

November 1, 1996
Bi-Plan/HW

Introduced By: JANE HAGUE

Proposed No.: 96-941

MOTION NO. **100341**

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A MOTION approving the 1997-99 Biennial Developmental Disabilities Division Plan and authorizing the King County Executive to transmit the plan to the State of Washington Department of Social and Health Services.

WHEREAS, state and federal funds are provided to King County to support a program of community based services for those persons eligible for services from the State Department of Social and Health Services, Division of Developmental Disabilities, and

WHEREAS, county receipt of state and federal funds is contingent upon review and approval by the Department of Social and Health Services of a biennial plan of services, and

WHEREAS, the Department of Social and Health Services, Division of Developmental Disabilities has expressed intent to use the information contained in plans which are submitted by counties in development of the Department of Social and Health Services' budget request for the 1997-99 biennium, and

WHEREAS, the King County Board for Developmental Disabilities has recommended to the King County council the 1997-99 Biennial Developmental Disabilities Division Plan which includes policies for expenditure of state and federal funding which are needed to reduce waiting lists and preserve the program of community-based services;

NOW, THEREFORE, BE IT MOVED by the Council of King County:

A. The 1997-99 Biennial Developmental Disabilities Plan as more fully described in Attachment A is hereby adopted by the King County council.

B. The King County executive is hereby authorized to transmit the plan to the State of Washington Department of Social and Health Services.

C. The King County executive is hereby authorized to enter into contracts as necessary to implement the plan.

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D. The King County council declares as a high priority the need to reform and define administrative responsibility and the service delivery system to support people with developmental disabilities within the State of Washington.

PASSED by a vote of 11 to 0 this 23rd day of December, 1996.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Kent Pullen

ATTEST:

Jane Hague
CHAIR

Gerald A. Polun
Clerk of the Council

Attachment A: 1997-99 Biennial Developmental Disabilities Division Plan

10034

KING COUNTY - REGION IV

**BIENNIAL PLAN FOR
DEVELOPMENTAL
DISABILITIES**

1997-1999

Adopted by the Board on 10/2/96

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EXECUTIVE SUMMARY

I. Purpose of the Biennial Plan for Developmental Disabilities

The County is required under the Revised Code of Washington (RCW) 71.A and administrative rules of the State DDD to prepare and submit a plan for each biennial period. This Biennial Plan for service and system organization is the result of collaboration between the King County Developmental Disabilities Division (KCDDD), the Region IV Office of the State Division of Developmental Disabilities (DDD) and DDD Central Office. The plan for the period July 1, 1997 to June 30, 1999 has been prepared in accordance with the State-required format as contained in Appendix A and additional directions from DDD Central Office. The plan is based upon a review of the current system of services, analysis of needs assessment information and identification of major gaps in the system.

II. Guiding Principles

The plan reflects the challenges facing the County, State and the community and is designed to accomplish the mission and vision of both KCDDD and DDD.

Vision

To assist, in an intentionally inclusive way, all individuals with developmental disabilities residing in King County to realize their life goals as full participants in their communities.

Mission

To provide leadership in the development and implementation of a plan to provide support for King County residents of all ages and cultures who have developmental disabilities, in accordance with the Revised Code of Washington 71A.

Values

In order to accomplish the vision the following values must be recognized and used as the guiding principles:

1. A system which promotes:
 - Health and Safety
 - Personal Power, Choice and Responsibility
 - Status and Contribution
 - Integration and Inclusion
 - Relationships
 - Competence

2. A comprehensive and coordinated system which:

- assures the best supports for the individual, taking into account all the relevant factors contributing to the well being of the individual, compatible with an overall system of allocation which reflect the facts that resources are finite and that we seek to provide access to supports for all who need them
- encourages the earliest possible entry at a simple, single point when an individual or family needs system supports and facilitates easy transitions in and out as needs change
- meets the unique needs of individuals and families
- builds on the strengths of individuals and families
- recognizes individual differences
- respects each individual's dignity and self-esteem
- respects and responds to cultural and ethnic diversity
- works with and promotes the building of communities to ensure efficient and effective ways of meeting persons' needs and promoting inclusion
- anticipates and plans for life transitions

3. An operational environment (culture) which:

- is respectful of the sovereignty of tribal nations and groups
- encourages and recognizes personal responsibility among consumers and advocates on how resources are used
- bases decisions on data and clearly defines why and how decisions were based
- is participatory, democratic, and inclusive in the decision making process
- treats one another respectfully and with the same values we hold for the individuals the system is designed to serve
- builds a spirit of cooperation and partnership to ensure an attitude of "working to assure each others success"
- recognizes the contributions of those who work in the system including a comprehensive offering of training and supports to improve and advance the skills of workers
- implements a rate structure that is fair and equitable and promotes fair and equitable wages and benefits for workers
- creates and maintains feedback loops that check values on a reality basis
- identifies and incorporates best practices and new technology on an ongoing basis

III. The Planning Process

The Biennial Plan was developed on the foundation of planning and policy work that has been occurring over the past three years at local and State levels. At the invitation of the Secretary State Department of Social and Health Services (DSHS) in mid-1994, KCDDD

examined the feasibility of applying selected principles of managed care to the developmental disabilities system. KCDDD convened a planning team consisting of system stakeholders to examine the major system issues and to identify essential features of a new system of services and supports for individuals with disabilities and their families. The King County Board for Developmental Disabilities (the Board) adopted the report and recommendations of the stakeholders planning team. In December 1994, King County Executive Gary Locke transmitted the report to DSHS Secretary Jean Soliz. The central recommendation of the report was that the developmental disabilities system in Washington State move from a fragmented, highly categorical system of contracted services to a locally based system of supports that is individual and family centered.

Following receipt of the King County report, DDD Central Office convened a stakeholders planning team to review the systems issues from a statewide perspective and develop a set of recommendation for the DDD Central Office. Recommendations of the statewide group included a future system of supports and services that is individual and family based and increases their responsibility, choice and control over use of resources.

The Biennial Plan responds to a request by Norm Davis, Director, DDD on February 13, 1996 to counties on "System Transformation". Mr. Davis invited counties, in partnership with their DDD Regional Offices, to examine and propose major changes in the service system that would afford individuals with developmental disabilities and their families greater choice and responsibility over the use of resources and increase utilization of community resources commonly employed by people without a "disability" label.

Mr. Davis asked counties to add to their biennial planning process the review of material developed by the statewide stakeholders group on managed care. He also asked counties to include in the biennial plan pilot projects and/or other alternatives for major improvements in the developmental disabilities system. Such proposals are to include tests of feasibility of five key concepts which are (1) give individuals and families more control, responsibility, and choice; (2) increase the number of people accessing paid or unpaid supports; (3) maintain or increase quality of supports provided; (4) provide a better match between what individuals need and the amount and type of services provided; and (5) control cost. As the request from Mr. Davis came late in the biennial planning process, KCDDD was required to adjust the planning process and time frames from the target date of June 30, 1996 for plan submission initially agreed-upon with DDD. Similar time extensions have been necessary in other large counties which have chosen to respond to Mr. Davis's request.

The 1997 - 1999 Biennial Plan incorporates the system vision, values, objectives and strategies contained in the Strategic Plan 1996 of the King County Board for Developmental Disabilities. The Board and staff of the KCDDD held planning retreats on November 10, 1995, March 8, 1996, and March 20, 1996. The strategic planning process included reviewing progress and reassessing the core initiatives in the previous strategic plan which had been adopted by the Board in November, 1993 and the 1995 - 1997 Biennial Plan.

IV. Issues

In King County, a major gap exists between the number of individuals and families who meet the State's eligibility requirement for developmental disabilities services and the actual number of individuals and families who actually receive services. State law RCW 71A requires DDD and KCDDD as its contractor to provide services only to the extent that resources are available. With the sole exception of basic Medicaid Personal Care (a State administered service), no entitlement exists for developmental disabilities services. A change in this public policy and/or major increase in funding are not anticipated in the foreseeable future. Funding increases from the legislature for family support, transition services for a portion of the individuals leaving high school, and vendor rate adjustments have helped keep the gap from widening. Federal funding under Part H of the Individuals with Disabilities Education Act (IDEA) has resulted in increased numbers of families seeking and obtaining services for infants and toddlers with developmental delays. As these children grow, the system can expect increased demands for assistance.

Inequitable distribution of limited resources among consumers continues to be a major issue in the system in King County. The amount and types of services and supports adults receive are more a reflection of where the people have resided in the past than a distribution of resources based on a documented level of need. In King County, many eligible individuals fall into the unserved or underserved categories. Individuals and families generally cannot access the system of paid services and supports until they are in crisis. Relatively low-cost strategies that would prevent the crisis are rarely available. When an individual or family is successful in accessing services in a period of crisis, the person is likely to be able to retain the same level of services even after the crisis is over and the need is diminished.

Categorical funding and the accompanying fragmentation of service delivery are major issues that require a systems-wide approach. The DDD draft "Individual and Family Support Initiative Policy Decision Package" dated July 21, 1996 states: "The current DD system is fragmented into too many small specialized categories of service each with its own eligibility criteria and rate structure. This fragmentation has created financial and program inefficiencies." The draft paper highlights as related problems that the current system "promotes dependence on state funding and creates disincentives to incorporate existing neighborhood and family supports."

KCDDD and the Board have identified in this and previous biennial plans many of the same issues raised by State DDD in the draft report. Major systems changes, not simply more categorical funding and tinkering with the present system, are needed to bring about meaningful improvements that will allow individuals with developmental disabilities to be adequately supported within their communities in King County.

V. Goals of the Biennial Plan

The Board and KCDDD staff present, with the support of State DDD, the following long-term objective as central focus of the 1997 - 1999 Biennial Plan:

The development, in collaboration with DDD, of an effective individual and family centered system of supports that is locally managed.

Our success in this joint endeavor will be measured in terms of progress on four primary goals:

- **Individuals and families will have greater control, responsibility and choice over the use of resources and supports;**
- **Increased numbers of individuals and families will access appropriate paid and unpaid supports;**
- **The quality of supports and services will be maintained or improved while individuals and families will express increased satisfaction with the services/supports received;**
- **Appropriate means will be developed and implemented to manage costs and ensure a better match between the support requirements of the individual/family and the supports received.**

The summary table in Section VI. headed "1997 - 1999 Biennial Plan Goals, Objectives and Strategies" lays out the specific objectives and detailed strategies in support of each of the goals.

VI. Current Services

The County and the State recognize the value of maintaining an array of services to meet the needs of individuals with developmental disabilities. It is also important to create a community environment that welcomes back residents from community based residential programs. The following services are currently provided:

County Administered

- Community Access
- Culturally Competent Supports for Communities of Color
- Child Development Services
- Employment
- Parent Groups/Organizations

State Administered

- Case Management
- Family Support/Respite Care
- Individual Contracted Services
- Medicaid Personal Care
- Residential Services
- ◆ Adult Family Home*

- **Part H - Infant Toddler Early Intervention**

- ◆ Alternative Living
- ◆ Group Home
- ◆ Intensive Tenant Support (ITS)
- ◆ Residential Habilitation Centers (RHCs) - Fircrest
- ◆ State Operated Living Alternative (SOLA)

**Currently Adult Family Homes are licensed by the State Division of Aging and Adult Services, not DDD*

The County and Region IV DDD support the policy direction of DDD Central Office to move, over time, to reconfigure services in a manner that creates a truly individual and family centered system of supports that incorporates generic community services and unpaid supports. KCDDD intends to support DDD initiatives that will eliminate or reduce categorical funding restrictions that contribute to fragmentation and barrier to service. In recognition that such major changes generally take time, the County will continue in the interim to work with DDD, advocates and other stakeholders to secure legislative support and funding to address identified, categorical needs.

VII. Essential Funding Requirements and Policy Issues for 1997 and Beyond

The "Legislative Issues 1997" which was adopted by the Board on September 4, 1996 identifies essential funding requirements and policy issues which need to be addressed by State Legislature in the 1997 and subsequent sessions. These issues are as follows:

- Maintain current commitments by the appropriation of adequate funds to ensure current levels and quality of community residential, employment and other day programs. For King County/Region IV, approximately \$450,000 above the current appropriation level is needed to continue employment and other services to young adults who completed high school in 1995 and 1996. Another \$2.1 million is needed if all young adults who complete high school in 1997 and 1998 are to receive transition services.
- Allocation of funds for growth in the use of early intervention services for infants and toddlers, including the expansion of culturally appropriate services to Native American and other children of color. Approximately \$.5 million in additional funding will be required to maintain current commitments for services to children and families from Native American and other communities of color.
- Expansion of community-based residential resources that allow individuals presently living in institutions to choose appropriate community living situations. Continuation of the Housing Trust Fund set-aside for persons with developmental disabilities is essential.

- Development of appropriate procedures and transfer of administrative responsibilities to DDD for Adult Family homes that serve individuals with developmental disabilities.
- Coordination of efforts between Aging and Adult Services and DDD to assist aging parents who have adult children with developmental disabilities still living at home.
- Development and implementation of a use plan for any real property now used for the benefit of people with developmental disabilities to ensure that, in the future, the proceeds from any sale or lease of these properties are used, first, to provide services to people leaving the institutions and, secondly, to provide services to others with developmental disabilities.

In addition to these items, KCDDD and Region IV recognize the need and support State DDD initiatives directed at providing safe, secure housing and services for individuals with developmental disabilities whose behavior puts themselves or their communities at risk.

VIII. Proposal for "System Transformation"

King County proposes to work with DDD to plan and implement major system change in three phases:

- ◆ **Phase I. Preliminary Planning and Testing (July 1, 1996 - December 31, 1998*)** - Implement pilot projects with County developmental disabilities millage and State DDD day program dollars (when available to an individual/family) to test key concepts of a new system that gives individuals with developmental disabilities and their families greater choice and responsibility over use of resources. Individuals and families will have the opportunity to select an independent personal planner/broker to assist in developing a plan, identifying and tapping personal and community resources to implement the plan. Use of personal and family resources, generic services and community supports will be emphasized with paid, specialized developmental disabilities supports utilized as a last resort. KCDDD issued two contracts in August 1996 as result of requests for proposals that were issued in April 1996.

