

SENATE BILL REPORT

SB 5506

As Reported by Senate Committee On:
Human Services, February 7, 2023

Title: An act relating to enhanced behavior support homes.

Brief Description: Establishing an enhanced behavior support homes model.

Sponsors: Senators Kauffman, Dhingra, Hasegawa, Keiser, Lovelett, Randall, Rivers, Saldaña, Shewmake, Wagoner and Wilson, C..

Brief History:

Committee Activity: Human Services: 1/25/23, 2/02/23, 2/07/23 [DPS-WM, w/oRec].

Brief Summary of First Substitute Bill

- Establishes the Enhanced Behavior Support Homes Program.
- Directs the director of the Department of Social and Health Services and other entities to assess the capacity of community residential providers, state-operated living alternatives, and group training homes to become licensed and certified.
- Establishes an enhanced behavior support specialist certification.

SENATE COMMITTEE ON HUMAN SERVICES

Majority Report: That Substitute Senate Bill No. 5506 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Wilson, C., Chair; Kauffman, Vice Chair; Frame, Nguyen, Warnick and Wilson, J..

Minority Report: That it be referred without recommendation.

Signed by Senator Boehnke, Ranking Member.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Staff: Delika Steele (786-7486)

Background: The capital budget appropriates funding to the Department of Commerce (Commerce) for various housing programs. The largest housing program is funded by the Housing Trust Fund, which provides grants or loans to develop and preserve affordable housing to meet the needs of low-income and special needs populations.

The Department of Social and Health Services (DSHS) Developmental Disability Administration (DDA) assists individuals with developmental disabilities and their families to obtain services and support based on individual preferences, capabilities, and needs. DDA clients live in residential habilitation centers (RHCs), an institutional setting, as well as in the community.

Eligibility for DDA services hinges on whether the client has a qualified developmental disability, has a functional need, and meets certain income and asset standards.

The services provided to clients are designed to promote everyday activities, routines, and relationships common to most people, and include employment services and community access services, which are contracted with counties.

Summary of Bill (First Substitute): Subject to amounts appropriated, the Enhanced Behavior Support Homes Program is established to provide enhanced behavioral services and support to individuals in a community setting rather than in an institution. DSHS working with DDA must create standards for licensure of enhanced behavior support homes. The DSHS secretary must license enhanced behavior support homes that meet the following minimum standards:

- require 24-hour supervision of residents;
- provide an appropriate response to the acuity of the residents;
- establish resident rights substantially similar to the rights set forth in 71A.26.030 RCW; and
- establish program standards, design requirements, staffing structure, and staff qualifications.

DSHS must also certify enhance behavioral support specialists who meet minimum standards. The certification requires a minimum 40 hours of emergency intervention training that includes collaborative problem-solving techniques utilizing trauma-informed practices and positive behavior supports, and a minimum of 10 hours of ongoing training per year following initial certification. The components of this training must at a minimum include:

- de-escalation and conflict resolution techniques to prevent injury and maintain safety regarding clients who may pose a danger to themselves or others;
- support and coaching services to be provided by the office of the developmental disability ombuds;
- concepts in functional communication, sensory needs, relationship-based

- intervention, and behavioral interpretation; and
- consultation with occupational and speech therapy specialists who have experience working with populations living with complex behavioral support needs.

Enhanced behavior support home providers are responsible for coordinating the development and updating each client's individual behavior support plan with the client's individual behavior support team. The initial plan must be developed within 14 days of a client's admission to an enhanced behavior support home. A final plan must be developed within 90 days and must align with prescribed interventions outlined in a client's behavioral health or autism treatment plan. The plan must also maximize the opportunities for resident independence, employment, collaboration with peer supported services, amongst other things, and provide for minimally restrictive care and services in a manner appropriate to residents.

An enhanced behavior support home is a community residential placement such as supported living, state operated living alternative, or a group home that provides 24-hour nonmedical care in a homelike long-term supportive setting to individuals with developmental disabilities who require enhanced behavior support, staffing, and supervision. These homes must have a maximum capacity of four clients and must be eligible for federal Medicaid and community-based services funding.

Enhanced behavioral services means staffing supervision to address a client's challenging behaviors, which are beyond what is typically available in other community facilities or a group home. These services serve individuals in a community setting and are delivered by enhanced behavioral support specialists.

