

STATE PLAN DEVELOPMENT

Plain Language Comprehensive Review and Analysis

What Washington offers people with developmental
disabilities and where change is needed

Washington 2027 to 2031 State Plan

Prepared September 2026

Washington State Developmental Disabilities Council

What this report is about

The Washington State Developmental Disabilities Council prepared a Comprehensive Review and Analysis, called a CRA, for its 2027 to 2031 State Plan. The full CRA describes Washington's services, supports, strengths, and unmet needs. It also explains what people with developmental disabilities and families told the Council.

This version uses plainer language and a shorter structure. It covers every major subject in the full CRA, but it does not repeat every technical detail or citation. The full CRA remains the source for complete data tables, legal language, and references.

The main finding is clear. Washington has many programs and strong partnerships, but access depends too often on where a person lives, what they know, whether they qualify, and whether trained workers are available. People need services that are easier to find, better coordinated, culturally responsive, and reliable throughout life.

How to use this report

- People with developmental disabilities and families can use it to understand the major systems and issues.
- Council members and community partners can use it to see why the State Plan chose its priorities.
- Policymakers and agencies can use it to identify gaps that require funding, policy changes, or stronger coordination.
- Readers who need complete technical information should also use the full Comprehensive Review and Analysis.

Words used in this report

Developmental disability means a severe, long-term disability that begins before age 22 and substantially limits major areas of daily life. The federal definition includes other requirements. This report often uses DD as a short form. Some programs use intellectual and developmental disabilities, or IDD.

Person-centered means that services begin with the person's own goals, choices, strengths, culture, and support needs. The person should lead decisions as much as possible and choose who helps.

Community input means information shared by people with developmental disabilities, families, community organizations, service providers, and other people who use or understand these systems.

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Summary of the review

Washington has important programs and experienced partners. Many people still cannot get the right help at the right time.

The Council reviewed data, reports, community input, and the way state systems work together. The review found progress toward community living, self-determination, employment, and protection of rights. It also found persistent gaps that affect everyday life.

What is working

- Washington has continued moving services away from institutions and toward homes and communities.
- The state has established partnerships across developmental disability, healthcare, education, employment, housing, aging, and civil rights systems.
- Programs such as Informing Families, the Developmental Disabilities Ombuds, the Developmental Disabilities Endowment Trust Fund, School to Work, and supported employment provide useful models.
- Self-advocates and families take part in planning, public policy, training, grant review, and system oversight.
- The Council, Disability Rights Washington, the University of Washington Center on Human Development and Disability, Allies in Advocacy and state agencies work together on statewide issues.

Where change is most needed

- People have trouble finding clear information and moving between programs with different rules.
- Long waitlists, worker shortages, and limited provider capacity keep approved services from becoming real help.
- Rural, Tribal, immigrant, multilingual, and culturally diverse communities often have fewer choices and less access.
- Behavioral health, crisis response, dental care, and other health services often do not meet the needs of people with DD.
- Housing and transportation shortages limit employment, healthcare, relationships, recreation, and community participation.
- Students and families face uneven special education, restraint and isolation, weak transition planning, and shortages of trained staff.

- People with DD are more likely to live in poverty and less likely to have paid work than people without disabilities.
- Older adults with DD and aging caregivers need coordinated planning before a crisis occurs.
- Rights protections are strong on paper, but reporting, enforcement, communication, and follow-through remain uneven.

What the review says Washington should do

1. Make information usable. People need clear explanations, application help, warm referrals, and someone who can help across agency boundaries.
2. Build a stable workforce. Direct support, healthcare, behavioral health, education, and employment systems all depend on trained workers who stay.
3. Plan across the lifespan. Systems must prepare for school transitions, work changes, caregiver aging, retirement, dementia, housing changes, and end-of-life decisions.
4. Protect choice and civil rights. Services should support communication, informed decisions, privacy, dignity of risk, and life in the community.
5. Close geographic and cultural gaps. Funding, outreach, language access, and program design must reach communities that current systems often miss.
6. Use community experience and better data together. Statewide numbers matter, but they must be interpreted with people who live with the results.

How the Council completed the review

The CRA combines data with lived experience because neither source tells the whole story by itself.

Federal law requires each Developmental Disabilities Council to review the state's services and unmet needs when it develops a five-year State Plan. The Washington Council completed this work under Section 124(c)(3) of the Developmental Disabilities Assistance and Bill of Rights Act.

The Council used federal and state data, program reports, policy information, regional forums, community conversations, surveys, focus groups, and public comment. It heard from people with developmental disabilities, families, providers, advocates, and community organizations.