A third request for proposals is planned for early 1997 to develop the capacity within selected generic community organizations to support people with developmental disabilities for whom employment is not likely to be an option in the near future. Each project funded through these requests for proposals will be evaluated in terms of their effectiveness, participant satisfaction and the extent to which they meet goals specified in this biennial plan. During this period, Region IV DDD and KCDDD will gain information from the Family Support Pilot Projects concerning alternative approaches to supporting individuals and families within their communities. Information gained from these innovations will be used in systems planning.

* Dates for completion of planning phase have been adjusted to match State DDD time frames as outlined in Appendix C.

KCDDD staff and Board intend to work closely with Region IV and State level leadership in DDD in coming months to develop the detailed plan and budget proposal for the next two phases. By December 31, 1997, KCDDD will develop and submit to the King County Executive for transmission to the Metropolitan King County Council a proposal that will detail the community-based system and outline the future roles and responsibility of King County for planning, management and systems operation. The next step in movement to the new system, will be the development by December 31, 1998 of a detailed implementation plan with specific time frames. Specific elements which must be addressed during the planning process and satisfactorily resolved include:

- ◇ Definition of the basic service package
- ◇ A plan for allocation and distribution of limited resources
- ◇ Definition of the respective roles of the State and County
- ◇ Specific means and target dates to achieve decategorization of funds
- ◇ Incorporation of changes in federal funding, including Medicaid
- ◇ Collection and analysis of more accurate data about the "unserved" and "underserved" and what basic supports individuals and families need
- ◇ How the conversion will occur from the current system to the new system

A major requirement of planning in future months will be the work on redefinition of roles and responsibilities of State DDD employees. The leadership of DDD Central Office and DSHS administration will be critical to establish the direction of these changes, communicate with employees, and negotiate changes with labor. Assumption by KCDDD of any additional major responsibilities, as outlined in Phases II and III below, is subject to Council approval of the detailed proposal, impact analysis and implementation plan.

- ◆ **Phase II. Implementation - Establish a Community-Based System -** In collaboration with DDD leadership, plan and implement, a locally-managed system of basic supports for individuals and families. Key features of the system are expected to include an independent planning/broker function and increased use of community-based supports. In this phase, those to be served by the new system will be children and adults living with their own families, in adult family homes or independently. The specific roles and responsibilities of the King County, the Board, and State DDD in the new community-based system will be negotiated with Region IV and State DDD leadership and fully described in the detailed proposal and implementation plan to be submitted for Council approval in 1998.

Results from the Phase I pilot projects, including the State managed Family Support projects, are expected to provide data concerning the benefits of timely, personalized

planning with families and to demonstrate that providing individuals/families greater choice and control over use of resources will allow public funds to be distributed more equitably to support more people. During Phase II, KCDDD also will collaborate with the State in designing and conducting a series of pilot projects and innovations in the area of community residential services. These pilots will be used to gather information and test key concepts that are essential to Phase III planning for the incorporation of community residential services into the locally-managed system.

- ◆ **Phase III. Develop a Plan to Incorporate into the Locally Managed System Supports and Services for Individuals Receiving Community Residential Services** - Assuming the successful development of a community-based system, plan for the orderly transfer to the locally-based entity responsibility for developing and managing a coordinated, individual centered system of services and supports for individuals who are receiving State-funded, community residential services. The plan for Phase III must address and resolve complex issues concerning which of the residential resources will be incorporated in the locally-managed system and which will remain under State management. The contracted residential services include group homes, alternative living, tenant support, adult family homes and related services. It is anticipated at this time that administrative responsibility for the operation of Fircrest and State Operated Living Alternatives (SOLA) would continue with State DDD. Responsibility for the placement of individuals into SOLA or into Fircrest or another RHC for their own or community protection is viewed for the foreseeable future as a State role. KCDDD does not intend to propose that the locally-managed system operate in "managed care" model by becoming a risk bearing entity, but rather, envisions a locally-managed system that will provide services to a contractually agreed-upon number of eligible people, and do so only to the extent resources are available from the State and federal sources.

The members of the Board and staff are enthusiastic about the initial pilot projects and look forward to collaboration with the State in planning an individual and family centered system that is locally managed. All interested parties and stakeholders are encouraged to comment on this biennial plan and participate in the development and refinement of the systems proposal throughout 1997 and future years.

I. Introduction

The King County Board for Developmental Disabilities (KCDD Board) and the King County Division of Developmental Disabilities (KCDDD) presents the 1997-1999 Biennial Plan for service and system organization for the period July 1, 1997 - June 30, 1999. The Plan reflects the direction outlined by the KCDD Board in the Strategic Plan 1996 and will move the County forward in meeting its mission and achieving its vision. The Plan has been developed in collaboration with Region IV DDD and is consistent with policy directions provided by DDD Central Office.

The Plan reflects, and is based upon, review of current services, identification of needs, and gaps that remain in the system. The Plan is a reflection of the challenges facing the County, State and the community and incorporates essential elements of other planning processes in which the KCDDD Board and staff have been engaged during the past three years, including the Board's Strategic Plan 1996. The core initiative identified in the Strategic Plan 1996 is the need to

Expand Opportunities for Individuals With Developmental Disabilities in King County

The four related, supporting initiatives are:

- **Acquire the Organizational Capacity for a Future System Based on Managed Care Principles While Maintaining Critical Business Functions of Current System**
- **Develop System Capacity at the Local Level by Changing How Supports are Organized, Provided and Administered**
- **Measure the Effectiveness and Quality of Supports Provided**
- **Ensure That People in Communities of Color Access the System and Obtain Culturally Competent Supports**

The 1997 - 1999 Biennial Plan identifies major system challenges which are addressed through goals, objectives and strategies in Section VI. "Program Plans." The Board's strategic planning initiatives are incorporated in the Biennial Plan objectives and strategies.

This document was written with the assumption that most of its readers are familiar with the system and its philosophy and operations. The Board and DDD recognizes that many other King County/Region IV residents do not read English and/or do not understand how the complex system operates. This Plan proposes strategies to address the barriers to inclusion that the system has created over the years. This Plan is based on the County Guidelines, and the philosophy and operations of the service system is a reflection of those principles.

II. Vision and Mission Statement

VISION

TO ASSIST, IN AN INTENTIONALLY INCLUSIVE WAY, ALL INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES RESIDING IN KING COUNTY TO REALIZE THEIR LIFE GOALS AS FULL PARTICIPANTS IN THEIR COMMUNITIES.

MISSION

KING COUNTY PROVIDES LEADERSHIP IN THE DEVELOPMENT AND IMPLEMENTATION OF A PLAN TO PROVIDE SUPPORT FOR KING COUNTY RESIDENTS OF ALL AGES AND FROM ALL CULTURES WHO HAVE DEVELOPMENTAL DISABILITIES, IN ACCORDANCE WITH THE REVISED CODE OF WASHINGTON 71A.

Values

In order to accomplish the vision the following values must be recognized and used as the guiding principles:

1. A system which promotes:

- Health and Safety
- Personal Power, Choice and Responsibility
- Status and Contribution
- Integration and Inclusion
- Relationships
- Competence

2. A comprehensive and coordinated system which:

- assures the best supports for the individual, taking into account all the relevant factors contributing to the well being of the individual, compatible with an overall system of allocation which reflect the facts that resources are finite and that we seek to provide access to supports for all who need them
- encourages the earliest possible entry at a simple, single point when an individual or family needs system supports and facilitates easy transitions in and out as needs change
- meets the unique needs of individuals and families
- builds on the strengths of individuals and families
- recognizes individual differences
- respects each individual's dignity and self-esteem

- respects and responds to cultural and ethnic diversity
- works with and promotes the building of communities to ensure efficient and effective ways of meeting persons' needs and promoting inclusion
- anticipates and plans for life transitions

3. An operational environment (culture) which:

- is respectful of the sovereignty of tribal nations and groups
- encourages and recognizes personal responsibility among consumers and advocates on how resources are used
- bases decisions on data and clearly defines why and how decisions were based
- is participatory, democratic, and inclusive in the decision making process
- treats one another respectfully and with the same values we hold for the individuals the system is designed to serve
- builds a spirit of cooperation and partnership to ensure an attitude of "working to assure each others success"
- recognizes the contributions of those who work in the system including a comprehensive offering of training and supports to improve and advance the skills of workers
- implements a rate structure that is fair and equitable and promotes fair and equitable wages and benefits for workers
- creates and maintains feedback loops that check values on a reality basis
- identifies and incorporates best practices and new technology on an ongoing basis

III. Description of Planning Process

The 1997-1999 Biennial Planning Process consisted of the following components:

A) Plan Preparation

- reviewed 1995-1997 Biennial Plan
- reviewed County Guidelines of 1992
- developed Strategic Plan 1996

B) Data Collection/Needs Assessment

- collected demographic data from Region IV DDD and Office of Financial Management
- reviewed needs assessment data from Region IV DDD
- convened workgroups
- held Board study sessions/retreats
- designed and distributed survey instruments
- collated and analyzed survey results
- conducted community forums

C) Plan Development

- presented and reviewed Strategic Plan 1996
- reviewed and completed cost and financial impact of Plan by King County staff and Region IV managerial staff
- incorporated requests from DDD Central Office to incorporate discussions of major systems change ("system transformation") in planning process

D) Plan Approval, Adoption and Submission

- draft Plan reviewed and commented on by Region IV and DDD Central Office
- draft Plan reviewed and approved by KCDD Board
- draft Plan submitted to DDD
- draft Plan reviewed by County Executive, revised as necessary, and transmitted to Metropolitan King County Council
- Plan reviewed, revised as necessary, and approved by Metropolitan King County Council
- Council Adopted Plan transmitted to DDD

IV. Need/Resource Assessment

1. Client Demographics

Figure 1 describes the age and cultural distribution of the current consumers registered with the DDD Region IV office as of February, 1996. Figure 2 compares the cultural distribution of the King County residents served in the system (for the communities of color) to the cultural distribution of the total King County population for 1996. Figure 3 compares the Asian/Pacific Islander (API) consumers in the DDD caseload to the total API population in King County. Figure 4 compares the consumers in the DDD caseload who are from refugee populations to the total refugee populations in King County.

Analysis of Demographic Data:

Figure 1

When the factor of age is cross-correlated with cultural distribution, an interesting trend emerges. In all communities of color, the representation is sharply higher in the younger ages, and then it diminishes as the age groups mature. The Caucasian group follows a similar pattern; however, the representation increases until the group reaches middle age, then it diminishes.

The high number of individuals who are within the age range of 0 through 17 can be attributed to two factors. The first factor is the early identification programs which guarantee services for children birth to three and involve the medical community. The second factor is the policy of open enrollment in programs for children who have a developmental delay. This contrasts sharply with the adult system which has a lengthy waiting list.

These figures have planning implications. If the groups in the age ranges 0 through 17 remain in the system until they reach adulthood, the long term demand for employment services in the next 10 to 15 years will be significant. The system will also need to plan for the large increase in the numbers of individuals who are approaching retirement age.

Figure 2

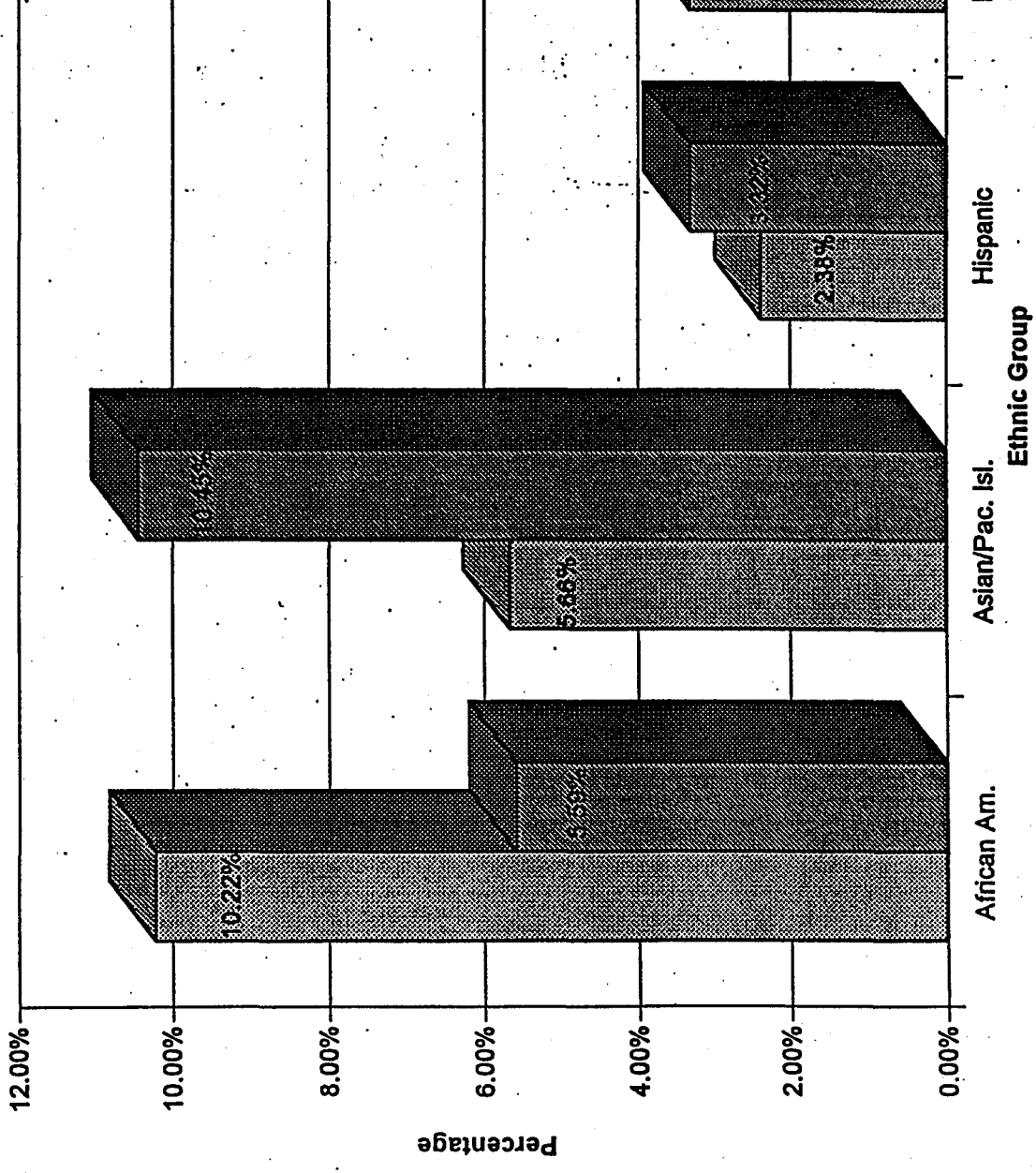
The first column for each group shows the percentage of representation in the DDD caseload. The second column for each group shows the percentage of representation in the total King County population.

