



Report to the Legislature

**Preliminary Transition Plan
Planning for the Downsizing and Closure
of Fircrest School,
A State Residential Habilitation Center**

Chapter 25, Laws of 2003, E1, Section 211(1)(e)

January 2004

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January 2004



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Department of Social and Health Services

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PRELIMINARY RHC TRANSITION PLAN

For Strategic Downsizing of the State’s Residential Habilitation Centers – Institutions for Persons with Developmental Disabilities

JANUARY 1, 2004

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Executive Summary

This Preliminary Transition Report is in response to the 2003 legislative session directive to downsize Fircrest School by four cottages during the 2003-05 Biennium and develop a transition plan for Fircrest School.

The declining census in the State's Residential Habilitation Centers (RHC) system, brought about by the continued trend toward community placements, makes the operation of five RHCs prohibitively expensive. The legislative initiative for continued downsizing of Fircrest School makes it the logical candidate for closure.

The development of the transition plan for closing of Fircrest School will proceed simultaneously with the downsizing of Fircrest School. It will proceed through three phases prior to the development of the final plan. These phases include:

- Phase I: Document processes to an intermediate level of detail
- Phase II: Complete documentation of processes and validate them during the downsizing process
- Phase III: Review and improve processes and identify resource needs

This will produce a very detailed, task driven plan for the closure of Fircrest School.

The processes used for closure of individual cottages and Fircrest School will be reviewed and analyzed by work teams in the following functional areas.

WORK TEAM	PURPOSE
Client Identification	Provide the ability to identify which client should move and what available resources can best meet their needs
Resource Development	Document the best means to developing community resources
Capital and Facilities	Identify what needs to be done to open and prepare cottages to receive clients from other RHCs, close cottages, and ultimately close Fircrest School
Client Transition	Document what is required to prepare a client for transition to either another RHC or community placement
Quality Assurance	Monitor alternative placements of former Fircrest clients continue to meet their needs
Employee Transition	Provide supports to employees who will be affected by the closure of Fircrest School
Retention of Licensed Professional Services	Review alternatives for retaining licensed professional services currently provided to community clients

The enclosed capital management plan provides for improvements to infrastructure support and the necessary investment to reopen cottages.

Accomplishments To Date

As of this writing, significant progress has been made toward the project goals. Staff members across the Aging and Disability Services Administration are acknowledged for their work in meeting early targets:

- The two cottages scheduled for closure on March 1, 2004 have been identified and client families notified of the pending closure and arrangements for relocation.
- Five residents have relocated from Fircrest to Rainier School as of December 29, 2003. Four additional clients are scheduled to move to Rainier and one to a community program.
- One previously vacated cottage at Rainier has prepared for occupancy beginning January 1 (residents moving before these dates are being situated into existing vacancies).
- The most critical processes, providing appropriate protection for client health and safety during transition, have been identified and processes for resolving emergent issues have been put in place.
- 214 CARE Assessments (86%) have been completed at Fircrest School (125 in the ICF/MR cottages and 89 in the nursing cottages).
- Seven teams have been charted and are meeting on a regular basis. These teams are identifying critical issues and mapping processes. Most have completed the first and second level stages and are proceeding with subsequent levels.
- A focus group schedule has been established to obtain input from employees of various RHCs across the state to discuss employee transition issue and to elicit employee input on potential needs.
- Local negotiations with union representatives have been ongoing, with officials from both Fircrest and Rainier Schools collaborating with senior management within DSHS.
- Two one-day employee education and informational sessions have been conducted at Fircrest, providing employees with information about available support resources, as well as the opportunity to ask questions about the downsizing process.
- A communications plan has been developed and implemented.
- Completed the development of a capital management plan that implements the 2003-05 biennial budget.

Preface

This document has been designed to be a interim version of a desk manual for downsizing and closure planning of a Residential Habilitation Center (RHC). In its current form, it is the Preliminary Transition Plan requested by the legislature and identifies the framework for the manual, as well as the work completed to date. The intended audiences for this manual are those individuals actually responsible for either closing cottages at an RHC or closing an RHC like Fircrest School. When completed it will be a step by step, task oriented manual that will lead the teams responsible through the process of closing cottages, moving clients and developing resources for those clients to move to, all the while taking appropriate steps protecting their health and safety. It will also provide steps and processes for transitioning employees and assessing retention options of licensed professional services.

This is a very technical and detailed document. To provide guidance to the reader, a description of the organization of the document and how to read the sections is provided below.

The introduction section of the document briefly:

- Provides the rationale for this document,
- Sets forth the legislative authority for creating the plan,
- Outlines the scope, objectives, and goals for the project,
- Defines the methodology used in developing the plan,
- Identifies what has been accomplished to date, and
- Describes the capital improvement plan.

Each of the chapters that follow the introduction is a description of a major process that is necessary for an effective downsizing and closure plan. These chapters include:

Chapter 1: Client Identification

Chapter 2: Resource Development

Chapter 3: Capital and Facilities

Chapter 4: Client Transition

Chapter 5: Quality Assurance

Chapter 6: Employee Transition

Chapter 7: Retention of Licensed Professional Services

Work teams have been formed to break down each major process into its component parts. Each component part is further broken down until either the next level down produces a deliverable like a completed checklist or activity, or no longer generally applies and requires professional expertise.

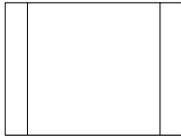
Each chapter is organized to include an introductory discussion of that process and how it fits in the overall scope of the project. Each process and sub level process is described and visually mapped using a

flowchart. The flow charts are supported with tables describing where the inputs come from and the outputs go to in the process. Each task is assigned to a responsible position. This position would be either the person performing that process or function, or the one assigning it out for completion, yet still responsible for its completion.

Each process includes various symbols used to represent important steps in the process such as next steps, decision points, and connections to other processes. Directional arrows will guide the reader through the details of the process. Each process is labeled according to the chapter number with decimal separators indicating a more detailed, lower level process. An explanation of the majority of the symbols used appears on the next page.

SYMBOL

DESCRIPTION/USE



Represents a process which is a set of defined repeatable procedures and/or practices used by specific individuals that operate with specified requirements using certain inputs and generating outputs.



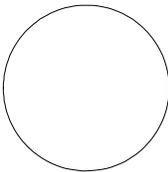
The same as above but at this point the process can no longer be reasonably or practically broken down into further component parts.



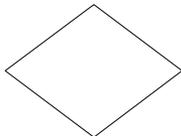
Deliverable or specific product representing the output of a process. Is usually 'unchangeable' in the sense that it would represent a document.



Output or input for a process. This is different from a deliverable in that while it the same in form each time, the quantity or substance may be different with each repetition.



Connection point to another process or sub-process. Basically, this takes you off of the page you are currently on and moves you to another page.



A yes or not decision point. The results of a question branches you one way or another within a process.



A process start or end point.



Store information for later use.

Introduction

In 1994, Interlake School in Medical Lake was closed. Since that time, the census in the five remaining Residential Habilitation Centers (RHCs) has declined from 1,329 in November 1994 to 1,021 in June 2003. The clients were offered and placed either in alternative RHC settings or community placement based on their preference. This was accomplished while focusing on client health and safety.

Since that time, the number of clients with developmental disabilities in community settings has grown from 18,834 to 31,846. This trend reflects implementation of the national and state policies encouraging community placement. During the past 30 to 35 years, states have steadily decreased the number of state institutional beds, downsized facilities, and closed state institutions in response to:

- Changes in the philosophy on how to best serve individuals with developmental disabilities.
- Advances in medical treatment for individuals with developmental disabilities.
- Legislative policy.
- Court decisions such as *Olmstead*¹.

The decreasing census in RHCs has led to consideration of closing an additional RHC at various times since closure of Interlake School. The motivation for RHC closure appears to be both financial and programmatic. The overall cost of operations can be reduced as the census declines and cottages are closed. However, the cost of providing services critical to maintain certification as an Intermediate Care Facility/Mentally Retarded (ICF/MR)² and ancillary services³ cannot be decreased at the same rate. As a result, the cost of operating these facilities does not decrease at the same rate as the census decreases. Programmatically, it also becomes more difficult to meet the specialized needs of an aging and progressively impacted population as staffing levels are reduced.

An outcome of the 2003 legislative session was the requirement to downsize Fircrest School by four cottages during this biennium and develop a transition plan for Fircrest School. When this was combined with the financial and programmatic inefficiency of operating five RHCs to serve a total expected census of less than one-thousand clients, the decision was made to begin to actively plan for the closure of Fircrest School.

LEGISLATIVE AUTHORITY

The 2003 Legislature included in both the operating and capital budgets, provisions that directed the downsizing of Fircrest School (Chapter 25, L03, E1, Sec 211(1) – operating budget see Appendix A), as well as direction to consolidate state Residential Habilitation Centers (RHCs) (Chapter 26, L03, Sec

¹ The Supreme Court, in the June 1999 [Olmstead Decision](#), ruled that unnecessary segregation of individuals with disabilities was a violation of the provisions of the Americans with Disabilities Act (ADA).

² Examples are physician care, specialized nursing and therapy, dental care, assistive technology.

³ Examples are food and nutritional services, maintenance and plant operations, business services, administration.

229(1) – the capital budget see Appendix B). The financial support for downsizing Fircrest School includes the following:

- The operating budget provided staff and funds to reduce the number of cottages operating at Fircrest School during the 2003-05 Biennium. The Fircrest School residents affected by this reduction in cottages are assumed to move to community placements and nursing programs as well as using vacant or reopened space in other RHCs.
- The capital budget funds an increase in capacity in other RHCs to allow for further consolidation of RHC clients in subsequent biennia. This increase in capacity would be achieved by remodeling existing, unoccupied substandard cottages.
- The operating budget provided funding for planning and management of the downsizing effort and support to employees affected by the downsizing and any subsequent closure of Fircrest School.

PROJECT GOALS, OBJECTIVES AND SCOPE

Project Goals

The project has two mutually supporting goals:

1. In the short-term, close four cottages at Fircrest School during the 2003-05 Biennium.
2. Develop a long-term transition plan that, when implemented, would result in the closure of Fircrest School.

In the short-term (the current biennium), four cottages will be closed according to the following schedule:

DATE OF CLOSURE	NUMBER OF COTTAGES	PLACEMENT OF CLIENTS
March 1, 2004	2	Transferred to Rainier School, using a single vacant cottage and vacancies in other cottages throughout the Rainier campus
September 1, 2004	1	RHC Transfers and Community Placements
March 1, 2005	1	RHC Transfers and Community Placements

The long-term goal is to develop a plan to close the Fircrest School in the 2005-07 Biennium. In addition to those factors discussed above, other factors contributing to this decision was:

- The legislature has provided resources to facilitate the downsizing of Fircrest School.
- It will become increasingly difficult to effectively provide the support necessary to meet the needs of residents in a healthy and safe manner.

The current census of Fircrest School is approximately 250 residents. After closure of the four cottages, the census is expected to drop to less than 200 residents. While reductions in the direct cost of cottage operations can be achieved, it becomes increasingly difficult to reduce other costs. Simply put, the cost of operating a facility for 200 or fewer clients on a campus the size of Fircrest School may be prohibitive depending on state policy. The outcome is that the state runs the risk of falling below the minimum level of care required to maintain federal certification as an ICF/MR. The financial support provided by the legislature allows for the development of a reliable and safe plan that will result in the timely closure of Fircrest School.

Project Objectives

The goals for the project will be achieved with the following objectives:

- Client health and safety is paramount
- Employees are provided meaningful transition support
- Timelines are met
- The project budget is on track

Project Scope

The scope of this project is limited to:

- Reducing the number of cottages at Fircrest School, and
- Planning for the eventual closure of the facility.

This limits the scope to the relocation of the current residents of Fircrest School to other RHCs, community placements, or nursing programs. It also includes planning for the closure of individual buildings currently used by Fircrest School.

The project scope includes closing four cottages at Fircrest School, while ensuring that the residents of those cottages are transitioned to appropriate alternative placements, and developing a transition plan that appropriately addresses client health and safety during this transition. This requires the development and/or documentation of those essential processes necessary to first downsize Fircrest School and eventually close the entire institution.

Seven specific areas have been defined as covering the major stages or processes associated with downsizing and subsequently closing Fircrest School. These areas include:

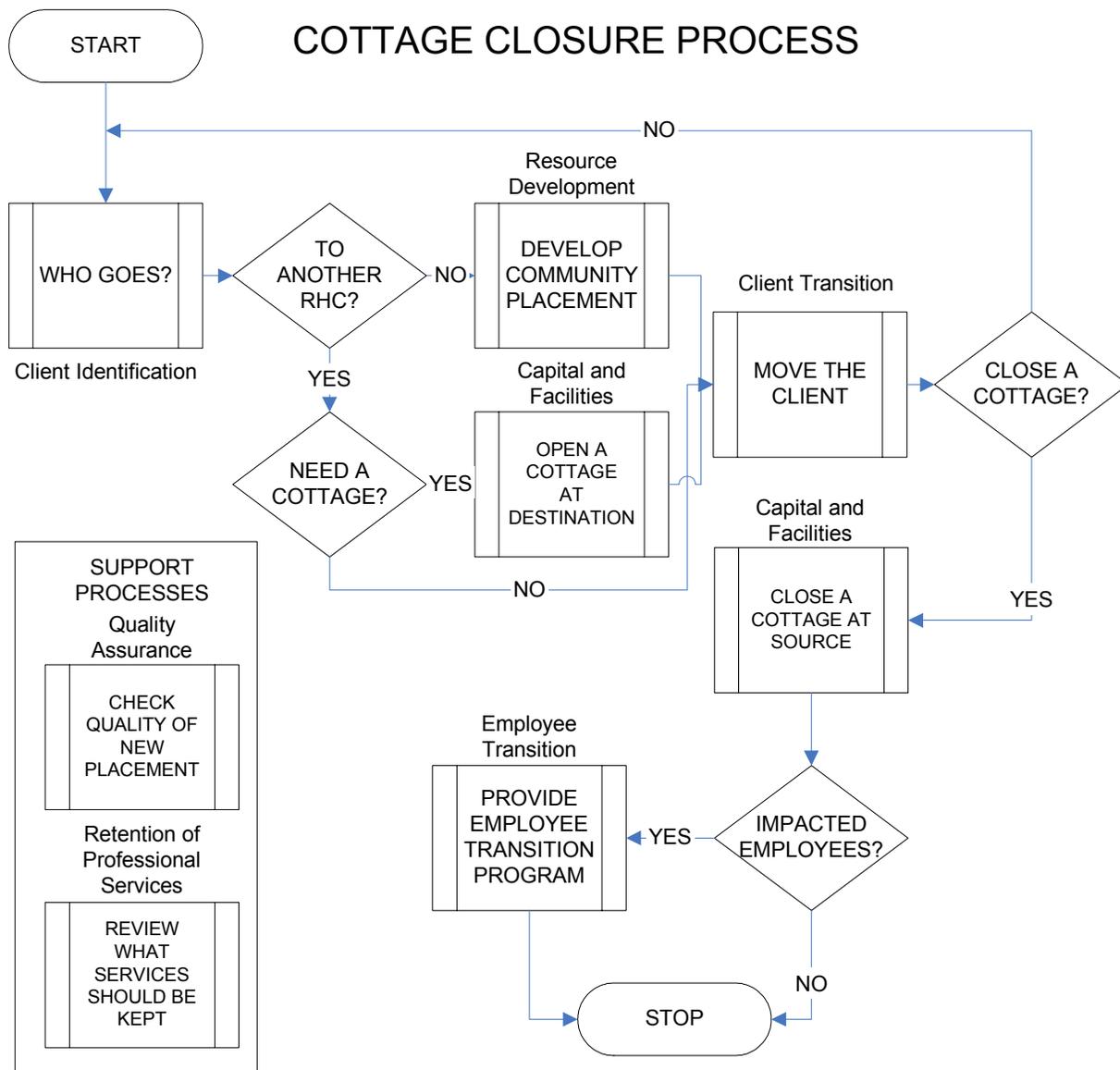
- Client identification
- Resource development
- Capital and facilities
- Client transition
- Quality assurance
- Employee transition
- Retention of licensed professional services

These seven areas form the initial high-level processes that will subsequently be used to develop the long-range closure plan for Fircrest School. These specific areas are described in the following table:

	AREA	PROCESS/RESOURCE REQUIREMENTS
1.	Client identification	The means of matching resident(s) to the appropriate alternative placement(s). As cottages are closed, these processes will identify the needs of individual residents and the suitability of the different types of services available, with resource development to follow accordingly.
2.	Resource development	The processes used to develop the required resources to support residents who may be placed in community programs.

	AREA	PROCESS/RESOURCE REQUIREMENTS
3.	Capital and facilities	The requirements, resources, and processes necessary to ensure timely and efficient: <ul style="list-style-type: none"> a. Opening of cottages at RHCs other than Fircrest School b. Closing of cottages at Fircrest School c. Closing of Fircrest School
4.	Client transition	The requirements and processes necessary to transition clients. This includes transmitting appropriate information to the alternative placement, ensuring that necessary supports will be available when the resident arrives, and physically moving the client.
5.	Quality assurance	The review of current and potential expansion of processes and procedures ensuring that the alternative placements for Fircrest School residents meet the required levels of quality and address the needs of the client.
6.	Employee transition	The development of resources, processes, and procedures necessary to mitigate the impact on employees of downsizing and the anticipated closure of Fircrest School.
7.	Retention of licensed professional services	Fircrest School provides a number of professional services that currently support to one degree or another, clients with developmental disabilities placed in community programs. Options for possible retention are to be provided for consideration of policy makers.

Five areas depicted in the diagram below are high-level processes that are required to close a cottage and, by extension, subsequently Fircrest School. They outline how a Fircrest School resident will be identified, the development of resources for that placement (RHC or community program placement and services), opening another cottage (if necessary for RHC placement), client transition, employee transition, and then eventual cottage closure at Fircrest School. The remaining two processes depicted below are support processes, which address impacts resulting from the downsizing or closure of Fircrest School. The following diagram outlines the high-level process.



Downsizing or closing Fircrest School will affect a significant number of employees. In addition to documenting processes for planning purposes, development of programs and resources to assist employees in making an effective transition to either alternative government or private sector occupations will be necessary to maintain morale and standards of client care throughout the downsizing and/or closing process.

Quality assurance offers a means of providing equivalent services for clients that continue to meet their needs. The DDD Quality Assurance process focuses on the outplacement of RHC residents to DDD community programs. The choice to include a quality assurance component will be a program change for residents transferring from Fircrest School to an RHC or nursing home. However, this expansion could mitigate parent and guardian concerns about the level of support provided.

In the case of retention of professional services, there are a number of high quality professional services provided to Fircrest School residents that are also provided on a secondary or an as available basis to DDD community clients. The goal of this process is to develop a possible model in which these services

may be retained. The licensed professional services affected include medical, dental, psychology/behavioral and rehabilitative disciplines.

What Isn't Included in the Project Scope?

When identifying the project scope, it is also important to recognize what is NOT included. A number of items are considered out of the project scope; however, these items will need to be considered by policy makers for planning purposes beyond the tenure of this project.

Items considered to be outside the project scope include, but are not limited to:

1. The impact on other occupants of the property.
2. The continued use of the Fircrest School Community Recreational Services.
3. Development of the property for use by the private sector, or possible sale of the land.
4. Policy changes affecting the current Division of Developmental Disabilities operations.

It has been interpreted that the project scope is limited to the downsizing and planning for closure of Fircrest School. What is done with the remaining property is not included in this Preliminary Transition Plan. Each of these items is discussed in further detail below.

Other Occupants

Three other governmental or not-for-profit entities provide services on the property. These include:

- The state Department of Health testing laboratory (DOH has requested additional capital funding for expansion on the site in the past).
- The Food Lifeline, which warehouses and distributes food to food banks for the needy. The current property may require some modifications to improve truck access to the warehouse.
- The Firlands Workshop, which provides employment to individuals with development disabilities who reside in the community.

Each one of these occupants is dependent to one degree or another on the utilities maintained by the staff of Fircrest School. Some of these utilities, such as steam heating and the electrical supply system, are already unreliable or not well suited for independent use by these occupants. If Fircrest School is closed, these occupants may need to be relocated or other improvements to existing infrastructure will need to be reviewed and considered.

Fircrest School Community Recreational Services

Fircrest School operates a swimming pool/gymnasium complex that is also available on a limited basis to the Shoreline community. If Fircrest School is closed, this facility will no longer be available to the community.

Commercial Development

Beyond the scope of this plan, the State Investment Board has been charged with identifying options for the surplus property. Specifically, the Board is directed to “. . . identify an investment strategy that will produce a long-term investment return on the property, without sale of land.” A report of the State Investment Board was submitted to the legislature on December 5, 2003.

Policy Changes

The current goals and operations of the RHCs operated by the Division of Developmental Disabilities have been under review on a number of fronts. The issues and potential policy changes have been considered or reviewed in numerous reports either produced by the division at the direction of the

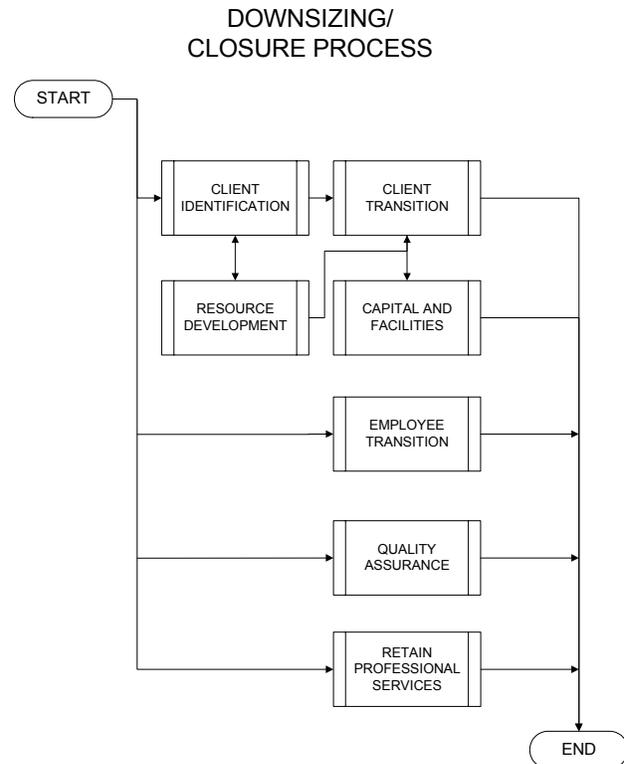
legislature or by the legislature itself. Policy changes that arise from such reviews or the development of any other policy for consideration are outside of the scope of this plan.

PROJECT METHODOLOGY

The methodology used in the final transition plan is:

- Clearly identify the individual procedural steps necessary to close a cottage and eventually close Fircrest School.
- Document these steps.
- Improve them to the extent possible for future facility closure.
- Incorporate these processes into a final transition plan and schedule

The transition plan developed for the downsizing and closure of Fircrest School incorporates the use of process analysis to identify procedural steps. The plan progresses from the beginning to the end through each of the identified major processes. Each of these major processes is then broken down to lower levels. The relationships between each of these lower level processes as well as their requirements and outcomes are documented. Any potential improvements are incorporated and the final implementation schedule is then developed.



This methodology provides a visual representation of the processes and an ability to show the inputs and outputs of each process. Process flowcharts show the dependencies within processes, a non-time related flow of the process from beginning to end, and all associated tasks are shown visually. The narrative provides an overview of the process.

This Preliminary Transition Plan identifies five major procedural areas or processes directly involved with downsizing/closure (client identification, resource development, capital and facilities, client transition, and employee transition). One major process supports downsizing/closure (quality assurance) and a final major area responds to a specific legislative request (retention of licensed professional services). The interaction of these major processes is identified in the process chart shown above.

This results in the identification of discrete tasks that need to be completed, in what order they need to be completed, and what other tasks they depend on. Linking these tasks accordingly with consideration given to the inputs and outputs leads to the development of a plan based on robust processes that:

- Recognize the practicalities of closing a major facility like Fircrest School.
- Protect the health and safety of the residents as they transition to other placements.
- Support employees throughout the process.
- Can be executed in a timely and efficient manner.

Work teams have been formed and charged with one of the major areas identified: client identification, resource development, capital and facilities, client transition, employee transition, quality assurance, and

retention of licensed and professional services. Each work team is composed of DSHS (in most cases within ADSA) staff with a working, technical, or managerial knowledge of the specific area. These work teams were chartered to review the processes in their area of expertise, document the major processes and their lower level processes, and identify the inputs and outputs of each process. Inputs include data, direction from upper levels of management, or outputs from other processes. Outputs include products created in the process, items handed off between processes, and completed activities. In addition, work teams were responsible for identifying major risks involved with not completing each process as documented.

Actual process development is underway, resulting in flowcharts that pay particular attention to the inputs and outputs of each process. These flowcharts are supported by narrative descriptions of the process. Each process begins at a high level, and is broken down into more detailed sub-processes. The sub-processes are further broken down to the level where they are unrepeatable or do not apply on a global level for all clients, employees, buildings, or institutions. The mapping process recognizes that some individual decisions regarding clients, employees, buildings, and institutions are a matter of choice; thus – where applicable – these choices are being built into the processes to ensure an appropriate level of flexibility.

The process mapping is being conducted in three phases.

- **Phase I:** Close two cottages at Fircrest School during FY 2004 by transferring residents to Rainier School using space freed up by opening a remodeled cottage and using existing vacancies;
- **Phase II:** Close two cottages at Fircrest School during FY 2005 by placing clients into community placements; and,
- **Phase III:** Plan for the closure of Fircrest School in the following 2005-07 Biennium.

Each of these phases is described below in more detail.

Phase I

Phase I focuses on the closure of two cottages at Fircrest School and the transfer of residents to Rainier School. In most cases, client identification, resource development, capital and facilities, client transfer, and employee transition processes already exist in some form or have been implicitly established. Many of these processes have been successful in the past. During this phase, the existing processes of the major areas are documented. During this phase, the plan foresees that the majority, if not all, Fircrest School residents from these two cottages will transfer to Rainier School. Also, any community or nursing placements during this phase or in Phase II will mainly occur in King and Pierce County. Consequently, the membership of the work teams initially includes only staff drawn from Fircrest and Rainier Schools and Region 4 and 5.⁴ These processes will be documented as process flow charts, with each of the processes defined at a high level and broken down to more detailed levels (High Level, Level Two, Level Three, etc.).