The Council made a specific effort to hear from communities that government processes have often excluded. These include Tribal communities, Black, Indigenous, and other people of color, immigrants, people who use languages other than English, LGBTQ+ people, and people who live in rural areas.

No single source represents every Washingtonian with a developmental disability. Surveys can miss people who need communication support, internet access, translation, or help completing a form. Program data usually describes only people who qualified for and received a service. The Council therefore used several sources and treated community input as evidence alongside administrative data.

Washington at a glance

The numbers show large differences in income, education, and employment. They also show why careful labels and dates matter.

Measure	Finding	Year or source
Washington population	7,812,880	2023 American Community Survey
Estimated people who meet the federal DD definition	123,444 or 1.58 percent	Estimate using the 2023 population
State poverty rate	About 10.3 percent	2023
People with disabilities below the poverty level	20.5 percent	American Community Survey data in the CRA
People without disabilities below the poverty level	9.7 percent	American Community Survey data in the CRA
People with disabilities who are employed	41.2 percent	Population age 16 and older
People without disabilities who are employed	80.6 percent	Population age 16 and older
DDA total served	61,277	2024 residential data table

The American Community Survey numbers in this report describe the broader population of people with disabilities. They are not limited to people who meet the federal definition of developmental disability. The CRA uses both kinds of data because statewide DD-only data is not available for every subject.

What the numbers mean

- Disability and poverty are closely connected. The poverty rate for people with disabilities is more than twice the rate for people without disabilities in the cited data.
- Employment is much less common among people with disabilities. Even people who work may have very low wages or too few hours.
- Educational differences begin early and continue into adulthood. Adults with disabilities are less likely to have a bachelor's degree or higher.
- Disability rates and access are not the same across racial and ethnic groups. The cited data shows the highest disability rate among American Indian and Alaska Native residents.
- More people are receiving DDA services, but growth in enrollment does not show whether everyone receives enough support or has meaningful choices.

The Council and the Department of Commerce

Commerce provides the Council's administrative home. Federal law protects the Council's authority over advocacy, planning, budget priorities, and staff direction.

The Washington State Department of Commerce has been the Council's Designated State Agency since 2011. This arrangement gives the Council access to state financial, human resources, technology, purchasing, and other administrative systems.

A 2015 agreement explains the roles of Commerce and the Council. Commerce receives and tracks funds, prepares required financial reports, provides payroll and human resources support, maintains secure technology, and helps with purchasing, leases, mail, training, and continuity planning.

The Council remains responsible for its federally protected work. Commerce must not interfere with the Council's advocacy, systems change, capacity building, State Plan, budget decisions, or personnel decisions. The Council hires and supervises its Executive Director through its leadership. The Executive Director or designee directs other Council staff.

A clear working relationship matters because administrative support should help the Council meet public requirements without weakening the Council's independence or community-directed mission.

Health and healthcare

Good health includes physical, mental, emotional, dental, and social well-being. Healthcare systems often separate these needs even when a person experiences them together.

What people need

- Qualified physical, behavioral, dental, vision, and hearing providers.
- Affordable services in accessible locations.
- Communication support and information in the person's language and preferred format.
- Respect for privacy, informed consent, supported decision-making, and the person's goals.
- Coordination among healthcare, behavioral health, developmental disability, and long-term support systems.
- Preventive care and help before a situation becomes a crisis.

Where the system breaks down

People with DD can face provider bias, inaccessible offices and equipment, high costs, long travel distances, and professionals who do not understand disability or communication differences. Rural communities have fewer providers. People from culturally and linguistically diverse communities may not receive information or care that fits their language and culture.

Behavioral health is a major gap. People with both DD and mental health or behavioral support needs may be sent between systems that each say another system is responsible. Emergency departments and psychiatric settings are often used when community crisis support is unavailable.

Families then become the coordinators of a fragmented system and may experience exhaustion and burnout.

A 2024 Council-funded report by the National Leadership Consortium identified racism, geographic isolation, high costs, poor coordination, and limited provider knowledge as barriers at the intersection of developmental disability and behavioral health.

Work underway

DDA and partners have supported provider training, crisis tools, positive behavior supports, and work on services for people with co-occurring conditions. University of Washington programs such as ECHO Autism and ECHO Wraparound use virtual learning and case consultation to reach providers and care teams across the state.