A review of Figure 2 shows that the API population appears to be markedly underrepresented in the service system. The high percentages of representation in the DDD caseload for the African American and the Indian/Eskimo/Aleut groups compared to their representation in the total King County population indicate that they have more successfully accessed the service system. It is difficult to determine why

**Age and Cultural Distribution of Consumers Registered
With the DDD Region IV Office as of February, 1999**

Ethnicity	Data	Age Range				
		0 THRU 2	3 THRU 17	18 THRU 21	22 THRU 40	41 THRU 54
African American	Total Number	83	276	35	155	42
	% of Total Consumers	1.41%	4.69%	0.60%	2.64%	0.71%
American Indian	Total Number	46	89	7	37	13
	% of Total Consumers	0.78%	1.51%	0.12%	0.63%	0.22%
Asian/Pacific Islander	Total Number	61	134	31	89	14
	% of Total Consumers	1.04%	2.28%	0.53%	1.51%	0.24%
Caucasian	Total Number	322	1368	197	1569	639
	% of Total Consumers	5.47%	23.26%	3.35%	26.67%	10.86%
Mexican/Chicano/ Other Hispanic	Total Number	26	61	7	20	6
	% of Total Consumers	0.44%	1.38%	0.12%	0.34%	0.10%
Other	Total Number	11	22	3	9	2
	% of Total Consumers	0.19%	0.37%	0.05%	0.15%	0.03%
Unreported	Total Number	31	109	5	54	8
	% of Total Consumers	0.53%	1.85%	0.09%	0.92%	0.14%
Total Number of Consumers		580	2079	285	1933	724
Total % of Total Consumers		9.86%	35.35%	4.85%	32.86%	12.31%

1996 Comparison of Region IV DDD Caseload to Total King Co



Source: DDD Caseload figures from Region IV office as of 2/96. Population estimates as of 4/95 from the Office of F

there is such a large disparity between the percentages for the API group. There is a need to ascertain whether or not specific groups within the API population are accessing the service system.

It is important to identify one drawback when looking at the data for the Hispanic population. The Census Bureau counts racial categories (Caucasian, African American, Asian/Pacific Islanders, Native Americans, other) and then asks the persons who are in those groups to designate whether they are of Mexican-American/Chicano/Latino heritage. There is no separate category for this group. The numbers for this group therefore cannot be reliably used for planning purposes as they are already included in other categories. Accurate comments cannot be made on the relationship of percentage of caseload to percentage of the population for the Mexican-American/Chicano/Latino group. For the time being, the assumption will be made that this group is underserved.

Figure 3

Figure 3 compares the API individuals who are registered with DDD to the total API population in King County. The API population is broken down into specific groups that were categorized by the Census Bureau. The black arrows point out the ethnic groups from API populations that appear to be particularly underrepresented in the service system: Chinese, Filipino, Japanese, and Korean. Since the population data is from the 1990 Census, it is assumed that the population numbers for all of the ethnic groups have increased. Consequently, the differences between the percentages are even higher.

Figure 4

Current estimates of the populations for the different ethnic groups are only available for the refugee population. Figure 4 compares the refugee population estimates for King County to the DDD caseload. The Cambodian population has increased by 13%, the Laotian population has increased by 83% and the Vietnamese population has increased by 86%. Using this comparison, the Laotian and Vietnamese communities also appear to be slightly underrepresented in the service system.

Summary of Analysis:

It is assumed that there is no inherent cause for different rates of incidence of developmental disabilities in different ethnic groups; however, social and environmental causes such as poverty, hunger, effects of drugs and alcohol, and discrimination are believed to have greater impacts on some ethnic groups than in others.

It is not possible to make definitive statements about why there are differences among the various ethnic groups in their utilization of the system. Possible explanations may include language and cultural value differences, education levels, outreach efforts and methods, and the discouraging effect of a service system tailored to the mainstream

King County Population Asian/Pacific Islander Population Compared to DDD

	Asian Indian	Cambodian	Chinese	Filipino	Guamanian	Hawaiian	Japanese	Korean	Laotian	Sa
K. C. Population #	4,973	4,983	25,710	24,558	697	1,758	20,757	12,524	3,891	
% of Total K.C. Pop.	0.33%	0.33%	1.71%	1.63%	0.05%	0.12%	1.38%	0.83%	0.26%	
DDD Caseload #	5	23	40	55	1	1	29	20	16	
% of Total Caseload	0.09%	0.39%	0.68%	0.94%	0.02%	0.02%	0.49%	0.34%	0.27%	



• Source: Population data from 1990 Census. DDD Caseload figures from Region IV Office as of 2/96.

Figure 4

**King County Refugee Population
Compared to DDD Caseload ****

	Cambodian	Laotian	Vietnamese	Total Refugee Population
K. C. Population #	5,637	7,137	20,558	33,332
% of Total K.C. Pop.	0.35%	0.44%	1.29%	2.08%
DDD Caseload #	23	16	69	108
% of Total Caseload	0.39%	0.27%	1.17%	1.84%

**** Source: Estimated refugee population data as of 10/25/94 from the Washington State Department of Health Asian Pacific Islander Resource Directory. DDD Caseload figures from Region IV Office as of 2/96.**

culture. Differences in the incidence of developmental disabilities among different cultural and ethnic groups do not explain the variance in system use.

Based on the above analysis, it is the goal of King County to reduce barriers that are assumed to limit access of specific ethnic groups to services. One of the County's initiatives for this biennium is to ensure that communities of color access the developmental disabilities system and obtain culturally competent services. Goals, objectives and strategies to address the needs of these communities are found in Section VI. Program Plans for 1997 - 1999.

2. Current Services Provided (See Section V. Description of Current Services/Supports, 1. Current services provided)

3. Unmet Needs/Services Needed

Figure 5 shows the distribution of consumers registered with DDD Region 4 as of January 26, 1996 who are described by their case managers as in need of residential, day programs and other services. These figures represent only the number of individuals who have located the service system, and who have been declared eligible, and who are either not presently receiving paid services or who are receiving limited services due to resource restrictions.

The present method of collecting needs data produces information only about perceived needs in relation to the current service categories. It does not produce the type of information needed for systems planning that would include the nature and amount of supports that individuals and families most need and desire to be supported in community life. The design and application of a better means to collect and analyze needs data will be critical to planning a future system of supports and services for individuals.

There are more potential consumers and families in the community who have not successfully gained access to the system because they are not aware of it; they are not aware of their rights; they have been discouraged from applying for services because none were available even though they were eligible; and/or because they have found the system unresponsive to their needs and they have given up trying to get services.

4. Economic and Community Factors

Economic Trends:

According to the 1995 King County Annual Growth Report¹, the King County economy is undergoing changes with the decline of manufacturing and retail employment and an increase in business services, health services and education

¹ King County Department of Development and Environmental Services, 1995 King County Annual Growth Report 2.

100347

Figure 5

DDD REGION 4 FIELD SERVICES SERVICE NEEDS ASSESSMENT DATA

January 26, 1996

RESIDENTIAL NEEDS			
SERVICES REQUESTED	A	B	A+B
	Receiving No Services	Receiving Some Services	TOTAL
Adult Family Home	31	48	79
Alternative Living	1	0	1
Congregate Care Facility	2	6	8
Children's Foster Home	1	19	20
IMR	4	5	9
ITS	196	169	365
Group Homes	78	71	149
Supportive Living	122	81	203
TOTAL:	435	399	834
DAY PROGRAMS NEEDS			
Community Access	53	30	83
Individual Employment	292	99	391
Group Supported Employment	176	100	276
Specialized Industries	116	74	190
TOTAL:	637	303	940
OTHER SERVICES			
Communication Therapy			431
Behavior Management			423
Mental Health			137
Occupational Therapy/PT			341
Attendant Care			91
Family Support			365
Nursing			49

- Note: 1) As of January 26, 1996, there are 5882 people who are clients of DDD Region 4 Field Services.
 2) Column A = People receiving no services except Case Management.
 3) Column B = People receiving some paid service, but still in need of the requested service.

employment. In the late 1980s, about 40,000 to 50,000 new jobs were added to the King County economy each year. Since 1990, only about 18,000 new jobs have been added. Many of the new jobs created are in the retail and service industry which pay significantly lower wages than manufacturing.

In 1990, the average unemployment rate was about 3.5 percent. The average unemployment rate for 1992 and 1993 increased to over six percent and then decreased to just over five percent in early 1995.

Employment Opportunities for People With Developmental Disabilities:

King County Supported Employment Program

The King County Supported Employment Program was created in 1987 and has been administered by the Department of Community and Human Services, Developmental Disabilities Division since its inception. This program provides opportunities for developmentally disabled individuals to perform meaningful, fairly compensated work in integrated job settings. "While County hiring agencies fund supported employee salaries, benefits, and operating expenses, the Developmental Disabilities Division contracts with local consultants and community agencies to provide job development, placement, training and support services to the supported employees and their supervisors and co-workers²." King County currently employs approximately 55 supported employees.

In 1994, the Metropolitan King County Council requested a management audit of the supported employment program to determine the County's progress toward accomplishing the goals and objectives established for the program. According to the management audit, key findings include:

- King County and Metro³ have implemented successful supported employment programs based upon national and state supported employment indicators. In evaluating the success of the County and Metro supported employment programs, the quality of the jobs for the developmentally disabled was considered. Factors generally identified as indicators of quality employment were the type of position, number of hours worked, average wages, and wage increases received over the duration of employment.
 - * Higher quality of jobs were created for supported employees
 - * County and Metro supported employees received higher hourly wages than State or national average wages for the developmentally disabled
 - * Average work hours for County and Metro supported employees exceeded national and state averages

² King County Auditor's Office, Management Audit of the Supported Employment Program (Report No. 95-10) 1.

³ Prior to its consolidation with King County, Metro also had a supported employment program.

- King County's supported employment placements surpassed all other agencies surveyed.
- National research organizations acknowledge King County as a leader in public sector supported employment.
- Supported employees have satisfactorily maintained regular positions in King County Metro agencies.

The unemployment rate for workers with developmental disabilities in King County is about 43% based on the numbers of people reported by Region IV as desiring some form of employment but currently not employed. This figure contrasts with a 5% unemployment rate for the general population. The need for supported employment services for workers with developmental disabilities is clearly evident.

From July 1996 onward, KCDDD will be working in collaboration with Council staff, the Office of Human Resource Management, employment vendors and Region IV DDD to implement recommendations in the management audit.

5. Housing and Transportation

Housing:

Existing housing options for people with developmental disabilities:

Privately Funded

- ◆ Own Home
- ◆ Parent's Home
- ◆ Relative's Home

DSHS Funded Residential Programs

- ◆ Adult Family Homes *
- ◆ Alternative Living
- ◆ Children's Foster Home
- ◆ Congregate Care Facility
- ◆ Fircrest
- ◆ Group Home
- ◆ Institution for the Mentally Retarded
- ◆ Intensive Tenant Support
- ◆ Psychiatric State Hospital
- ◆ Nursing Facility
- ◆ State Operated Living Alternatives
- ◆ Supportive Living

(* Adult Family Homes are administered by Aging and Adult Services, not DDD)

Of the 6,302 individuals enrolled with DDD as of April 23, 1996, 4,398 (70%) lived in a privately funded residence, 1,817 individuals (29%) lived in a DSHS funded residential program, and 87 individuals (1%) lived in other places such as correctional

facilities, shelters, etc.. Over half of the enrolled individuals lived with their parents (55%).

Housing needs:

As of January 26, 1996, DDD estimated that about 834 individuals enrolled in the system had unmet residential needs in King County. Housing needs will continue to increase as the large numbers of young adults with developmental disabilities complete high school and parents seek to arrange employment and community living options for them. The system will also need to plan for the large numbers of middle-aged adults with developmental disabilities who are living with their elderly parents. The affordability gap between the cost of housing and what a household can afford is a major concern.

According to the Consolidated Housing and Community Development (H&CD) Plan for 1996-1999⁴, affordable housing is a significant problem for many residents in King County. Statistics include:

- Families earning at or below 80% of the median income in King County (around \$37,000 annually for a family of three) will find it increasingly difficult to find affordable housing.
- The gap between what families at or below 80% of the median income can afford to pay for housing and the average rent levels continues to increase.
- The average monthly rent for a two-bedroom/single bath unit increased from \$312 in 1980 to \$607 in Fall 1994, a 95 percent jump.
- From 1980 through 1992, the average price to purchase a home increased from \$81,600 to \$175,789, a 115 percent change.

The H&CD Plan addresses the needs of persons with developmental disabilities and states:

While current housing goals are to eventually provide an array of appropriate, affordable, and supportive housing provided in the least restrictive setting, these goals are far from met. Affordability is a primary barrier for those on public assistance. Adequate locations are also crucial, and housing must be accessible to public transportation, services and facilities. In addition, many neighborhoods express strong resistance to having housing for people with developmental disabilities in their community⁵.

⁴ King County Department of Community and Human Services, Housing and Community Development Program, The Consolidated Housing and Community Development Plan for 1996-1999, 1, 20, and 21.

