

**REPORT TO THE LEGISLATURE**

**Enhanced Respite Services for Children Ages 8-21**

Engrossed Substitute Senate Bill 5693  
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## Executive Summary

Enhanced Respite Services provides statewide, short-term community-based respite resources as an alternative to using respite services in an institutional setting. These beds provide families and caregivers with the opportunity for behavioral stabilization of the child, the ability to partner with the state in the development of a plan that helps the child to remain in his or her family home and a break in caregiving.

The Legislature has supported this important, community-based resource for Washington families in the biennial budgets since 2015.

- 2015 – 2017: Initial funds allocated for the Washington State Department of Social and Health Services' Developmental Disabilities Administration to develop and implement eight enhanced respite beds for children with developmental disabilities age 8-17 and 18-20 while enrolled in school.
- 2017 – 2019: Additional funds allocated to support the ERS resource.
- 2019 – 2021: Funds allocated to support development of an additional five enhanced respite beds.

## Background and Context

### *Legislative Charge*

In 2011, the Washington State Legislature amended Chapter 71A.20 RCW and directed the Department of Social and Health Services to establish 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 and no person under age 21 may be admitted to receive services at an RHC, "unless no service options are available in the community," and unless "such admission is limited to the provision of short-term respite or crisis stabilization services."

Families identify out-of-home respite as one of their greatest needs enabling them to continue to care for their child in the family home ([No Paid Services Client Caseload](#), Legislature Report, Dec. 1, 2021). 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 also providing therapeutic supports rooted in positive behavior support principles.



*For families raising children with complex behavioral support needs, it is important to have out-of-home respite available to meet the need of the child.*

The Legislature has appropriated funds for the establishment of 13 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 their family home. Our mission is to provide services to individuals in the community and we are prioritizing an increase in statewide respite options for families who need a break in caregiving.

Engrossed Substitute Senate Bill 5693 requires our agency to develop a respite utilization report annually. The report must include:

- 1) The number of children who have used enhanced respite services in the fiscal year.
- 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 FY22. While DDA was funded for 13 beds, only 6 beds were contracted due to the COVID-19 pandemic and workforce shortages. At the end of FY22, there were a total of six contracted enhanced respite beds. Due to the COVID-19 pandemic and workforce shortages, agencies had periods of time that their bed(s) went offline and were unable to provide the service. As a result, DDA had over \$2.2 million in unspent funds designated for ERS during fiscal year 2022. The average utilization rates in the table below are based solely on the utilization of beds that were on-line.

### Enhanced Respite Services Utilization - Fiscal Year 2022

Respite Location	No. of Clients Served	Utilization Rates	Comments
Spokane Visions Bed 1	1	94%	Bed only operational July 2021. Offline from August 2021-June 2022
Spokane Visions Bed 2	N/A	N/A	Offline
Spokane Visions Bed 3	N/A	N/A	Offline
Longview Life Works Bed 1	N/A	N/A	Offline
Longview Life Works Bed 2	8	98%	Operational July 2021-October 2021 Offline Nov 2021-June 2022
Ferndale Service Alternatives	N/A	N/A	Offline
<b>Total: 6 beds</b>	9	96%	Utilization impacted due to current pandemic

Source: DDA Respite and Short-term Services Unit, September 22, 2022

### **Challenges to Implement Enhanced Respite Services**

- 1) Due to the current reimbursement rate, providers have difficulty hiring and retaining staff who meet the standards defined in the enhanced respite services licensing requirements.
  - The Legislature provided a 40 percent rate increase beginning April 2022 to attract and retain ERS providers.
- 2) The current rate structure does not support 2:1 staffing. There are clients whose behavioral support needs require more staff to adequately meet their needs.
- 3) Clients may experience crisis requiring a level of support and intervention beyond what is provided in the enhanced respite setting.
- 4) Providers report the industry is greatly impacted by the COVID-19 pandemic and the workforce shortage. Since 2020, many providers suspended services due to the pandemic. Agencies are now facing workforce shortages and are struggling to recruit and retain adequate staffing to provide appropriate supports.
- 5) The setting must be licensed by the Washington State Department of Children, Youth, and Families. Agencies with licensed facilities typically use their capacity to support long-term clients.
- 6) Licensing through DCYF can be a lengthy process and further delay the ability for the provider to begin services.
- 7) Providers report challenges locating affordable homes due to the limited rental market and high cost of rent.
- 8) Start-up costs may include costly home modifications present significant barriers for new providers.

### **Service Coordination and Resource Development**

The additional investment by the Legislature provided a 40 percent increase in the daily rate. This is a significant incentive; providers indicate they are receiving more interest in response to their recruitment and hiring efforts.

DDA also 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.

- 1) DDA implemented a project plan to recruit ERS providers within our state and with out-of-state vendors who are interested in establishing a resource in Washington. The goal of the project is to have all 13 contracted beds in operation by June 2023.
- 2) The project includes provider webinars, technical assistance and development of provider resources. The project also includes communication with existing contracted ERS providers about restarting their services.

## Summary

Based on prior feedback from providers, DDA created a stand-alone model to mitigate disruption to long-term clients who reside in the homes where enhanced respite services are provided.

Additional barriers, service providers identified include:

- Locating and licensing homes.
- Hiring and retaining staff who meet licensing requirements.
- Maintaining appropriate staffing due to the COVID-19 pandemic.
- 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.

Families identify the availability of respite care as a key factor in their ability to meet their child's needs in their own home. DSHS' Developmental Disabilities Administration will continue its work to develop additional enhanced respite sites within budgetary allowances. Additional care locations would be helpful for families to have the opportunity to access enhanced respite services in or near their local communities.

*Enhanced respite services are intended to provide families and caregivers with a break in caregiving.*