What Washington should improve

- Build integrated care that connects physical health, behavioral health, dental care, and developmental disability supports.
- Train providers to communicate with and treat people who do not use conventional speech.
- Expand community crisis stabilization and diversion from hospitals and institutions.
- Increase the number of providers who understand DD, trauma, culture, and supported decision-making.
- Stop assuming unpaid family caregivers can fill every gap.
- Measure whether people receive timely, respectful care and whether health outcomes differ by race, language, geography, or support need.

Employment

Washington has strong supported employment programs, but many people with DD still work too few hours, earn too little, or never receive a real chance to pursue the work they choose.

What meaningful employment looks like

Employment should reflect a person's interests, strengths, and career goals. People should work beside people without disabilities, receive comparable wages and benefits, have chances to advance, and get

accommodations that make the job possible. People who want to start a business should be able to receive support for entrepreneurship.

Programs and supports

- The Division of Vocational Rehabilitation, called DVR, provides assessment, job placement, training, and short-term support.
- DVR and DDA share responsibility for supported employment. DVR helps a person find and learn a job. DDA may provide long-term support after the job is stable.
- School to Work brings schools, counties, DVR, and DDA together to help students move from school into employment.
- Benefits planning helps people understand how wages may affect healthcare, housing, and income benefits.
- Washington's Employment First policy identifies competitive integrated employment as the preferred outcome for people who receive public services.

Progress and limits

The CRA reports that about 80 percent of shared DVR and DDA customers who take part in supported employment obtain a job. That is a strong placement result. Job quality is a separate concern.

The cited outcomes show that only 10 percent of working people with IDD earn above the federal poverty level. People with high support needs average 21 work hours per month, and 99 percent earn below the poverty level. People with lower support needs average 88 hours per month, yet only 35 percent earn above poverty. These figures show that obtaining a job does not always lead to enough hours, wages, or financial security.

The CRA also includes a 2017 statewide disability employment snapshot. Because it is older and covers all disabilities, readers should not treat it as a current measure of employment for people with DD. It remains useful as historical context.

What Washington should improve

- Offer benefits planning statewide so fear of losing essential supports does not prevent work.
- Improve joint procedures and accountability between schools, counties, DVR, DDA, and employment providers.

- Prevent gaps when short-term DVR support ends and long-term DDA support begins.
- Recruit, train, and retain employment professionals who can provide customized, person-centered support.
- Give students early career exploration, internships, mentoring, and exposure to many kinds of work.
- Continue moving away from segregated and subminimum-wage work.
- Measure wages, hours, job stability, choice, advancement, and relationships at work, not placement alone.

Services and supports throughout life

Most people with DD depend on a mix of family help, paid services, community connections, technology, and public programs. A gap in one part can put the entire arrangement at risk.

Family support

Most people who receive DDA services live with family members. Families often provide daily support, transportation, advocacy, care coordination, and crisis response. Helpful services include respite, training, navigation, peer networks, and flexible help with caregiving costs.

Families report hard-to-navigate programs, shortages of qualified workers, inadequate respite, isolation, and a lack of culturally responsive services. Public systems sometimes treat family care as unlimited and free. That approach hides unmet need and can lead to caregiver burnout or sudden crisis.

Living in the community

Home and Community-Based Services, called HCBS, can provide in-home help, personal assistance, supported living, shared living, transportation, assistive technology, and other support. These services help people live in homes they choose, build relationships, work, and participate in community life.

Access is uneven. Medicaid waiver enrollment is limited by state budgets. Rural and Tribal communities may have few providers. Broadband limits can block telehealth and remote support. Assistive technology remains

underused. In some places, congregate settings are still offered before individualized community options.

Behavioral support

Washington has moved away from aversive practices and toward positive behavior support. Good support treats behavior as communication. It looks at the person's health, relationships, environment, culture, and communication needs. It uses information gathered where the behavior occurs and relies on trained people who know the individual.

There are too few professionals with expertise in both developmental disability and behavioral health. Funding for assessment, ongoing support, and family education is limited, especially outside larger communities.

Peer faith and community support

Self-advocacy groups and peer networks offer shared experience, help with services, leadership development, and support with rights and self-determination. Faith communities and volunteer groups may offer connection, meals, transportation, cultural or spiritual support, and mentoring. These informal supports can matter greatly, but they are not available everywhere and should not replace needed public services.

Aging and major life changes

People with DD are living longer. Many are growing older while the family members who support them are also aging. Aging and disability systems were built separately, so people can be passed between programs or reach a crisis before anyone develops a coordinated plan.

Planning must include more than where a person will live after a parent can no longer provide care. It should address the full set of changes that can come with aging.

- Changes in health, mobility, communication, and the amount or type of support needed.
- Dementia and Alzheimer's disease, including earlier recognition, adapted services, and support for caregivers.
- Retirement from paid work and the need for meaningful daytime activity, relationships, and community belonging.