⁵ H&CD Plan 36.

Housing development efforts:

The KCDDD, in partnership with the South King County Housing Forum, sponsored a housing conference on May 13, 1995 that was very well-received. The major themes of the conference were to provide housing options for people with developmental disabilities and to match people and resources. Participants were given the opportunity to learn about developing or expanding housing programs and developing single housing and/or individual homes.

The State Housing Trust Fund's set-aside for housing for people with developmental disabilities and the County's Housing Opportunity Fund (HOF) were successfully accessed to provide affordable housing. Despite these gains, a major gap continues between the supply of safe, affordable housing and the need for such housing and related services by individuals with developmental disabilities.

Transportation:***Background:***

The Americans with Disabilities Act (ADA) is a federal law which prohibits discrimination based on disability in employment, public services, telecommunications and public accommodations. To comply with this law, public transit agencies must provide accessible bus service and complementary paratransit service comparable with regular bus service to people whose disability prevents using regular bus service.

The ADA Paratransit Service Plan was adopted in 1992 by the Metro Council (now part of the Metropolitan King County Council) to comply with the ADA⁶. This plan covers a five year period with more services continuing to be phased in with additional funds every January. Full compliance with ADA-required paratransit service criteria is expected to be in place in January of 1997 and the number of trips provided in 1997 is estimated to meet full demand.

The King County Department of Transportation, Transit Division (Metro), has made great progress in improving the transportation services that are available to developmentally disabled individuals. These improvements include:

- Steadily increasing the number of lift-equipped paratransit buses, vans and minivans owned or leased by the transportation system over the past five years
- Implementing the Travel Training program, which teaches people with disabilities how to ride the bus, in 1994
- Implementing a revised and expanded paratransit service called ACCESS Transportation, which offers door-to-door van service, in 1996

⁶ King County Department of Transportation (formerly the Department of Metropolitan Services), Accessible Services Section, 1992-1995 Paratransit Service Plans.

- By 1997, ensuring that all buses and routes are accessible for people with disabilities

The four accessible service programs that are currently available for people with disabilities are:

- 1) **Regional Reduced Fare Permit**
 - This permit allows people who are seniors or who have disabilities to pay a lower fare on bus systems throughout the Puget Sound Region.
- 2) **Paratransit OPTIONS Program**
 - This program serves low income King County residents who are seniors or who are disabled persons age 18 and older. The residents must have a Regional Reduced Fare Permit. There are two transportation alternatives:
 - ⇒ ACCESS Transportation or
 - ⇒ Taxi Scrip
 - Individuals save 50 percent on their taxi fares by using taxi scrip for fare payment.
- 3) **ADA Paratransit Program**
 - This program serves people with disabilities that prevent them from using the regular bus some or all of the time. Transportation is provided by ACCESS Transportation.
- 4) **Travel Training Program**
 - This program serves people with disabilities who are registered for ACCESS Transportation services. Individuals receive one-on-one training to learn at their own pace how to ride the bus. Dependence on paratransit services is reduced and the use of regular bus service is increased.
 - A Group Travel Training program has been developed which provides a two-part orientation for paratransit riders who might be able to use the mainline bus service. For the first part of the orientation, individuals watch a slide show about using the bus service. For the second part of the orientation, a destination is chosen by the participants and they travel on the bus as a group, using the skills they were taught.

6. Minority Access Issues and Needs

Background:

In the previous strategic and biennial plans, one of the initiatives was to ensure that communities of color have access in acquiring developmental disability services. On November 10, 1995, Board and Staff members came together at an all day retreat to plan for the future. Board and Staff members confirmed that this initiative was still relevant and it was not only important to ensure that these communities have access, but also that they receive culturally competent services in the Developmental Disabilities (DD) system. The communities of color workgroup was established to provide input, specific strategies, and recommendations to achieve this goal. The workgroup is comprised of Board and staff members, parent representatives, and representatives from various communities of color.

Goals Identified by the Workgroup:

The workgroup agreed that it was important to identify culturally and linguistically appropriate services that were already offered by service providers and determine what services were needed. A survey was developed to assess the extent to which culturally and linguistically appropriate services are currently available to communities of color, hearing and vision impaired individuals and limited/non-English speaking communities. The survey was distributed in March, 1996 to Region IV contract residential providers and King County Developmental Disabilities contract agencies. The intention was not to evaluate service providers, but simply to understand what is and is not available to people from various communities who have difficulties accessing needed services. A total of 89 surveys were mailed and of this number, 48 were completed and returned.

Highlights of the Survey Results:

- 27% of the respondents produce pamphlets, flyers and brochures in languages other than English.
- 75% of the respondents would like technical assistance from KCDDD and Region IV to enhance their ability to serve more individuals and their families from the communities identified in the survey.
- 31% of the respondents selected interpreter service and 13% selected assistance with outreach strategies as the highest priority services that would provide the most assistance to their agencies.
- 33% of the respondents could provide technical assistance to other agencies. Examples of assistance include the following: sign language training and deaf culture sensitivity, cultural sensitivity with Native Americans, building community capacity, and training child care providers.

7. High School Graduate Needs

In March of 1996, a survey was distributed to the special education directors for all of the school districts in King County to assess the needs of high school students with developmental disabilities. The survey results are as follows*:

	June 1997	June 1998	June 1999
Projected # of exiting high school students eligible for services from DDD	126	148	150
Projected # of eligible students who will have had work experience through a transition program	108	133	133
Projected # of eligible students who will need the following services (unduplicated count):			
Employment or Alternative Activities			
◆ Individual employment	39	45	48
◆ Group employment	54	71	76
◆ Community activities (not employable)	13	14	5
Attendant Care	11	11	11
Living Situation (if known)			
◆ New living situation (group home, adult family home or tenant support program)	4	2	4
◆ Support to individual and family to maintain current living arrangement	4	5	5

* Please note: The Renton school district is not included.

Other Needs:

- Access to computers and opportunities to develop the skills to use them
- More on-the-job training and follow up
- Supportive employment
- Assistance with locating permanent employment
- Wider range of job opportunities
- Mentors within the work environment
- Group living options/community housing
- Preparation for living situations
- Activities during the day for students with no work skills
- Other options such as volunteer work, recreational/leisure activities, and family-based activities for all levels of ability

- Advocacy skills for students and families to empower them to find continued support/services and resolve legal issues (wills, rights, etc.)
- Linkage and meaningful transition from school day programs to alternative programs and adult service provider day programs
- More assistance in the area of transportation to allow easier mobility around the community
- Greater support services for dually diagnosed individuals (mental health and DD issues)

Trends for Graduates in Future Years:

- ◆ More difficult to find appropriate work due to the use of computers, automation
- ◆ Reduction in the kind of jobs traditionally available to disabled persons
- ◆ Fewer jobs requiring less education are available
- ◆ New job options will need to be developed
- ◆ Graduates will continue to access the community through exercising supported life skills and employment
- ◆ Higher social skills via inclusion

Analysis:

The data shows an increase in the projected number of high school students eligible for DDD services during the next few years. From the data described in Section 1. Client Demographics, it is clear that this upward trend will continue and there will be a great need for employment services. Because of the use of computers and the trend to automate many jobs traditionally available to developmentally disabled individuals, new job options must be developed.

There is also a need for alternative activities other than employment for developmentally disabled individuals who cannot or do not wish to be employed. Opportunities to participate in community and recreational activities are an important part of inclusion for all individuals. Many of the community centers that offer recreational programs for persons with developmental disabilities have waiting lists for their programs and have had to make program cuts due to the lack of funding.

8. Services Needed But Not Available

Background:

At the planning retreat held on November 10, 1995, the KCDDD staff and Board developed the core concepts which the board envisioned as guiding principles for building a responsive community system of supports for individuals with developmental disabilities and their families. The following is a brief summary of the basic concepts that were developed:

The Individual and Families

- ◆ We should promote a system which allows for "customizing" services and supports
- ◆ We should promote and assist personal choice and empowerment
- ◆ We should coordinate resources on behalf of individuals to achieve personal goals
- ◆ We should recognize and empower individual networks
- ◆ We must listen to people

The Community

- ◆ We should promote and assist community choice and empowerment
- ◆ We should be catalysts, activists for community organizing efforts
- ◆ We should promote community involvement
- ◆ We should inform, educate community organizations and leaders about developmental disabilities issues and services
- ◆ We should ensure sensitivity and access to supports for persons from communities of color

Evaluation and Direction of Efforts Based on the Individual and the Community

- ◆ We should clearly state our expectations
- ◆ We should define quality and pursue it
- ◆ We should evaluate what we have accomplished
- ◆ We should measure whether what we are buying is what people want
- ◆ Based on information we should actively impact the development and direction of policy at State and Federal levels

After development of these key concepts, the Board agreed to set aside funds for pilot projects which tested assumptions based on individual/family centered planning and resource control, and increased community involvement. All projects must enhance inclusion of persons with developmental disabilities, increase the ability of individuals and families to direct decisions and resources regarding necessary supports, and increase the ability of individuals and families to choose supports and providers of supports.

Community Meetings:

Subsequent to the development and acceptance of the above concepts, KCDDD staff presented these concepts to community groups to obtain feedback and input. Ten meetings were held throughout the County to present the key concepts, present the possibility of "test" projects to learn from, and to find out from the community what they felt were important projects and directions for the County to invest in.

The meetings were conducted with a brief explanation of "who we are" (the KCDDD and the Board), a presentation concerning the Board retreat material, current system, parent/consumer empowerment, "test" projects, question and comments time, and general dialogue concerning other ideas. At the end of each meeting, a brief survey was handed out for people to give feedback.

Community Input:

The participants of the meetings were very supportive of the concepts from the Board retreat. They also expressed interest in the possibility of developing a new "paradigm" for the system. The general response to "testing" concepts which assisted parents and consumers in planning, making decisions, discovering resources, and implementing strategies to pursue "outcomes" was very favorable. There was particular interest in more resource control at the individual/family level.

When asked about other ideas for the County to consider developing every group stated that education of the general community, and in particular the business community, was essential. It was generally agreed that this development of community awareness should begin at local or "grassroots" levels, and should have elements of standard educational approaches with some way to respond to a growing awareness. In other words, there is a danger in investing only in an "ad campaign" that goes no further. A mechanism needs to be developed to keep an ongoing dialogue to include a broader spectrum of people in the community in this process. This would hopefully lead to greater inclusion of persons with disabilities in community life, therefore expanding opportunities for individuals to participate and contribute.

Survey Results:

Survey Question	Yes	No	Blank	% Yes
1. Should individuals and families have the option of exercising more control over the direct purchasing of supports related to a personal plan?	120	3	0	98%
2. Should the King County Board for Developmental Disabilities invest in "testing" the allocation of resources directly to individuals and families for the purchase of services and supports?	121	2	0	98%
IF YES				
3. Should the King County Board for Developmental Disabilities invest in "testing" independent assistance to individuals and families in personal planning?	118	2	3	96%
4. Should the King County Board for Developmental Disabilities invest in "testing" independent assistance to individuals and families in finding and coordinating resources to implement elements directly related to a personal plan?	117	2	4	95%
5. Would you personally be interested in participating in a project which allowed for assistance with personal planning, assistance with discovery and access to resources, and assistance with making decisions concerning the dispersal of resources (purchasing services)?	98	14	11	80%

Service Preference	First Priority	Second Priority	% Response Occurred
a) Assistance with planning, accessing resources, and managing resources	52	38	71%
b) An employment opportunity	43	25.5	54%
c) A community activity program, other than employment	10	32.5	34%
d) Respite care	3	7	8%
e) Out of home placement (residential services)	6	8	11%
f) Other	6	0	5%
Blanks	6	15	17%

Analysis:

The results of the survey show a strong support for King County investing in "testing" assumptions around individual/family control of resources through a "brokering" or personal agent model (questions 1-5). When respondents were asked to choose two services the overall choice of independent planning and assistance in accessing services at a rate of 71% strengthens the validity of this support.

The number two response being employment was also not unexpected given the fact that most people attending had interests in the life of a young adult person with developmental disabilities. An unexpected outcome was the low incidence of choosing respite care or out of home placement, which much of the time occupies our planning and discussions.

Of the "other" choices listed were the desire for durable goods, and three responses from parents with younger children for daycare situations so the parents could work.

9. Strengths and Shortcomings Within the Community

Strengths:

A Diverse Community

King County has experienced significant growth in ethnic minority populations over the past decade and has evolved into a very diverse community. Each ethnic population is also composed of a wide variety of groups. For example, the Asian and Pacific Islander population is comprised of over nineteen ethnic groups and represents a myriad of cultures.

Businesses

There are many employers who provide employment opportunities to people with developmental disabilities and also the support and training to help them increase their job skills.

Cities Committed to Funding Programs for People With Developmental Disabilities

Cities throughout King County have provided funding for specialized programs such as recreation programs for people with developmental disabilities. These cities include Auburn, Bellevue, Federal Way, Kent, Montlake Terrace, Redmond, Renton, and Seattle. The City of Seattle Department of Neighborhoods has established a partnership with KCDDD and Region IV DDD to increase the participation of individuals with developmental disabilities in neighborhood life.

Advocacy Groups

Several types of advocacy groups are available within our community who work together to support a particular cause or goal. There are numerous advocacy groups that support persons with developmental disabilities. These groups may be composed of persons with developmental disabilities, parents, family members, and professionals.

Other Community Organizations

A wide variety of religious, social, neighborhood, ethnic, and business organizations that provide support, resources, and referrals to individuals in King County.

Shortcomings:

The large geographic size of King County contributes to the difficulties of individuals and families in accessing needed services and supports. Services and supports that are available in one community may not be available to people living in another community. With approximately 30 percent of the total State DDD caseload living in King County/Region IV, planning efforts and program development must rely on available data and less personal knowledge of individuals than in small counties. Attitudes in some communities of "not in my backyard" (nimby) have led to more

restrictive zoning and further limited the housing opportunities for individuals with developmental disabilities.

