

# SENATE BILL REPORT

## SB 6780

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As Reported by Senate Committee On:  
Health & Long-Term Care, February 4, 2010

**Title:** An act relating to community living for persons with developmental disabilities.

**Brief Description:** Concerning community living for persons with developmental disabilities.

**Sponsors:** Senators Keiser, Ranker, Kline, Delvin and Fairley.

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 2/03/10, 2/04/10 [DPS-WM, w/oRec].

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 6780 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Fairley, Marr and Murray.

**Minority Report:** That it be referred without recommendation.

Signed by Senators Becker and Parlette.

**Staff:** Rhoda Donkin (786-7465)

**Background:** There are five residential habilitation centers (RHCs) established in statute to provide services for persons with developmental disabilities. Rainier School in Buckley, and Lakeland Village in Medical Lake were the first state facilities, and served as the foundation for the later creation of Fircrest School in Shoreline, Frances Haddon Morgan Children's Center in Bremerton, and Yakima Valley School in Selah. As of June 2009, there were 992 residents in these facilities, with an over all full time staff of 2,726. RHCs include a combination of 249 skilled nursing beds, used for individuals with significant health care needs, and 743 intermediate care facility beds for persons with developmental disabilities needing a lower level of care.

The department currently provides paid services to 20,000 other individuals who do not live in RHCs. These people with developmental disabilities receive support in the community with services such as personal care, employment, respite care, and other services through

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waivers. These waivers are comprehensive service packages that were designed by the federal government as an alternative to institutions.

Of those individuals served in the community, most reside with family members. About 4,300 clients on waivers do not live with their families and receive community residential services provided by contracted providers. Another 110 persons receive similar service provided by state employees, called State Operate Living Alternatives (SOLAs).

Over the years there have been several legislative and executive attempts to facilitate the closure of Residential Habilitation Centers, as trends for providing services to persons with developmental disabilities have increasingly focused on doing so in community settings. These efforts have ultimately resulted in current practice of reducing the bed census through natural or planned attrition, with the exception of the closure of the Interlake School in 1994. Today, besides the beds for permanent residents, RHCs provide planned respite and short term emergency services. Recent trends show respite care services are on the rise in RHCs.

Many people who live in RHCs have spent a significant portion of their lives there. Nearly half were admitted as children under the age of 15 and have lived in the RHC for over 40 years. The age range and length of stay varies widely; at Frances Haddon Morgan Children's Center, the oldest person is 49, and the youngest is 12. The oldest person at Rainier is 91, and the youngest 21. There are 33 individuals under age 20 currently living in RHCs, 25 of whom are long-term residents, eight are considered short stay.

In 2009 the Legislature initiated a study of the feasibility of closing state institutions and a final report was issued at the end of the year. As part of the study, researchers interviewed families and employees of RHCs. Their discussion revealed veteran staff with established long-term relationships with residents of the facilities. The RHC staff was found to have extensive expertise and commitment to the people living in RHCs. And while employees recommended some residents could live outside an RHC, there was concern that most communities lacked adequate support, especially for RHC residents with extremely intensive needs. Families interviewed about the potential closure RHCs often expressed strong objections, suggesting such a move would be traumatic and intolerable for their loved ones, especially those who have lived in an institution for most of their lives.

The final feasibility report called for immediately removing all children currently living in RHCs and placing them into state-operated children's intensive homes. It called for reducing the overall census in RHCs by 250 beds by 2013, which would include closing the Frances Haddon Morgan Children's Center and 13 residential buildings on other campuses. Further, it recommended that all but a few RHC beds be closed by 2019, and that three campuses would revert to small community support centers to provide emergency support services, ambulatory care, clinical outreach services, and a few skilled nursing beds. The report called for expanding the community supported living network to include state operated options which focus on people with complex health needs.