Phase II

Phase II of this project, will include a more comprehensive analysis of the processes. This will include breaking down of the processes to the lowest task level, indication of responsible parties for each task, utilization of detailed checklists, and paying particular attention to inputs and outputs of the processes. During this second phase, two cottages at Fircrest will be closed. The documented processes will be validated during these two closures, emphasizing accuracy of documentation. Fircrest cottage closures in Phase II will be primarily accomplished by transferring clients into community placements; thus, the focus during this phase will be on utilizing and developing community resources. The processes will still

⁴ As the project is expanded to other regions and programmatically, the processes will need to be further reviewed and validated. The processes are expected to be remain largely the same. Some requirements may be different from one region to another and the differences will need to be reconciled.

be in their current form; however, tools developed during Phase I will be incorporated during this phase. Validating of the processes during Phase II will be very important. It is expected that additional process modifications and improvements will be identified.

Phase III

In Phase III, the assumption is that closure of Fircrest School is imminent; scenarios that best fit the closure plan for Fircrest School will be defined. This phase also requires review of the processes at the statewide level, specifically at each RHC and region. As stated in the footnote to Phase I, it is unlikely that major changes will be required, but some rationalization of requirements or sequencing of steps may be needed. The major focus of Phase III is to identify process improvements and strategic placement of resources. We will be asking, for instance, given higher volumes of moves, might specific activities or functions benefit from consolidating across the facility in a manner that does not currently exist? The teams will also be finalizing the processes so they are in place when the higher volumes of moves occur. Having the appropriate processes in place, tested, and improved upon provides the best opportunity for successful client outcomes.

Process Review

As each process is completed, it will undergo a quality assurance review process so that appropriate safeguards and quality measures are in place. This review process includes three levels of review beyond the work team shown below. At any stage of this review process, if changes or issues are raised that are material, the process will be returned to the work team for additional consideration.

- The first level of review ensures documented processes represent best practices. Review will be by an informal panel of practitioners that assure accurate programmatic content consideration of all of the critical items necessary.
- The second level review ensures that all legal, regulatory, and policy issues are adequately addressed. Individuals, most likely outside of DDD, who have specific background in legal, regulatory, or policy issues related to DDD, will conduct this review. The outcome will result in processes that are compliant with state and federal regulations and policy.
- The final level of review will be by the senior administration-level executive. This level of review will consider resource constraints, management accountability, and other workload issues, resulting in processes that can be implemented and meet the needs of administration management.

Project Scheduling

After all processes have been defined and process improvements have been considered, the Fircrest School Downsizing Project will develop a project schedule and work plan depicting the movement of clients, the opening and closing of cottages at different Residential Habilitation Centers around the state, and the planned closure of Fircrest. This project schedule will include to the task level those steps defined in the process development portion of the project during the first three phases. In the final stage, special attention will be given to activities that are interdependent. This will include procedures for data transmittal, and development of applicable timelines, providing a very detailed view of the plan for closing Fircrest School.

ACCOMPLISHMENTS TO DATE

As of this writing, significant progress has been made toward the project goals. Staff members across the Aging and Disability Services Administration are acknowledged for their work in meeting early targets:

- The two cottages scheduled for closure on March 1, 2004 have been identified and client families notified of the pending closure and arrangements for relocation.
- Five residents have relocated from Fircrest to Rainier School as of December 29, 2003.

- One previously vacated cottage at Rainier has prepared for occupancy beginning January 1 (residents moving before these dates are being situated into existing vacancies).
- The most critical processes, providing appropriate protection for client health and safety during transition, have been identified and processes for resolving emergent issues have been put in place.
- 214 CARE Assessments have been completed at Fircrest School (125 in the ICF/MR cottages and 89 in the nursing cottages). These should be completed by the end of January 2004.
- Seven teams have been charted and are meeting on a regular basis. These teams are identifying critical issues and mapping processes. Most have completed the first and second level stages and are proceeding with subsequent levels.
- A focus group schedule has been established to obtain input from employees of various RHCs across the state to discuss employee transition issue and to elicit employee input on potential needs.
- Local negotiations with union representatives have been ongoing, with officials from both Fircrest and Rainier Schools collaborating with senior management within DSHS.
- Two one-day employee education and informational sessions have been conducted at Fircrest, providing employees with information about available support resources, as well as the opportunity to ask questions about the downsizing process.
- A comprehensive communications plan has been developed and implemented.

PROCESS WORK TEAM STATUS

The table below shows the current progress of each team within Phase 1. The status of each team is shown below using the following:

- 1) A general statement of progress
- 2) At what level have sub-processes been identified (Highest level, intermediate level, and lowest level processes).
- 3) At what level have inputs and outputs been for each process identified

The following table identifies the progress made toward each one of these goals to date.

	AREA	CURRENT STATUS
1.	Client identification	GENERAL PROGRESS: Work initiated. Process Level Identified: Highest Level Inputs/Outputs: Highest Level
2.	Resource development	GENERAL PROGRESS: Work initiated Process Level Identified: Highest Level Inputs/Outputs: Highest Level
3.	Capital and facilities	GENERAL PROGRESS: High level and level 2 processes developed, work continuing for level 3 Process Level Identified: Intermediate Level Inputs/Outputs: Intermediate Level
4.	Client transition	GENERAL PROGRESS: Second level processes defined, checklist started, Level three processes in work Process Level Identified: Intermediate Level Inputs/Outputs: Intermediate Level

	AREA	CURRENT STATUS
5.	Quality assurance	GENERAL PROGRESS: Initial work complete, some policy issues being worked. Process Level Identified: Intermediate Level Inputs/Outputs: Highest Level
6.	Employee transition	GENERAL PROGRESS: Work progressing aggressively, working toward employee RIF activity in Feb-Apr 04 Process Level Identified: Intermediate Level Inputs/Outputs: Intermediate Level
7.	Retention of licensed professional services	GENERAL PROGRESS: Further steps identified Process Level Identified: Options identified Inputs/Outputs: Policy options

CAPITAL IMPROVEMENT PLAN

The capital budget for the 2003-05 Biennium provided \$6 million for capital projects to support RHC consolidation. It required the department to submit to the Office of Financial Management, legislative fiscal committees, and appropriate legislative policy committees a project request report planning document. This document (see Appendix C):

1. Outlines and identifies the projects, scope, schedules and preliminary cost estimates for capital projects related to RHC consolidation in the current biennium.
2. Addresses future project costs necessary to complete consolidation in the 2005-07 Biennium.

Although this provision as well as a restriction against using these funds to demolish buildings at DDD facilities was vetoed, this section is included in order to satisfy the intent of the Governor's veto (for the Governor's veto message of this section, see Appendix B).

The project request report planning document is in Appendix C: Preliminary Capital Project Plan. As required it shows each individual project by RHC along with its scope, expected completion date, and cost estimate. Each project is related solely to infrastructure support or cottage renovation. The criteria used for including these projects were:

- Does the project maintain infrastructure at Francis Haddon Morgan Center, Rainier School, Lakeland Village, or Yakima Valley School on the assumption that Fircrest School is eventually closed?
- Does the project provide for future growth by renovating existing cottages at Francis Haddon Morgan Center, Rainier School, Lakeland Village, or Yakima Valley School to accommodate the consolidation of RHCs through closure of Fircrest School?
- Does the project maintain the ability to provide essential support such as respite care during the consolidation process?

Each project identified in Appendix C meets one or more of these criteria.

In terms of future needs, the project renovations that are being completed this biennium should provide adequate space for client transfers resulting from closure of Fircrest School and subsequent RHC consolidation. This assumes that:

- Fircrest School is the RHC closed.
- Certain levels of residents opt for placement in some sort of community setting.
- Transfers to the remaining RHCs occur as planned.

This is not to be interpreted as saying that further capital support for RHCs will be unnecessary. There will be an ongoing need for capital funds to maintain cottages, program support, buildings, and supporting infrastructure. As buildings age, upgrades and renovations will continue to be needed.

Chapter 1: Client Identification

The client identification process includes the activities and documentation involved in identifying clients of the Division of Developmental Disabilities (DDD) Residential Habilitation Center (RHC) for potential movement to an alternative placement. The movement to some alternative placement is a consequence of the downsizing and possible closure of Fircrest School specifically and the need to consolidate RHCs generally. The process in this chapter is especially critical if insufficient clients volunteer to move. Consideration in the process will be given to aligning resources with overall client need in addition to the interest of individual parents/guardians volunteering to transfer.

This process was recognized as a critical area for review (high priority) due to the following:

- Clients to be moved should be identified in an equitable, fair, and objective manner;
- Clients should continue to receive the supports necessary to provide appropriate their health and safety.
- Clients and their families and their legal representatives should be kept informed of the planning efforts, have input into decisions, and have an opportunity to seek review of individual placement decisions.

The process of identifying a client for movement to an alternative placement is driven largely by identification criteria that allows for a client to be readily matched to a potential resource in either another RHC or the community. This criterion provides guidance specifying the supports required for the client in an alternative placement. While specific supports are identified in other processes, this process should sufficiently consider client needs to distinguish whether an available resource is appropriate or if one is lacking and needs to be developed.

The scope of this process includes the development and documentation of the sub-processes by which clients are identified for a move to an alternative placement. Of equal or greater importance to the actual process and procedures by which this is carried out is the development of the actual client identification criteria. These criteria are the instrument used to distinguish each client's support needs from the needs of others for purposes of matching the client to actual and potential resources. In addition, these criteria will provide reasonable assurances that both the discharging RHC and the receiving alternative placement can continue to provide the supports necessary to meet the health and safety needs of their clients.

The client identification process is the beginning point for the overall downsizing/closure process. It will describe:

1. The development of client identification criteria.
2. The application of the client identification criteria.
3. The matching of clients to resources.

This process will require development of policy and new procedures. At this point, the parent/guardian or client requests the discharge from the RHC whether it is to a community residential program or to another

RHC. The development of this process is only necessitated by the likelihood that at some point, voluntary transfer or self-selection is insufficient to close a cottage on schedule.

This process will need to include a method of identifying the characteristics of the clients at the RHC targeted for downsizing/closure, reviewing the individuals for these identifying characteristics, identifying those individuals and groups willing to transfer to an alternative placement, and then matching the individuals to available resources.

This Section Applies to WHOM:

Responsible Position	Task
1. To Be Determined	Develop Client Identification Criteria
2. To Be Determined	Apply Client Identification Criteria To Clients
3. To Be Determined	Match Clients To Resources

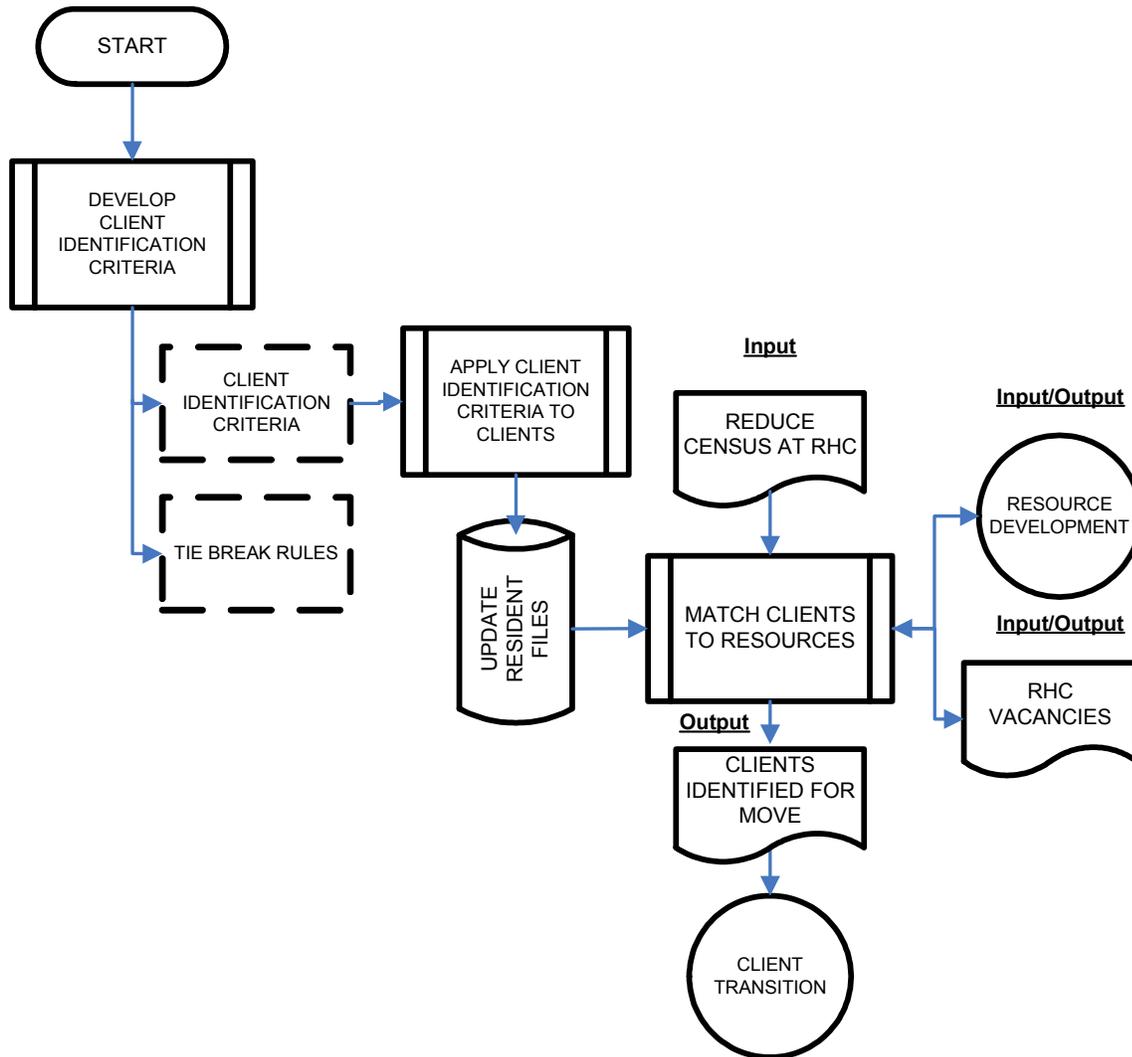
INPUTS

What:	From:	Product/Tool?
Reduce Census At RHC	External Policy Direction	
Resource Opportunities	Resource Development	
RHC Vacancies	RHC And Overall DDD Management	

OUTPUTS

What:	To:	Product/Tool?
Client Identification Criteria	Determine Individual Client Characteristic	YES
Tie Break Rules	Tie Breaking Process	YES
Clients Identified To Move	Client Transition Process	

1.0 The High Level Process



Level 2 Sublevel Processes

Three sublevel processes fall within the client identification process. These are:

- 1.1 Develop Client Identification Criteria
- 1.2 Apply client identification criteria to current clients
- 1.3 Match clients to resources.

Risk Assessment

This process will ensure the following:

1. Each client identified for transfer goes through a process that is fair and consistent, with a rationale basis, and is replicable.
2. Clients are protected from being moved to a placement without adequate supports.
3. Resources are allocated to the most appropriate use.
4. Client due process rights are protected.

Chapter 2: Resource Development

In the developmentally disabilities field, resources are defined as client services and programs. Resource development for the person with developmental disabilities includes the procurement of client placements within the community, as well as community services. Client community placements currently include contracted agencies, such as companion homes and supported living; as well as licensed facilities such as nursing homes, boarding homes, group homes, and adult family homes. Community services include contracted services such as housing resources, employment day programs, and specialized therapy. Resource development implies the creation of community placements within the constraints of the operating budget. These community places could include residential settings, support services, employment and day programs for residents of RHCs outplaced as part of the downsizing efforts

Access to quality resources continues to be an important component of an effective and sustainable delivery system for persons with developmental disabilities. During the downsizing and closure planning process, accurate documentation of current and proposed processes to identify and secure quality resources are of utmost importance. The downsizing and closure of Fircrest School could be delayed if sufficient community resources are not developed.

The Resource Development Work Team was formed to develop requirements and document the processes for developing resources in community programs under the Division of Developmental Disabilities and/or the Division of Home and Community Services. Developed resources such as community placements and community services will eventually receive clients from the downsizing and closure project. Also included in the development of resources is a review of opportunities to expand the base of community service placements by assisting interested state employees in transitioning to contracted service provider status.

Requirements for resource development include critical factors that must be addressed in the development of resources for effective RHC consolidation, downsizing, and closure planning. These criteria will be considered in the documentation of each phase of the resource development process. Preliminary requirements identified by the work team include the following:

- Parent/guardian or client informed choice through education, information, and on-site resources at the RHC or vendor site.
- Quality providers and placement sites with goals in alignment with the Division's mission, and providers who participate in a fair, open, and equitable process.
- Types of resources are available when needed.
- Appropriate client services exist within the community such as day program development, recreation, and medical care.
- Rates and reimbursement specialist to communicate and negotiate resource specific issues.
- Accurate client transition process identifying client's needs.

The process map depicted in this chapter describes the high-level steps involved in resource development for RHC clients transferred to community placements. The high-level process can be initiated two ways:

1. A client has been identified to be transferred from an RHC to the community, noted as “Development of Client Specific Resource,” and/or
2. The on-going development of quality community resources for potential client transfers noted as “Development of On-Going Resources.”

These process steps are followed by an evaluation of the resource.

This Section Applies to WHOM:

Responsible Position	Task
1. Regional Resource Management Staff	Development Of Client Specific Resource
2. Regional Resource Management Staff	Development Of On-Going Resources
3. Regional Resource Management Staff	Evaluate Resources

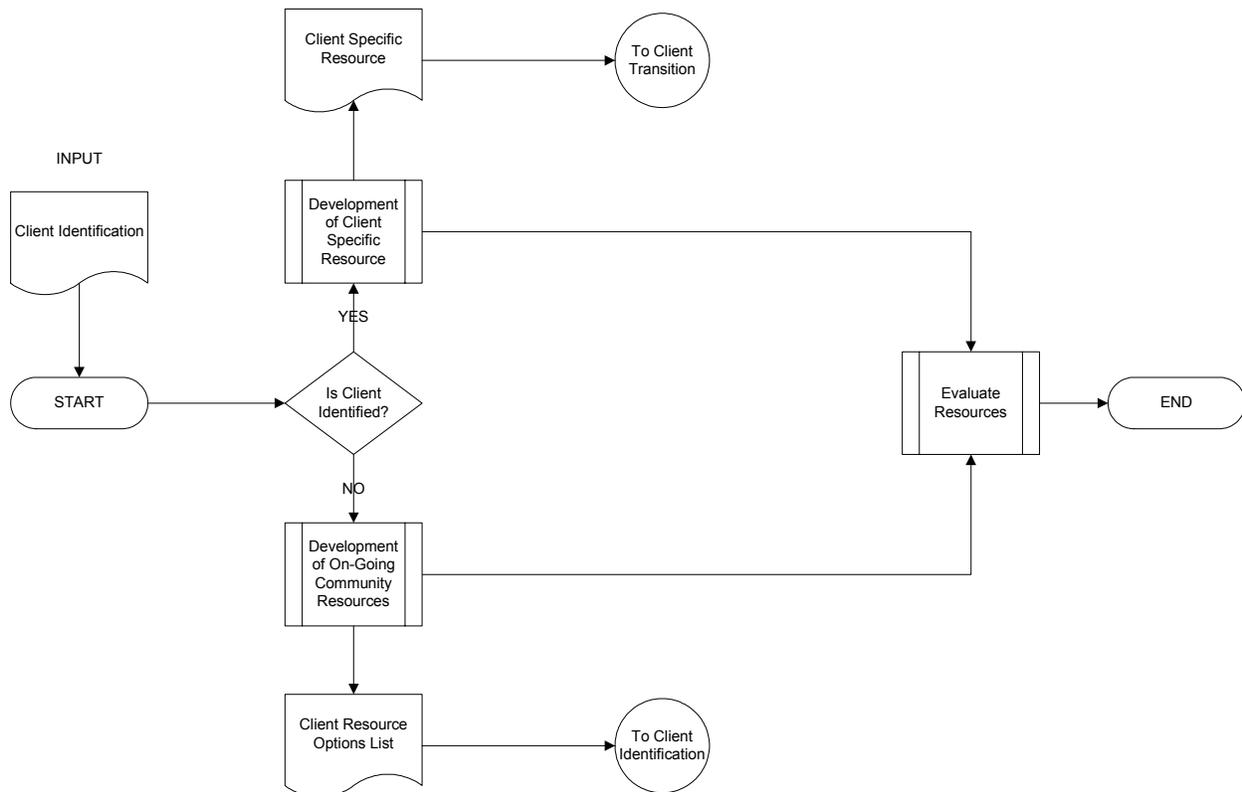
INPUTS

What:	From:	Product/Tool?
Identified Client	Client Identification Process	

OUTPUTS

What:	To:	Product/Tool?
Client Specific Resource	Client Transition	
Client Resource Option List	Client Identification	YES

2.0 The High Level Process



SUB PROCESSES

- 2.1 Development of client specific resource
- 2.2 Development of on-going community resources
- 2.3 Evaluate resources

Risk Assessment

The resource development process outlined in this chapter will help accomplish the following:

1. Appropriate and timely resources are available for identified or potential clients interested in transferring from RHCs to the community.
2. Clients are satisfied; the project schedule is on time, and the appropriate number of transfer of projected numbers of clients to the community.
3. The development of resources that:
 - Meet the needs of individuals with developmentally disabled
 - Align with the division's mission
 - Meet quality standards for community placement and community services

Special Section: Proviso Response

Is it possible to transition current state employees to contracted service provider status?

What is Washington State doing in this area?

Have other states used this approach?

What can they tell us?

DSHS was requested⁵ to examine efforts pursued by other states that allowed employees to continue caring for clients by assisting them in developing privately operated community residential alternatives.

Washington State's Current Process

There are several options for employees to continue to care for clients with developmental disabilities in Washington State. These options include employment with DD contracted agencies or nursing homes, transfer to other RHCs, or development of privately operated community residential alternatives. The legislature expressed interest in reviewing options that not only allowed employees to continue to care for clients, but also allowed employees to develop privately operated community residential programs. Washington State's current options are identified below, along with a brief description of the option and an overview of the process for interested employees.

▪ Companion Homes

Description: Companion Homes are intended to provide a safe, stable, and caring home in the community for individuals with developmental disabilities. Companion Home providers contract with DSHS to provide care for one person with a developmental disability. Companion Home providers typically have an established relationship with an interested client. In addition to providing a place to stay, the Companion Home provider gives day-to-day care, monitors the individual's health, coordinates medical care as needed, supports the individual's interests and personal preferences, provides transportation, supports the individual's social development, and includes the individual in the full range of family activities. Clients directly pay the provider for room and board costs from his/her personal resources. Companion Home providers receive monetary compensation for the provision of care through contract with DSHS.

Process: Employees interested in becoming Companion Home providers contact a DDD Case/Resource Manager. The employee completes and submits an application. Companion Home providers are screened to ensure the best match to a prospective client. Providers must be at least 18 years of age, have excellent job references and meet DSHS contract conditions. They must also pass a Washington State background check, along with any other members of their household who are 18 or older. The interested employee must attend a basic and specialty training program offered by DDD. This training focuses on developing and enhancing skills to care for people with developmental disabilities. If the application and the background check are approved and certification has been completed, DDD finalizes a contract with the companion home provider. A profile of the Companion Home is created to enable interested clients with the opportunity to know more about the living arrangements, number of family members in the house, and type of house. If a client is not immediately interested in the Companion Home, the Companion Home provider is placed in a pool of potential providers. Companion Home providers contract to work with one person only and cannot be employed in any other capacity outside of the home. They are required to receive regular respite from contracted respite care providers. Companion Home providers receive oversight from the DSHS Division of Developmental Disabilities and are formally monitored by the DSHS Residential Care Services.

⁵ Section 211, Chapter 25, Laws of 2003, 1st Special Session, 2003-05 Operating Budget

- **Adult Family Homes**

Description: Adult Family Homes are residential homes licensed for two to six residents providing 24-hour supervision. The home provides room, board, laundry, supervision, assistance with activities of daily living, and personal care. All Adult Family Homes that provide support to people with developmental disabilities require basic and specialty training. Residents of Adult Family Homes pay the cost of their room and board. DSHS pays a monthly rate to the provider based on client needs for cost of the daily in-home care and supervision.

Process: The process for transitioning state employees to become an adult family home provider begins with an employee expressing interest in the opportunity. Once an interested employee has been identified, a department approved orientation for Adult Family Homes is provided. If the employee is still interested in this option, an application is completed and a background check is conducted. The interested employee must also complete the DSHS Fundamentals of Care Training, along with DDD specialty training. When the application and training have been completed, the packet is forwarded to a Residential Care Services licensor to conduct an inspection of the home. When the home is in compliance with all regulations, the home will be licensed. In order for the newly licensed home to support individuals with developmental disabilities, the DDD quality improvement case manager must also evaluate them.

- **Supported Living Programs**

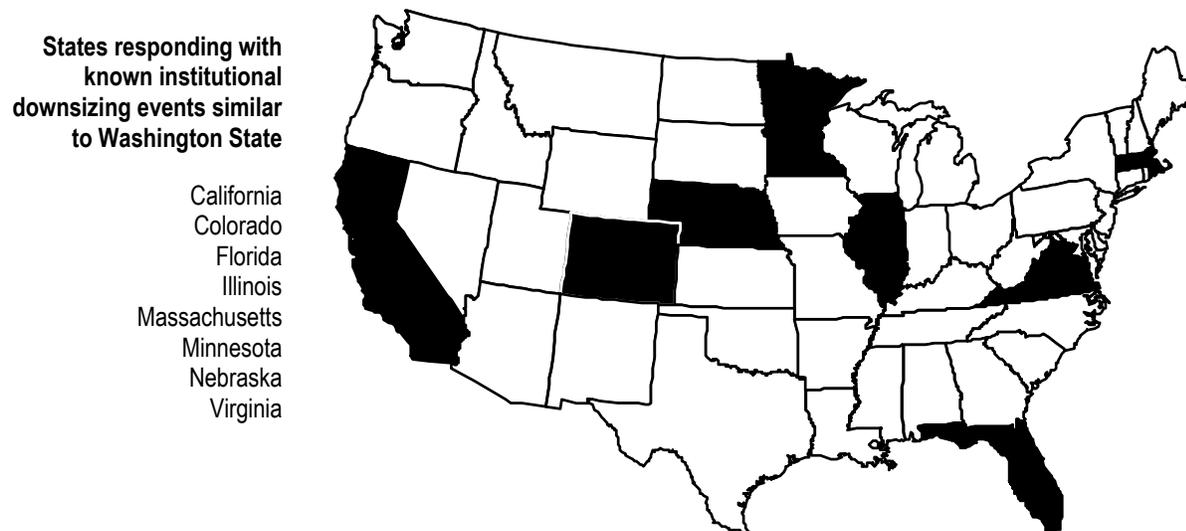
Description: DSHS contracts with residential support agencies to provide residential services and supports to clients with varied needs. Supported living programs may vary from providing a few hours of support per day to 24-hour comprehensive care including nursing care. Supported Living programs are not facility based as individuals live in their own homes or apartments. Clients pay for their own rent, food, and other personal expenses. The costs of Supported Living, such as staffing and administration, are covered through the agency's contract with DSHS. Supported Living agencies provide support to ensure that people with developmental disabilities enjoy a rich quality of life. Individuals have access to employment and day program services coordinated through the counties. They also receive support to participate in community-based social and recreational activities of their choice. Supported Living agencies will arrange transportation and provide the staff support necessary for people to successfully interact and engage with their community.