Systems Issues:

In King County, a major gap exists between the number of individuals and families who meet the State's eligibility requirement for developmental disabilities services and the actual number of individuals and families who actually receive services. With population growth and only modest increases in service funding, the waiting list has continued to grow. State law (RCW 71. A) requires DDD and KCDDD as its contractor to provide services only to the extent that resources are available. With the sole exception of basic Medicaid Personal Care (a State administered service), no entitlement exists for developmental disabilities services. A change in this public policy and/or major increase in funding are not anticipated in the foreseeable future.

Funding increases from the legislature for family support, transition services for a portion of the individuals leaving high school, and vendor rate adjustments have helped some individuals and families access paid services. Federal funding under Part H of the Individuals with Disabilities Education Act (IDEA) has resulted in increased numbers of families seeking and obtaining services for infants and toddlers with developmental delays. As these children grow, the system can expect increased demands for assistance.

Inequitable distribution of limited resources among consumers continues to be a major issue in the system in King County. The amount and types of services and supports adults receive are more a reflection of where the people have resided in the past than a distribution of resources based on a documented level of need. In King County, many eligible individuals fall into the unserved or underserved categories. A group of special concern is aging parents whose middle-aged sons and daughters with developmental disabilities live in the family home and are unserved. Individuals and families generally cannot access the system of paid services and supports until they are in crisis. Relatively low-cost strategies that would prevent the crisis are rarely available. When an individual or family is successful in accessing services in a period of crisis, the person is likely to be able to retain the same level of services even after the crisis is over and the need is diminished.

Categorical funding and the accompanying fragmentation of service delivery are major issues that require a systems-wide approach. The DDD draft "Individual and Family Support Initiative Policy Decision Package" dated July 21, 1996 states: "The current DD system is fragmented into too many small specialized categories of service each with its own eligibility criteria and rate structure. This fragmentation has created financial and program inefficiencies." The draft paper highlights as related problems that the current system "promotes dependence on state funding and creates disincentives to incorporate existing neighborhood and family supports."

V. Description of Current Services/Supports

The following is a brief overview and outline of the existing services and administrative responsibilities:

1. Current Services Provided

The King County Developmental Disabilities Division is responsible for contracting with community agencies (approximately 45) for:

- Access services for communities of color
- Consumer guidance and assistance
- Day programs that include services for birth to three year olds, employment services, and community access
- Family resource coordination
- Part H early intervention services
- Self-advocacy

The administration of the developmental disabilities system is shared with the Washington State Division of Developmental Disabilities (DDD). DDD is responsible for:

- Eligibility and authorization for services, and coordination of service delivery (case management)
- Residential placement and services, including both institutions and community residential options
- Family support and individual therapies

The following table describes in more detail the range of services available to people with developmental disabilities. Exactly what an individual receives depends on what is specified in the individual service plan (ISP) created with and for the individual, as well as the availability of the needed service.

State-Administered Services:

<p>Case Management</p>	<ul style="list-style-type: none"> • Provides intake services, determines whether an applicant is eligible for services, and develops, implements, and monitors an individual service plan (ISP) that specifies what services are in the best interests of the person. The case managers coordinate and arrange community resources for persons with developmental disabilities. Currently, each case manager is responsible for about 150-200 individuals and families.
<p>Family Support/Respite Care</p>	<ul style="list-style-type: none"> • The state also funds a variety of support services for families. These are designed to reduce or eliminate the need for out-of-home residential placement of a client and allow the client to live in the most independent setting possible. Support services include the following: <ul style="list-style-type: none"> ⇒ Emergency or planned respite care (support, in or out of the home, that enables a person to remain in his or her current residence) ⇒ Attendant care ⇒ Therapeutic services, including occupational therapy, behavior management therapy, and communication therapy • The purchase, rental, loan, or refurbishment of specialized equipment, environmental modifications, and other adaptations

<p>Residential Rehabilitation Centers (RHCs)</p>	<ul style="list-style-type: none"> • The state operates residential rehabilitation centers (RHCs) and provides residential, medical, and other supports to the persons who live there. The largest of these institutions, Fircrest School, is located in King County • The State also operates small community residential facilities called State Operated Living Alternatives (SOLAs).
<p>Residential Services (community)</p>	<ul style="list-style-type: none"> • Residential programs are designed to support people living in the community, alone or with others. Types of DDD-supported residential services include: <ul style="list-style-type: none"> • <i>Group Home:</i> 4 or more people living together with paid live-in or shift staff • <i>Intensive Tenant Support:</i> 1-3 people living together with 24-hour support from a provider agency. • <i>Supportive Living:</i> 1-3 people living together in the community with less than 24-hour support. <p>Note: Other residential settings of people with developmental disabilities but not funded with state DDD dollars include: their own home, a parent or relative's home, children's foster homes, adult family homes, and congregate care facilities.</p>

County-Administered Services:

<p>Access Services</p>	<ul style="list-style-type: none"> • Provides support and assistance to families who are limited or non-English speaking in accessing the DD system and other services.
<p>Child Development</p>	<ul style="list-style-type: none"> • Education and therapy services for children birth to age three. Services are coordinated through other service providers such as local school district, health department, private physician, etc.

<p>Community Access</p>	<ul style="list-style-type: none"> • Supports designed to enhance individuals' participation in community activities. Supports are designed to fit the needs and desires of the individual. Currently, this service is designated for individuals who are unable to be employed or for whom employment is not appropriate. For example, one organization matches older adults with developmental disabilities with community volunteers.
<p>Community Support Project</p>	<ul style="list-style-type: none"> • Provides information and training in behavioral management approaches to families, teachers and providers.
<p>Employment Services</p>	<ul style="list-style-type: none"> • Employment services are grouped according to the following three categories: <p><i>Individual Employment.</i> Facilitates an individual with a developmental disability working for a business or company in the community. A provider agency helps the person find a job and provides training and support. People earn at least minimum wage and have benefits.</p> <p><i>Group Supported Employment.</i> Enables three or more people with disabilities to work in a group in the community. Some groups are located at a single site (such as a restaurant or a store), others move from site to site (such as custodial or groundskeeping work). Employees may earn less than minimum wage.</p> <p><i>Specialized Industries Employment.</i> Designed specifically for people with developmental disabilities. The work typically consists of piece work (putting pieces of a product together or packaging items). People are employed in a large group workshop setting. Employees generally earn wages based on their productivity.</p>

<p>Part H Infant Toddler Early Intervention Program</p>	<ul style="list-style-type: none"> • Provides federally funded early intervention services for children ages birth to three with developmental delays under Part H of the Individuals with Disabilities Education Act. Services are encouraged to be more family-centered and are selected in partnership with the family. Administers unmet needs "Payor of Last Resort" funds for therapies, assistive technology and other Part H services. • Family Resource Coordinators provide support and assistance to families and their children in accessing Part H early intervention services. Parents are informed of their rights under Part H of the Individuals with Disabilities Education Act. Families are assisted in identifying their priorities, in finding resources to match those priorities and in coordinating any services the child or family may need.
<p>Consumer Guidance and Support for Parent Groups</p>	<ul style="list-style-type: none"> • County-funded projects that provide a range of training, advocacy and networking opportunities for individuals with developmental disabilities and their families.

2. **Costs of Provided Services** (*See Section VII. C. Resource Allocation Plan for 1997 - 1999*)
3. **Summary of Program Areas as Related to Goals or Other Developments Since the Previous Plan was Submitted** (*see Appendix B - 1995-1997 Biennial Plan System Issues, Goals and Objectives*)
4. **Review of Goals of the Previous Biennium and Discussion** (*see Appendix B - 1995-1997 Biennial Plan System Issues, Goals and Objectives*)

5. DVR Services

The Division of Vocational Rehabilitation (DVR) is a State agency which assists people with disabilities to prepare for, obtain and retain employment. Custom-designed vocational rehabilitation programs are created for each individual. DVR works in partnership with the community and businesses to develop employment opportunities for persons who have disabilities. The following services are provided by DVR⁷:

Medical Evaluation	Determines a person's strengths and vocational limitations through expert medical, psychiatric, social and psychological evaluations.
Vocational Assessment	Identifies a persons' interests, readiness for employment, work skills and job opportunities in the community.
Counseling and Guidance	Establishes an ongoing relationship between the counselor and the client in which they explore the evaluation results and labor market opportunities, and develop a realistic plan to go to work.
Restoration	Increases work potential and ability to retain a job through use of medical and assistive technologies.
Job Preparation	Builds work skills to enable a person to obtain employment. Services may include volunteer experience, on-the-job training, vocational education or classroom training.
Support Services	Support the person in completing the rehabilitation plan and becoming employed. Services may include assistance with transportation; the purchase of tools, equipment, books or work clothing; job coach services; or providing support for independent living.
Job Match/Placement	Assists in developing work opportunities and in obtaining and maintaining a job suited to the individual's interests and capabilities.
Follow-Up	Follows a person's progress on the job for at least 60 days to ensure that employment is satisfactory.
Post-Employment	Provides short-term services to enable the person to stay employed.

⁷ Washington State Department of Social & Health Services, Division of Vocational Rehabilitation, Employ Your Abilities brochure 22-656(X).

6. Use of PASS/IRWE and Other Sources of Funding

Background:

The Social Security Administration (SSA) is committed to assisting persons with disabilities achieve a better and more independent lifestyle by helping them take advantage of employment opportunities. Many persons with disabilities want to work, but are uncertain about how their SSA benefits may be affected. Social Security Work Incentives (SSWI) provide ways of setting aside resources to purchase needed vocational services and still receive SSA benefits. The SSA directs two disability programs that provide work incentives⁸:

- **Social Security Disability Insurance (SSDI)**
 - ⇒ To be eligible for this program, a person must have worked and paid Social Security taxes (F.I.C.A.) for enough years to be covered under Social Security; some of the taxes must have been paid in recent years; be considered medically disabled; and not be working or working but earning less than the substantial gainful activity (SGA) level.
- **Supplemental Security Income (SSI)**
 - ⇒ To be eligible for this program, a person must have little or no income or resources; be considered medically disabled; and initially not be working or working but earning less than the SGA level.

SSWI may include the following incentives:

- **A Plan for Achieving Self Support (PASS)**
 - ⇒ This plan allows a person with a disability to set aside income and/or resources for a specified period of time for a work goal. For example, money could be set aside for education, vocational training or starting a business.
- **Impairment Related Work Expenses (IRWE)**
 - ⇒ The costs of certain impairment related items and services that a person needs to work are deducted from gross earnings in figuring SGA levels (SGA levels are used to determine SSDI and SSI eligibility).

In March of 1994, KCDDD, in conjunction with the SSA, Region X, and the Division of Vocational Rehabilitation, Department of Social and Health Services, initiated a pilot program utilizing SSWI for people with developmental disabilities. This project included the design, development, and implementation of SSWI, including PASS and IRWE incentives. Training on SSWI was offered to individuals and families, employment vendors, advocates, and school districts.

⁸ Department of Health and Human Services, Social Security Administration, Red Book on Work Incentives 2,5,9,15.

SSWI will continue to be used as a resource to individuals and families seeking employment as a desired outcome. Assistance in developing PASS/IRWE will be provided as a component of the Individual and Family Empowerment grant.

7. Use of Supports Supplied Outside of the Traditional DD Paid Professional System

There has been a continual increase in the number of people living in the community who need services and cannot access the current system because of the inequitable distribution of limited resources. Some of these consumers have found alternative resources/informal supports to meet their needs. Supports supplied outside of the traditional DD paid professional system include the following:

- **Supports Provided by Other Formal Systems**
Consumers are referred to other formal systems such as public housing authorities where they are eligible to access public housing or rent subsidies. Community Food Banks provide some consumers free, nutritious food. The ARC of King County provides information and assistance to families and consumers to assist them in accessing generic community services.
- **Networking**
Additional supports are created by developing connections with other individuals and agencies. Services may be provided on an informal basis. For example, residential agencies may contact consumers who are not in a residential program and invite them to dinner or to participate in a social activity.
- **City Parks and Recreation Departments**
City parks and recreation departments within King County provide recreation programs for people with developmental disabilities. The Highland Community Center (HCC) in Bellevue has the largest program in the County. A wide array of recreation, sports, fitness, cultural arts and socialization activities are included in the program. Funding is provided by the City of Bellevue, grants, donations, and partnerships with academic institutions and other groups known for their advocacy of the disabled. The HCC's advisory board also helps increase contributions through fundraising efforts.
- **Exchange of Services for Goods**
Arrangements are made with businesses to exchange services for goods. For example, consumers may work at a thriftstore in exchange for clothing.

VI. Program Plans for 1997 - 1999

A. Service System Goals

KCDDD and the Board have identified in this and previous biennial plans the same issues concerning inadequate funding, inefficiencies created by the way services are organized and administered, and the inequities in the system. Major systems changes, not simply more categorical funding and tinkering with the present system, are needed to bring about meaningful improvements that will allow individuals with developmental disabilities to be adequately supported within their communities in King County

During the remainder of the 1995 - 1997 biennium and in the new biennium, KCDDD and DDD will work together in order to accomplish the following:

To begin shifting to an effective individual and family centered system of supports which include the following:

1. Give individuals and families more control, responsibility and choice over resources.
2. Increase access to adequate and appropriate supports.
3. Maintain and increase quality of supports and services.
4. Provide a better match between the support requirements of the individual or family and the supports received.
5. Provide an appropriate and adequate mechanism for managing costs.

At the same time, maintain current system.

B. Objectives and Strategies for Addressing Areas of Need Identified in Section IV. Need/Resource Assessment.

The primary focus of the 1997 - 1999 Biennial Plan is the development, in collaboration with DDD, of an effective individual and family centered system of supports that is locally managed. The "1997-1999 Biennial Plan Goals, Objectives and Strategies" on the pages that follow outline the specific activities that will be undertaken in King County/Region IV toward that end.