**Summary of Bill (Recommended Substitute):** By November 1, 2010 the Department of Social and Health Services must submit an implementation plan to the Legislature that provides costs and timelines for establishing state operated living arrangements to serve residents transitioning out of RHCs. The plan must provide for transferring by December 31,

2011, all children currently living in RHCs either to their families with intensive supports or to children's intensive care in community settings. The plan must also describe how to close and vacate the campus of the Frances Haddon Morgan Center and portions of other residential habilitation centers by December 31, 2012. Further, the plan must describe how to close the remaining RHCs by December 31, 2016, except for a small number of skilled nursing facility beds and other specialized services.

The plan must include stakeholder input, and describe how to transition people into community settings with appropriate levels of support with minimal disruption. The plan must include using state operating living arrangements for both RHC residents and other waiver-eligible clients, and provide for opportunities for staff-client relationships established in the RHCs to continue in community settings, include conditions for zero rejection policy for RHC clients entering the community, among other elements enumerated in the act.

The act requires the department to implement the plan once it is approved by the Legislature.

Beginning November 2011, and continuing through November 1, 2013, the department must report to the Legislature on the progress made meeting the requirements of the act.

**EFFECT OF CHANGES MADE BY HEALTH & LONG-TERM CARE COMMITTEE (Recommended Substitute):**

- Language is eliminated granting all eligible persons with developmental disabilities the opportunity to choose from available options, a funded placement in the most integrated setting appropriate to the needs of the qualified individual.
- DSHS must seek input from stakeholders when developing the plan to close the state's RHCs.
- The implementation plan must assume six rather than four years.
- It is clarified that waiver-eligible clients not residing in RHCs can also be served by state operated living arrangements.
- The department must use a standardized tool to assess RHC residents.
- The departments plan must include a zero rejection policy, coordination with the Housing Trust Fund, and identification of suitable uses for the RHC property.
- It is stated that DSHS must implement the plan once its approved by the Legislature.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill:** PRO: We have been slowly downsizing institutions for 40 years. The time to close them is now. Supported living is a model we have learned how to do. It is not like Adult Family homes, it is a model that uses intensive staffing in a resident-centered approach. The quality and follow-up provisions in this bill guarantees people will be put in living circumstances that offer integration instead of

isolation. My sister became terribly depressed and withdrawn when she had to go to Fircrest. Now she is living and working happily in her community. Today, there is capacity in the supported living community to accommodate transfers. Many supported living agencies are ready and willing to expand. RHCs are the most expensive way to provide care to people with developmental disabilities, which means we are wasting precious resources by spending money there instead of in the community. This bill is a crucial beginning in allowing families a real choice and giving people with developmental disabilities safe, quality care in their communities.

CON: Consistent and safe care for people with complex needs is not cheap. RHCs provide a safety net that cannot be found in the community. This will not save money because it will cost much more than is anticipated once all the separate costs of paying for community care are considered. How can we promise to care for this population in the community if we can't care for the people with developmental disabilities in the community now? Professional expertise, like dental and physical therapy services for persons with developmental disabilities, will be lost if these facilities close down. Many good jobs will be lost and that is going to hurt our community. Right now crisis emergency care and respite care are in short supply. If we close the institutions this crisis will worsen. We should have a vision for our RHCs, not just vacate them and think that's going to save money.

OTHER: The timeline in this bill is too fast. The plan for transferring people out of RHCs has already been done. There needs to be more certainty that adequate state operated programs will be developed to accommodate the transfers in the time provided. We have to make sure people have a choice.

**Persons Testifying:** PRO: Larry Jones, PhD, American Assn on Intellectual and Developmental Disabilities; Ed Holen, Developmental Disabilities Council; Stacy Gillett, ARC of Washington; Chris Seidler, parent; Scott Livingood, Alpha Supported Living; Robert Warden, Self Advocated Leadership, Joy Caldwell, CRSA; Shelley Longacre, citizen.

CON: Senator Roach; Maureen Durkan, Rick Jensen, Paul Strand, Action DD; Terri Anderson, Friends of Fircrest; Bob Gee, parent; Patricia Johnson, City of Buckley; Marcy Johnsen, SEIU 1199, Bill Anderson, citizen.

OTHER: Terry Nabokowski, Greg Devereux, Julianne Moore, Washington Federation of State Employees; Kari Burrell, Governor's Office.