Process: The development of a Supported Living program is a more extensive process than Companion Homes or Adult Family Homes. Providers of Supported Living programs must provide documentation of established competencies. Requirements include obtaining a federal tax ID number, submission of policies and procedures, references, proof of financial solvency and stability, a mission statement, a non-discrimination policy, plan for staffing coverage, budget forecast, training requirements and a business plan. If the agency is a non-profit agency, DDD requires a board of directors with a synopsis of their backgrounds. The agency is awarded provisional certification for a 6-month period at which time DSHS may offer a contract. The provider must also complete a debarment form and proof of liability insurance. Once contracted, DDD can provide client referrals, although this is not guaranteed. All Supported Living agencies are formally reviewed every two years by Residential Care Services. While an extensive process, former RHC employees from previous downsizing efforts have successfully developed Supported Living programs.

As a result of the Fircrest School downsizing, current Fircrest School employees have expressed interest in developing both companion homes and adult family homes. These options, along with the Supported Living programs, would allow employees to continue to care for clients by developing privately operated community residential programs. Preliminary recommendations relating to these options are noted at the end of this chapter.

Findings from Other States

A survey was conducted to assess other states experiences in transitioning employees to community residential alternatives. The list of states with known institutional downsizing events similar to Washington State was narrowed down to ten states. Eight states responded to the survey.



Team members made phone calls to state contacts, starting with senior-level executives listed in the 2003-04 Directory of the Association of Public Developmental Disabilities Administrators, and pursuing other state officials as appropriate. Staff notes from these calls follow.

California. California offered choices to state employees with two of the ICF/MR facilities they were downsizing. Their efforts resulted in limited success. The state created “family holding agencies”/foster homes strictly for clients with developmental disabilities. In some instances, spouses of state employees provided services in these agencies/homes. However, the agency was informed by the state Attorney General’s office that the agency should not have created the “family holding agency” for state employees. It violated state contract codes. In California, vendor/spouses are not allowed to work for a vendor that has a state contract if they are a family member of a state employee. Most employees chose to move to other state facilities. The state is now reviewing recommendations for state employees that leave state service with the intent of forming their own “non-profit” agencies to provide care for these clients.

Colorado. Fifteen years ago Wheat Ridge – an ICF/MR facility – was downsized due to de-certification and a Justice Department consent decree. At that time, Wheat Ridge units housed up to 30 residents and could not meet the regulations for active treatment. Colorado chose to follow the national trends of downsizing and adopted a smaller, community integrated, treatment model as their plan of correction from the federal decertification. The primary decision to downsize the facility was not financial, but due to the de-certification and consent decree. Colorado chose to create state operated, community based group homes for the Wheat Ridge residents.

Wheat Ridge employees retained state employment by transferring to these state operated group homes. Through attrition, limited new hires, and retirement of state employees, more direct care staff were recruited to operate these homes.

Wheat Ridge campus has not achieved complete closure; currently the facility has five houses with four bedrooms each for residents who are a community safety risk. An administration building is located on

the Wheat Ridge campus and houses professional and administration staff who oversee the operation of the 19 homes and five campus homes. Professional staff members housed in the administration building include psychologists, occupational therapists, and physical therapists. Professional staff travel to the individual homes to provide services for residents. Employment opportunities for professional staff were the most difficult to find.

Florida. Landmark Learning Center in Florida is in their fourth year of a closure process. They have reduced from 600 staff to 370, with only seven people "laid off" to date. With very few residents moving to another RHC almost all residents have or will be moving to community settings.

Families were very upset initially, concerned about the safety of their family members. The availability of homes in the community that were staffed by former Landmark employees helped to alleviate family concerns. The more information provided to families and residents, paralleled with opportunities for families to talk about their fears and get questions answered, gradually reduced resistance. Florida would recommend establishing a funding source to help employees establish the private vendor or "group homes." This grant or loan program would provide start-up funds to minimize the barriers of becoming a community provider.

The personnel system reform in Florida eliminated the Reduction-in Force "bumping rights" prior to the start of this facility's closure. This greatly enhanced the continuity of services for residents, while reducing a tremendous amount of paperwork.

Illinois. The state of Illinois currently operates nine state-run developmental centers serving approximately 3,000 residents with developmental disabilities. The state closed two centers in 2002. One was a relatively small center of 45 people that simply had become too small and was absorbed into one of the larger centers. The other was a larger center of 370 people that had a troubled history and had recurring patterns of abuse and neglect. Of the 370 residents at this developmental center, 300 people moved to other centers and 70 moved to community-based programs.

When the larger developmental center closed, it had approximately 600 people on staff. Approximately one third of these people were able to transfer to other state jobs through a Reduction-in Force process. The other two thirds were separated from the state. The state offered minimal support to these employees by arranging a limited number of retraining workshops and offering reemployment assistance. In addition, some 200 people were placed on a recall list. The recall list allows people to have priority access to jobs that open within the mental health or developmental disability fields for the following two years.

Massachusetts. At this time, Massachusetts has no direct provisions for state employees moving into a contracted or private vendor status. Their approach has been to work closely with the unions to keep employees in union jobs. Massachusetts will likely be closing one state institution in October 2004, but intends to keep state employees separate from contract/private vendor status.

Minnesota. In the mid-1970s, the state of Minnesota was sued by citizens concerned about the treatment of people with developmental disabilities in a specific state institution. In the early to mid-1980s, this litigation expanded to include other DD institutions. As part of the settlement of this lawsuit, Minnesota was mandated to downsize their institutions and improve staffing levels at its seven regional treatment centers serving people with developmental disabilities. They found that supporting people in the community was less expensive, afforded people a better quality of life, and met the policy objectives of the state to serve persons with developmental disabilities in their homes and communities. In 1988, Minnesota initiated negotiations with counties, advocates, unions, and private providers regarding the closure and continued downsizing of the state regional treatment centers. This negotiation resulted in the passage of legislation in 1989 that provided for the closure of two regional treatment centers and the

authorization of state-operated community-based programs to serve a certain number of residents relocating from the institutions. In 1987 the state had 1,656 people with developmental disabilities living in state institutions. In 2003, the state has only 18 people with developmental disabilities in institutional care, all of whom are there on short-term emergency respite placements of 90 to 180 days.

One of Minnesota's three downsizing goals included supporting people affected by the downsizing (such as the families of institution residents and state employees) to transition to a community-based model of service delivery. In acknowledging the concerns of family members over moving institution residents to the community, the state determined that the services so valued by the family members had more to do with the quality of the staff at the institutions than it did with the facility itself. The state met with representatives from the counties and evaluated current capacity and current need in each county for residential supports and employment and day programs. Funds were available for current employees of state institutions to start residential and employment and day programs throughout the state. These programs were all state-operated programs, which allowed former employees of the institutions to remain state employees. Support for state employees to transition to community-based services without losing their state employee status, in combination with the legal mandate requiring the state to downsize its institutions, greatly reduced union opposition to the downsizing. The state also benefited from having a mixture of state and private contractors providing a range of services statewide.

Nebraska. The state of Nebraska currently has a population of roughly 500 people with developmental disabilities statewide who live in ICF/MRs. Nebraska is not in the process of downsizing ICF/MRs, and has not done so in the past 10 years. People continue to move into the community on an individual basis. Nebraska is currently in the preliminary stages of downsizing their state hospitals for people with mental health issues. The Governor of Nebraska and the legislative chair of the state Health and Human Services committee are in the process of drafting a bill for the legislature to close two mental health hospitals, consolidating some people into one hospital, and moving everyone else into the community. As the state is in the very beginning stages of this process, they are still planning how they might best support current employees of the state hospitals. They intend to make available an employment specialist to support employees transition to employment with community-based programs. The expectation is that in order to accommodate and support community moves for people with mental health issues, the mental health field will actually require more employees than it does now.

Virginia. Virginia has recently downsized and re-aligned their institutions, but has not closed any to date. They have, however, recently opened one institution for "violent predators." They offer the following suggestions for Washington State.

1. Establish an agreement with the employees and private vendors that the private vendors will offer open positions to state employees until a position becomes available at a state institution. Under this agreement:
 - The vendor pays the employee the same rate as the rest of their employees. The state supplements that pay so that the employee does not lose income.
 - As positions become available within state service, the employee is able to return at the same rate and with a comparable job.
 - Continuity of supports exist as trained staff follow their clients. If the private vendor decides the employee isn't working out, the commitment is only for a couple of years, at most.
2. Aggressively approach employees who are near retirement, offering a severance package that provides a dollar incentive based on years of service.

Departmental Action:

The Resource Development Work Team will review and discuss the information provided by selected states in future meetings. The department will:

- Explore developing a policy providing downsized employees priority access for the development of community resources.
- Request the Employee Transition Work Team to encourage community resource development options when identifying, devising, and communicating opportunities for downsized employees.

Chapter 3: Capital Facilities

The capital facilities process includes the activities and documentation involved in developing the requirements and documenting the processes for the orderly opening and/or closing of a cottage, managing the results of the infrastructure and operational demands of closing and/or opening a cottage(s), and plan the long-range infrastructure and operations requirements for facility closure. The activities described in this chapter will use cottages renovated in the Capital Improvement Plan (see Appendix C) for this biennium. These activities will also implement that portion of the operating budget that deals with the opening and closure of cottages.

The goal of this process is the timely and cost effective opening and/or closing of a cottage and a well-managed facility infrastructure. This is accomplished by ensuring that all needed resources are in place when and where they are required. This will provide for a smooth transition in managing the closing of cottages as facilities downsize or move toward closure. Membership of the team that documented this process included staff and management from Rainier School, Fircrest School, DDD Headquarters, and Lands and Buildings Division.

The scope of this process assumes that a directive has been issued that the facility should downsize and/or move toward closure. The outputs of the other processes will interact with the Capital and Facilities process. As such, the client identification, resource development, employee transition and client transition processes must largely be completed prior to this process being completed or to a degree, run in parallel to this process.

The Capital and Facilities process will start after a directive has been issued that the facility should downsize and/or move toward closure. It will describe:

1. Identifying a cottage for closure.
2. Analyzing resources for cottage closure.
3. Establishing timelines for cottage closure.
4. Implementing assets for cottage closure.
5. Addressing closed or vacant assets.

This process has an inherent need for tools and checklists. These tools and checklists will assist those responsible to accomplish all of the tasks without missing any critical steps.

The following is a list of the tasks to be accomplished, the responsible position, and inputs and outputs. After that is a process map that shows how the tasks tie together resulting in a cottage closure.

This Section Applies to WHOM:

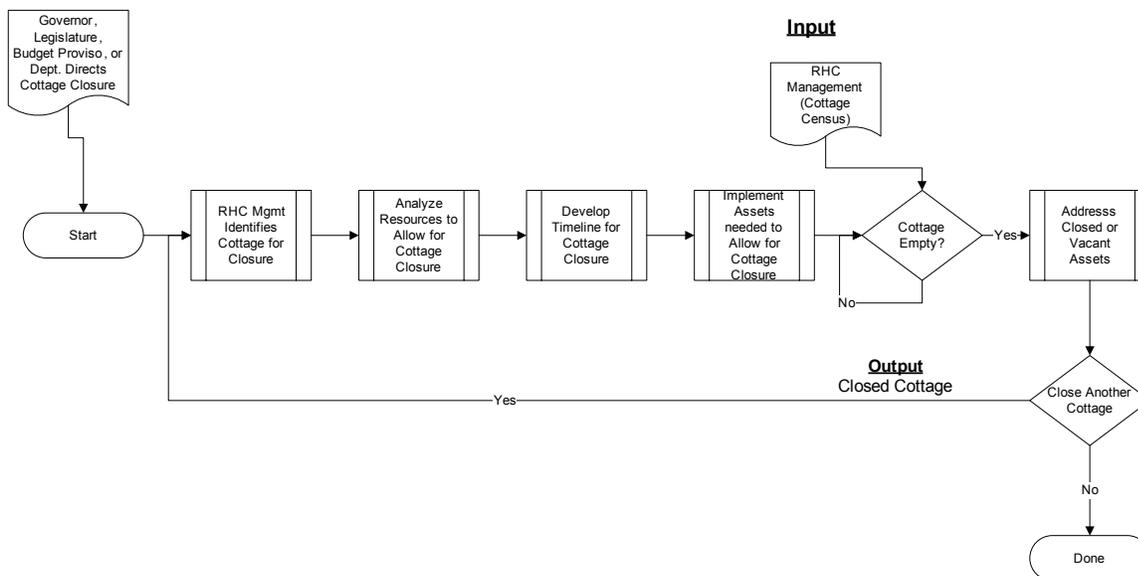
Responsible Position	Task
1. RHC Management	Identifies Cottage For Closure
2. RHC Management	Analyze Resources To Allow For Cottage Closure
3. RHC Management	Develop Timeline For Cottage Closure
4. RHC Management	Implement Assets Needed To Allow For Cottage Closure
5. RHC Management	Address Closed Or Vacant Assets

INPUTS

What:	From:	Product/Tool?
Cottage Closure	Legislature, Budget Proviso, DSHS, Governor	
Cottage Census	RHC Management	

OUTPUTS

What:	To:	Product/Tool?
Cottage Closed	RHC Management	



Sublevel Processes

Each of the following processes will be described below in greater detail, giving a description of the process, identifying the tasks, inputs and outputs and finally showing the process map.

- 3.1 RHC Management Identifies Cottage for Closure
- 3.2 Analyze Resources To Allow Cottage Closure
- 3.3 Develop Timeline for Cottage Closure
- 3.4 Implement Assets Needed To Allow For Cottage Closure
- 3.5 Address Closed Or Vacant Assets

Risk Assessment

This process will assist in providing the following:

- 1. Federal certification for the RHC will continue.
- 2. That the RHC will continue to meet the requirements of the Fire Marshal.
- 3. That appropriate resources will be arranged and in place on time ensuring on time cottage closure, or preventing a hasty move for clients resulting in missed steps in other processes.

Section 3.1 RHC Management Identifies Cottage for Closure

DDD RHC Management will use this process to identify a cottage for closure. This process will initiate the discussions to plan for cottage closure. This will include but is not limited to discussion with the Lands and Buildings Division.

This process includes the RHC Management planning to ensure the successful closure of a cottage. This process is dependant on the following inputs:

- Cottage infrastructure condition.
- Beds/Cottages still needed.
- Is the cottage reusable.
- Client move feasibility.
- Urgency of need to close cottage.

This Section Applies to WHOM:

Responsible Position	Task
1. RHC Management	RHC Management Planning

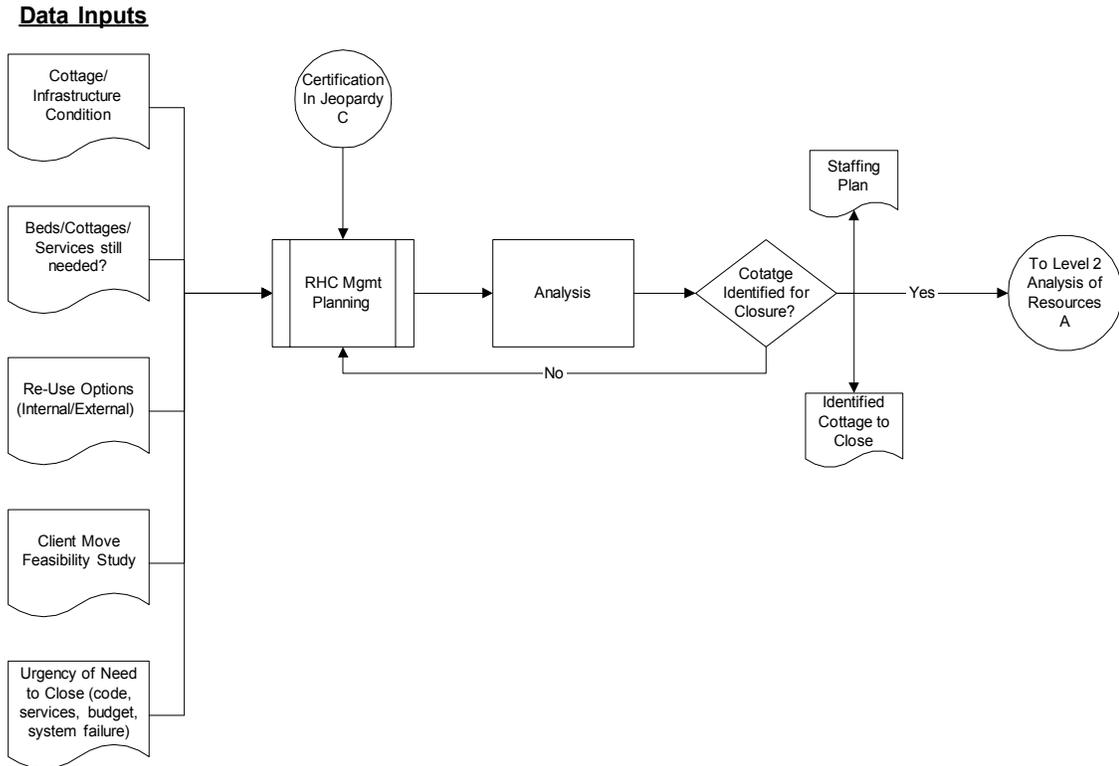
INPUTS

What:	From:	Product/Tool?
Cottage/Infrastructure Condition	RHC Management And Lands And Buildings Division	
Bed/Cottages/Services Still Needed	RHC Management And Lands And Buildings Division	
Re-Use Options	RHC Management	
Client Move Feasibility Study	RHC Management	
Urgency Of Need To Close	RHC Management	

OUTPUTS

What:	To:	Product/Tool?
Identified Cottage to close	Analysis of Resources	
Staffing Plan	Analysis of Resources	

Section 3.1 RHC Management Identifies Cottage for Closure



Sublevel Processes

Each of the following processes will be described below in greater detail, giving a description of the process, identifying the tasks, inputs and outputs and finally showing the process map.

3.1.1 RHC Management Planning

Section 3.2 Analyzing Resources to Allow for Cottage Closure

This process will be used to analyze the resources to allow for a cottage closure. This process inventories existing resources that are available to close a cottage. Part of this process will be to determine whether cottages are available for habitation and what other resources may be available or required when the identified cottage closes. The output of this process will become an input to develop a timeline for cottage closure process. If new cottages are required, a plan for developing those resources will be crafted.

The process establishes:

- An inventory of existing resources that are available to close cottage
- Development of cottage opening plan.

This Section Applies to WHOM:

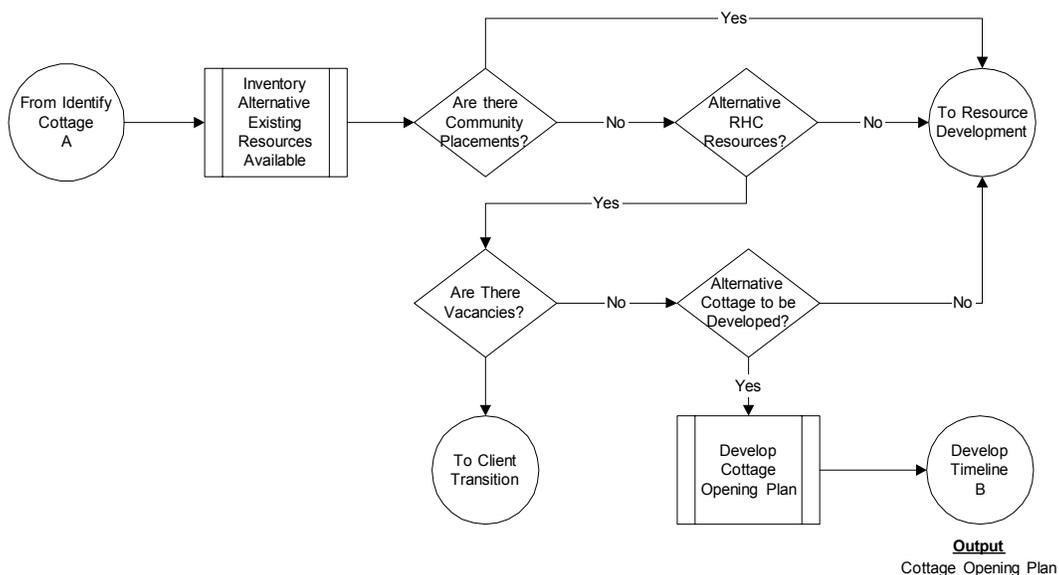
Responsible Position	Task
RHC Management	Inventory Existing Resources Available To Close Cottage
RHC Management	Develop Cottage Opening Plan

INPUTS

What:	From:	Product/Tool?
Identified Cottage For Closure	Resource Development Team	

OUTPUTS

What:	To:	Product/Tool?
Cottage Opening Plan	Develop Timeline For Cottage Closure	
Request For Resource Development	Resource Development Process	
Available Resource	Client Transition	



Sublevel Processes

Each of the following processes will be described below in greater detail, giving a description of the process, identifying the tasks, inputs and outputs and finally showing the process map.

3.2.1 Inventory Alternative Existing Resources Available

3.2.2 Develop Cottage Opening Plan

Section 3.3 Developing Timeline for Cottage Closure

This process will be used to plan the actual time for the cottage to close as well as, if necessary, when a cottage will open, and when staff will be required. That cottage opening process is shown later. This process includes the confirmation of the client’s move schedule, the staffing plan and certification requirements.

This process focuses on the orderly and timely closure of a cottage and/or opening a cottage in order to downsize an RHC. The process establishes:

- Identifying time for cottage opening.
- Identifying time staff will be on board if a new cottage is opened.
- Identifying time for cottage closure.

This Section Applies to WHOM:

Responsible Position	Task
RHC Management And Lands And Buildings Division	Identify Time For Cottage Opening
RHC Management	Identify Time Staff Will Be On Board
RHC Management	Identify Time Cottage Closes

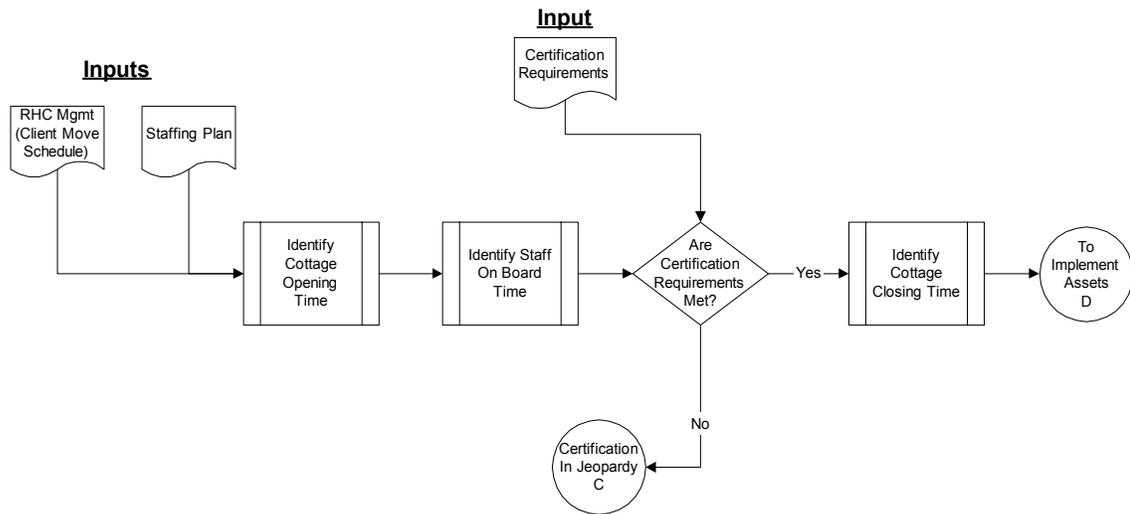
INPUTS

What:	From:	Product/Tool?
Client Move Schedule	RHC Management Team	
Staffing Plan	RHC Management	
Certification Requirements	RHC Management	

OUTPUTS

What:	To:	Product/Tool?
Certification In Jeopardy	RHC Management Identifies Cottage For Closure	
Cottage Closure Time	Implement Assets For Cottage Closure	

Section 3.3 Developing Timeline for Cottage Closure



Sublevel Processes

Each of the following processes will be described below in greater detail, giving a description of the process, identifying the tasks, inputs and outputs and finally showing the process map.

- 3.3.1 Identify Cottage Opening Time
- 3.3.2 Identify Staff On Board Time
- 3.3.3 Identify Cottage Closing Time

Section 3.4 Implementing Assets Needed to Allow for Cottage Closure

This process will be used to prepare for the opening of a new cottage, when it has been determined that:

- Clients will be moving internally or to another RHC,
- It is necessary to open a cottage to accommodate the move, and
- It is required that the resident be provided the best opportunity for a successful transition.

This process focuses on the development of the actual opening of a cottage. The process establishes:

- Designing a new cottage.
- Obtaining permits.
- Building or remodeling a cottage.
- Preparing a cottage for opening.

THIS SECTION APPLIES TO WHOM:

Responsible Position	Task
RHC Management And Lands And Buildings Division	Design New Cottage
Lands And Buildings Division	Obtain Permits
RHC Management And Lands And Buildings Division	Build Or Remodel Cottage
RHC Management And Lands And Buildings Division	Prepare Cottage For Opening

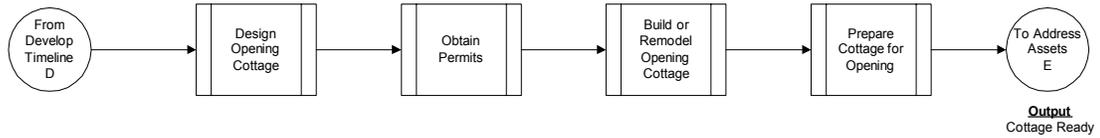
INPUTS

What:	From:	Product/Tool?
Cottage Opening Plan	Analyze Resources	
Cottage Closure Plan	Develop Timeline For Cottage Closure	

OUTPUTS

What:	To:	Product/Tool?
Cottage Ready	Address Closed Or Vacant Assets	

Section 3.4 Implementing Assets Needed to Allow for Cottage Closure



Sublevel Processes

Each of the following processes will be described below in greater detail, giving a description of the process, identifying the tasks, inputs and outputs and finally showing the process map.

