

REPORT TO THE LEGISLATURE

Enhanced Respite Services for Children Ages 8-21

Engrossed Substitute House Bill 1109
Chapter 415, Laws of 2019
Section 203 1(h)
(partial veto)
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Transforming Lives

Table of Contents

EXECUTIVE SUMMARY	1
BACKGROUND AND CONTEXT	1
UTILIZATION RATES AND BARRIERS	1
SERVICE COORDINATION AND RESOURCE DEVELOPMENT	3
SUMMARY	3

EXECUTIVE SUMMARY

In the 2015-2017 biennial budget ([ESSB 6052](#)) the Washington State legislature appropriated funds to the Developmental Disabilities Administration (DDA) for the development and implementation of eight enhanced respite beds for children with developmental disabilities age 8-17 and 18-21 while enrolled in school. In the 2017-2019 biennial budget, funds were appropriated to allow for full utilization of the service. In the 2019-2021 biennial budget, funds were appropriated for an additional five enhanced respite beds, for a total of thirteen beds. DDA has requested funding through a decision package to improve the current provider rate for these beds. The rate increase will enable DDA to attract and retain providers, prevent families from requesting long term residential programs and allow more individuals and families to utilize community respite services.

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.”

DDA began providing Enhanced Respite Services (ERS) in January 2016 after the Washington State Legislature funded eight community-based respite beds for children across the state. These services provide short-term, community-based out-of-home respite for families as an alternative to using respite services in an institutional setting. Many families who request ERS, are raising children with complex behavioral support needs. ERS was developed to provide families and caregivers a break in caregiving, while their child receives therapeutic supports rooted in positive behavior support principles. Families continue to identify out-of-home respite as one of their greatest needs to continue to provide supports in the family home.

Engrossed Substitute Senate Bill 6052 required DDA 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; 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 Services utilization during fiscal year 2021. At the end of FY21, there was a total of six contracted enhanced respite beds. Due to the COVID pandemic, as well as the national staffing crisis, providers had periods of time that their bed(s) went offline and were unable to provide the service. Average utilization rates do not include the months that the bed was offline.

Enhanced Respite Services Utilization Fiscal Year 2021			
Respite Location	No. of clients served	Utilization Rates	Comments
Spokane Visions Bed 1	9	89%	Offline July, Aug, Sept. and Dec.
Spokane Visions Bed 2	N/A	N/A	Offline
Spokane Visions Bed 3	N/A	N/A	Offline
Longview Life Works Bed 1	12	99%	Offline Dec, Jan
Longview Life Works Bed 2	4	100%	Offline June, July, Nov, Dec
Ferndale Service Alternatives	5	61%	Offline Sept, Oct, Nov, Dec, Jan, June
Total: 6 beds	30	87%	Utilization impacted due to current pandemic

*Some clients may have utilized enhanced respite on more than one occasion.

Barriers Implementing 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 under [chapter 110-145 WAC](#).
- 2) Providers report it is difficult to locate affordable homes due to the limited rental market and high rent costs.
- 3) Clients may experience crisis requiring a level of support and intervention beyond what is provided in the enhanced respite setting.
- 4) The current rate does not support 2:1 staffing. There are clients whose behavioral support needs require more than one staff to adequately meet their needs.
- 5) Several scheduled respite stays were cancelled by families due to concerns related to the Covid-19 Pandemic.

- 6) Providers report the industry is greatly impacted by the national staffing shortage, as well as the Covid-19 Pandemic, and have suspended services when the provider has not had adequate staffing to provide appropriate supports.
- 7) 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.

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. There are two stand-alone programs (Spokane & Longview) and one integrated program (Ferndale).
- 2) 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

Families continue to identify out-of-home respite as being a key factor in their ability to continue meeting their child's needs in their own home. The Developmental Disabilities Administration will continue 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.