1997 - 1999 Biennial Plan Goals, Objectives and Strategies

Goals		Respon
Objectives and Strategies		
<p>Goal A: Individuals and families will have greater control, responsibility and choice over the use of resources and supports.</p> <p>Objective: Develop system capacity at the community level by changing how supports are organized, provided and administered.</p> <p>Strategies include the following:</p> <ul style="list-style-type: none"> • Utilize KCDDD "Fund Balance" Special Project Funds for pilot projects directed at increasing individual/family choice and control over use of resources and at building community capacity. Evaluate projects in terms of outcomes and evaluation criteria specified in RFPs. • Utilize experience gained through operation and evaluation of Family Support Pilot Projects to identify cost-effective options that meet individual and family needs. • Conduct a variety of pilot projects that contain and test key elements of a community-based system of supports; use results of evaluation in systems design. • Develop, in collaboration with DDD Region IV and Central Office, a preliminary proposal describing the essential features of the new community-based system, outlining respective roles and responsibilities of State and King County, and proposing a budget for the detailed planning phase that follows. • With approval of the Executive and Council and support of DSHS, engage, with DDD Region IV and Central Office, in development of a detailed proposal and implementation plan for the community-based system of supports for individuals with developmental disabilities. 		<p>KCD</p> <p>DE</p> <p>DE</p> <p>KCD</p> <p>KCD</p> <p>DE</p> <p>KCD</p> <p>DE</p>

Goals	Responsibilities
<p align="center">Objectives and Strategies</p> <p>Among the specific elements to be addressed by appropriate work groups and to be included in the detailed proposal are</p> <ul style="list-style-type: none"> o Definition of the basic service package o Allocation and distribution of anticipated resources o Definition of roles of State and County, including budgetary impact and staffing requirements o Specific means and target dates to achieve decategorization of funds o Impact of changes in federal funding, including Medicaid o Collection and incorporation of better needs assessment data o Timelines and methods for conversion from current system to new system 	<p align="center">KCDDDD DDDD</p>
<ul style="list-style-type: none"> • Implement in King County, a system of basic supports that is individual and family driven and incorporates key principles of managing access, utilization, quality and cost. 	<p align="center">KCDDDD DDDD</p>
<ul style="list-style-type: none"> • Develop a work plan and implement specific changes in Board structures and process to support the development and implementation of a community-based system of basic supports. 	<p align="center">KCDDDD</p>
<p>Goal B: Increased numbers of individuals and families will access adequate and appropriate paid and unpaid supports.</p>	
<p>Objective 1: Expand opportunities for individuals with developmental disabilities in King County as participants in community life.</p>	
<p>Strategies include the following:</p>	
<ul style="list-style-type: none"> • Reach out to communities and civic organizations to provide information and to promote community inclusion. 	<p align="center">KCDDDD</p>
<ul style="list-style-type: none"> • Build community capacity through partnerships with City of Seattle Department of Neighborhoods and other collaborative efforts with other community organizations. 	<p align="center">KCDDDD DDDD</p>
<ul style="list-style-type: none"> • Increase community awareness and opportunities for individuals to be supported by and contributing members of their communities through in-person contacts with businesses, civic organizations and community groups. 	<p align="center">KCDDDD</p>

Goals	Respo
<p align="center">Objectives and Strategies</p>	KC
<ul style="list-style-type: none"> • Increase policy-makers support by providing information to legislators and local elected officials through legislative forums and committees. 	KC
<ul style="list-style-type: none"> • Advocate with the Transit Division of King County for full implementation of ADA Accessible Transportation (Mainline and Paratransit). 	KC
<p>Objective 2: Expand the numbers of individuals and families who are able to access services and supports</p>	
<p>Strategies include the following:</p>	
<ul style="list-style-type: none"> • Increase number of individuals placed and supported in individual employment situations by analyzing and revising vendor payment system, maximizing use of alternative funding sources such as PASS and DVR, and increasing use of supervisor and co-worker supports. 	KC
<ul style="list-style-type: none"> • Establish a work group to address needs and develop options for Community Access services that will better meet the needs of individuals and allow for expansion of services to persons currently unserved and/or underserved. 	KC
<ul style="list-style-type: none"> • Continue to provide staffing support for the King County Interagency Coordinating Council (KCICC) and management of federal Part H (Infant Toddler) funds to ensure that children, ages birth to three, and their families are aware of and are able to access child development and related services. 	KC
<p>Objective 3: Ensure that people in communities of color access the system and obtain culturally competent supports.</p>	
<p>Strategies include the following:</p>	
<ul style="list-style-type: none"> • Recruit and retain KCDDD Board and staff members who reflect the culturally diverse community in which we live. 	KC
<ul style="list-style-type: none"> • Utilize client and staff employment profile data to identify specific gaps, determine needs and target use of limited financial resources to achieve greatest impact. 	KC
<ul style="list-style-type: none"> • Utilize resources to increase cultural competence of “mainstream” providers as well as funding specialized services when appropriate. 	KC

Goals	Responsibility
Objectives and Strategies	KCDDDD and Region I
<ul style="list-style-type: none"> • Work in collaboration with DDD Region IV to design and conduct community forums in identified communities of color to increase awareness about developmental disabilities and build on community capacity to support individuals with developmental disabilities and their families. 	
<p>Goal C: The quality of supports and services provided will be maintained or improved while individuals and families will express increased satisfaction with the services/supports received.</p>	
<p>Objective: Measure the Effectiveness and Quality of Supports Provided.</p>	
<p>Strategies include the following:</p>	
<ul style="list-style-type: none"> • Maintain State required contract monitoring/evaluation system that addresses compliance and basic health and safety through site visits to each contracted program at least once every two years. 	KCDDDD
<ul style="list-style-type: none"> • Ensure that communities of color have access to high quality services by regularly monitoring all contractors, evaluating services and encouraging use of technical assistance to improve services. 	KCDDDD
<ul style="list-style-type: none"> • Design and implement a system of program evaluation for KCDDDD contracted (purchased) services that will be readily adaptable to proposed vendor agreement system of the future. 	KCDDDD
<ul style="list-style-type: none"> • Implement selected recommendations of Child Development Evaluation Work Group draft report. 	KCDDDD
<ul style="list-style-type: none"> • Utilize Stakeholder Report recommendations to redefine outcome measures for Individual Employment Contracts. 	KCDDDD
<ul style="list-style-type: none"> • Incorporate evaluation measures in pilot projects and all other RFPs issued by KCDDDD. 	KCDDDD
<ul style="list-style-type: none"> • Define outcomes and incorporate in all KCDDDD contracts (vendor agreements). 	KCDDDD

Goals		Respo
Objectives and Strategies		
Goal D: Appropriate means will be developed and implemented to manage costs and to ensure a better match between the support requirements of the individual/family and the supports received.		
Objective: Acquire the organizational capacity needed for a future individual and family-centered system while efficiently maintaining critical business functions of the current system.		
Strategies include the following:		
<ul style="list-style-type: none"> • Test and refine a voucher system for the KCDDD pilot projects and Part H payer of last resort funds. Utilize the experience gained to be able to implement expanded use of vouchers. • Streamline existing vendor contracts. • Develop and implement the use of vendor agreements that include appropriate data and tracking systems. • Review Budget and Performance Data at six month intervals and present information at open Board meetings. • Develop a means to collect, in a systematic fashion, better information about what supports and/or services are needed by people enrolled with DDD. Utilize information that is collected in planning the future system of supports. • Complete KCDDD Access Data System development (County Enhanced CHRIS System) including upload/download; work with DDD to adapt to individual and family centered system of vendor agreements and vouchers. • Obtain training and customization needed to utilize new DCHS accounting software package to replace current handwritten ledger cards and spreadsheets. • Maintain and upgrade computer hardware/software and train staff so that KCDDD makes effective use of the LAN and King County WAN. 		
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VII. Resources Requirements for 1997 - 1999

A. Critical Funding and Policy Issues for 1997 and Beyond

The "Legislative Issues 1997," adopted by the Board on September 4, 1996, identifies essential funding requirements and policy issues which need to be addressed by State Legislature in the 1997 and subsequent sessions. These issues are as follows:

- **MAINTAIN CURRENT COMMITMENTS**
The board recommends that adequate funding be appropriated at levels which ensure current levels and quality of service for all community residential, employment, and other day programs. It further recommends that the Legislature continue to fund transition employment and other day program services for those exiting school during the coming biennium.
- **EARLY INTERVENTION SERVICES AND COMMITMENT TO FAMILIES**
The Board recommends that additional funds be allocated specifically to fund a growth in the need for early intervention services for birth to three year olds. These services have proven highly effective in ameliorating long term developmental disabilities. The allocations should be based on local incidence data. They should also take into account efforts to appropriately serve infants and families from communities of color. The board further recommends a continued expansion of the family support for individuals of all ages who reside in the family home.
- **EXPAND AND DEVELOP COMMUNITY RESOURCES AND ALTERNATIVES**
The Board recommends continued efforts in downsizing institutions, allowing individuals to choose community living situations. It further recommends that the legislature support efforts of reform which include the design of a locally managed individual and family support system. In order to accomplish this there must be continued efforts to build on local communities' capacities, allowing individuals to choose community living situations. We are particularly interested in reviewing the impacts of SB5800 on community funding.
- **COMMITMENT TO HOUSING**
The Board recommends the continued set-aside of Housing Trust Funds monies dedicated to housing for persons with developmental disabilities. We further recommend that a portion of the accepted applications for these funds include expansion of a variety of housing opportunities to those who are currently unserved.
- **ADULT FAMILY HOME QUALITY ASSURANCE**
The Board recommends the development of procedures to certify, license, and require training of operators of Adult Family Homes which serve individuals with developmental disabilities. The Board further recommends the direct administrative oversight of Adult Family Homes which serve persons with developmental disabilities be the responsibility of DDD. This would entail the transfer of the appropriate funding levels to sustain this function. It is further recommended levels of funding to support persons with developmental disabilities be adequate according to individual need.

- **AGING PARENTS OF PERSONS WITH DEVELOPMENTAL DISABILITIES**
The Board recommends the Legislature require The Division of Aging and Adult Services and The Division of Developmental Disabilities coordinate efforts to assist families with aging parents, whose adult children with developmental disabilities are still living at home, to ensure that the family is adequately supported and plans for the future are established.
- **REAL PROPERTY USE PLAN**
The Board recommends that any plan considered by the State for the use of assets received from the sale or lease of lands currently being used for the benefit of persons with developmental disabilities must allow for the use of those funds to first ensure adequate and appropriate services for those persons leaving institutional settings and, secondly, to enhance and increase community capacity to serve all persons with developmental disabilities. Furthermore, we are opposed to any plans to grant these assets to other entities without first receiving fair compensation which will benefit persons with developmental disabilities.

In addition to the issues identified above, the Legislature and developmental disabilities system needs to address through funding and program development the issue of individuals whose behavior presents major risks to themselves and the community. The tragic fire in an adult family home in King County in mid-1996 highlights the risks posed when high-risk individuals live in settings that do not provide them with adequate supervision and appropriate services. Region IV has a substantial and growing number of individuals in its caseload who pose such community protection risks. The Board, KCDDD staff and community join with the State in support of initiatives that will address this issue.

B. DDD Region IV Workload Standards and Caseload Information

For the current biennium, only 5.5% of the Field Services budget is allotted for staff salaries and benefits. It increases to 6.3% when goods and services, travel, equipment, etc., are added. Not only is this amount supposed to cover "administrative overhead," it also includes direct case management services for all clients. Currently, there are 57 staff members employed by the DDD Region IV office. This total includes 31 case/resource managers and each of them have an average caseload of 205 consumers.

DDD Region IV has analyzed statewide data, including data from Home and Community Services and Children and Family Services, concerning caseload standards as well as data from other states. The Regional staff has proposed establishing caseload standards at one case manager and one-half support staff per fifty consumers in DDD Field Services.

At the proposed rate of 50:1 consumers per case manager plus .5 support staff, DDD Region 4 should currently have an total of 189 direct-line staff (126 case/resource managers plus 63 support staff) to do the jobs they are expected and required to do. Each time there are 25 additional clients, another 1.5 FTE should be provided.

Supervisory/management and general oversight/resource staff are not included in the formula above because of their secondary roles (not direct services or direct-services support). At the ratio of 10 staff per supervisor, 19 supervisors would be needed for 189 direct-line staff, bringing the total to 208. Each time there are 5 additional staff, another supervisor position should be provided. In the same manner, there should be 1 administrator for every 10 supervisors.

C. Resource Allocation Plan for 1997 - 1999

The State-required format for each biennial plan requires the County to show the current cost for each service category, whether State or County administered. Using State-supplied needs data and current program cost data, the chart on the following pages shows the projected level of funding that would be required to serve all enrolled individuals who are identified in need of a service. The needs assessment data used in this analysis and method of collection are described in Section IV. Need/Resource Assessment.

This historic method produces a cost estimate that is enormous for King County/Region IV. In the current social, economic and political environment funding at this level cannot be expected. This biennial plan fully acknowledges this reality and recognizes that the current categorical service system is inefficient and is not the optimal way to support individuals and their families. Therefore, our efforts will concentrate on the critical funding and policy issues identified in this plan. The Resource Allocation Plan, as displayed on the following pages, is presented for informational purposes and to highlight the need for major system changes.