- 3.3.1 Design Opening Cottage
- 3.3.2 Obtain Permits
- 3.3.3 Build Or Remodel Opening Cottage
- 3.3.4 Prepare Cottage For Opening

Section 3.5 Addressing Closed Or Vacant Assets

This process deals with the assets from a cottage closure. This process will make sure that the cottage closure is done in a successful, safe, and timely fashion and is a collaborative effort between the RHC and the Lands and Buildings division.

This process deals with the implementation of safe and secure closure of a cottage. It includes:

- Developing a maintenance plan.
- Reviewing the maintenance plan.
- Arranging for security.
- Developing a disposal and surplus plan.

This process requires thorough follow-through for each step of the process. A missed step of the cottage closure could put the RHC at risk regarding certification.

This Section Applies to WHOM:

Responsible Position	Task
RHC Management And Lands And Buildings Division	Develop Maintenance Plan
RHC Management And Lands And Buildings Division	Review Maintenance Policy
RHC Management And Lands And Buildings Division	Arrange For Security
RHC Management And Lands And Buildings Division	Disposal And Surplus Plan

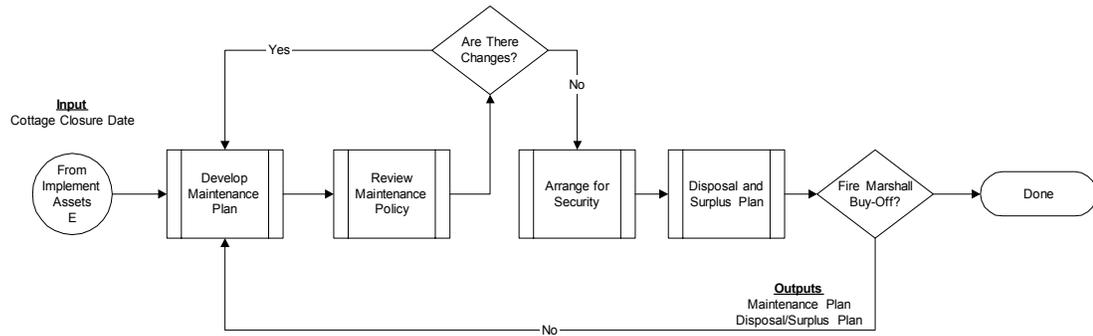
INPUTS

What:	From:	Product/Tool?
Cottage Closure Date	Develop Timeline For Cottage Closure	

OUTPUTS

What:	To:	Product/Tool?
Maintenance Plan	Execute Per Policy	
Disposal Plan	Execute Per Policy	
Surplus Plan	Execute Per Policy	

Section 3.5 Addressing Closed Or Vacant Assets



Sublevel Processes

Each of the following processes will be described below in greater detail, giving a description of the process, identifying the tasks, inputs and outputs and finally showing the process map.

- 3.5.1 Develop Maintenance Plan
- 3.5.2 Review Maintenance Policy
- 3.5.3 Arrange For Security
- 3.5.4 Disposal And Surplus Plan

Chapter 4: Client Transition

The client transition process includes the activities and documentation involved in preparing, discharging, and moving of a resident from a Division of Developmental Disabilities (DDD) Residential Habilitation Center (RHC) to some alternative placement. These alternative placements include:

- A skilled nursing facility
- A community placement
- Another state-run RHC

The goal is to accomplish a safe, timely move for the resident. This is accomplished by having all needed supports are in place for the resident in their new placement and that the resident is properly prepared for the move. This will provide for a smooth transition and increase the potential for successful placement. Membership of the team that documented this process included staff and management from Rainier School, Fircrest School, Regions 4 and 5 DDD Field Services and Home and Community Services.

This process was recognized as a critical area for review (high priority) due to the following factors, the resident's:

- Health and safety needs to be considered
- New placement should provide the appropriate supports to their needs
- Parents/guardians participate in the process and are made fully aware of their options

The process of preparing a client for transition to another setting requires the transmission of a large amount of information from the current RHC. This information covers the full spectrum required to develop those supports that will make the resident's transition a smooth one and the new placement successful.

The scope of this process assumes that a resident has been identified for a move (client identification process), a case manager has been assigned, and an alternative residential resource has been designated for that resident (resource development process). These parts of the overall process will be described, as noted, in the client identification process and the resource development process respectively. The outputs of those processes will become inputs to the client move process. As such, the other two processes (client identification and resource development) must largely be completed in parallel prior to this process being initiated or partially run in parallel to this process.

The client transition process will start after resident selection has occurred and a resource has been identified. It will describe:

1. Transitional planning
2. Discharge planning from the RHC
3. The physical move to a new destination

This process more than any of the others will be dominated by the need for and use of a checklist. This checklist will assist those responsible for accomplishing all of the tasks without missing any critical steps. The checklist will also allow for an easier means of determining that all necessary steps have been completed. The client transition process focuses on the move of the resident since this is the process with the most direct resident interaction; it is imperative that critical steps are documented throughout the process to prevent accidental oversight.

This Section Applies to WHOM:

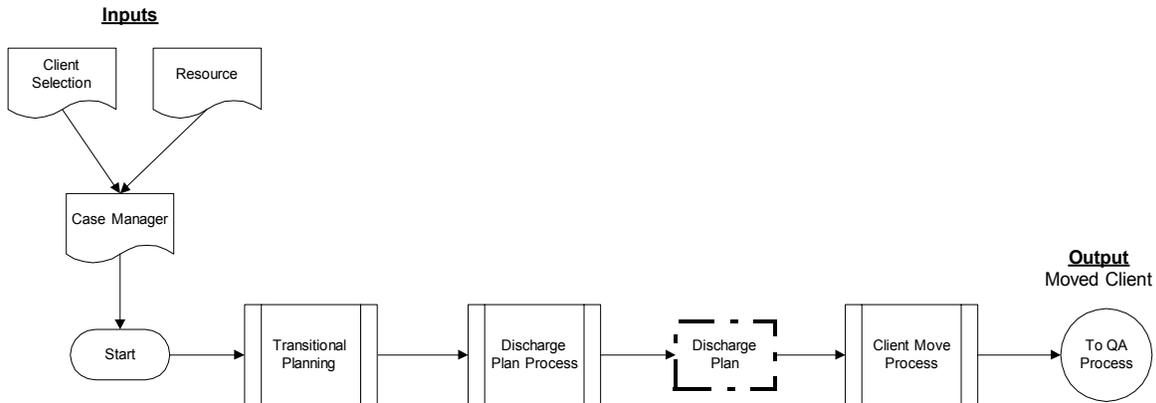
Responsible Position	Task
1. Habilitation Plan Administrator (HPA) Or Designate	Transitional Planning
2. HPA Or Designate	Discharge Plan Process
3. HPA Or Attendant Counselor Manager (ACM) Or Designate	Client Move Process

INPUTS

What:	From:	Product/Tool?
Selected Resource	Resource Development	
Selected Resident	Client Identification	
Case Manager	Resource Development	
Client Checklist		YES

OUTPUTS

What:	To:	Product/Tool?
Discharge Plan	Client Move Process	
Moved Resident	Quality Assurance	



SUB PROCESSES

4.1 Transitional planning

4.2 Discharge planning

4.3 Client move process

Risk Assessment

Following this process will promote the following:

1. Each resident's health, safety and quality of life are appropriately protected– not only in the moving process, but also in the alternative living situation after the move.
2. That consideration and thoughtful planning for all critical factors occur in the moving process.
3. That the appropriate supports are in place and adequate following a client move.

Section 4.1 Transitional Planning

This process will be used when a DDD RHC resident has been identified to move and an alternative placement for that resident has been identified and the parent/guardian has been notified. This process will initiate the discussions to plan the move so the resident will have the best opportunity for a successful transition. This will include but is not limited to visits by the resident to the receiving destination, visits by the receiving staff to the residents at the RHC, identification of support needs and in-service planning.

This process includes those activities that are key in accomplishing the successful transition of the resident to their new placement. These activities include:

- Providing for visits by the resident to their new placement.
- Visits by staff from the new placement to observe the client in their current placement.
- Transfer of knowledge from the resident’s current service provider.
- Identification of a specific resident support plan.
- Appropriate training of the new caregivers at the new placement.

This process aligns the resource developed for the client to the supports required for the resident through interactions with the resource development process. If this process goes through to completion, it then goes to the discharge planning process.

This Section Applies to WHOM:

Responsible Position	Task
1. HPA Or ACM Or Designate	Visit Process
2. HPA Or Designate	Identify Support Needs
3. HPA Or ACM Or Designate	In-Service Planning

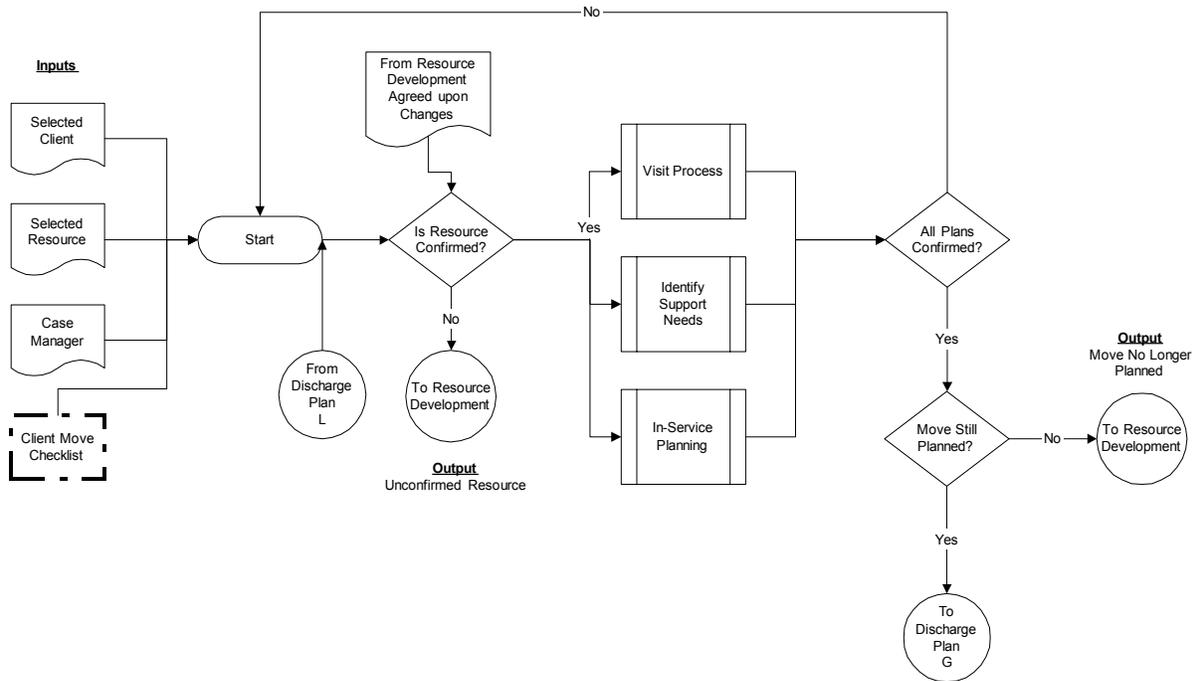
INPUTS

What:	From:	Product/Tool?
Selected Resource	Resource Development	
Selected Resident	Client Selection	
Case Manager	Client Selection	
Move Checklist		YES

OUTPUTS

What:	To:	Product/Tool?
Confirmed Plans	Discharge Plan Process	
Unconfirmed Resource	Resource Development	
Move No Longer Planned	Resource Development	

4.1 Transitional Planning Process



Sub Processes

- 4.1.1 Visit process
- 4.1.2 Identify support needs
- 4.1.3 In-service planning

These will be mapped during in the next stage of plan development.

Section 4.2 Discharge Planning

This process will be used to plan the actual discharge from the RHC and the move to an alternative residence such that the resident will have the best opportunity for a successful transition. This process creates the discharge plan for the move; it includes the confirmation of the move date, and the move day procedures. The discharge planning meetings are used to confirm all appropriate data is gathered and that resident's belongings are scheduled for moving. The discharge plan also ensures all essential resident information is updated and current at the time of the resident's actual discharge.

This process focuses on the development of the actual discharge plan for the resident. These are key documents since the process of developing the discharge plan and creating the document itself are essential to state compliance with the resident's due process rights required under federal law. The process establishes:

- The discharge or move date for the resident
- Development of the actual discharge plan
- Schedules the discharge plan review meeting

If this process is successfully completed, the next process step is the physical movement of the resident to their alternative placement.

This Section Applies to WHOM:

Responsible Position	Task
1. HPA Or Designate	Establish Target Move Date
2. HPA Or Designate	Discharge Planning
3. HPA Or Designate	Discharge Plan Review Meeting
4. HPA Or Designate	Move Day

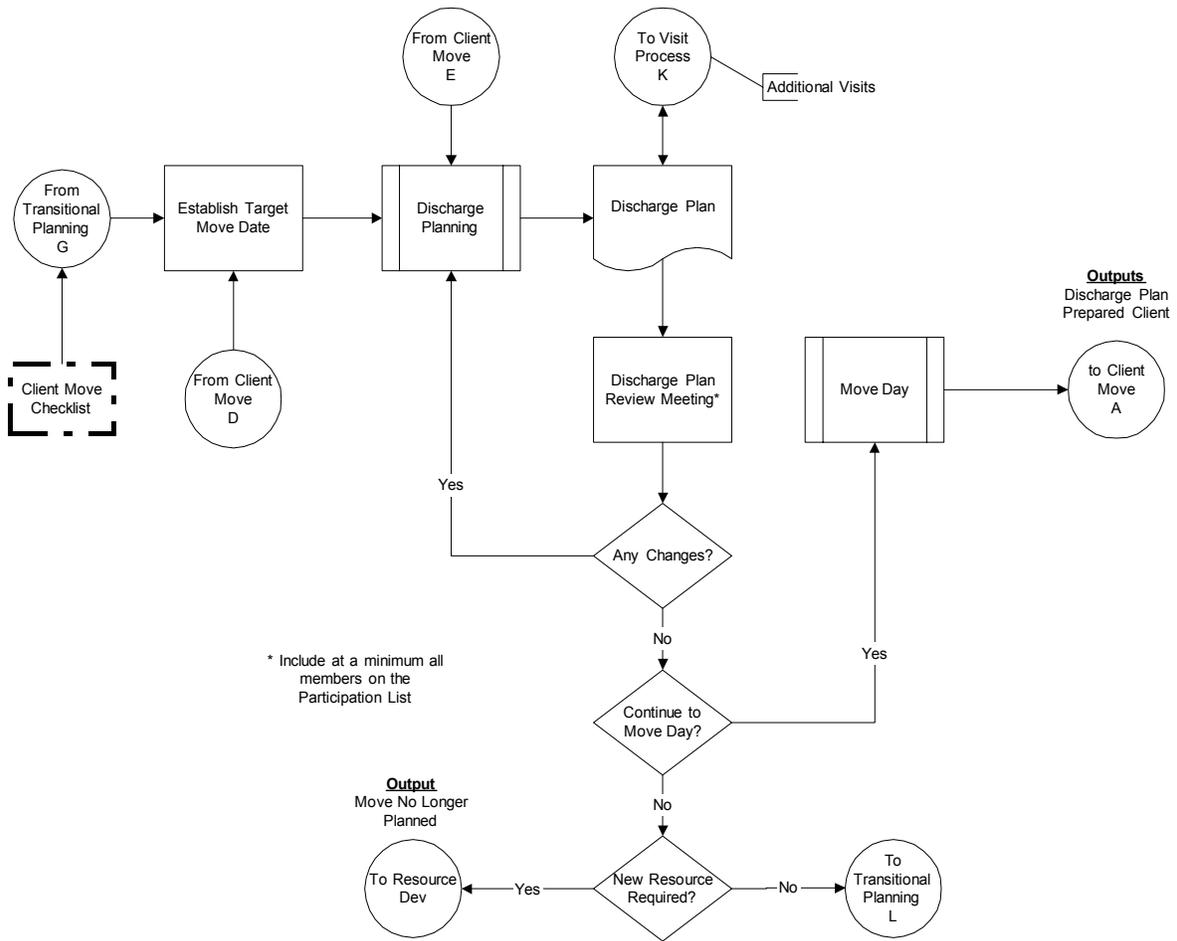
INPUTS

What:	From:	Product/Tool?
Info From Transitional Planning	Transitional Planning	
Info From The Visit Process	Visit Process	
Client Move Checklist		YES

OUTPUTS

What:	To:	Product/Tool?
Discharge Plan	Client Move	
Prepared Client	Client Move	
Move No Longer Planned	Resource Development	

4.2 Discharge Planning Process



Sub Processes

4.2.1 Discharge planning

4.2.2 Move day

These will be mapped during in the next stage of plan development.

Section 4.3 Client Move

This process deals with the physical move of a DDD Residential Habilitation Center (RHC) resident from the RHC to an alternative placement. When residents move to either another RHC, a community nursing facility, or a community placement, he/she needs to be relocated along with:

1. All of his/her personal belongings; and,
2. Up-to-date information about his/her condition and support needs at the time of the actual move.

This process will assist in accomplishing moves that are successful, safe, and timely. This process is a collaborative effort between the staff of the sending facility and the receiving facility.

This process deals with the implementation of safe and secure transport of the resident to their new placement. It includes:

- Completing preparations for the move
- Preparing the client for the move
- Moving the client
- Verifying the arrival of the client at the receiving placement
- Providing a follow-up support, as required, with staff from the sending the RHC

This process requires thorough follow-through for each step, so that proper consideration is given to the resident's health and safety and other significant needs.

This Section Applies to WHOM:

Responsible Position	Task
1. HPA Or Designate	Make Preparations For Moving
2. HPA Or Designate	Prepare Client For Move
3. HPA Or Designate	Move Client
4. HPA Or Designate	Verify Arrival With Sending Facility
5. HPA, Placement Coordinator Or Designate	Sending Facility Staff Available As Needed For 30 Days

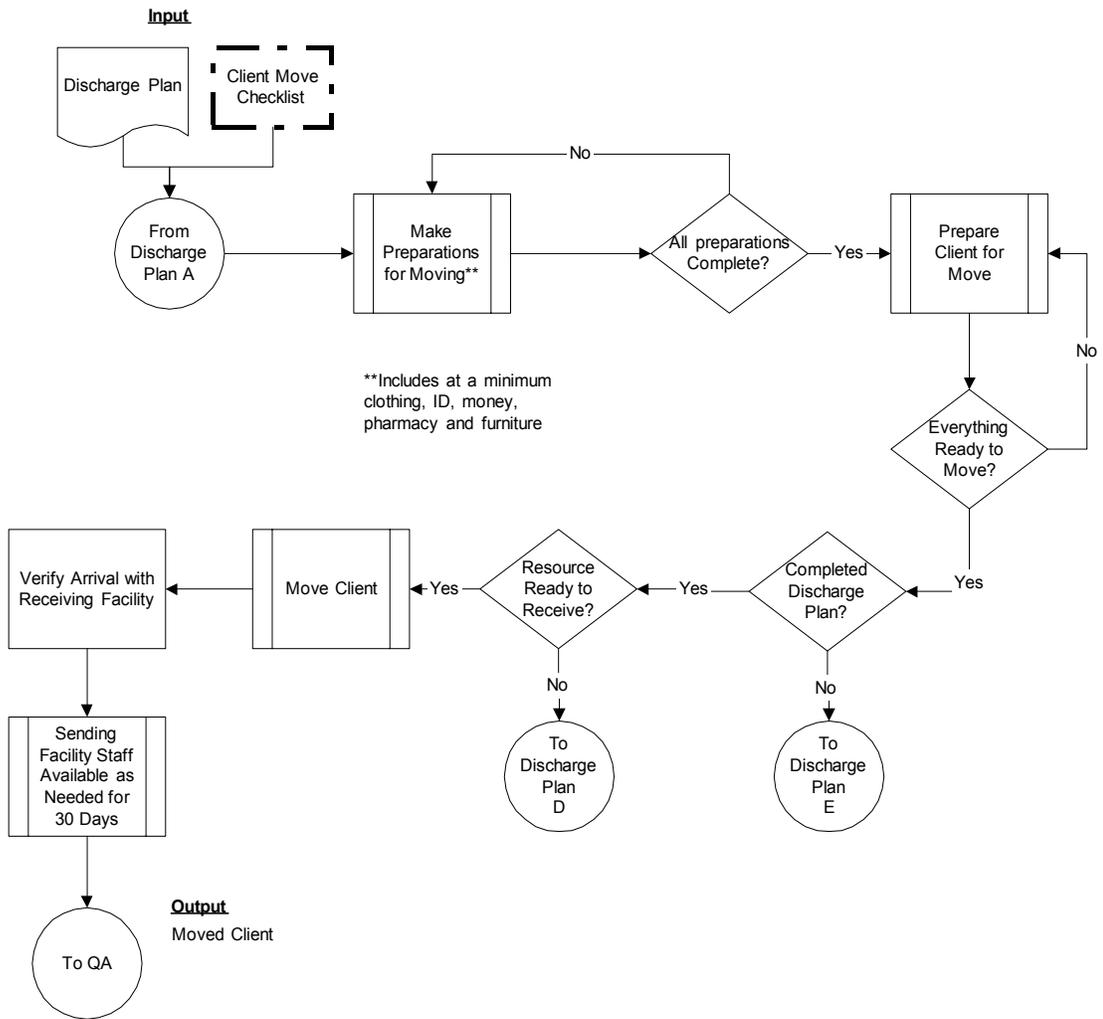
INPUTS

What:	From:	Product/Tool?
Client Move Checklist		YES
Discharge Plan	Discharge Plan	
Bed Available And Ready	Resource Development	

OUTPUTS

What:	To:	Product/Tool?
Client Moved	Quality Assurance	
Discharge Plan Changes	Discharge Plan	
Move Date Changes	Discharge Plan	

4.3 Client Move Process



Sub Processes

- 4.3.1 Make preparations for moving
- 4.3.2 Prepare client for moving
- 4.3.3 Move client

These will be mapped during in the next stage of plan development.

Risk Assessment

Following this process will provide for appropriate protection of the client's health and safety during the actual transportation to their new placement .

Chapter 5: Quality Assurance

The goal of the Division of Developmental Disabilities Quality Assurance Program is to advance and protect the values of health and safety, power and choice, status, integration, relationships, and competence in the lives of people with developmental disabilities. To promote the delivery of quality services to persons with developmental disabilities and their families, the overall goals of the quality assurance processes include:

- Disseminating information and educational materials
- Continuous quality improvement
- Monitoring compliance with division standards
- Enhancing the quality of programs funded by the Division of Developmental Disabilities
- Increasing customer satisfaction
- Managing incidents of concern involving clients
- Training of staff and contracted providers
- Analysis of trends and patterns

Quality assurance enhances client supports and services by measuring, monitoring, and identifying areas outside of accepted norms, which provide data for continuous improvement.

Quality assurance has been an integral component of client moves from institutional settings to the community for many years. The importance of quality assurance for people moving from institutions to the community was recently demonstrated during the Olmstead client moves, resulting in comprehensive monitoring of client outcomes.

Because of the current emphasis on RHC consolidation, Fircrest downsizing, and closure planning, clients may be moved from RHCs to other RHCs, the community, or nursing facilities in larger numbers and at a more accelerated pace. A quality assurance process for monitoring impacts to clients will be an essential component of the overall project support plan. A well planned and carefully implemented process for client and family/guardian education, identification of those who are willing to move, individualized resource development, and carefully planned client movement will be vital to overall project success. Maximizing opportunities for the individual while minimizing potential negative impacts is one of the goals of ADSA.

The Quality Assurance Work Team was formed to develop the requirements and document the processes for the provision of quality services in the movement of clients to other locations from the RHCs. This includes client preparation, transition, and follow-up. The quality assurance measures should have some indicators that are comparable to quality of life prior to alternative placements. Quality assurance assessments will evaluate the client's health and safety, power and choice, status, integration,

relationships, satisfaction, competence, and welfare in preparation for a move, during a move, and after a move.

Requirements and processes for quality assurance for the downsizing and closure-planning project will initially focus on current processes to determine quality assurance for people moving from the RHCs to the community. However, there is substantial interest in expanding the scope to include quality assurance for RHC to RHC transfers, along with RHC to nursing facility transfers. This issue has been formally submitted to the Project Support Unit Issue Management Process for review and consideration.

Requirements in this process include critical factors that must be addressed in the overall quality assurance process to consider the downsizing, consolidation, and closure planning a success for those who move. These criteria are considered in the documentation of each phase of the quality assurance process. The quality assurance requirements identified by the work team include the following:

- Education and information that fosters client, family, and/or guardian informed choice.
- Current and timely information to facilities to help aid informed decision-making.
- Input from parents/guardians, team volunteers, residential providers, and counties on issues of concern.
- A continuous quality improvement process that incorporates evaluative data and feedback.
- Appropriate and accessible resources to ensure quality supports and services.
- Appropriate tools (such as monitoring and evaluation tools, database) to use.
- Thorough and accurate referral packets and discharge plans developed in the RHCs that follow clients through the process and into their new homes.
- Sufficient staffing to complete timely visits and provide necessary reports.
- On-going agency commitment to quality assurance.

The process maps in this chapter depict the high-level and second level steps involved in quality assurance for RHC clients who move to community placements. The primary steps identified within the quality assurance high-level process include:

1. An assessment of information and educational materials prepared for client identification and information packets prepared for client transfer, with feedback loops for identified concerns
2. Attendance at the discharge plan review meeting
3. A 30-day quality assurance visit after the client has been transferred
4. A 3-6 month quality assurance visit
5. A one-year quality assurance visit
6. The inclusion of the person in the division's on-going quality assurance processes.

Each quality assurance visit is identified with three separate second level process maps (30-day, 3-6 month, one-year) clarifying the steps associated with each sub-process. An additional second level process addresses the data compilation component of quality assurance. All sub-processes have feedback loops for continuous quality improvement. The data compiled include measures from each quality assurance visit (30-day, 3-6 months, and one-year). The data are synthesized, resulting in individual and aggregate quality process and outcomes measures.