An individual behavior support plan means a person-centered plan that:

- identifies and documents the behavior of the client being served;
- includes intensive supports, specialized habilitative services, and appropriate specialized equipment to meet client needs;
- details the strategies and interventions to be employed and which services are required to address those needs; and
- includes the entity responsible for providing those services and timelines for when support will begin.

Individual behavior support team refers to the individuals who develop, monitor, and revise the individual behavior support plans. The team must collaborate with experts in autism and intellectual and developmental disabilities at Seattle's Children Hospital and the University of Washington, and must at a minimum, include:

- administration service coordinator or other administration representatives;
- client, or guardian or authorized representative, or both;
- service provider's board-certified behavior analyst or qualified behavior modification professional;
- enhanced behavior support home administrator;

- clients' rights advocate, unless the client objects;
- others deemed necessary for developing a comprehensive and effective individual behavior support plan;
- an interdisciplinary team of specialists led by a behavior analyst and other trained staff; and
- healthcare providers with access to ongoing training regarding evidence-based and best-practice approaches.

The DSHS secretary and other entities providing services must:

- work with willing community residential providers, state-operated living alternatives, and group training homes to access their capacity to become licensed or certified;
- enter into contract and payment arrangements with enhanced behavior settings choosing to provide enhanced behavior support services, to the extent that willing licensed or certified facilities are available; and
- enter into contracts and payment arrangements that create network adequacy sufficient to supplement care with experts trained in enhanced behavior support

EFFECT OF CHANGES MADE BY HUMAN SERVICES COMMITTEE (First Substitute):

Removes delayed egress. Houses the program in DSHS rather than Commerce. Modifies definition of enhanced behavior support homes and individual behavior support team. Establishes an enhanced behavior support specialist certification. Modifies which organizations the agency may contract or work with.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Requested on January 23, 2023.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: This bill is a thoughtful and elegant approach and is supported by specialists and behavior technicians. It allows people with developmental disabilities to live safely within the community. Many homes and programs aren't taking on people with Developmental and Intellectual Disabilities and other mental health issues. Severe challenging behaviors prevent individuals from accessing residential facilities. Although these conditions are not life threatening, they may result in great personal injury, as behavior is the only way these individuals know how to communicate that they've been dysregulated. Behavioral issues can also lead to property destruction, and assaults on those who the individual love and care for most.

The individuals that are the focus of the bill need the wrap around team offered in enhanced homes. They can't get what is needed in the current system which only leads to further emotional distress. Many families are put in a difficult position because the state won't help with older kids that need this kind of care but will threaten to take younger kids living in the home. Issues continue to fester because there are no options and these issues were only exacerbated during the pandemic.

The homes described in the bill can help save lives. Many of the families who these homes would help have tried everything. They should have access to residential options available in the community. Trained behavior techs are needed to help them and these homes are the only ones that provide needed care. What is going on is appalling but we need to move things forward. It is difficult to find people capable and trained to work with these issues, and in rural communities it is essentially impossible. Therapeutic residential settings really work. Help families in despair and try to do something different.

How will people that need the behavioral care be able to survive when they're caretakers age and lose their ability to look after them? Please support this bill. The language might not be perfect or fix everyone's problem, but it's a start.

CON: Community services should be available, not a medical model setting. There shouldn't be behavioral teams that clients aren't even a part of.

OTHER: There are compelling reasons to support this bill. This bill needs work to address a few issues. This shouldn't be a facility bill and there are language issues. The inclusion of commerce is confusing. There needs to be a stronger section for crisis stabilization. The disabled population that needs adult family homes aren't having their needs met. We need to layer in tiered support in existing family services. There are issues with section four of this bill. There is a need for behavioral enhanced support services in communities, so people don't get stuck in hospitals and psych wards. This bill might create facilities that don't comply with federal regulation. There are concerns about the language around clients' rights. We shouldn't be making mini institutions. We need to make the community accessible to all who need the support.

Persons Testifying: PRO: Deborah Gill; Alan Gill; Beth Florea; Katrina Davis; Josephina García; Dawn Sidell, parent and northwest autism center; ARZU FOROUGH, Washington Autism Alliance; Leslie Moon; Katie Omri, Washington Autism Alliance.

CON: Krista Milhofer, People First of Washington.

OTHER: Ramona Hattendorf, The Arc of King County; Anita Hawks; Noah Seidel, Office of Developmental Disabilities Ombuds; Stacy Dym, The Arc of Washington State; Diana Stadden, The Arc of WA State; Ivanova Smith, Self advocate; Lillian Gomez.

Persons Signed In To Testify But Not Testifying: No one.