community respite beds and crisis stabilization services for DDA eligible individuals with complex behavioral needs. This will include past utilization data and estimate the number of bed allocations in FY23, FY24 and FY25. The final report will also provide options for contracting for stabilization, assessment, and intervention beds; utilization of existing Intermediate Care Facilities for individuals with Intellectual and Developmental Disabilities; and community respite beds as well as recommended geographic locations for these services. We will explore the following areas:

- Number of acute care hospital admissions for non-medical purposes including length of stay.
 - In FY22, 121 clients were admitted to an acute care hospital. There were also 126 clients who discharged from acute care hospitals.

Note: The number of clients discharged includes clients who were admitted during FY21 and did not discharge until FY22.

- Number of clients in Eastern State Hospital near Spokane and Western State Hospital in Lakewood awaiting discharge.

In June 2022:

- 33 DDA eligible individuals were admitted to WSH and 9 were admitted to ESH.
- 8 individuals had mutual acceptance with a community provider and were awaiting discharge.
- 14 individuals discharged from the state hospitals during FY22.



Community Respite and Stabilization Report

- Utilization of DDA's state-operated Stabilization, Assessment and Intervention Facility.
- Barriers to accessing stabilization services.
 - Lack of MH/stabilization and clinical providers trained to support those w/cooccurring MH & IDD conditions.
 - Often stabilization service providers will decline to serve individuals with cooccurring IDD and mental health diagnoses due to exceptional support needs or a perceived inability to actively engage in services.
 - Inability for providers to recruit and retain staff due to the current nationwide staffing crisis and caregiver compassion fatigue resulting from the COVID pandemic.
 - Limited training and skill set of providers, both paid providers and family to address the complexities of the individual which increased the need for this service.
 - Lack of available and affordable housing.
 - Clients remaining in crisis diversion beds well beyond the expected timeline of 90 days while waiting for other services.
- Barriers to accessing Medicaid state plan behavioral health services.
 - In FY 22, there were 48 escalation requests sent to Health Care Authority regarding DDA clients with barriers to accessing timely behavioral health services (in-patient, outpatient, or Wraparound with Intensive Services).
- Stakeholder recommendations for changes to Community Respite Beds and Crisis Stabilization Services.
 - We will work with advocacy organizations and stakeholders including individuals with lived experience to gather input regarding the barriers and the need for stabilization and respite services.
- Number of DDA clients denied by Overnight Planned Respite Service Providers due to clients' needs exceeding their ability to provide respite.



The following service options are available to eligible clients of the Developmental Disabilities Administration seeking Community Respite Beds and Crisis Stabilization Services:

Intermediate Care, Nursing Facility, Crisis Stabilization and Respite Services provided by an RHC

Residential Habilitation Centers are state-operated facilities certified by Medicaid to provide intermediate care, nursing services or both to people with intellectual or developmental disabilities. The primary purpose of intermediate care facilities is to provide temporary support for active treatment. Nursing facilities provide long-term nursing care, rehabilitative, and health care services. There are four RHCs statewide; three are certified to provide ICF services: Lakeland Village, Fircrest and Rainier, and three are certified to provide nursing facility services: Lakeland Village, Fircrest and Yakima Valley School. RCW 71A.20.180 established up to eight crisis stabilization and eight respite beds at Yakima Valley School. In FY22, there were 97 admission requests for ICF and five for NF services at all RHCs.

In 2020, DDA was asked to develop a transition program for individuals who were in acute care settings and who were determined ready for discharge. In an effort to increase hospital capacity for individuals with a medical need, and in anticipation of a surge resulting from the COVID-19 pandemic, DDA utilized available capacity on the grounds of Rainier School RHC to transition clients who did not require acute level of care. The temporary transitional service was established in one of the unoccupied cottages known as Klamath. This model uses the expertise of professional RHC staff to provide 24/7 medical, behavioral and personal supports based upon each client's individual needs, while community residential supports were secured. The transitional services are provided in a separate cottage from the RHC's Intermediate Care Facility and therefore do not require the provision of active treatment.



In FY22, 16 clients benefited from this transitional service. During this time period, seven clients discharged with an average length of stay of 239 days, approximately eight months. Three additional clients have identified community-based residential providers with a tentative discharge date in July 2022. Of the remaining clients, four clients have community protection support needs and are faced with the lack of capacity with CP residential providers statewide.