This Section Applies to WHOM:

Responsible Position	Task
1. Quality Assurance Central Office And Regional Staff	Review Client Identification (Education And Information)
2. Quality Assurance Central Office And Regional Staff	Review Resource Development Documentation (Referral Packet)
3. Quality Assurance Regional Staff	Attend Discharge Plan Meeting
4. Quality Assurance Regional Staff	Conduct 30-Day Quality Assurance Review
5. Quality Assurance Regional Staff	Conduct 3-6 Month Quality Assurance Review
6. Quality Assurance Regional Staff	Conduct One-Year Quality Assurance Review
7. Quality Assurance Headquarters	Compile And Report Quarterly Review With Management

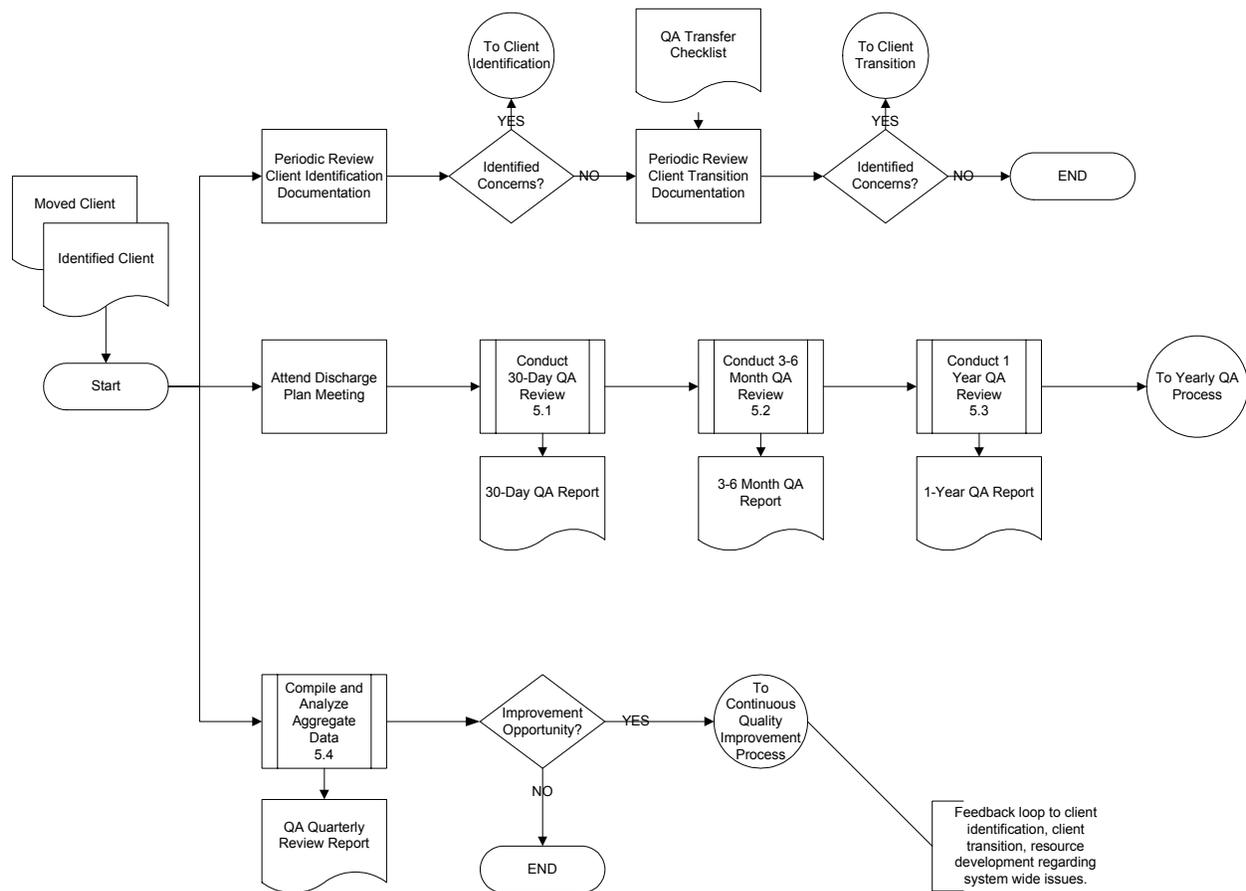
INPUTS

What:	From:	Product/Tool?
Identified Client	Client Identification	
Moved Client	Client Transition	
Education And Informational Documents	Client Identification	
Quality Assurance Client Transfer Checklist	Quality Assurance	YES

OUTPUTS

What:	To:	Product/Tool?
30-Day Quality Assurance Report	3-6 Month Quality Assurance Process	YES
3-6 Month Quality Assurance Report	One-Year Quality Assurance Process	YES
One-Year Quality Assurance Report	Quality Assurance Follow-Up Process	YES
Quality Assurance Quarterly Review Report	DDD Headquarters	YES

5.0 The High Level Process



SUB PROCESSES

- 5.1 Conduct 30-day quality assurance review
- 5.2 Conduct 3-6 month quality assurance review
- 5.3 Conduct one-year quality assurance review
- 5.4 Compile and analyze aggregate data

Risk Assessment

The quality assurance process as outlined in this section will help to ensure the following:

1. The probability of a positive client experience when moving from an RHC to the community, with consideration and mitigation of medical, emotional, social, and behavioral concerns.
2. Timely and adequate evaluation of client supports and services enabling necessary resolution of concerns. A sound quality assurance process that begins with attendance at the discharge plan meeting minimizes risk and enhances the well-being of the person who moves.
3. A process for capturing systemic data, enhancing the department's ability to learn and make appropriate changes from the information collected on client successes or failures in adapting to a new environment.

5.1 30-Day Quality Assurance Review

Each client who moves from an RHC to the community will receive a 30-day quality assurance review. The 30-day quality assurance review process includes information gathered about a client's health and well being to determine if appropriate supports, staff training, and plans are in place. Tasks for this process begin with the exit interview, a review of the client file, and end with a telephone contact with the parent/guardian between 3-6 months. The 30-day quality assurance report is a compilation and documentation of client measures that may be compared to pre-move data. If required, appropriate resources are contacted throughout the process to ensure client health and safety.

This Section Applies to WHOM:

Responsible Position	Task
1. Regional Quality Assurance Staff	Review Client File
2. Regional Quality Assurance Staff	Schedule 30-Day Appointment
3. Regional Quality Assurance Staff	Conduct 30-Day Visit
4. Regional Quality Assurance Staff	Contact Additional Resources If Necessary
5. Regional Quality Assurance Staff	Take Immediate Action If Necessary
6. Regional Quality Assurance Staff	Write Report
7. Regional Quality Assurance Staff	Distribute And File Report
8. Regional Quality Assurance Staff	Contact Parent/Guardian Between 3- 6 Months

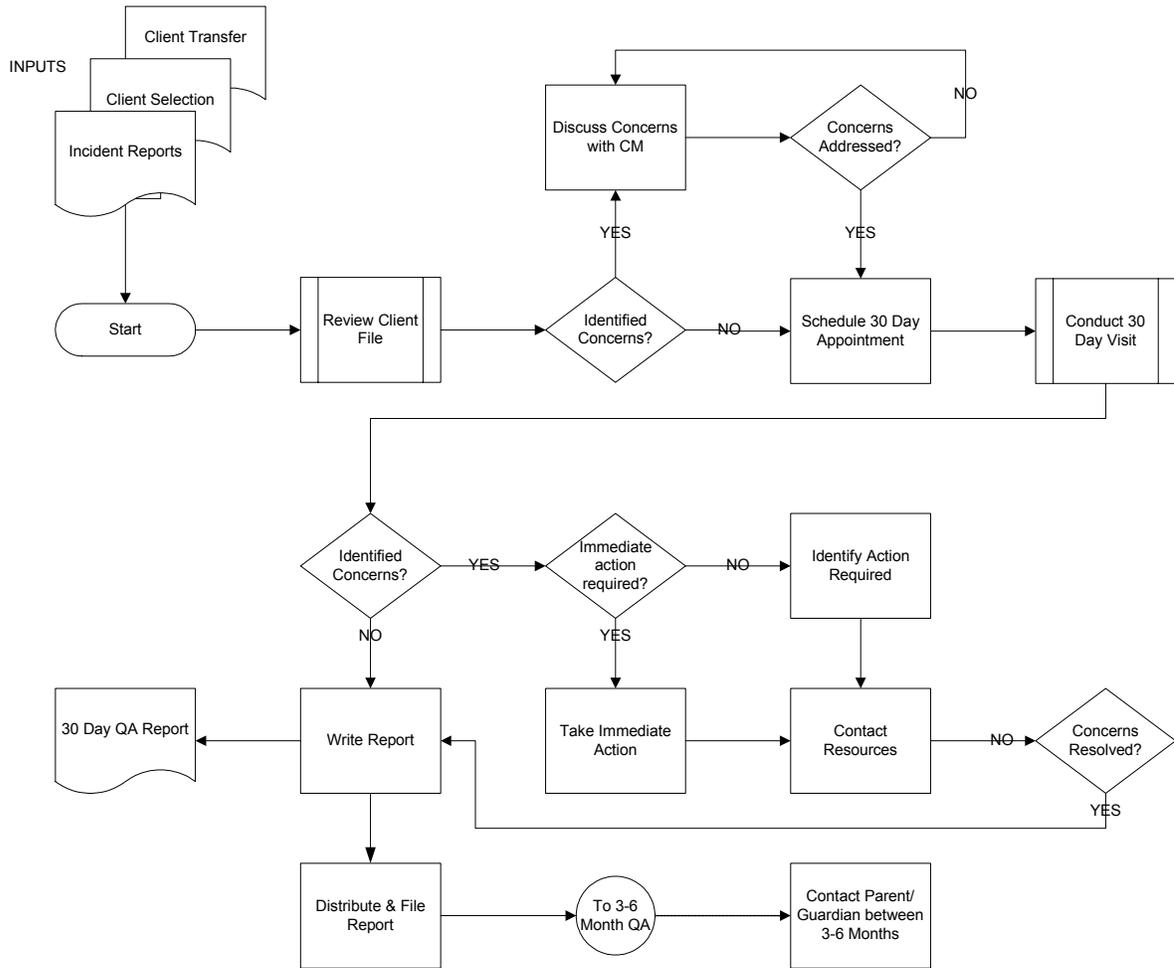
INPUTS

What:	From:	Product/Tool?
Identified Client	Client Identification	
Moved Client	Client Transition (Client File From Case Manager)	
Incident Reports	Incident Reporting Database	REPORTS

OUTPUTS

What:	To:	Product/Tool?
30 Day Quality Assurance Report	3- 6 Month Quality Assurance Review Process	YES
Client Data	Compile And Analyze Aggregate Data Process	

5.1 30-Day Quality Assurance Review



Sub Processes

- 5.1.1 Review client file
- 5.1.2 Conduct 30-day visit

5.2 3-6 Month Quality Assurance Review

A 3-6 month quality assurance review provides a snapshot of the client at a time when the client should be adjusting to the new environment. While similar to the 30-day quality assurance process, the 3-6 month quality assurance process has several defining features. These features include:

- Parent/guardian phone contact between 30 days and 3-6 months to solicit any concerns the parent/guardian might have.
- The inclusion of a volunteer(s) who may be a DDD client or a DDD parent/guardian for the visit. The volunteer provides a different perspective in assessing quality for the client. The input for this process includes the 30-day quality assurance report, along with any phone conversation data provided by the parent/guardian and any additional information gathered from the case manager or incident reports.

The outcome of the 3-6 month process is a 3-6 month quality assurance report.

THIS SECTION APPLIES TO WHOM:

Responsible Position	Task
1. Quality Assurance Regional Staff	Review Client File, Parent/Guardian Information, And Incident Reports
2. Quality Assurance Regional Staff	Discuss Concerns With Case Manager
3. Quality Assurance Regional Staff	Identify Volunteer(s)
4. Quality Assurance Regional Staff	Schedule 3-6 Month Appointment
5. Quality Assurance Regional Staff	Conduct 3-6 Month Visit
6. Quality Assurance Regional Staff	Solicit Volunteer Input For Report
7. Quality Assurance Regional Staff	Contact Additional Resources If Necessary
8. Quality Assurance Regional Staff	Take Immediate Action If Necessary
9. Quality Assurance Regional Staff	Write Report
10. Quality Assurance Regional Staff	Distribute And File Report

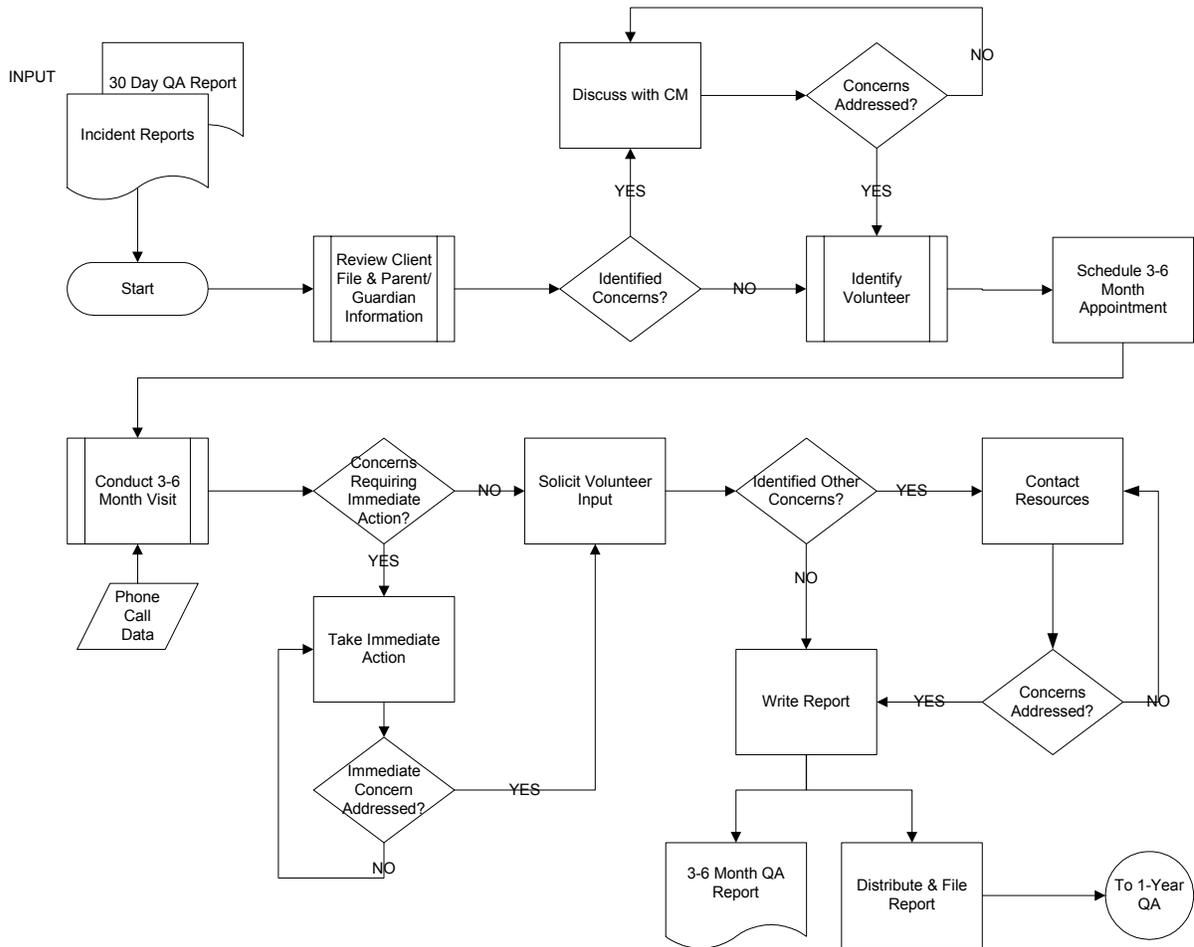
INPUTS

What:	From:	Product/Tool?
30-Day Quality Assurance Report	Quality Assurance Regional Staff	
Parent/Guardian Phone Call Data	Quality Assurance Regional Staff	
Incident Reports	Incident Reporting Database	REPORTS

OUTPUTS

What:	To:	Product/Tool?
3-6 Month Quality Assurance Report	One-Year Quality Assurance Review Process	
Client Data	Compile And Analyze Aggregate Data Process	

5.2 3-6 Month Quality Assurance Review



Sub Processes

- 5.2.1 Review client file, parent/guardian information, and incident reports
- 5.2.2 Identify volunteer
- 5.2.3 Conduct 3-6 month visit

5.3 One-Year Quality Assurance Review

Each person who has moved to the community will receive a one-year quality assurance review. This review is similar to the 3-6 month quality assurance review with a few exceptions. One variation includes the addition of a survey distributed to parents/guardians prior to the one-year quality assurance visit. Data from this survey are reviewed, considered during the site visit, and documented in the client folder. The outcome of this process is a one-year quality assurance report.

This Section Applies to WHOM:

Responsible Position	Task
1. Quality Assurance Regional Staff	Review Client File, Parent/Guardian Survey, And Incident Reports
2. Quality Assurance Regional Staff	Discuss Concerns With Case Manager
3. Quality Assurance Regional Staff	Contact Volunteer(s) For Visit
4. Quality Assurance Regional Staff	Schedule One-Year Appointment
5. Quality Assurance Regional Staff	Mail Parent/Guardian Survey
6. Quality Assurance Regional Staff	Review And Document Parent/Guardian Concerns
7. Quality Assurance Regional Staff	Conduct One-Year Visit
8. Quality Assurance Regional Staff	Solicit Volunteer Input For Report
9. Quality Assurance Regional Staff	Contact Resources If Needed
10. Quality Assurance Regional Staff	Take Immediate Action If Necessary
11. Quality Assurance Regional Staff	Write Report
12. Quality Assurance Regional Staff	Distribute And File Report

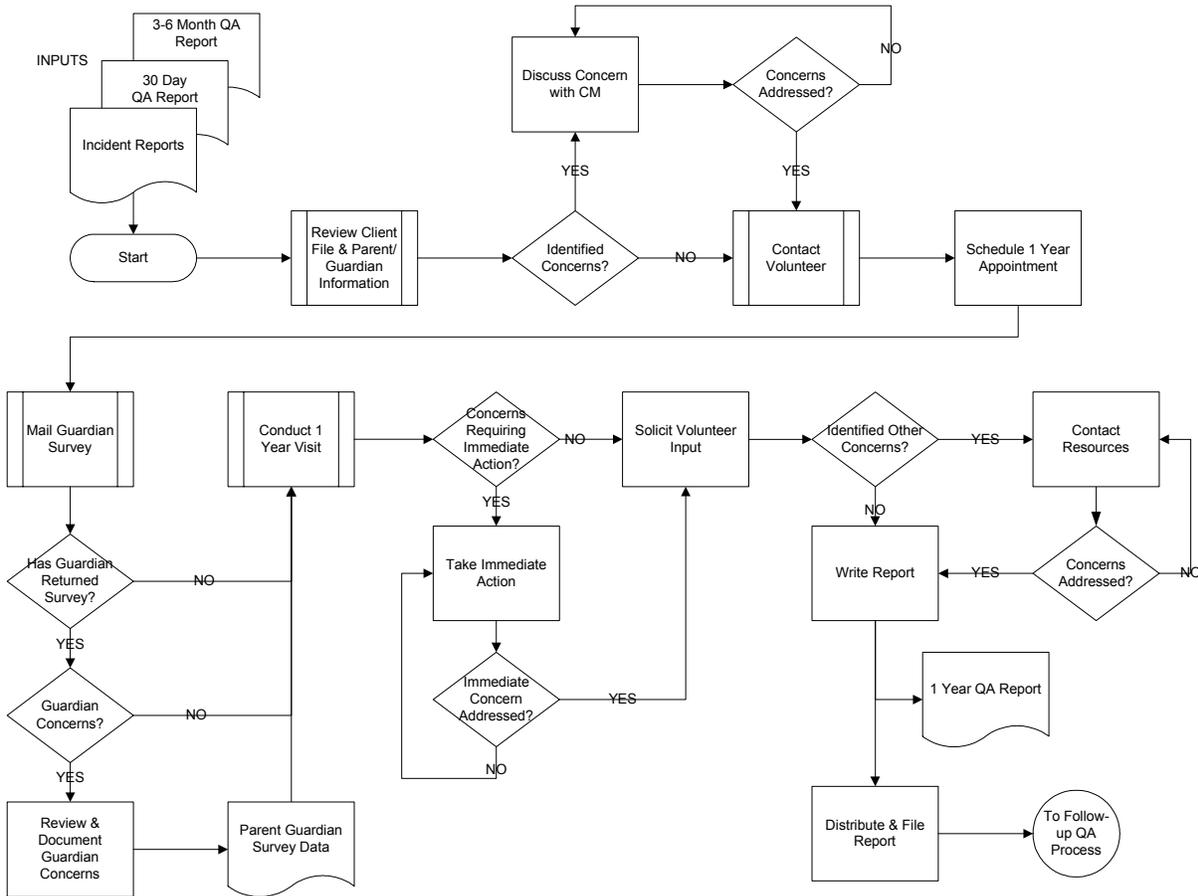
INPUTS

What:	From:	Product/Tool?
30-Day Quality Assurance Report	Quality Assurance Regional Staff	YES
3-6 Month Quality Assurance Report	Quality Assurance Regional Staff	YES
Parent/Guardian Survey Data	Quality Assurance Staff	
Incident Report	Incident Reporting Database	

OUTPUTS

What:	To:	Product/Tool?
One-Year Quality Assurance Report	On-Going DDD Quality Assurance Process	YES
Client Data	Compile And Analyze Aggregate Data Process	REPORT

5.3 One-year Quality Assurance Review



Sub Process

- 5.3.1 Review client file, parent/guardian information and IR reports
- 5.3.2 Contact volunteer(s)
- 5.3.3 Distribute parent/guardian survey
- 5.3.4 Conduct one-year visit
- 5.3.5 On-going quality assurance process

5.4 Compile and Analyze Aggregate Data

Accurate, reliable, and timely data and data systems are important elements of any quality assurance program. The ability to access and monitor credible data enables a thorough and systematic assessment of quality from an individual and aggregate client perspective. A robust database enhances the ability to assess trends and patterns, query appropriate variables, and more effectively monitor quality outcomes.

This Section Applies to WHOM:

Responsible Position	Task
1. Quality Assurance Central Office And Regional Staff	Determine Data To Collect
2. Technical Support Staff	Build Database (If Necessary)
3. Quality Assurance Headquarters Staff	Input Data
4. Quality Assurance Headquarters Staff	Query And Print Report
5. Quality Assurance Headquarters Staff	Assess Data Collected And Queried
6. Quality Assurance Headquarters Staff	Identify Strengths And Weaknesses
7. Quality Assurance Headquarters Staff	Identify Action To Take
8. Quality Assurance Headquarters Staff	Monitor Results
9. Quality Assurance Headquarters Staff	Write Report
10. Quality Assurance Headquarters Staff	Distribute Report

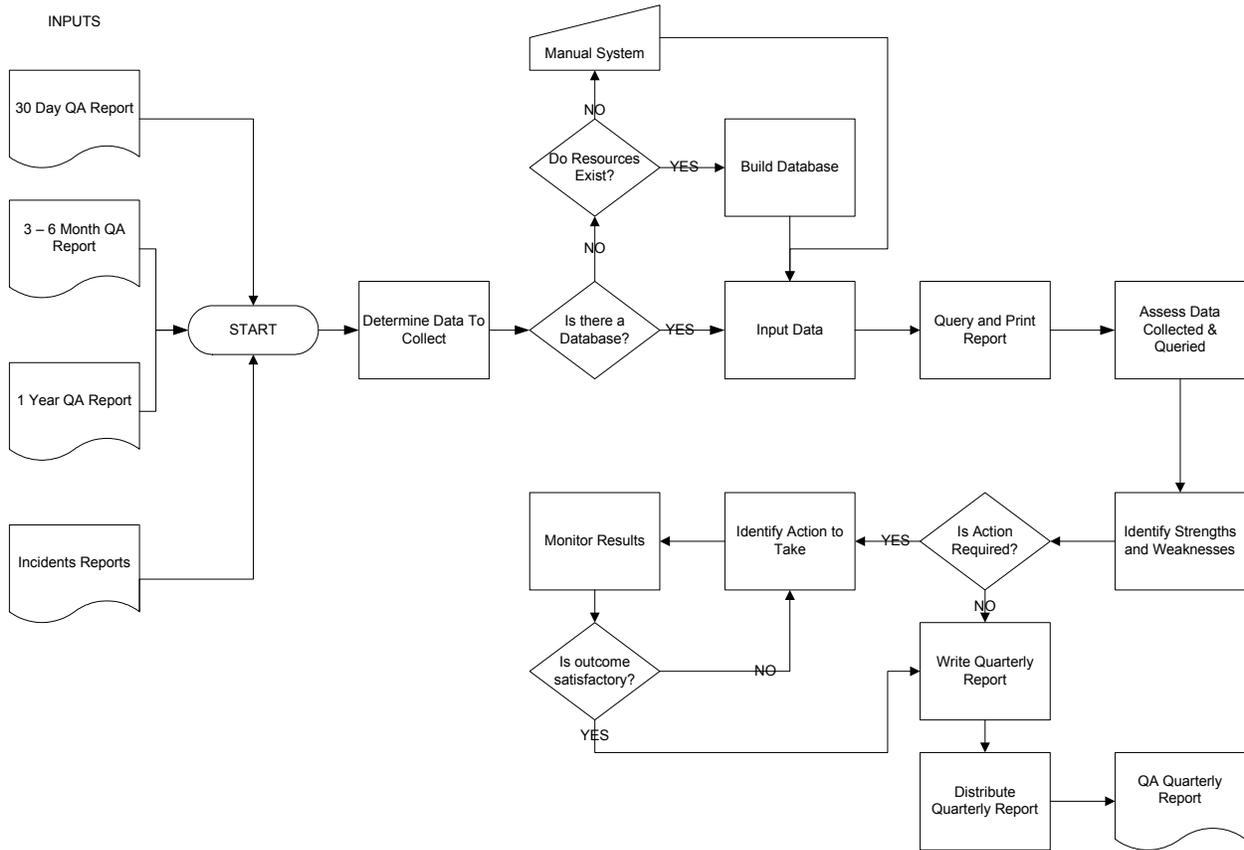
INPUTS

What:	From:	Product/Tool?
30-Day Quality Assurance Report	Quality Assurance Regional Staff	
3-6 Month Quality Assurance Report	Quality Assurance Regional Staff	
One-Year Quality Assurance Report	Quality Assurance Regional Staff	

OUTPUTS

What:	To:	Product/Tool?
Quarterly Quality Assurance Data Report	DDD Headquarters	

5.4 Compile and Analyze Aggregate Data



Sublevel Process

Process 5.4 has been fully broken down. Therefore, there are no sub processes.

Chapter 6: Employee Transition

The employees of a Residential Habilitation Center provide critical client care 24 hours a day, seven days a week. Approximately 700 employees provide direct and indirect services to the residents of Fircrest School. These employees collectively represent a diverse workforce that provides program support, health care, and administrative services to maintain or enhance client health and safety, as well as facility operations.