RESOURCE ALLOCATION PLAN FOR 1996

Current Services/Supports	Number of Persons Currently Served/Supported	Biennial Cost of Current Services/Supports	Number of Persons Currently Served/Supported	Biennial Cost of Current Services/Supports	Number of Persons Currently Served/Supported	Number of Persons Currently Served/Supported
CHILD DEVELOPMENT	1,075	\$2,153,273	1,075	\$2,153,273	0 ²	0 ²
INDIVIDUAL EMPLOYMENT	520	\$5,983,133	520	\$5,983,133	391	391
GROUP SUPPORTED EMPL.	145	\$1,858,466	145	\$1,858,466	276	276
PRE-VOCATIONAL/SPEC. IND.	440	\$3,820,484	440	\$3,820,484	190	190
COMMUNITY ACCESS	270	\$1,701,788	270	\$1,701,788	83	83
SUMMIT SERVICES	154	\$695,172	154	\$695,172	0 ⁴	0 ⁴
DVR FUNDED SERVICES	116	\$257,410	116	\$257,410	0	0
PROGRAM DEVELOPMENT	N/A	\$177,123	N/A	\$177,123	N/A	N/A
RESIDENTIAL	1,035	\$72,509,863	1,035	\$72,509,863	747	747
FIRCREST	375	\$85,022,994	375	\$85,022,994	N/A	N/A
SOLA	51	\$8,206,141	51	\$8,206,141	N/A	N/A
ADULT FAMILY HOME	311	\$3,487,798	311	\$3,487,798	79	79
CONGREGATE CARE FACILITY	22	\$147,290	22	\$147,290	8	8
MEDICAID PERSONAL CARE	1,022	\$12,154,868	1,022	\$12,154,868	0 ⁶	0 ⁶
CHORE SERVICES	78	\$940,251	78	\$940,251	0 ⁷	0 ⁷
DDD CONTRACTED SERVICES ⁸	565	\$6,074,185	565	\$6,074,185	1,472	1,472
FAMILY SUPPORT	885	\$3,876,000	885	\$3,876,000	151 ⁹	151 ⁹
ADMINISTRATION:						
REGION IV DDD (W/ CASE MNGMT.)	6,292 ¹⁰	\$6,211,162	6,292 ¹⁰	\$6,211,162	0 ¹¹	0 ¹¹
KING COUNTY	N/A	\$876,448	N/A	\$876,448	N/A	N/A
TOTALS (where applicable)		\$216,153,849		\$216,153,849		

FOOTNOTES:

- ¹ Figures from DDD Region 4 Field Services, Service Needs Assessment Data as of Jan. 26, 1986.
- ² Although there are no unserved persons, the caseload continues to increase each year.
- ³ Total request includes the biennial cost (\$501,705) of serving 75 kids from the KWIAT program carried forward.
- ⁴ Summit Services are a combination of Individual Employment, Group Supported Employment, Pre-Vocational, and services. Unserved/unsupported persons are included in those categories.
- ⁵ The Residential Programs table on page 54 provides a breakdown of residential services requested and additional service.
- ⁶ Medicaid Personal Care is an entitlement. Although there are no unserved individuals, the number of persons need to increase each year.
- ⁷ Unserved/unsupported persons are referred to Medicaid Personal Care or Attendant Care.
- ⁸ These services include communication therapy, behavior management, mental health, occupational therapy/pt, n
- ⁹ As of September 9, 1986.
- ¹⁰ The number of consumers registered with the DDD Region IV office as of September 9, 1986.
- ¹¹ Although there are no unserved persons, the caseload continues to increase each year.
- ¹² This figure is the estimated amount of funding needed to meet DDD Region IV's workload standards with 208 staff

RESIDENTIAL PROGRAMS

Services Requested	95-97 Allotment ¹	# of Consumers in Program ²	\$ Per Consumer	# of Reqs
Alternative Living	\$183,111	1	\$183,111	
Children's Foster Home	0 ⁵	207	\$0	
IMR	\$15,971,416 ⁶	122	\$130,913	
ITS	\$36,392,286	318	\$114,441	
Group Homes	\$9,886,921	166	\$59,560	
Supportive Living	\$3,427,770	176	\$19,476	
Residential Supports	\$6,648,359			
TOTALS	\$72,509,863	1,035⁷		

- ¹ Figures from the Region 4 Monthly Monitoring Report 95-97 Biennium, H51 - Residential Programs
- ² Figures from the Region 4 DDD Clients and the Services They Receive Report (as of April 1996)
- ³ Figures from the DDD Region 4 Field Services, Service Needs Assessment Data Report (as of April 1996)
- ⁴ There are no consumers requesting this service (as of September 16, 1996)
- ⁵ Funding is provided by the Division of Children & Family Services
- ⁶ Includes \$200,000 for IMR staff add-ons
- ⁷ Includes 15 consumers in Western State (funding is provided by the Division of Mental Health Services and 13 consumers in Eastern State (funding is provided by the Division of Mental Health Services and Adult Services).

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APPENDIX A

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FROM: DSHS-DDD-OLYMPIA

TO:

206 296 5250

NOV 14, 1995 12:51PM #515 P.0



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia WA 98504-5000

November 14, 1995

Dear County DD Coordinator:

Re: 97-99 County Plan Guidelines

Please find enclosed the County Plan Guidelines for the 97-99 Biennium (July 1, 1997-June 30, 1999). These guidelines are very similar to the ones used for the current biennium and have been discussed by the County/State Contract Team. Modifications have been made to help address the increasing importance of community capacity building and natural supports.

The Regional Offices are in the process of updating their data base and if you need some information prior to December 31, 1995, you may let them know. We assume that current and accurate data is even more important now since we have moved to additional emphasis on outcomes within the current Work Orders.

The County target for initial plan development is April 1, 1996. Consistent with WAC 275-25, modifications to the planning schedule can be made if it enables the County to improve the planning process. Any modifications should be easy to arrange given this planning effort will continue our practice of having close collaboration between the Counties and Regions.

I believe that together we are creating additional ways and capacities to provide and facilitate support for people with developmental disabilities. I trust that the development of the 97-99 plans will afford additional learning opportunities leading to additional improvements.

Sincerely,

A handwritten signature in cursive script, appearing to read "Norm Davis".

Norm Davis, Director
Division of Developmental Disabilities

Enclosure

cc: DDD Regional Managers
Field Service Administrators
Joyce Duran

COUNTY PLANNING GUIDELINES

November 1995

- I. **Mission Statement** - Develop statement which addresses the mission of the county in providing services to persons with developmental disabilities. A description of roles and responsibilities can be discussed in this section. Discuss how your county implemented the County Guidelines of 1992.
- II. **Description of the Planning Process** - Describe the activities which are a part of the planning process in your county. Indicate how strategies from the County Guidelines of 1992 were included in your process.
- III. **Need/RESOURCE Assessment**
 1. Client demographics
 2. Current services provided
 3. Unmet needs/services needed. Include residential supports and family support. The needs of underserved persons can be described in a narrative format.
 4. Economic and community factors - describe the economic base of your county and explore how people with developmental disabilities can gain employment opportunities.
 5. Explore larger community issues such as housing and transportation and their impact on persons with developmental disabilities.
 6. Discuss minority access issues and needs.
 7. High School graduate needs
 8. Services needed but not available.
 9. Explain the strengths and shortcomings in the nature of your community or its willingness and ability to provide support to its local citizenry both disabled and non disabled outside of the traditional paid service system.
- IV. **Description of Current Services/Supports**
 1. Current services provided
 2. Costs of provided services
 3. Summary of program areas as related to goals or other developments since the previous plan was submitted.
 4. Review of goals of the previous biennium and discussion. (May include use of data from CHRIS system to look at cost/benefit ratios, average wages and hours spent in the community with non-disabled peers).
 5. DVR services
 6. Use of PASS/IRWE and other sources of funding.
 7. Use of supports supplied outside of the traditional DD paid professional system.
- V. **PROGRAM PLANS FOR 1997-99.**
 1. Service system goals
 2. Specific program objectives and strategies for addressing areas of need identified in section III.
- VI. **Resource Allocation Plan (Attached Chart) for 1997-1999**
(This section will be used to determine the DDD budget for the 97-99 biennium.)
 1. Indicate allocation plan using current level of funding needed in each program area to meet needs outlined in Section III.

RESOURCE ALLOCATION PLAN FOR 1997-99

CURRENT SERVICES/SUPPORTS	Number of Persons CURRENTLY SERVED/SUPPORTED	Biennial Cost of CURRENT SERVICES/SUPPORTS	Number of Persons UNSERVED/UNSUPPORTED
CHILD DEVELOPMENT SERVICES			
INDIVIDUAL EMPLOYMENT			
GROUP SUPPORTED EMPLOYMENT			
PRE-VOCATIONAL/SPECIALIZED INDUSTRIES			
COMMUNITY ACCESS			
NON-PAID SUPPORTS/SERVICES			
DVR FUNDED SERVICES			
* CASE MANAGEMENT			
* RESIDENTIAL			
* FAMILY SUPPORT			
* OTHER (Specify)			
TOTAL			

* Areas marked with an (*) are optional.

This information will be used for the Division of Developmental Disabilities 1997-99 budget request.

Please note the addition of a new line of information entitled "NONPAID SUPPORTS/SERVICES". This information supports for additional people within current resources.

An attached narrative explaining the assumptions/methodologies used to complete this form would be helpful. An extended "Biennial Cost for UNSERVED/UNSUPPORTED PERSONS" would be particularly helpful to the Division

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia WA 98504-5000

February 13, 1996

TO: County Coordinators
Regional Administrators

FROM: Norm Davis, Director *ND*
Division of Developmental Disabilities

SUBJECT: System Transformation

The Division of Developmental Disabilities (the Division) has made a commitment to determine the feasibility of system transformation. The motivation for this effort is the likely change in the fiscal environment and because there are individuals and families waiting for supports and services are driven to crisis before any meaningful kinds of supports will be provided. Combined, these factors offer an opportunity and a challenge to explore possible system changes that could result in a more equitable system for assuring access to and providing supports and services to individuals with developmental disabilities and their families.

I am urging you, in partnership with your region or counties, to organize and facilitate localized system transformation discussions. I have attached "Thinking System Change: Proposed Process for County and Regional Partnership" which I believe will assist in establishing the environment for these discussions. It outlines a proposed process, provides a timeline and identifies the products that I am requesting. Please review this material carefully.

I am not asking that you replicate the state-wide stakeholder workgroup's efforts. Rather, I am asking that, given what you know, your experiences, and what you may be planning; what system changes make sense and should be made so that individuals with developmental disabilities and their families can be more appropriately supported.

For the sake of consistency, I ask that each of you use the following tests of feasibility in testing your ideas and proposed changes. Will the changes:

- ⇒ Result in an individual and family centered approach to service delivery; that is, will individuals and families have more control over resources or the paid or unpaid services they receive?
- ⇒ Be consistent and supportive of the values expressed in the residential and county guidelines as well as those values supported in local innovations and other community planning and activities?
- ⇒ Improve access so as to increase the number of people appropriately and adequately supported through either unpaid supports or paid services; that is, will everyone who is eligible for, wants, and needs supports or services receive them?
- ⇒ Meet or exceed existing standards of quality for supports and services and achieve improved individual and family satisfaction?
- ⇒ Assure a better match, that is improve utilization, between the support requirements of the individual or family and the supports (paid or unpaid) received?
- ⇒ Provide an appropriate and adequate mechanism for managing costs given the likelihood that resources will, at best be maintained at current levels, while the number of individuals or families seeking assistance will likely increase?

The Division has established a stakeholder workgroup which includes self-advocates, families, providers, a county coordinator, and state employees. Attached you will find materials developed by this group on values, outcomes, objectives,

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measures, roles and functions. These suggest that it is possible to develop a individual and family driven system which uses some managed care principles and key elements also mentioned in the materials.

These materials should be considered a starting point for your discussions. We will continue to send you the products developed by the stakeholder workgroup as they become available. I have asked Division staff to work with you to ensure a constructive exchange of ideas and suggestions between the stakeholder workgroup and local partnerships so that this effort becomes an inclusive process.

A number of you have raised questions about the blending of local community activities related to the system change considerations outlined in this letter with the established 1997-1999 planning process currently underway. I ask that you work together to modify the current process to accommodate and integrate your local system transformation discussions along with your testing of new ideas and concepts related to the possible changes in services and their management. It is possible that some Counties will wish to change the due dates of their County Plans. If so, please coordinate with each other regarding any changes in due dates that are necessary. Please provide me with County by County changes that will be made in due dates no later than March 15, 1996. I am also asking for your collaboration on the development of periodic reports indicating the progress being made on system change ideas and efforts.

System transformation will take all of us working together with individuals, families, providers, advocates, businesses, and other governmental entities. Let us share our knowledge so that individuals with developmental disabilities and their families benefit from this partnership.

If you have questions, need assistance or if you need additional information, please call Bruce Treichler at (360) 664-0447.