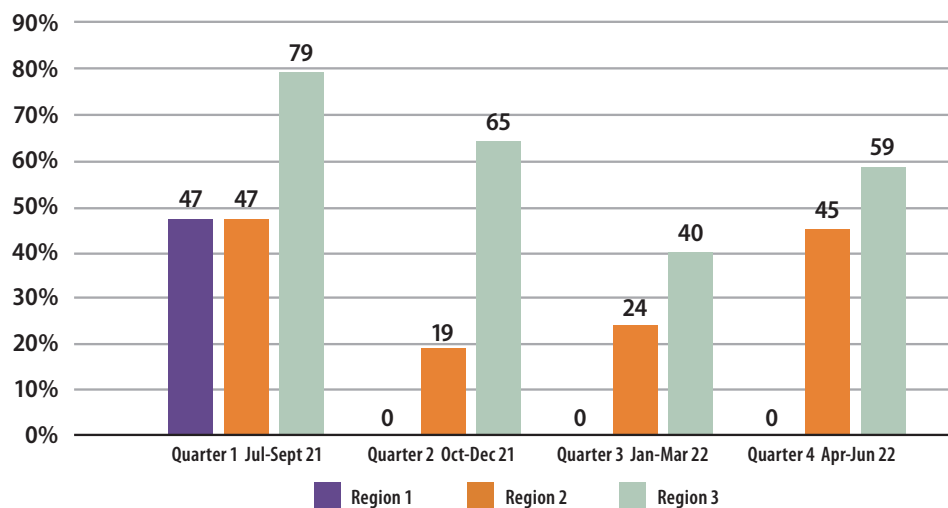


Overnight Planned Respite Services

OPRS is a community-based service for Developmental Disabilities Administration-enrolled adults living at home with their families, relatives or caregivers. The service offers a break in caregiving and provides individualized activities and support to the client. Services are delivered in a community setting (home or duplex) and are staffed by contracted, certified providers. Each respite setting serves one person at a time, using a person-centered plan developed with the individual and family to create a schedule with activities that meet the person's needs. Clients can access up to 14 days of Overnight Planned Respite Services in a calendar year.

In FY22, 244 clients received OPRS services. This number includes duplicated clients who accessed OPRS multiple times in the 12-month period. A comprehensive report regarding OPRS services is submitted annually to the Legislature.

Overnight Planned Respite Services 2022 Utilization By Region



DDA Respite and Crisis Services Unit, August 08, 2022



Crisis Diversion Beds

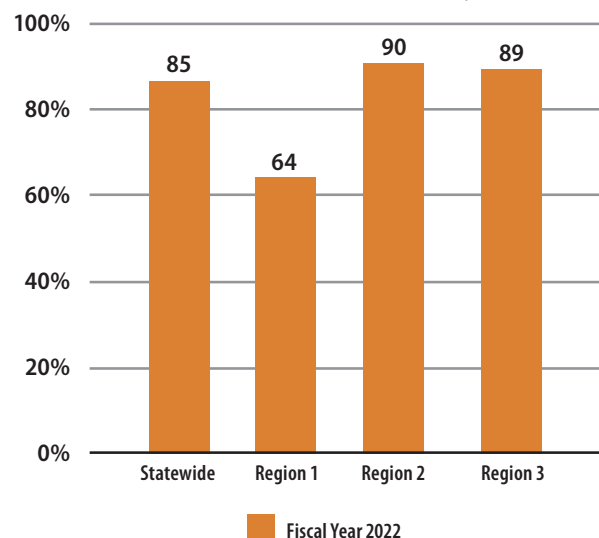
Crisis Diversion services are short-term residential habilitative supports provided by trained specialists and include direct care, supervision or monitoring, habilitative supports, referrals and consultation. Crisis diversion beds are available to individuals determined by DDA to be at risk of institutionalization. These services are provided in the community in a home owned or rented by the service provider. Access to crisis diversion services is temporary and limited to 90 consecutive days. Crisis diversion beds are limited to providing additional specialized services not otherwise covered under the state plan, including Early and Periodic Screening, Diagnostic and Treatment, but consistent with waiver objectives of avoiding institutionalization.

There are eight contracted crisis diversion beds across the state with six beds in operation presently. During FY22, a total of 12 individuals were supported in DDA crisis diversion beds statewide. During this same period, two of the five contracted crisis diversion bed providers experienced a reduction in their ability to offer the services due to an inability to hire and maintain sufficient staffing to meet the needs of referred individuals. The current staffing challenges inhibit the admission of new individuals into the crisis diversion beds as evidenced by the shortage of providers able to offer this service. Additionally, lack of residential service provider options may result in people remaining in diversion beds beyond the 90-day limit until appropriate alternatives are identified. This, in turn, prevents these providers from offering stabilization services and supports to additional individuals in need of this service.

Occupancy in these crisis diversion beds typically operates at approximately 85 percent capacity. This reflects time allocated for diversion staff:

- To provide follow-along support for individuals transitioning to their next setting.
- To participate in training.
- To develop support plans for the next accepted individual entering services.

DDA Crisis Diversion Bed Occupancy



ALTSA and DDA Datamart, June 24, 2022



Recommendation

Based on a preliminary analysis of utilization of diversion beds and mobile diversion which goes to the person's home, DDA recommends an expansion of contracted diversion beds and mobile diversion services.

Recommended Diversion Expansion				
	Current capacity	FY24	FY25	Total
Region 1	3 beds	2 beds	1 bed and mobile diversion	6 beds and mobile diversion
Region 2	2 beds	2 beds and mobile diversion	2 beds	6 beds and mobile diversion
Region 3	3 beds and mobile diversion	1 bed	2 beds	6 beds and mobile diversion

SUMMARY	State	Federal	23-25 Biennium
FY24	1,769,000	1,769,000	3,538,000
FY25	3,163,000	3,163,000	6,326,000
Total	4,932,000	4,932,000	9,864,000

Conclusion

Through gathering and examining the data points above, DDA will provide recommendations as required by ESSB 5268 on expansion of respite and crisis stabilization services to support the continuum of care for individuals with complex behavioral needs. This preliminary report summarizes existing respite bed capacity and stabilization, assessment and intervention beds to provide crisis stabilization services to eligible individuals. FY22 data was gathered to evaluate utilization of current respite and crisis stabilization services to determine whether there is a need for expansion of these service models. Barriers to accessing these services were also identified. The final report will incorporate additional data collection, stakeholder feedback, suggestions to address remaining barriers to access and recommendations for further service expansion of respite services and stabilization, assessment and intervention facilities to support complex clients.