While downsizing, Fircrest School needs to maintain two critical objectives:

1. Continue to appropriately protect client's health and safety.
2. Maintain institutional certification to prevent negative financial impacts and maintain public confidence.

Accomplishing each of these objectives is contingent upon a committed and engaged workforce.

Despite an awareness of the importance of supporting employees during a downsizing effort, most organizations fail to pay enough attention to the "people factor." One of the most critical factors leading to a successful downsize is the effective management of the human resource system. Therefore, how employees are transitioned during the Fircrest School Downsizing project is of extreme importance. A carefully planned employee transition process will be an essential element of the Fircrest downsizing and closure planning project. The legislature has recognized the importance of employee transitions during this downsizing and closure planning, and has allocated resources to assist in this work. These resources will be necessary to manage the transition process and retain experienced, valuable employees within the state system.

The Employee Transition Work Team was formed to develop the requirements and document the processes for programs designed to transition employees through the downsizing and closure planning. Areas of interest include retention of employees, retraining of employees, relocation of employees to other employment opportunities, development of opportunities for employees to continue providing resources to their clients, and Reduction-in-Force (RIF) processes and support.

In many instances, these processes will include those previously established to transition employees, such as the RIF process. In some instances, current processes have not been explicitly defined or established. Therefore, new processes have been or will be designed to more specifically address employee needs through the downsizing plan.

To assure that effective employee transition strategies and tactics are incorporated in the project plan, the following requirements were identified and considered in developing the preliminary elements of an Employee Transition Plan:

- Partnerships and collaboration with employees, leadership and management, labor, impacted institutions, and other agencies

- Employee empowerment principles to positively impact employee morale and reinforce a mindset of employee self-determination
- Multiple, creative employee options generated for employees by employees
- Open, timely, frequent and two-way communication
- Maximization of appropriate federal, state, region, county, and civic resources
- Continuous improvement and learning to identify and document potential best practices

The process maps depicted in this chapter describe the high-level, level two and in select cases, level three and level four processes involved in employee transition. The high-level employee transition process depicts the framework for transitioning employees through the downsizing and closure plan. Attributes of this process include:

- An initial employee transition strategy that frames direction, timeline, and approach; and considers input from employees, labor, management, and the targeted institution.
- The development and implementation of plans for:
 1. Employee Support – Efforts to assist all employees through the entire downsize/closure plan process including the provision of educational information, resources, and training.
 2. Employee Retention – Targeted strategies to retain state workers within the state system through job assistance, incentives, the Reduction-in-Force Transition Pool (for employees who are at risk for receiving a Reduction-in-Force notification), and training.
 3. Employee Separation – After a robust review of employee retention options, activation of the Reduction-in-Force process begins. Planned activities for this process also include the provision of supports and resources such as resume writing, job search, interviewing skills, and training.
 4. Employee Communication – The development of a systematic, timely, and two-way communication process.
- An employee transition plan evaluation process to assess on-going opportunities for continuous learning and improvement.

This Section Applies to WHOM:

Responsible Position	Task
1. RHC Superintendent, Human Resource (HR) Manager, And Site Management Team	Define Employee Transition Strategy
2. RHC HR Manager	Develop Employee Support Process
3. RHC HR Manager	Develop Employee Retention Process
4. RHC HR Manager	Develop Employee Separation Process
5. RHC HR Manager	Develop Employee Communication Process
6. RHC HR Manager	Develop Employee Transition Evaluation Process

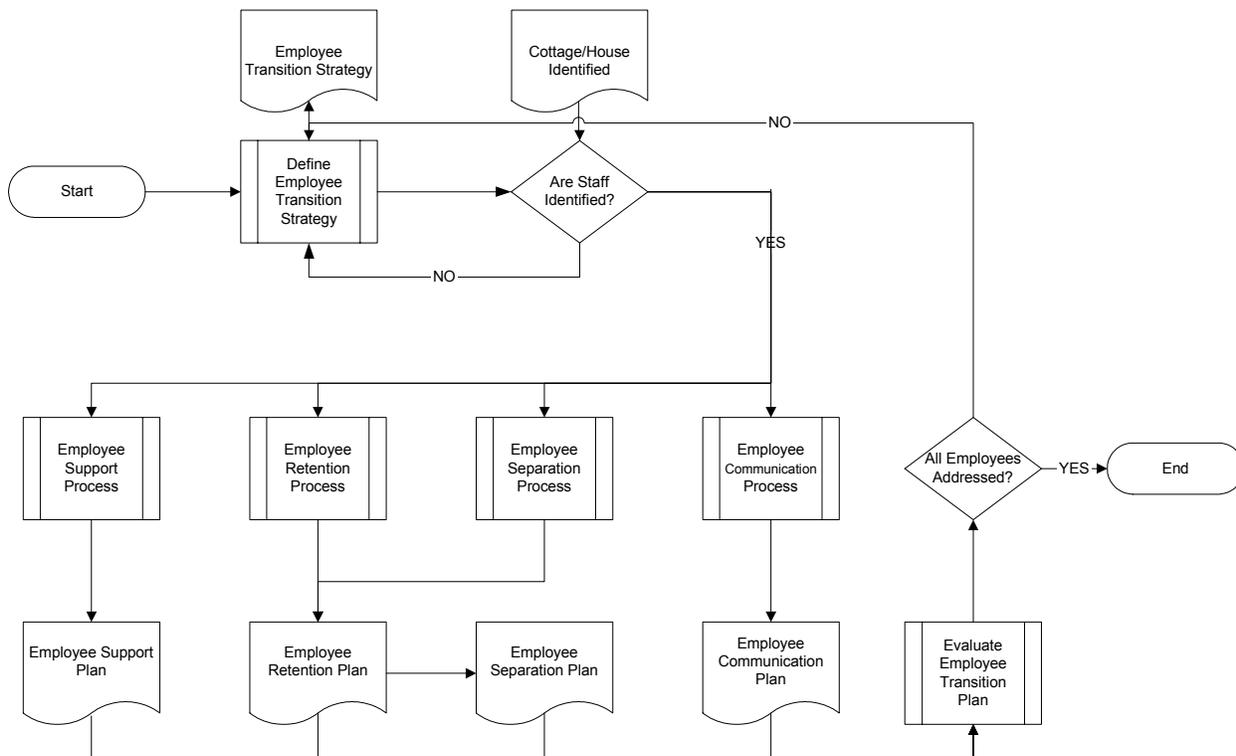
INPUTS

What:	From:	Product/Tool?
Cottage/House Identified	Capital And Facilities	

OUTPUTS

What:	To:	Product/Tool?
Employee Transition Strategy	Employee Support Process, Employee Retention Process, Employee Separation Process, And Employee Communication Process	
Employee Support Plan	Employee Communication Plan, Employee Evaluation Plan	YES
Employee Retention Plan	Employee Communication Plan, Employee Evaluation Plan	YES
Employee Separation Plan	Employee Communication Plan, Employee Evaluation Plan	YES
Employee Communication Plan	Employee Evaluation Plan	YES
Employee Transition Evaluation Plan	Employee Transition Strategy (If Improvement Opportunities Exist)	YES

6.0 The High Level Process



Risk Assessment

The employee transition process as outlined in this chapter will help to promote the following:

1. Maximize the potential for a positive employee response resulting in appropriate financial outcomes, minimal schedule delays, and maintaining services to clients.
2. Enhanced commitment from employees, positively impacting employee morale, employee performance, and client health and safety.
3. Supported employees who are able to focus on their jobs, increasing the likelihood of quality client care and client outcomes.
4. Retention of quality, dedicated, and seasoned employees who could benefit other divisions, agencies, or departments within the state system.
5. Development of an employee transition process that targets the needs of the institutional employees.
6. Appropriate overall staffing capacity and performance across the institution, ensuring client health and safety, as well as institutional certification.

Sub Processes

Six sublevel processes fall within the high-level Employee Transition process. They include:

- 6.1 Employee Transition Strategy
- 6.2 Employee Support
- 6.3 Employee Retention
- 6.4 Employee Separation
- 6.5 Employee Communication
- 6.6 Employee Transition Evaluation

These sublevel processes are identified in the following six sections.

Section 6.1 Employee Transition Strategy

The Employee Transition Strategy defines the direction, timeline, and approach for the downsize/closure plan, with consideration of the needs of the impacted institution, employees, and labor. The process also includes a review of the related rules/regulations. The following elements are included in the Employee Transition Process:

- **Direction and Timeline** –The direction and timeline for the preliminary transition plan is established by the legislature. This direction and timeline further defines the employee transition plan. The direction should not only address the “what” of the plan (continue to downsize, close, stabilize), but also the “why” or rationale for the direction. A clear, concise direction builds commitment to the work by minimizing ambiguity and assisting employees in understanding the rationale for downsizing and closure planning.
- **Demographic Report** – A review of the demographics of impacted RHCs will better equip the institution with information to assess the current workforce, forecast employees who may consider retirement, and update seniority dates.
- **Institutional Needs** – Demographic data and forecasts can assist the institution in determining essential staff, certification needs, opportunities for outsourcing, and potential temporary staffing needs.
- **Employee and Labor Input** – Successful downsizing efforts have been implemented from the top-down, while also initiated from the bottom-up. Employees are a source of innovative, creative ideas. Tapping into this human resource for input is an important and valuable step in the process. In Chapter 25, L03, Sec 211 (1), the legislature has specifically requested the project to include “Meet and confer with representatives of affected employees on how to assist employees who need help to relocate to other state jobs or to transition to private sector positions.”

A clear direction, proposed timeline, synthesis of institutional demographics and needs, employee/labor input, and a review of rules and regulations provide the framework for the Employee Transition Strategy Document.

This Section Applies to WHOM:

Responsible Position	Task
1. RHC Superintendent And Human Resource (HR) Manager	Clarify Strategic Direction
2. RHC Management	Establish Timeline
3. RHC HR Manager	Review Demographic Report
4. RHC Superintendent, Management, And HR Manager	Determine Institution Needs
5. RHC HR Manager	Solicit Employee Input
6. RHC HR Manager	Acquire Union Input
7. RHC HR Manager	Review Rules And Regulations
8. RHC HR Manager	Synthesize Needs, Input, And Regulations/Rules
9. RHC Superintendent, Management, AND HR Manager	Develop Employee Transition Strategy

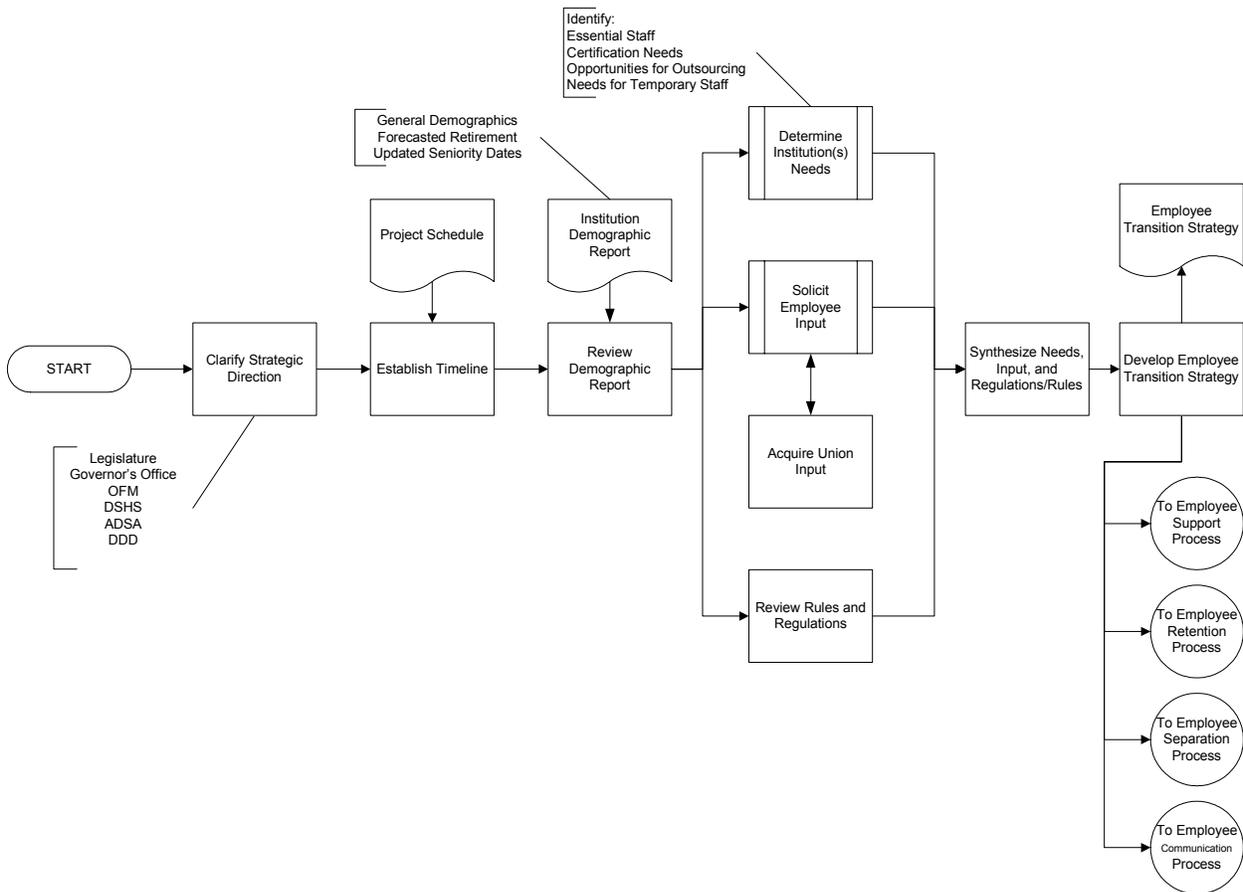
INPUTS

What:	From:	Product/Tool?
Project Schedule	DSHS Headquarters	
Institutional Demographic Report	DSHS Headquarters	

OUTPUTS

What:	To:	Product/Tool?
Employee Transition Strategy	Employee Support Process, Employee Retention Process, Employee Separation Process, And Employee Communication Process	YES

6.1 Define Employee Transition Strategy



Sub Processes

The following level three processes fall within the sublevel process for employee transition strategy.

- 6.1.1 Determine Institutional Needs (pending)
- 6.1.2 Solicit Employee Input (see below)

6.1.2 Solicit Employee Input Process

Gathering input and feedback from employees in a systematic and timely manner is an important step in the employee transition process. Employees who may be experiencing change, transition, and ambiguity during the plan will have valuable, salient information to share about their personal and professional needs during downsizing and closure planning. Eliciting input on their needs during the transition will result in developing a process that addresses their specific needs rather than taking a ‘cookie-cutter’ approach.

This Section Applies to WHOM:

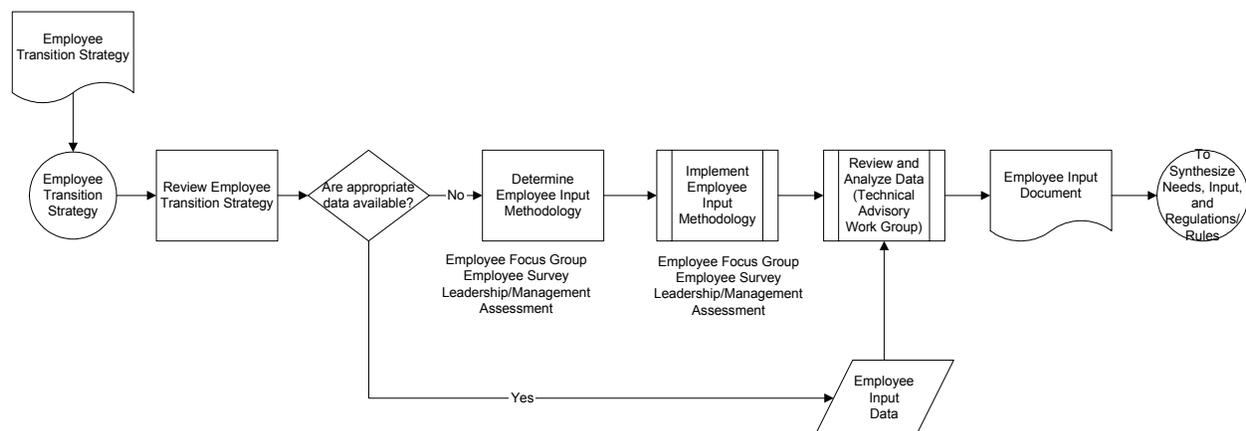
Responsible Position	Task
1. HR Manager	Review Employee Transition Strategy
2. HR Manager	Determine Employee Input Methodology
3. HR Manager	Implement Employee Input Methodology
4. RHC Management	Review And Analyze Data

INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy Process	
Employee Input Data	Focus Groups	YES

OUTPUTS

What:	To:	Product/Tool?
Employee Input Document	Synthesize Needs, Input, And Rules/Regulations	YES



Sub Processes

The following level four processes fall within the employee input process.

6.1.2.1. Implement employee input methodology

6.1.2.2. Review and analyze data (Technical Advisory Work Group)

6.1.2.1 Implement Employee Input Methodology

Formal methods to capture employee input include focus groups, structured interviews, and surveys. Surveys have been distributed to Fircrest School employees to assess employee interest in relocation, training, and other potential employee options. Focus groups are also being planned for RHC sites across the state to solicit employee input and ideas surrounding employee support, retention, separation, and communication.

This section describes the specifics steps in coordinating the focus group sessions. Each focus group will include approximately ten employees. Each site’s labor representatives and management team will jointly select employees to be invited to a session. Data from the focus group will be distributed to a technical advisory team (see level four process 6.1.2.2).

This Section Applies to WHOM:

Responsible Position	Task
1. Employee Transition Team	Develop Focus Group Questions
2. Project Support Unit	Determine Focus Group Logistics
3. Technical Advisory Work Group	Request/Identify Focus Group Participants
4. Project Support Unit	Create Focus Group Invitation
5. Project Support Unit	Finalize Structured Focus Group Questions
6. Project Support Unit	Distribute Focus Group Invitations
7. Project Support Unit	Confirm Focus Group Attendees And Logistics
8. Project Support Unit	Conduct Focus Groups
9. Project Support Unit	Synthesize Focus Group Data
10. Project Support Unit	Distribute Focus Group Data

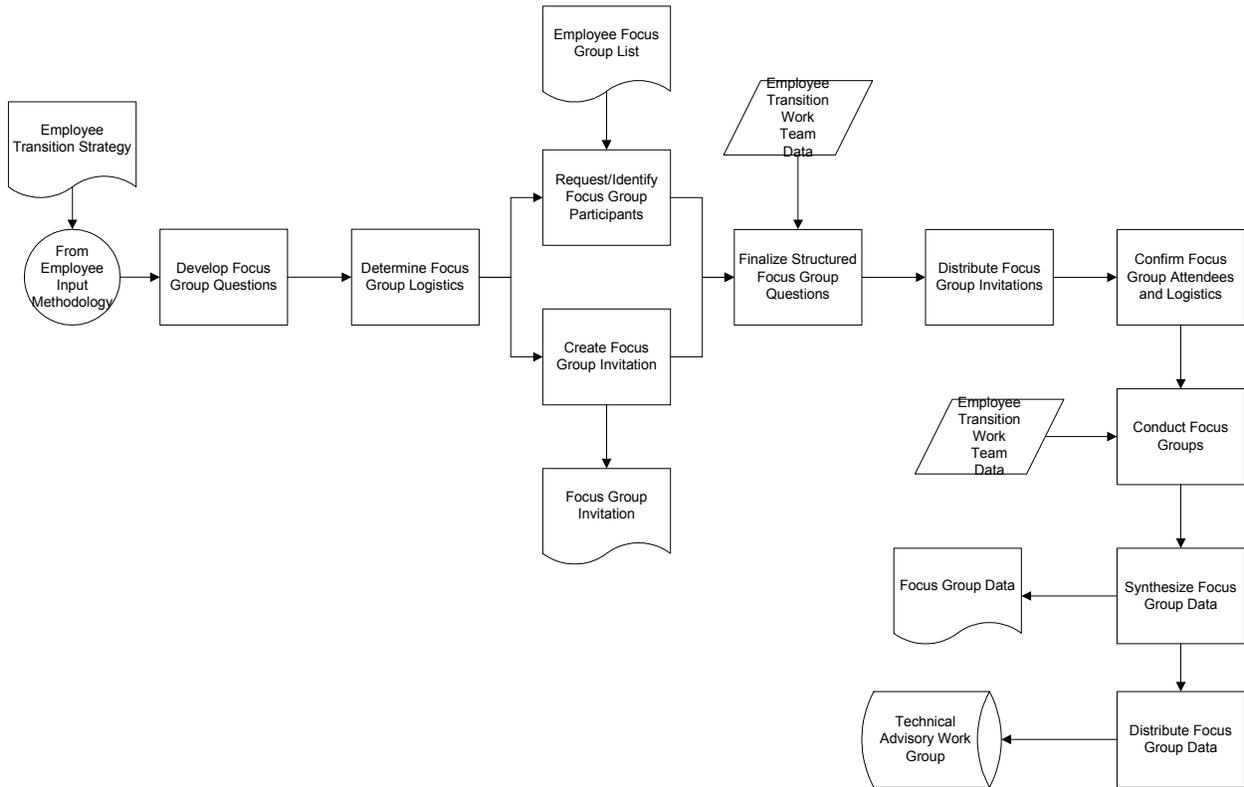
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	DSHS Headquarters	YES
Employee Focus Group List	Review And Analyze Data	
Employee Transition Work Team Data	Input Data	

OUTPUTS

What:	To:	Product/Tool?
Focus Group Data	Technical Advisory Work Group	YES
Focus Group Invitation	Employee Input Methodology	DOCUMENT

6.1.2.1 Implement Employee Input Methodology



Sub Processes

Process 6.1.2.1 has been fully broken down; therefore there are no sub-processes.

6.1.2.2 Review and Analyze Data (Technical Advisory Work Group)

A Technical Advisory Work Group composed of management and labor representatives will review and analyze employee focus group data. Charged with collaboratively identifying employee needs, this work group will synthesize employee input and develop recommendations for effective and efficient employee transition for RHC consolidation, institutional downsizing, and closure planning. Areas of review should include employee support, employee retention, employee separation, and employee communication.

Proposed recommendations and input will be submitted to the Employee Transition Work Team for review and consideration. The scope of this time-limited work group will include:

- Identification and recruitment of regional employees to participate in one of the ten focus group sessions
- Review of the aggregate focus group data
- Synthesis of focus group data identifying themes and patterns
- Development of recommendations identifying opportunities for improvement: the recommendation list will be provided to the Employee Transition Work Team for review and consideration for the overall Employee Transition Plan.

This Section Applies to WHOM:

Responsible Position	Task
1. Project Support Unit And DDD Headquarters	Identify Unions To Involve In Process
2. DDD Headquarters	Communicate Informal Input Process To Labor/Management
3. Project Support Unit	Conduct Meeting #1 Purpose, Charter, And Focus Group Overview
4. Technical Advisory Work Group	Recruit Employees For Focus Group
5. Project Support Unit	Conduct Meeting #2 To Review/Analyze Focus Group Data And Develop Recommendations
6. Technical Advisory Work Group	Provide Recommendations To Employee Transition Work Team

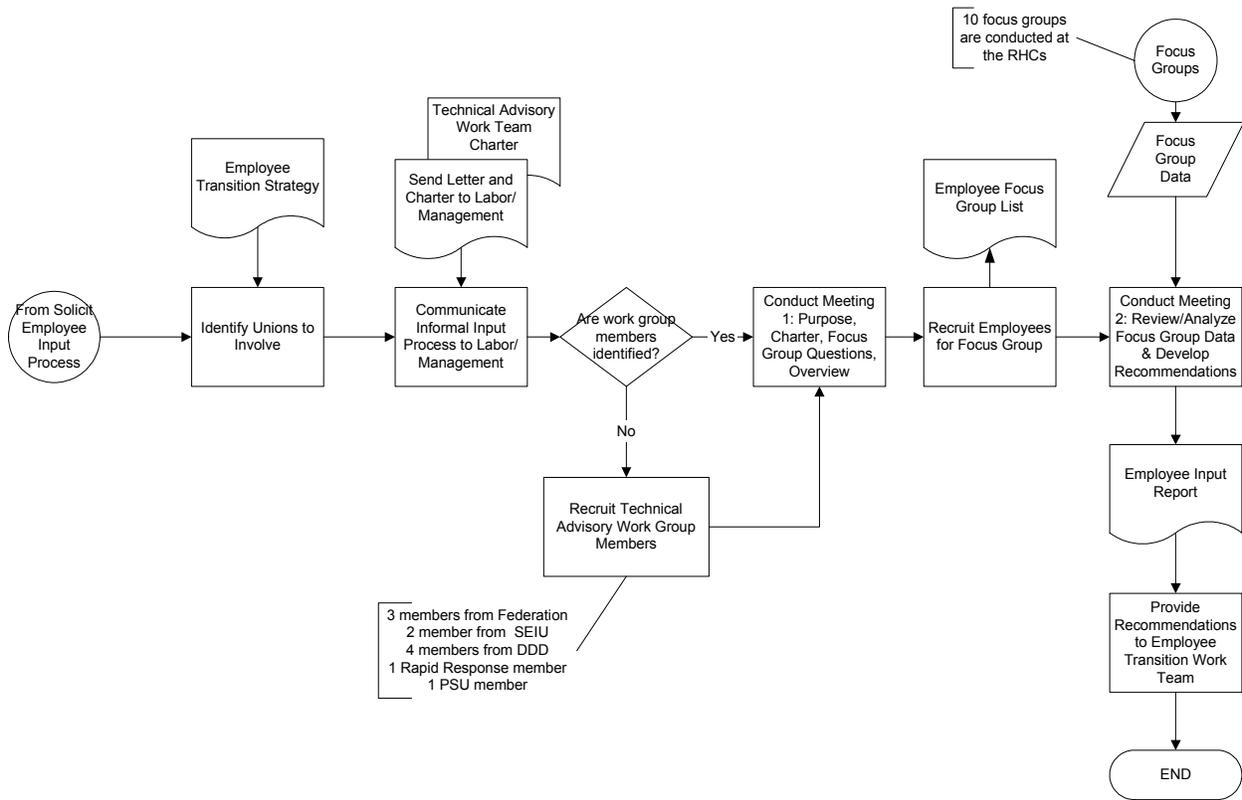
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	YES
Technical Advisory Work Group Charter	Project Support Unit	
Focus Group Data	Implement Employee Input Methodology Process	

OUTPUTS

What:	To:	Product/Tool?
Employee Focus Group List	Implement Employee Input Methodology Process	YES
Recommendations	Employee Transition Strategy	

6.1.2.2 Review and Analyze Data (Technical Advisory Work Group)



Sub Processes

Process 6.1.2.1 has been fully broken down; therefore, there are no sub-processes.