Thank you.

cc:

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APPENDIX B

1995-1997 Biennial Plan System Issues, Goals and

ISSUE	Policy	Administered By:		Date Completed or Reported	S (Se
		State	County		
Goals and Objectives					
ELIGIBLE INDIVIDUALS UNSERVED Over 900 adults identified in King County who are eligible for services from the DD system are unserved. There may be more who are not known to the system, and who may not know how to gain access.	x				
Goal A. Serve all known eligible individuals		x	x		
Objective 1. Request increased funding to serve the known unserved and unidentified unserved	x	x	x	6/30/96	
Objective 2. Conduct an outreach campaign to locate and register all eligible children and adults in King County, including the communities of color and non/limited English speaking communities.	x	x	x	6/30/96	
Objective 3. Invest in transition programming Fund each graduating class for transition from high school to adult to eliminate the backlog of unserved	x	x	x	12/31/95	
Objective 4. Maintain an information system Gather consistent data across State, County and School Districts to measure numbers of students coming into adult system and provide valid planning data.	x	x	x	6/30/96	
Objective 5. Create a system of flexible supports that include appropriate cross-cultural practices To support individuals to receive the supports they need, when they need and want them.	x	x	x	12/31/95	
Objective 6. Develop creative ways to support and utilize existing funds	x	x	x	12/31/95	

ISSUE	Policy	Administered By:		Date Completed or Reported
		State	County	
Goals and Objectives				
Objective 7. Encourage School Districts to begin futures planning at or about age 14	x	x	x	12/31/95
SYSTEM REFORM				
There are examples of excellent services in the system, however, serious issues remain related to access; service coordination and advocacy, self-advocacy; role clarity; equity, and the effective use of resources.				
Goal A. Reform administrative and services system Create a system that is equitable in its distribution of resources; involves local coordination; includes all eligible persons in the system (those with services, the known unserved, and those unknown to the system); creatively expands the use of resources through partnerships and increased efficiency; and alters the case management function to make it a more effective agent for service coordination and advocacy; gives people choices in selecting services.	x	x	x	
Objective 1. Create and implement system reform plan Participate with all stakeholders in creating and implementing plan to reform system to improve services to individuals with disabilities.	x	x	x	8/30/95
Objective 2. Create and implement innovative partnerships to make more effective use of limited funding Partnerships between government, education, families, and industries to maximize effective use of funds	x	x	x	12/31/95

ISSUE	Policy	Administered By:		Date Completed or Reported	Status
		State	County		
Goals and Objectives					(See Key)
Objective 3. Revise case management system to allow more effective carrying out of goals		x		6/30/97	IP
Objective 4. Develop a plan to explore the feasibility of K.C. administering the community Residential Services			x	6/30/96	IP
Objective 5. Develop community capacity to address caseload growth	x	x	x	6/30/97	IP
HOUSING					
Goal A. Make available increased number and variety of housing options and supports					
Objective 1. Increase accessible and affordable housing	x	x	x	6/30/97	R
Objective 2. Participate with King County and its cities' housing plans	x	x	x	Biennial Report	IP
Objective 3. Report progress to K.C. Board of the number of people who are known and have secured community housing during the biennium.		x	x	Biennial Report	R
Objective 4. Monitor, evaluate and implement results of evaluation.		x	x	Biennial Report	R

ISSUE	Policy	Administered By:		Date Completed or Reported
		State	County	
Goals and Objectives				
ACCESS TO SERVICES FOR MEMBERS OF COMMUNITIES OF COLOR AND WITH NON/LIMITED ENGLISH SPEAKING COMMUNITIES				
Goal A. Provide the necessary supports for eligible members of communities of color, and with non/limited English speaking communities, to successfully gain access to the system	x	x	x	
Objective 1. Support parent groups in communities of color and with non/limited English speaking communities	x	x	x	Biennial Quarterly Report
Objective 2. Report progress to KC Board for Developmental Disabilities	x	x	x	Biennial Quarterly Report
a) Number of persons of color or with non or limited English entering the system				
b) Persons who have received jobs or housing				
c) Number of new vendors from communities of color or from non/limited English speaking communities				
d) Number of new individuals in decision-making roles (DD Board, staff of County or Region IV)				
e) Vendor employees cultural identity profile				
Objective 3. Provide training about cultural competence Train system on providing culturally competent services.	x	x	x	6/30/96

ISSUE	Policy	Administered By:		Date Completed or Reported	S
		State	County		
Goals and Objectives					(Se
Objective 4. Provide ongoing outreach Implement plan to reach out to communities of color and with non/limited English speaking communities, including information on the system, how to gain access to system, using members of each community to provide the information and assistance.	x	x	x	Biennial Quarterly Report	
Objective 5. Build capacity	x	x	x	6/30/96	
Objective 6. Contract with agencies within communities of color and with non/limited English speaking communities	x	x	x	12/31/95	
Objective 7. Monitor, evaluate and implement results of evaluation See also: Support for Families	x	x	x	Biennial Report	
MONITORING AND EVALUATION					
Goal A. Measure effectiveness of supports provided to people with developmental disabilities.					
Objective 1. Conduct on-site contract monitoring and on-site quality assurance evaluations for all services King County contracts		x	x	Biennial Report	
Objective 2. Implement results of evaluation		x	x	Biennial Report	

ISSUE	Policy	Administered By:		Date Completed or Reported
		State	County	
Goals and Objectives				
SERVICE I: Early Intervention				
Goal A. Maintain and improve services to 0-3 year old eligible children and their families including the unidentified, unserved communities of color and non/limited English speaking	x	x		
Objective 1. Maintain open enrollment for 0-3 year old eligible children	x		x	Biennial Report
Objective 2. Expand present and future vendors that are owned and/or controlled by communities of color			x	Biennial Report
Objective 3. Expand parent training and family support to include communities of color and limited/non English speaking communities			x	12/31/95
Objective 4. Facilitate service transition to school districts including communities of color and limited/non English speaking parent populations in a cross-culturally appropriate manner.	x		x	Biennial Quarterly Report
Objective 5. Maintain Childfind efforts through universities, schools, public health, and other relevant sources	x	x		Biennial Report
Objective 6. Continue pediatric referral line	x	x		Biennial Report
Objective 7. Coordinate with community organizations, coalitions and boards that focus and address the needs of children residing in King County	x	x		Biennial Report

ISSUE	Policy	Administered By:		Date Completed or Reported	S
		State	County		
Goals and Objectives					(Se
Objective 8. Explore ways in which Early Childhood service could be accomplished in an inclusive way.	x	x	x	6/30/96	
Objective 9. Encourage the collaboration between Early Childhood programs and local schools	x	x	x	Biennial Report	
Objective 10. Ensure that culturally and linguistically appropriate children and family resource coordination delivered by the Seattle/King County Health Department is provided to meet Part H, IDEA requirements for the unidentified unserved birth to six populations from the communities of color and limited/non English speaking communities.	x	x	x	Biennial Report	
Objective 11. Monitor and evaluate contract compliance and quality of programs	x		x	Biennial Report	
SERVICE II: EMPLOYMENT					
Goal A. Expand number and variety of job opportunities with flexible supports from community	x	x	x		
Objective 1. Increase Individual Employment by 50%	x		x	6/30/97	
Objective 2. Increase jobs supported by co-workers by 50%	x		x	6/30/97	
Objective 3. Establish annually a targeted number of businesses to provide co-worker supported jobs	x		x	6/30/96	
Objective 4. Coordinate transition plans with schools	x	x	x	Biennial Report	

ISSUE	Policy	Administered By:		Date Completed or Reported
		State	County	
Goals and Objectives				
Objective 5. Create plan for flexible (non-agency) supports. Promote use of peers, family, advocates, co-workers for people who have reached independent level of work. Include job variety, promotion, and change.	x		x	6/30/96
Objective 6. Expand employment opportunities for all. Include promotion and variety.			x	6/30/97
Objective 7. Expand employment opportunities for individuals with severe disabilities	x		x	6/30/97
Objective 8. Expand employment opportunities in a cross-cultural manner for people from communities of color and limited/non English speaking communities.	x		x	Biennial Report
Objective 9. Continue to study K.C. system of payment rates in relation to dollars spent and objectives achieved	x	x	x	12/31/95
Objective 10. Work with the State government to develop employment positions to further objectives 1 through 7.	x	x	x	6/30/97
Objective 11. Work with State government to commit to employ people with developmental disabilities	x		x	6/30/97
Objective 12. Report progress of the following to K.C. Board for Developmental Disabilities: a) Number of new people who secured employment; b) Total number of people employed at beginning and end of biennium			x	Biennial Report
Objective 12. Evaluate and monitor all employment services. Modify program according to results of evaluation			x	Biennial Report

ISSUE	Policy	Administered By:		Date Completed or Reported
		State	County	
Goals and Objectives				(S)
SERVICE III. SUPPORT TO FAMILIES				
Goal A. Provide practical and moral support to families				
Objective 1. Fund Parent Coalition/Training, including parents from communities of color and non/limited English speaking families	x		x	6/30/97
Objective 2. Support to families in times of transition	x	x	x	Biennial Report
a) from Early Childhood program to school				
b) from high school to adulthood				
c) from institutions to community				
d) from middle age to retirement				
e) from work to retirement				
Objective 3. Recruit and train respite workers and collaborate with the Seattle/K.C. Division on Aging Annually inform the community of who is available for respite		x		Biennial Report
Objective 4. Recruit and train attendant care workers and collaborate with the Division on Aging		x		6/30/96
Objective 5. Increase respite budget		x		6/30/97
Objective 6. Give supports when medical insurance runs out	x	x		6/30/97
Objective 7. Improve resource coordination	x	x	x	Biennial Report
Objective 8. Coordinate with K.C. Interagency Coordinating Council (all K.C. and its cities) on child care issues	x	x	x	Biennial Report

ISSUE	Policy	Administered By:		Date Completed or Reported
		State	County	
Goals and Objectives				
Objective 9. Coordinate with K.C. Children Commission or its successor		x	x	Biennial Report
Objective 10. Evaluate, monitor and implement results of evaluation of County contracted services.			x	Biennial Report
SERVICE IV. COMMUNITY ACCESS AND SUPPORT SERVICES				
Goal A. Evaluate and improve effectiveness of services in this category	x	x	x	
Objective 1. Monitor and evaluate behavior management services	x	x	x	12/31/95
Objective 2. Modify and/or expand behavior management services according to results of evaluation	x	x	x	6/30/96
Objective 3. Monitor and evaluate community access services, including senior services	x		x	12/31/95
Objective 4. Modify and/or expand services according to results of evaluation			x	6/30/96
Objective 5. Monitor and evaluate self-advocacy services	x		x	12/31/95
Objective 6. Modify and/or expand program according to results of evaluation			x	6/30/96
Objective 7. Monitor and evaluate consumer guidance and assistance	x		x	12/31/95
Objective 8. Modify and/or expand according to the result of evaluation				6/30/96
Objective 9. Monitor, evaluate and clarify purpose of "Other Individual Supports"	x	x	x	12/31/95
Objective 10. Modify and/or expand services according to results of evaluation	x	x	x	6/30/96

ISSUE	Policy	Administered By:		Date Completed or Reported	S
		State	County		
Goals and Objectives					(See
Objective 11. Monitor impact of METRO's implementation of ADA in transportation service	x	x	x	12/31/95	
SERVICE V. RESIDENTIAL SERVICES					
Goal A. Creatively expand and utilize the Residential System to include providers from communities of color and non/limited English speaking communities					
Objective 1. Expand residential services and options including persons from communities of color and non/limited English speaking communities	x	x	x	6/30/97	
Objective 2. Reconcile wage and benefit discrepancy between RHCs/SOLA and privately-operated programs	x	x		6/30/97	
Objective 3. Provide support to non-traditional residential services	x	x	x	Biennial Report	
SERVICE VI. RESIDENTIAL HABILITATION CENTERS					
Goal A. Continue to support the State policy to move people back to their local communities					
Objective 1. Work with Region IV DDD and providers to ensure services and supports are available to assure a successful transition to the community	x	x	x	Biennial Report	
Objective 2. Develop appropriate supports services and employment opportunities for people returning to the K.C. community from RHCs	x	x	x	Biennial Report	

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APPENDIX C

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DRAFT
NORM DAVIS, DD

**INDIVIDUAL AND FAMILY ASSISTANCE INITIATIVE
OUTLINE
September 19, 1996**

ISSUE: More people are requesting paid services than the current public resources can support. As a result, individuals and/or their families must present a crisis before adequate paid supports become available. These paid services are often expensive to the tax payer and disruptive to the individual. For many people and their families, less expensive early intervention supports are more effective but have not been available. There are four contributing factors to this issue:

- 1) **Fragmentation:** The current DD system is fragmented into too many small specialized categories of service each with its own eligibility criteria and financial rate structure. Different rates are paid for the same services. This fragmentation has created financial and program inefficiencies.
- 2) **Over-utilization:** People continue to receive the same level of crisis funding even after their crisis has abated. Because of the difficulties people and their families experience in initially waiting for paid service, they are often reluctant to accept a reduced level of support for fear that resources will not be available if new crises occur.
- 3) **Dependence:** The current system promotes dependence on state funding and creates disincentives to incorporate existing neighborhood and family supports.
- 4) **Inflexibility:** As individual need and circumstances change over time, the current categorical programs create artificial waiting lists and barriers to these transitions. Many of these changes are easily predictable. Additionally, some of the services were not relevant to the issues which people presented and presented sub-optimal solutions.

KEY STRATEGY: In summary, the Division's approach has three key components:

- 1) Combine 9 community programs (and their corresponding budget units) into a single community program (single budget unit) which focuses on individual and family assistance
 - standards, workload and outcome measures would be redefined
 - DD Medicaid Waiver would be revised
- 2) Develop an individualized cost allocation system which is needs based and reflects personal changes
- 3) Focus the management and support for the individual and family assistance at the local government level
 - emphasis on the individual and their family
 - emphasis on connections to community resources
 - increased community and resource capacity - building
 - management of cost utilization
 - management of personal choice
 - management of providers

APPROACH: By January 1998, the Division will present to the Legislature a recommendation for implementing the individual and family assistance program. This recommendation will be based upon the results of the following activities:

- 1) **Quality standards, workload measures, and outcomes:** the Division will revise its current program measures to reflect individual and family assistance supports.
- 2) **County Pilots:** building on the current local initiatives, the Division will provide an interim capitated rate those counties wishing to participate in the management of individual and family assistance.
- 3) **Outside Evaluation:** an evaluation of the pilots will be conducted which focuses on the following aspects:
 - access, quality, service utilization, cost containment / cost benefit
 - personal and public appropriateness of menu of services / benefits
 - role of personal choice
 - future costs / impact of future Medicaid reform

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DATA: The following information is provided for reference:

Caseload Growth:

	CHILDREN	ADULTS	TOTAL
AVERAGE ANNUAL GROWTH	1,023	452	1,475

IN-HOME SUPPORT: including non-24 hour residential and employment programs

Bureau

PROGRAM	NUMBER OF PEOPLE SERVED	COST
Medicaid Personal Care / IPP	3,000	\$53,400,000
Family Support	2,000	\$20,200,000
Community Access	1,300	(*included)
Individual Supported Employment	2,300	\$42,700,000*
Group Supported Employment	1,200	(*included)
Attendant Care	200	\$ 9,400,000
Supported / Alternative Living	1,500 (duplicated count)	\$20,600,000
Child Development Services	1,700*	(*included)
Sheltered Employment	1,600	\$24,000,000
TOTAL	12,000 to 15,000 +/-	\$170,300,000

24 HOUR RESIDENTIAL SUPPORTS

PROGRAM	NUMBER OF PEOPLE SERVED	COST
Residential Habilitation Centers	1,280	\$282,400,000
SOLA	110	\$ 17,900,000
ICF / MR	160	\$ 24,200,000
Intensive Tenant Support	1,370	\$126,400,000
Adult Family Homes	1,080	\$ 14,800,000
TOTAL	4,000 +/-	\$465,700,000