Section 6.2 Employee Support

The most successful downsizing strategies involve assisting not only those employees who are losing their jobs, but also those employees who will be retained within the state system through vacancies, new positions, or retraining. Support resources and programs for all employees involved in a downsizing or closure plan are important. Employee supports are essential to adequately continue client care.

All employees involved in the downsizing and closure plan at Fircrest School are experiencing some degree of uncertainty. While many changes occur throughout the downsizing plan, there are predictable stages of transition that employees will experience. Resources and programs that support the movement of employees through these predictable stages of transition will benefit employees, managers, and clients.

The intent of this Employee Support process is to provide support for all employees and in some cases, their families, during the duration of the downsizing and closure project. Support should be provided to employees regardless if they are likely to separate from the state or transition to a position within the state. The preliminary work on employee support has identified the need to:

- Educate and provide information to employees on change and transition
- Inform employees of personal and family counseling resources
- Include support options for employees remaining at the institution until closure. These employees may experience fear of alienation from peers and feel guilty that they have maintained employment.
- Provide safety nets that assist employees with critical services such as financial planning, counseling, and retraining.

The Employee Support process begins with a review of the Employee Transition Strategy, specifically as it relates to employee needs. After a thorough review and analysis of the employee data, employee support options are developed. These options are compared to resources and policy constraints and then more fully explored in an Employee Support Plan.

This Section Applies to WHOM:

Responsible Position	Task
1. RHC Superintendent And Human Resources (HR) Manager	Review Employee Transition Strategy
2. RHC Superintendent, Management Team, And HR Manager	Develop Employee Support Options
3. DSHS Headquarters RHC Superintendent	Modify Resources (If Needed)
4. DSHS Headquarters	Modify Policy (If Needed)
5. RHC HR Manager	Confirm Employee Support Options
6. RHC HR Manager	Devise Employee Support Plan
7. RHC HR Manager	Implement Employee Support Plan

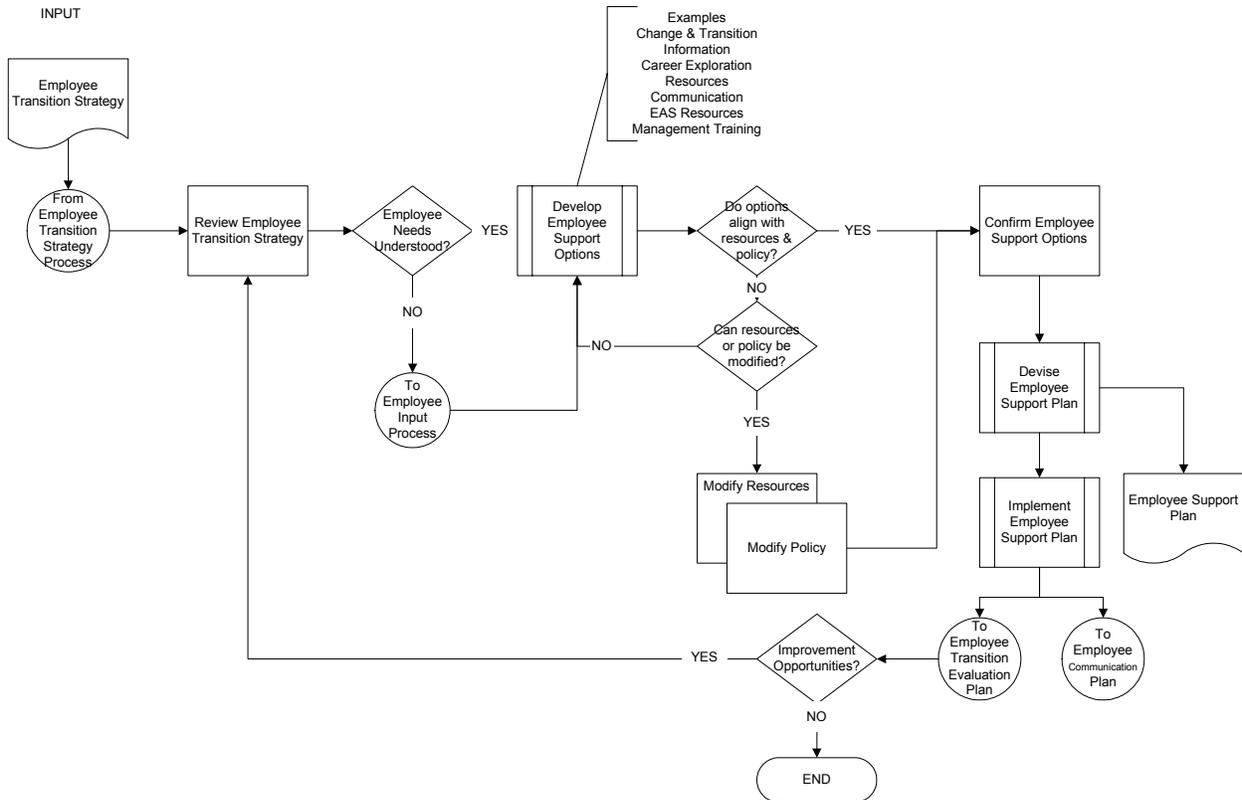
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	YES

OUTPUTS

What:	To:	Product/Tool?
Employee Support Plan	Employee Communication Plan, Employee Transition Evaluation Plan	YES

6.2 Employee Support



Sub Processes

- 6.2.1 Develop employee support options
- 6.2.2 Devise employee support implementation plan
- 6.2.3 Implement employee support plan

Section 6.3 Employee Retention

The Employee Retention Process and sublevel processes identify efforts to retain employees in other positions within the Division of Developmental Disabilities, Aging and Disability Services Administration, the Department of Social and Human Services, or other state agencies. During downsizing, it is often the best and the brightest employees that are the first to leave an organization. These employees may be recruited by other organizations or have the credentials to easily transition out of their current position. In terms of skill and experience, this would be a significant loss to the state system.

The employee retention process also identifies methods to temporarily retain employees who may be leaving state government. Essential employees may be required at the institution on a short-term basis for staffing coverage. Efforts to retain these essential employees will be necessary to continue to provide quality resident care and maintain certification standards. One of the groups specifically identified by the legislature in the operating budget was the licensed professional services group. Chapter seven of this plan provides more details about these highly specialized services.

Employees who remain at the institution on a short-term basis or who will eventually transfer to another state site or agency may experience unintended disincentives such as increased workloads, more responsibilities, and new skill requirements. To minimize employee frustration and retain essential employees as necessary for staffing coverage, this process also explores short-term retention incentives.

The overall employee retention process begins with a review of institutional, employee, and labor needs, followed by a review of rules and regulations. From this review, retention options are identified and prioritized. In some instances, resources and policies may be modified. This information is then compiled into an Employee Retention Plan.

This Section Applies to WHOM:

Responsible Position	Task
1. RHC Superintendent And HR Manager	Review Institution Needs
2. RHC Management Team	Review Employee Needs
3. RHC HR Manager	Review Labor Needs
4. RHC HR Manager	Review Rules And Regulations
5. RHC HR Manager	Devise Retention Options
6. DSHS Headquarters	Modify Resources (If Needed)
7. DSHS Headquarters	Modify Policy (If Needed)
8. RHC HR Manager	Finalize Retention Options
9. RHC HR Manager	Develop Employee Retention Plan
10. RHC HR Manager	Implement Employee Retention Plan

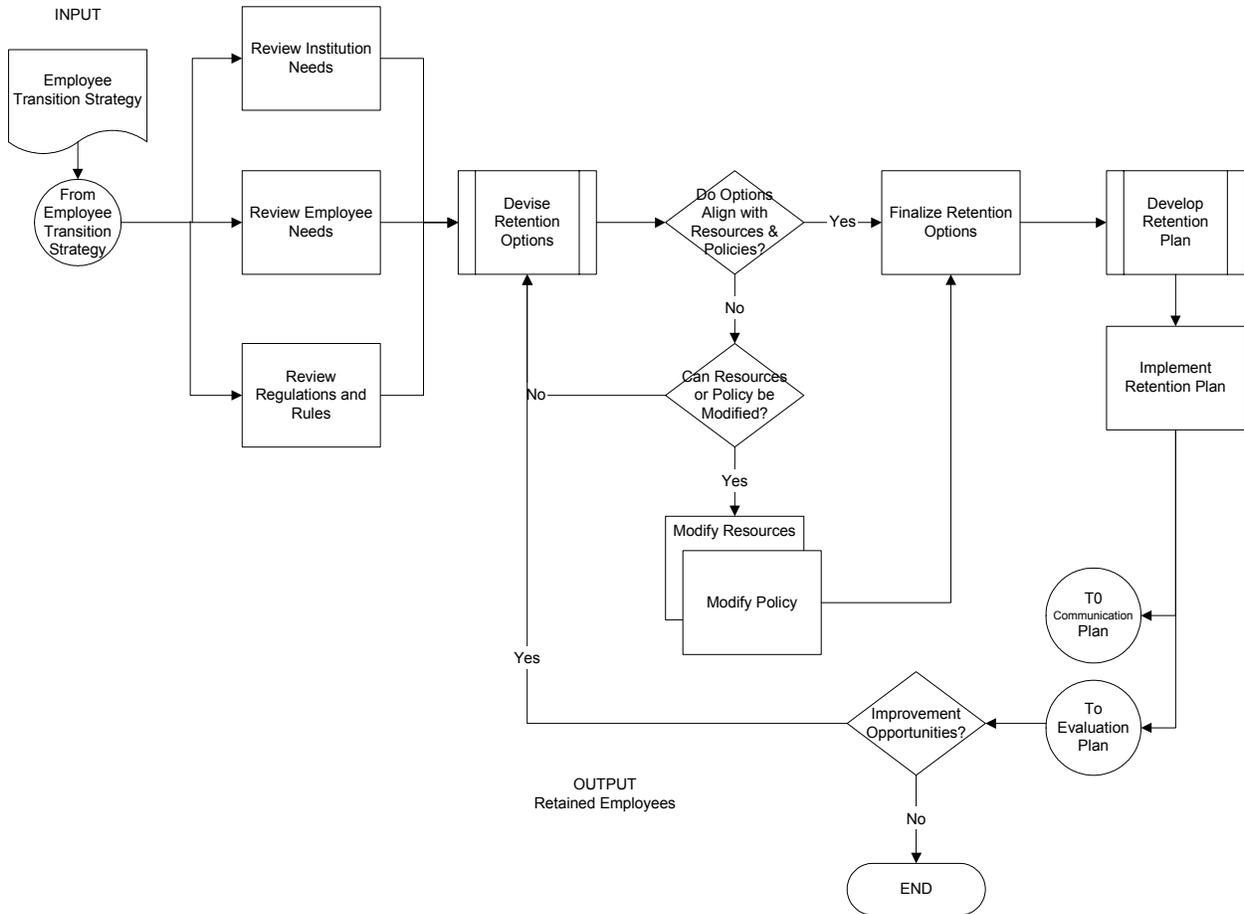
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy.	NO

OUTPUTS

What:	To:	Product/Tool?
Employee Retention Plan	Employee Communication Plan Employee Transition Evaluation Plan	NO

Section 6.3 Employee Retention



Sub Processes

6.3.1 Devise retention options

6.3.2 Develop retention plan (pending process)

6.3.1 Devise Retention Options

The Employee Retention Options sublevel process explores a variety of retention efforts such as training, voluntary separation (so that a position is opened), lump sum incentives, and short-term retention incentives.

This Section Applies to WHOM:

Responsible Position	Task
1. RHC Superintendent, Management Team And HR Manager	Assess State Opportunities
2. RHC Management Team	Pay Moving Expenses Or Provide Lump Sum Incentive
3. RHC HR Manager	Provide Training
4. RHC HR Manager	Assess Voluntary Separation Process
5. RHC HR Manager	Process Voluntary Separation Paperwork
6. DSHS Headquarters	Evaluate Short-Term Retention Incentive

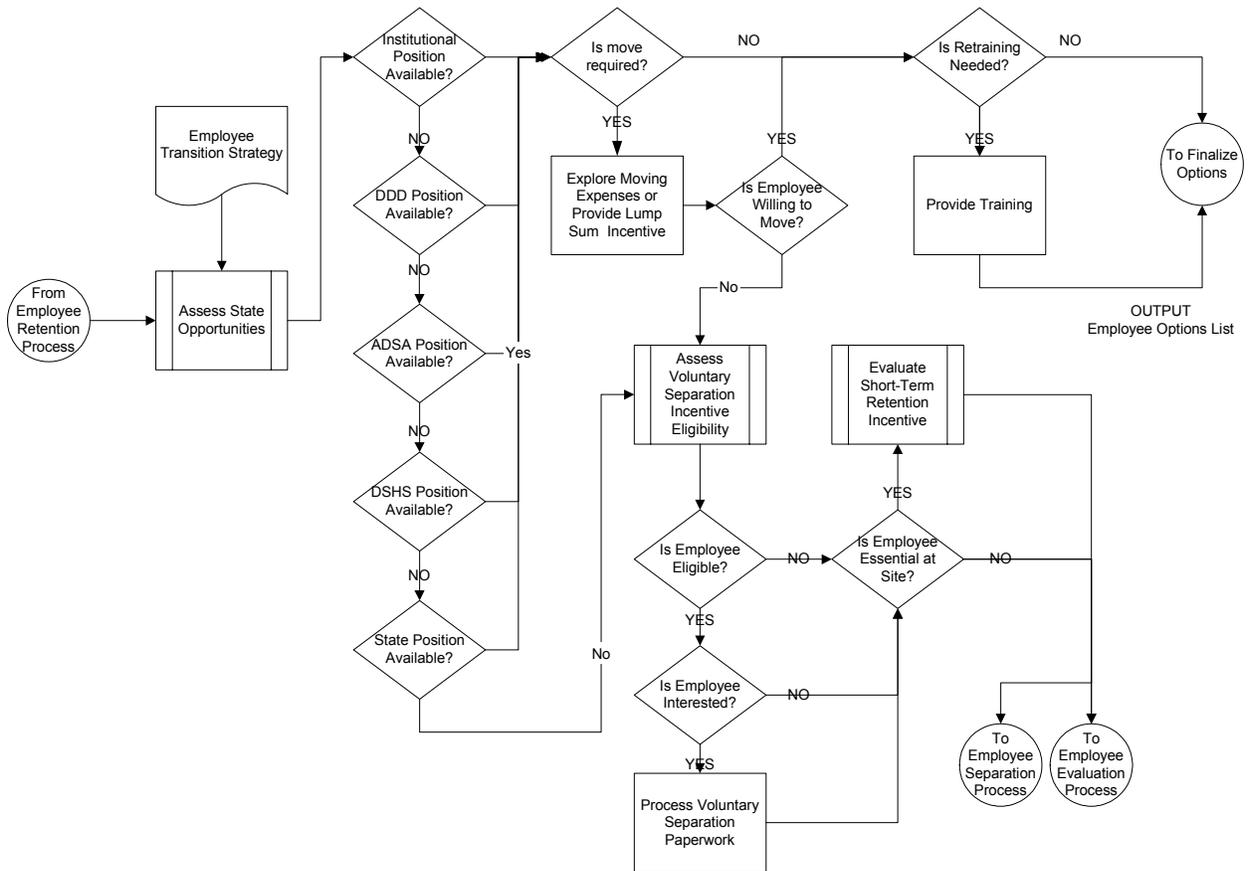
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy.	

OUTPUTS

What:	To:	Product/Tool?
Voluntary Separation Request	Employee Separation	
Separated Employee	Employee Separation Process, Employee Evaluation Process	
Short-Term Employee	Employee Evaluation Process, Employee Separation Process	

6.3.1 Employee Retention Options



Sub Processes

- 6.3.1.1 Access state opportunities
- 6.3.1.2 Access voluntary separation eligibility
- 6.3.1.3 Evaluate short-term retention incentive

Section 6.4 Employee Separation

Employee separation occurs only after all options of retaining employees within the state system have been fully explored. Separation includes the Reduction-In-Force (RIF) process and offers employees one last chance of remaining a state employee through formal or informal position options. The RIF process is a more formal process than the career assistance options noted in the Employee Retention process. For example, employees are not able to enter the separation process without being identified by the institution as being at risk of receiving a RIF notification.

The Employee Transition Work Team is exploring a variety of supports and resources for displaced employees such as:

- Career transition services including resume writing, job search strategies, and interviewing skills
- Training opportunities
- Access to other public or private opportunities through job fairs

The Employee Transition Work Team is exploring a relationship with Rapid Response. Rapid Response is comprised of Washington State Employment Security Department, King County Dislocated Workers Program, Community and Technical Colleges, and the Reemployment Support Center, AFL-CIO. An initial meeting with the Seattle-King County Rapid Response Team provided an overview of the services available such as job search assistance, access to education and training, and access to unemployment information.

Preliminary meetings have also been held with North Seattle Community College, Edmonds Community College, and Shoreline Community College to explore general career transition training opportunities, as well as job specific training for identified positions. These processes will be documented in the subsequent version of the Transition Plan.

This Section Applies to WHOM:

Responsible Position	Task
1. RHC Superintendent And Human Resource (HR) Manager	Activate Reduction- In-Force Process
2. RHC HR Manager	Initiate Career Transition Resources
3. RHC HR Manager	Provide Training Opportunities
4. RHC HR Manager	Assist With Employment Options
5. RHC HR Manager	Activate Unemployment (If Needed)

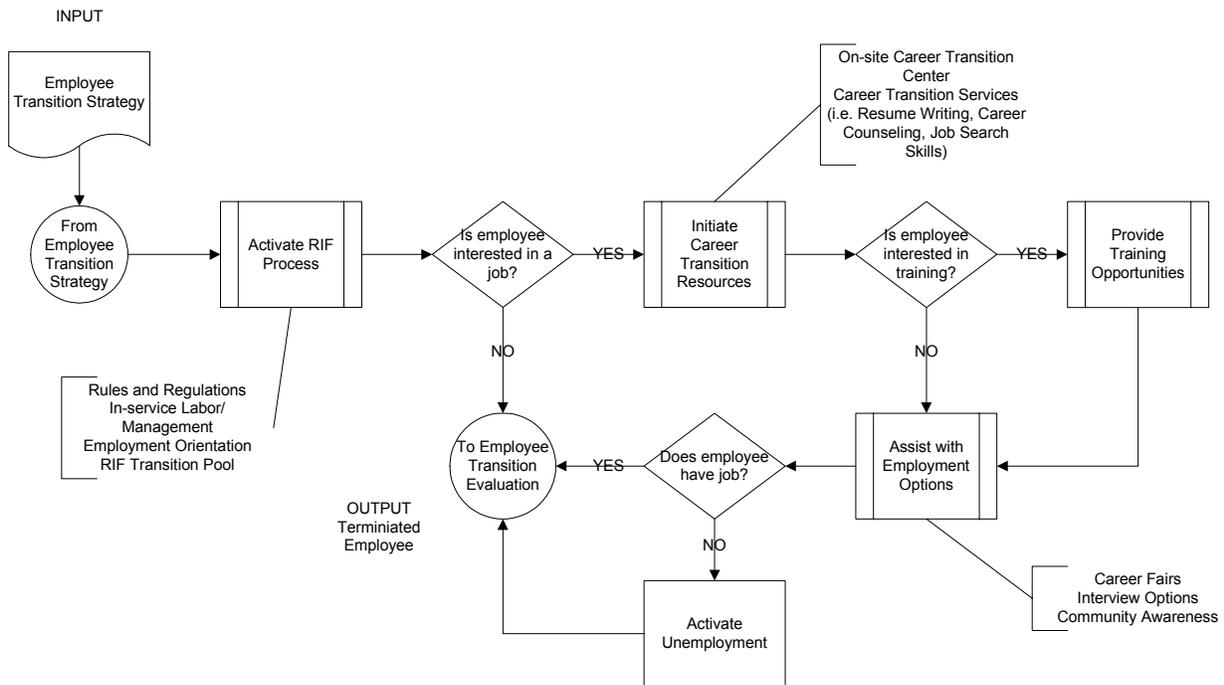
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	

OUTPUTS

What:	To:	Product/Tool?
Terminated Employee	Employee Transition Evaluation Plan	

6.4 Employee Transition: Employee Separation



Sub Processes

- 6.4.1 Activate Reduction-in-Force process
- 6.4.2 Initiate Career Transition Resources
- 6.4.3 Provide Training Opportunities
- 6.4.4 Assist with Employment Options

6.4.1 Activate Reduction-in-Force

The Reduction-in-Force (RIF) process is activated when all options of retaining an employee prior to the RIF process have been fully explored. Once an employee enters the RIF process, there still remains an opportunity for the employee to be offered and accept a formal option or an informal option with the state. The formal option includes an assessment of a position in the same job classification in the region, county and state respectively. The informal option explores classifications not held (at or below classification) within the same layoff unit as an offered formal option.

Once the RIF Coordinator receives notification of a proposed RIF, the coordinator notifies the union and the DSHS Human Resources Division, Equal Opportunity Section. The Equal Opportunity Section assesses impact and may request that the RIF process be pending until the RHC Superintendent submits written justification for the RIF. A RIF folder is prepared and formal options are explored. A formal letter is developed informing the employee of the RIF effective date, RIF appeal rights, and a formal option if available. If the employee accepts the option, a confirmation letter is sent to the employee. All employees are eligible for exploring informal options regardless if a formal option was offered. Employees who accept a formal or an informal position are transferred by an established date. Employees who do not accept formal or informal options are separated on the RIF effective date. All employees are able to appeal; however, the appeal process does not place the RIF effective date on hold.

This Section Applies to WHOM:

Responsible Position	Task
1. DSHS HR Director	Receive Notification From RHC
2. RIF Coordinator	Provide RIF Orientation
3. RIF Coordinator	Notify Union
4. RIF Coordinator	Notify DSHS Human Resources Division, Equal Opportunity Section
5. RIF Coordinator	RIF Pending
6. RIF Coordinator	Explore Formal Options
7. RHC HR	Explore Informal Options
8. RHC HR	Send Confirmation Letter
9. RHC HR	Separate Employee
10. RHC HR	Transfer Employee

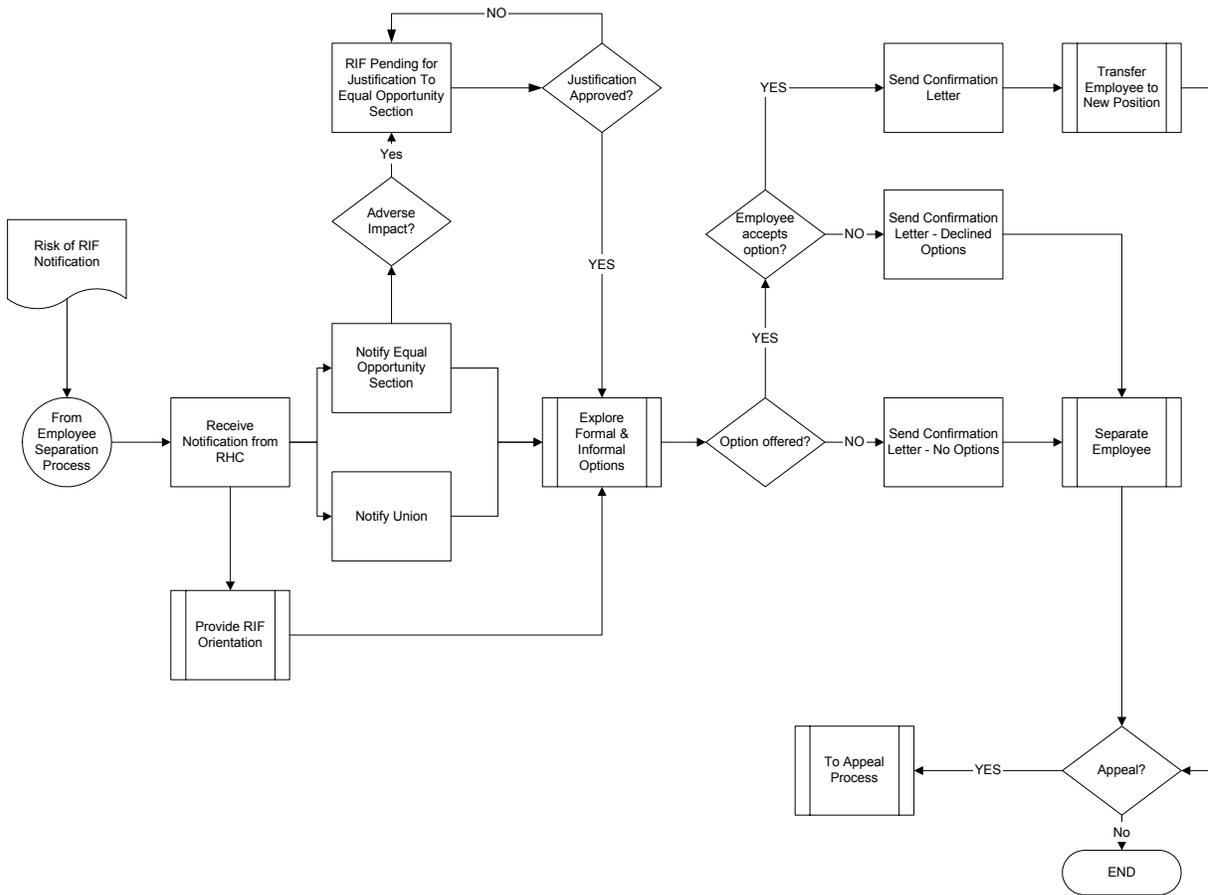
INPUTS

What:	From:	Product/Tool?
Potential RIF Notification List	RHC HR Manager	

OUTPUTS

What:	To:	Product/Tool?
Separated Employee	RHC HR	
Transferred Employee	RHC HR	
Employee Appeal	Appeal Process	

6.4.1 Activate Reduction-in-Force Process



Section 6.5 Employee Communication

Employee communication begins with the initial announcement of downsizing and closure planning and continues until all objectives of the project have been completed. One of the most critical elements of an employee transition process is employee communication. Establishing a predictable, systematic, and structured communication process for information exchange across the institution, keeps employees informed of the downsizing and closure planning efforts, and also minimizes ambiguity and anxiety. The Employee Transition Work Team has identified several elements of an effective employee communication plan. Identified elements include:

- A feedback loop with two-way communication between employees and leadership/management
- Multiple levels such as interpersonal, group, work unit, and institutional
- Multiple modes such as electronic, in-person, written, newsletter, letters
- Building and maintaining trust.
- Leading change by addressing the rationale elements of the change AND managing transitions by acknowledging employees response to change
- Responsiveness
- Timeliness

The communication process begins with a review of the institutional, employee, and union needs, along with a review of rules and regulations. An assessment of employee and institutional needs will tailor the communication strategy and messages to more closely align with identified needs. Communication options are explored and evaluated to develop an employee communication matrix. Selected strategies and tactics will feed into the development of an employee communication plan.

This Section Applies to WHOM:

Responsible Position	Task
1. RHC Superintendent & Hr Manager	Review Institutional Needs
2. RHC Management Team	Review Employee Needs
3. RHC HR Manager	Review Labor Needs
4. RHC HR Manager	Review Rules & Regulations
5. RHC Manager	Modify Resources
6. RHC Management Team	Develop Communication Options
7. RHC Management Team	Develop Communication Plan
8. DSHS Headquarters	Initiate Communication Plan

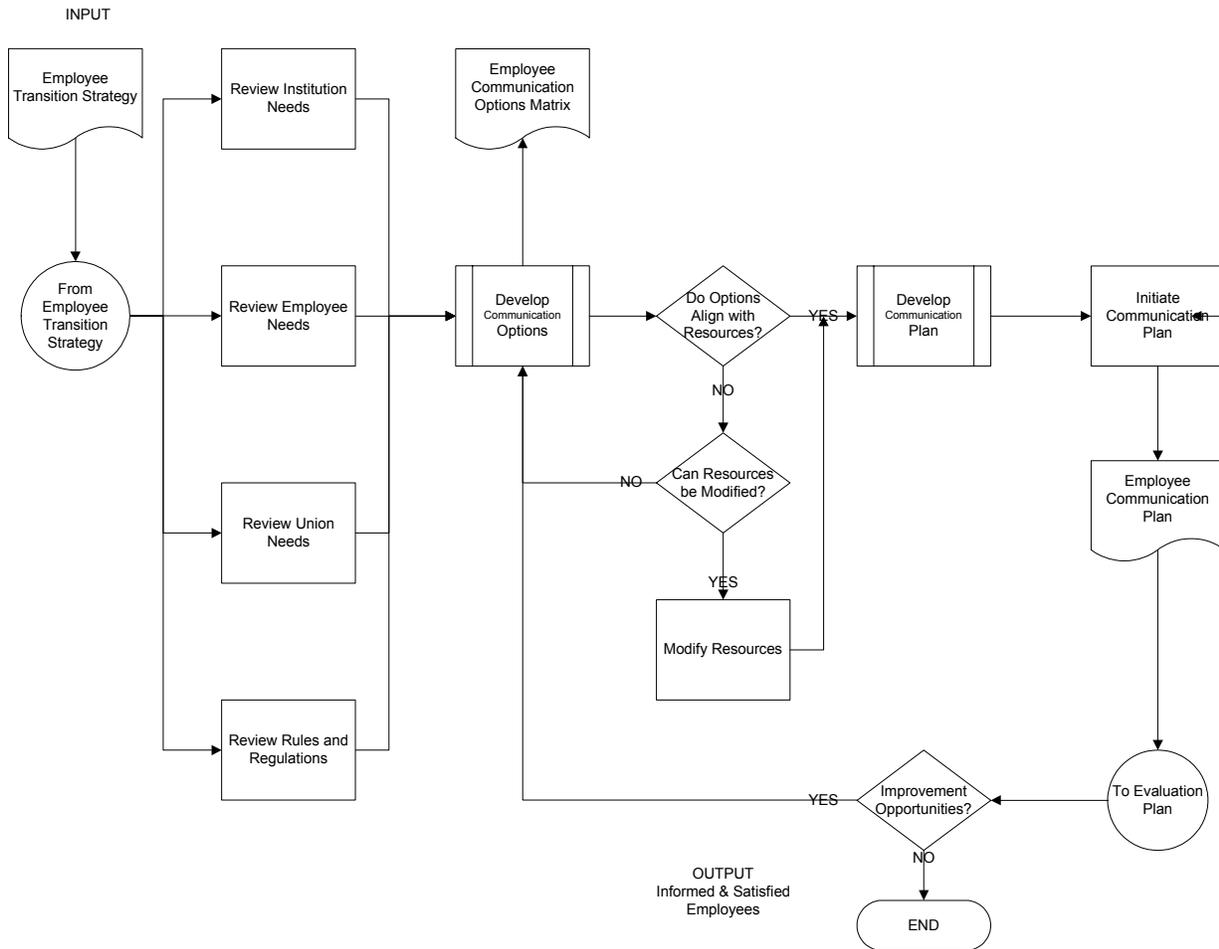
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	

OUTPUTS

What:	To:	Product/Tool?
Employee Communication Plan	Employee Transition Evaluation Plan	

6.5 Employee Communication



Sub Processes

6.5.1. Develop Communications Options

6.5.2. Develop Communication Plan

Section 6.6 Employee Transition Evaluation

An evaluative component of this plan will regularly assess the outcomes for employee support, employee retention, employee separation, and employee communication. The Employee Transition Work Team has identified a variety of potential outcomes measures and methods for review such as exit interviews, data tracking, survey assessment, and group sessions. Phase II of this plan will detail specific evaluation options and an overall evaluation plan.

Chapter 7: Licensed Professional Services

DSHS was directed⁶ to include in this Preliminary Transition Plan recommendations on ways to continue to provide some of the licensed professional services offered at Fircrest School to clients being served in community settings. Currently, the primary purpose of the licensed professional services offered at Fircrest School is to provide medical, dental, and other professional services to its residents.

This chapter addresses:

- What are ‘Licensed Professional Services’?
- To what degree does the community currently benefit from the Licensed Professional Services offered at Fircrest School?
- Where are the majority of DDD community clients located within Washington State?
- An example of how the existing licensed professional services could be organized to provide service to the community.
- What would be the next steps to developing a final model?

A work team of professional licensed staff at Fircrest and Rainier Schools has been formed to begin reviewing the options available to continue to provide some of the licensed professional services offered at Fircrest School to clients now served in community settings. Information on existing service models in other states was obtained by:

- Personal telephone survey; and
- A review of written material describing what has been tried by other states.

The team also analyzed data on the distribution of clients with developmental disabilities within the state of Washington.

Because this group – unlike the other transition planning teams – was tasked with a review of options, the output differs from that of other transition planning teams. Not all of the steps that would result in a fully documented proposal have been completed. As such, this chapter is a progress report on what has been accomplished to date.

⁶ Chapter 211(e), Laws of 2003, 1st Special Session (2003-05 operating budget)

Defining “Licensed Professional Service”

Disciplines included within the licensed professional services at Fircrest fall into four service categories:

- Dental
- Medical
- Psychological/Behavioral
- Rehabilitative

The services currently provided to the community from Fircrest are described below. Infrastructure and technology supports are not included, which consist of quality assurance tracking systems, technology supports, and auxiliary staff, such as dental assistants or technicians who are not licensed, but are needed to sustain licensed professional services.

DENTAL

The dental services now provided at Fircrest are designed specifically for those with multiple or severe physical disabilities. Specialized dental services include specially designed positioning devices, chair lifts, added wheel-chair turning space, customized dental and chair accommodations, specialized X-ray equipment, proximity to infirmary for emergencies, added restroom accessibility, and ease of access to roadway for vehicle transport to and from Fircrest.

Specifically, Fircrest dental provides:

- **Direct Services** – Preventive, diagnostic, restorative, prosthodontics, endodontics, periodontics, emergency care, surgical, pharmaceutical, and outpatient general anesthesia.
- **Education and Training Services** – Self-care for clients and families, basic care training for staff, one-on-one training for providers, or group classes for providers and clinics.
- **Required Supports** –Dental assistance and hygienists.

MEDICAL

The medical services currently provided at Fircrest include full-spectrum clinical care including: on-site/on-call physician services, an infirmary for skilled nursing care post hospitalization, a clinic, and treatment areas, all with medical equipment and accessibility for persons who are developmentally disabled.

Specifically, Fircrest medical provides:

- **Direct Services** – Preventive, diagnostic, primary care treatment, medical care management, specialty treatment, skilled nursing care, clinical pharmacy, consultation on specific issues, nutritional services, specialty referral, and respite care.
- **Education and Training Services** – Self-care for clients and families, and basic care staff training.

PSYCHOLOGICAL | BEHAVIORAL

The psychological and behavioral services provided at Fircrest School address the emergency, assessment, treatment, and referral needs of its residents.

Specifically, Fircrest psychological / behavioral services provide:

- **Direct Services** – Behavioral assessment and development of positive behavior support plans, consultation on specific issues, specialty referral, occasional direct counseling and therapy, and respite care.

- **Education and Training Services** – Training of support staff, administrators and families on general topics. This includes the effects of various medical conditions on behavior as well as training in special techniques for supporting specific individuals.

REHABILITATIVE SERVICES

- The rehabilitative services offered by Fircrest School assess and diagnose client needs to maintain physical well being and increase independence. Services from all the different therapies include training of client and caregivers, as well as training of other professionals. The following rehabilitation services are provided:
 - **Assistive Technology** – Includes both devices and services. An assistive technology device includes an item, piece of equipment, or system that increases, maintains, or improves the functional capabilities of individuals with a disability. Assistive technology services include any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.
 - **Speech Pathology** – Includes assessment and training in: 1) speech improvement; 2) language development; 3) augmentative and alternative communication; 4) collaborative dysphagia management (swallowing disorders); and 5) dementia assessment, program development and follow-up.
 - **Physical Therapy (PT)** – Includes 1) improving range of motion (especially to the lower extremities), transfer, and walking skills; 2) provisions for foot orthosis to support the feet during standing or walking; 3) assessment for appropriate walkers and training; and 4) therapeutic exercises to improve balance, endurance, strength, coordination; and 5) assessment for gross motor decline due to age and fall prevention.
 - **Audiology** – Includes 1) assessments of hearing levels and middle-ear function; as well as 2) assessment and fitting of hearing aids.
 - **Occupational Therapy (OT)** – Includes 1) assessments for seating systems and wheelchairs; 2) assessments and provisions for range of motion, especially the upper extremities; 3) assessments and provisions for elbow and hand splints; 4) assessments and provisions for training in daily living activities, especially self-feeding; 5) assessments and provisions for adaptive equipment for feeding and dressing; 6) assessments for bathroom safety equipment; 7) collaboration with speech pathology in the area of dysphagia assessment and management; 8) collaboration with speech pathology and psychology in the area of dementia; 9) sensory-based treatments to improve gross and fine motor skills; 10) provisions for aquatic pool therapy to improve endurance and range of motion, and 11) assessment and provisions for leisure skills and activities.
 - **Wheelchair/Adaptive Equipment Clinic** – Consists of a team of an Adaptive Equipment Technician, an Occupational Therapist/Physical Therapist and a consult with community Rehabilitation Technology Specialist. Includes an assessment for – and modification, adaptation, repair, and provisions of – seating systems, wheelchairs, and adaptive equipment (walkers, helmets). This team collaborates with other Rehabilitation Specialists to modify and mount adaptive equipment (augmentive communication devices, feeding equipment, orthosis). Includes electronic adaptive equipment, which is the fabrication, repair, and modification of variety of electronic systems (e.g. environmental controls, treatment equipment).

Current Community Services

The following table indicates the number of consults or visits by community DDD clients and the number of hours of Fircrest School staff dedicated to the consults or visits.

	FY 2001	FY2002	FY2003
Medical			
Number of Consults	55	46	42
Staff Hours	457	412	331
Psychology			
Number of Consults	84	57	15
Staff Hours	1137	772	209
Dental			
Number of Visits	247	117	121
Staff Hours	168	88	102
Speech			
Number of Consults	222	239	260
Staff Hours	1062	822	781
OT/PT			
Number of Consults	76	101	117
Staff Hours	232	285	450

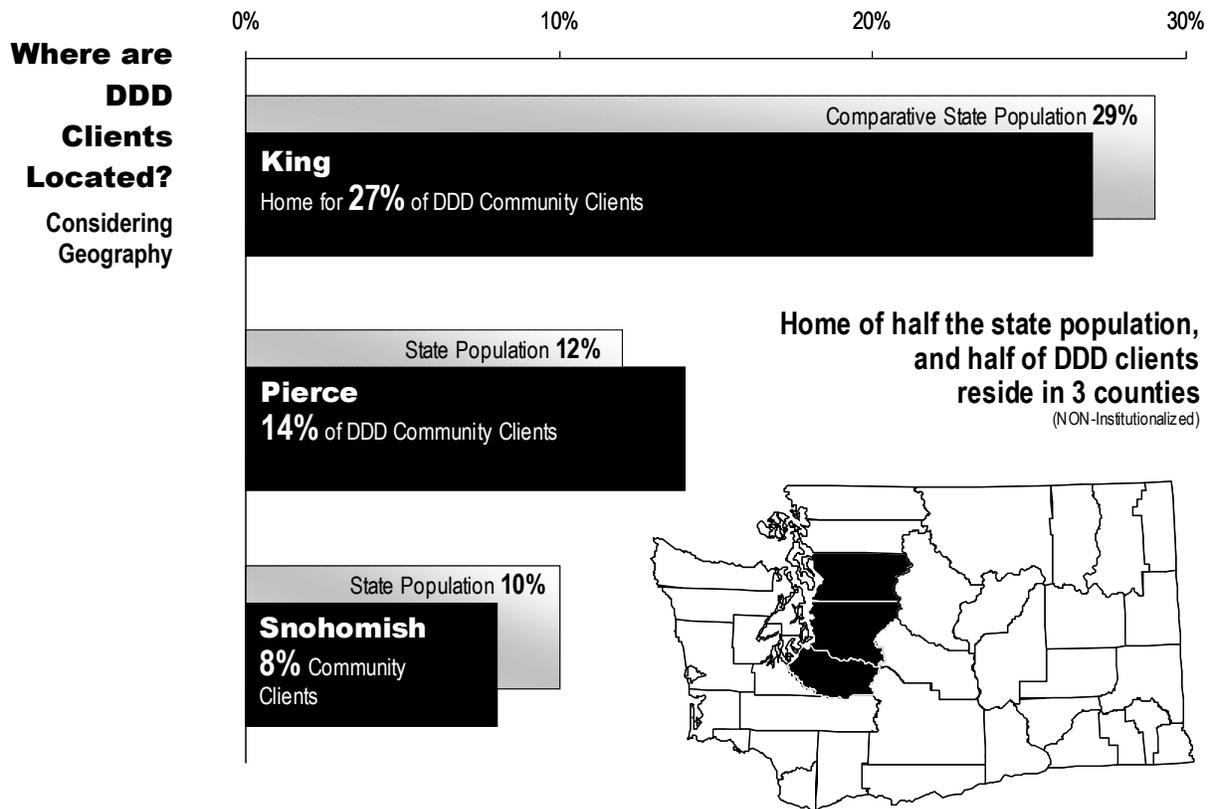
These data indicate that the number of individual DDD community clients utilizing these services and the staff time devoted to providing them is relatively small. It indicates that there is some level of demand for these services in the community. The expected community demand for these services will be a key factor requiring further investigation.

Where Do Community Clients Reside

In addition to other considerations, the group also examined geographic distribution of the Division of Developmental Disabilities' client base. This was done for two reasons: 1) to determine if a large number of clients cluster in one geographic region; and 2) for those that are not in that area, how widely distributed are they. The first question is important in that it will give guidance on what sort of organization model would be more efficient. If there are a significant number of clients located in a specific area, it is more likely that a service center model will be feasible. If a significant number of clients are generally widely distributed, then mobile service teams may be a more efficient means of providing services. The population statistics related to DDD clients mirrored the general population of Washington: one in two DDD clients live in King, Pierce, or Snohomish County (49%) while the same is true for the general population (51%)⁷. Other significant clusters of DDD clients are: 1) From Olympia down the I-5 corridor to Vancouver, 2) From Yakima down to Walla Walla, and 3) in and around Spokane. However, the issue remains whether there is sufficient demand in these areas for the licensed professional services currently provided at Fircrest School.

⁷ Data is for the year 2002, with DDD client data provided from the DSHS Division of Research and Data Analysis, and state population data from the Office of Financial Management as of November 2003 (also for the 2002).

Since the proviso language spoke to retaining licensed professional services at Fircrest School for the use of community clients, the work to date has focused on retaining these services within the Snohomish/King/Pierce County area.



A Preliminary Organizational/Service Model

The work team established a preliminary model as a beginning point for subsequent work. It considered in broad terms what services would be provided, what would be the appropriate service model, and what generally would be the infrastructure needs. The licensed professional services were considered for inclusion in this service model in the following order:

- 1) Dental,
- 2) Rehabilitative Services,
- 3) Psychological/Behavioral Services, and
- 4) Medical Services.

For example, this resulted in Level 1 including a small dental clinic with some emergency provision for rehabilitative services and psychological/behavioral services and no direct medical services. As you move through higher levels, various services are added or enhanced. In addition to these direct services, the team is also considering the need for some level of training for clients and service providers, emergency overnight care, and respite/day care.

The team organized these services in an organizational model that provided for differing levels of services. The purpose of this step was to begin evaluating what would be necessary to support programs offering differing levels of service. These service levels range from a small dental clinic with emergency

repair of rehabilitative equipment and provision of assistive technology services, and crisis behavioral/psychology services to what would come close to a mini-RHC providing statewide respite and day care services.

	Level 1	Level 2	Level 3	Level 4
Dental	Full-time dentist		Expanded	
Rehabilitative Services	Limited to emergency repair or equipment needs	Expanded repair lab and support	Expanded	
Psychological/Behavioral Services	Crisis		Expanded	
Medical Services	None	Limited direct medical care	Expanded and may include neurology	
Capacity for overnight service	None	None	Limited to emergency needs	Expands to include respite and day care
Training	On a narrow exception basis in the use of rehabilitative devices		Limited training to clients and service providers	Expanded
Infrastructure	Small scale dental clinic with a crisis center and small repair shop	Small scale dental and medical clinic with a crisis center and repair and support shop	Substantial increase in infrastructure. The capacity for overnight service implies the ability to provide food services and some level of on-site infirmary and nursing staff.	
Service Model	Service Center	Service Center	Service Center	Service Center and Mobile Services Units

Each one of these levels assumes that there would be a centralized service center. Most likely this would be located in an urban area. The first three levels assume that the services would be delivered primarily to a specific geographic service area. In the fourth level, providing mobile service teams would expand this service area, potentially to statewide service coverage. In the case of behavioral services, the main difference at each level is the amount of time available to actively follow-up on clients.

LEVEL 1

- Essentially, this is a small-scale dental clinic with a behavioral crisis center and a very limited, emergency assistive technology repair unit.
- Rehabilitative services would be limited to assessment, emergent equipment needs, and programming of specialized communications devices or adaptive technology repairs to existing equipment only in those instances when a client's immediate health and safety is at risk. A dentist would be on staff full-time, but not direct medical care professionals.
- Behavioral assessments would be available for those in immediate crisis..
- Within this level, no provisions are made for training of other licensed professionals, except in instances where rehabilitative professionals need specific training to assure assistive devices are operational.

LEVEL 2

- Includes all services provided in Level 1.
- Adds a very limited onsite provision for direct medical care, which would be available on an outpatient basis only. Allows those with severe levels of developmental disabilities who are in non-acute crisis situations to be served.
- Expands the assistive technology repair lab and provides additional assistive technology support on site.
- Again, no provisions are made for training of outside licensed professionals, except for the rehabilitative professionals mentioned in Level 1.

LEVEL 3

- Includes all services in Level 2.
- Provides a limited number of beds for those needing overnight intake or emergency provisions until an alternate place of residence can be found. This level of service requires a substantially expanded level of infrastructure that is absent in Level 2. This expanded infrastructure would likely include the ability to prepare food, nursing services, and an on-site infirmary crew.
- The dental clinic and psychological/behavioral, and rehabilitative support services would be larger-scale.
- Training would be provided to clients and service providers under this model, but not to the larger community of professionals.
- Specialty medical services, such as neurology and psychiatry might be provided under special contract in Level 3.

LEVEL 4

- Begins with Level 3 services and additionally provides respite and day care, plus professional staff training. Mobile services to clients in residential homes or contracted facilities would be included, along with statewide training to providers that serve persons with developmental disabilities. The level of services would be very similar to the level that now exists at Fircrest. The infrastructure needs of a small bed facility would continue. An outreach component is added to assure equal access throughout the state and the professional training aspects broadened to build state capacity.

Next Steps

The next steps that the Departments will take are to accomplish the following:

- Determine the potential level of demand for dental and rehabilitative services in Regions 3, 4, and 5 (Snohomish, King, and Pierce counties) that potentially exist.
- Based on this demand study, develop a project plan that could be implemented post closure of Fircrest School providing the appropriate service mix to provide services to community clients.
- Establish procedures that would allow for maximizing the recovery of federal funds for those clients eligible for Title XIX services, receiving services under the DDD waiver program, or receiving medical coupons or a billing process for those clients not federally supported.
- Consider location, scope, and all associated staffing, operating, and capital costs.

Appendix A: Operating Budget Language

The language directing the downsizing of Fircrest School is shown below in full. The dollar amounts shown here are for the costs of managing the project, the cost associated with employee transition, and the costs of transporting clients from Fircrest School to their alternative placement. There are other sums included in the operating budget that are associated with downsizing Fircrest School in Section 205, Chapter 25, Laws of 2003, 1st Special Session for reduction in costs in the RHCs, community placements, and nursing programs.

Sec. 211, Chapter 25, Laws of 2003, 1st Special Session. FOR THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES – ADMINISTRATION AND SUPPORTING SERVICES PROGRAM

General Fund-State Appropriation (FY 2004).....	\$35,926,000
General Fund-State Appropriation (FY 2005).....	\$25,968,000
General Fund-Federal Appropriation	\$45,752,000
General Fund-Private/Local Appropriation.....	\$810,000
TOTAL APPROPRIATION	\$108,456,000

The appropriations in this section are subject to the following conditions and limitations:

(1) \$467,000 of the general fund-state appropriation for fiscal year 2004, \$769,000 of the general fund-state appropriation for fiscal year 2005, and \$1,236,000 of the general fund-federal appropriation are provided solely for transition costs associated with the downsizing effort at Fircrest school. The department shall organize the downsizing effort so as to minimize disruption to clients, employees, and the developmental disabilities program. The employees responsible for the downsizing effort shall report to the assistant secretary of the aging and disability services administration. Within the funds provided in this subsection, the department shall:

- (a) Determine appropriate ways to maximize federal reimbursement during the downsizing process;
- (b) Meet and confer with representatives of affected employees on how to assist employees who need help to relocate to other state jobs or to transition to private sector positions;
- (c) Review opportunities for state employees to continue caring for clients by assisting them in developing privately operated community residential alternatives. In conducting the review, the department will examine efforts in this area pursued by other states as part of institutional downsizing efforts;
- (d) Keep appropriate committees of the legislature apprised, through regular reports and periodic e-mail updates, of the development of and revisions to the work plan regarding this downsizing effort; and
- (e) Provide a preliminary transition plan to the fiscal and policy committees of the legislature by January 1, 2004. The transition plan shall include recommendations on ways to continue to provide some of the licensed professional services offered at Fircrest school to clients being served in community settings.

Appendix B: Capital Budget Language

The language directing the consolidation of RHCs is shown below in full. The language subsequently vetoed is shown in italics.

Sec. 229. FOR THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES –
ADMINISTRATION AND SUPPORTING SERVICES PROGRAM
RHC Consolidation (04-1-958)

The appropriations in this section are subject to the following conditions and limitations:

- (1) *By September 15, 2003, the department shall submit a project request report planning document to the office of financial management and legislative fiscal committees and appropriate policy committees. The report shall outline and identify the projects, scope, schedule, and preliminary cost estimate for capital projects related to residential rehabilitation center consolidation with this appropriation for the 2003-05 biennium. Future project costs shall also be addressed that enable the department to complete consolidation during the 2005-07 biennium. Priority shall be give to infrastructure repairs and cottage renovations. The budget for 2003-05 is set at \$6,000,000 and shall not include demolition of structures.*
- (2) *Up to \$50,000 of this appropriation may be used to expedite the completion of the planning document and ensure accurate cost estimates by hiring consultants.*

Appropriation:

State Building Construction Account – State	\$2,000,000
Charitable, Educational, Penal, and Reformatory Institutions Account – State	\$4,000,000
Prior Biennium (Expenditures)	\$0
Future Biennia (Projects Costs)	\$0
TOTAL.....	\$6,000,000

Governor's partial veto message to Sec. 229

In the operating budget, the department is required to develop a transition plan for the residential consolidation of clients from Fircrest School. That transition plan will be complete by January 1, 2004. The capital budget language in section 229(1) and (2) would have required a capital facilities plan based on the operational planning determinations from this transition plan. Since the capital facilities plan would be due in September 2003, it would create an inconsistency in the schedule of the operating plan.

Appendix C: 2003-05 Preliminary Capital Project Plan

The following table shows capital budget allocations by RHC and project. In addition it provides the scope, projected completion date, and the estimated cost for each of these projects

RHC and Project	Scope	Projected Completion Date	03-05 Biennium Estimated Costs
Rainier School			
Emergency Power Improvements		7/1/2005	1,500,000
Boiler Improvements		7/1/2005	700,000
Chinook Cottage Renovation	Fire sprinklers, kitchen improvements, interior repairs, and storage room addition	5/1/2004	185,000
Cascade, Columbia and Crystal Renovation	Fire sprinklers, kitchen, interior repairs, storage room additions, and new roofing on two cottages	7/1/2004	550,000
1030, 2005 and 2015 Cottage Improvements	Bathrooms and kitchens repairs and storage room additions	11/8/2004	1,100,000
			\$4,035,000
Yakima Valley School			
Cottage 403-404 Renovation	Bathing improvements, harden interior finishes, siding and roofing repairs, and HVAC and sump pump improvements	5/1/2005 (most optimistic date)	125,000
			\$125,000
Frances Haddon Morgan Center			
3423-3425 Burwell Cottage	Kitchen and Dining Remodel	12/1/2004	280,000
			\$280,000
Lakeland Village			
Harvest Cottage Renovation (ICF/MR to SNF)	Foundation, crawl space and flooring repairs, accessibility and nursing improvements, toilet and shower room repairs, and code improvements	11/1/2004	435,000
Hillside and Evergreen Cottage Renovation (ICF/MR to SNF)	Foundation, crawl space and flooring repairs, accessibility and nursing improvements, toilet and shower room repairs, and code improvements	12/1/2004	800,000
Tamarack Cottage Renovation (SNF)	Foundation, crawl space and flooring repairs, accessibility and nursing improvements, toilet and shower room repairs, and code improvements	6/1/2005	325,000
			\$1,560,000
TOTAL			\$6,000,000