- A transition from a parent or older caregiver to siblings, extended family, friends, or paid supporters.
- Updated supported decision-making agreements, powers of attorney, or guardianship arrangements when a decision-maker can no longer serve.
- Housing that can adapt as needs change without forcing an avoidable move to a nursing home or other institution.
- End-of-life planning that respects the person's values, communication, culture, faith, and chosen relationships.
- Grief support when a parent, sibling, housemate, friend, or long-time support person dies.

What Washington should improve

- Expand respite, family navigation, behavioral support, caregiver help, and assistive technology.
- Pay and train direct support workers well enough to build a stable workforce.
- Create joint training for aging and developmental disability professionals.
- Help families and individuals begin future planning before illness, death, or housing loss creates an emergency.
- Fund peer support and self-advocacy as ongoing parts of the service system.
- Collect better data about unmet need, caregiver age, waitlists, service use, outcomes, and people who are not connected to DDA.

Working across agencies and systems

People live one life, but government services are divided among agencies. Partnerships work best when they reduce that burden for the person rather than create another meeting structure.

Washington DD Act partners

Washington's federally funded DD network includes the Developmental Disabilities Council, the University of Washington Center on Human Development and Disability, and Disability Rights Washington. Washington State Allies in Advocacy is also a central self-advocacy partner. Together, these organizations support advocacy, research, training, legal protection, leadership, and systems change.

Important partnerships and programs

Program or partnership	What it does
Developmental Disabilities Ombuds	Independently monitors services, responds to complaints, visits programs, educates people about rights, and recommends system improvements.
Informing Families	The Council and DDA provide trusted plain-language news, tools, planning information, and multilingual outreach.
Developmental Disabilities Endowment Trust Fund	Helps people and families establish low-cost special needs trusts, save without losing public benefits, and use state matching funds.
Dan Thompson Memorial Community Services Account	Used 55 million dollars appropriated for community services, including federal recovery funds, to support community projects and innovation.
Interagency Transition Network	Connects education, county DD programs, DVR, and DDA to improve the move from school to adult life.
State Interagency Coordinating Council	Advises the state's early intervention program for infants and toddlers.
State Rehabilitation Council	Advises DVR and includes people with disabilities, families, and advocates.
Aging and Disability Resource Centers	Help connect aging, disability, long-term support, and local resources.
Centers for Independent Living	Provide peer support, independent living skills, advocacy, and help with community participation.

The Dan Thompson initiative received more than 400 applications between October 2021 and May 2022. Community reviewers, including people with disabilities and family members, helped evaluate proposals. Funded work covered health, housing, recreation, employment, equipment, and other community supports.

What stronger coordination requires

- One clear point of help when a person uses several systems.
- Shared planning and warm referrals instead of sending people from office to office.
- Agreements about who is responsible during transitions and crises.

- Safe data sharing that protects privacy and helps prevent service gaps.
- Public measures that show whether coordination improved a person's actual experience.
- Paid and supported roles for people with DD and families in design, oversight, and evaluation.

Nothing About Us Without Us means that people with developmental disabilities must have real authority in decisions that affect their lives. Attendance at a meeting is not enough. Information, communication support, time, compensation, and a clear way to influence the decision are also necessary.

Rights safety and quality

Quality means more than meeting a rule. People must be safe, respected, heard, and able to direct their own lives.

Oversight and advocacy

DDA monitors providers, tracks incidents, and reviews services. The Developmental Disabilities Ombuds provides independent monitoring and complaint help. Disability Rights Washington is the state's Protection and Advocacy organization and can investigate abuse, neglect, discrimination, and other rights violations.

Independent oversight is important because people may depend on the same provider or agency they need to report. Some people also need communication support, privacy, or help recognizing that treatment is abusive or violates a right.

Restraint seclusion abuse and exploitation

The DD Act requires states to prevent abuse, neglect, sexual exploitation, financial exploitation, and inappropriate restraint or seclusion. Washington promotes positive behavior support, trauma-informed practice, functional behavior assessment, and person-centered de-escalation.

Problems continue when workers lack training, behavioral health services are unavailable, complaints move through several disconnected systems, or an organization treats restrictive practices as routine. Prevention requires strong staffing, clear reporting, independent review, and follow-through after an incident.

Person-centered planning and decisions

A person-centered plan should describe the person's goals, strengths, preferences, relationships, health, safety, work, housing, and support needs. The individual chooses family members, friends, and supporters who take part. The plan should not begin with an available program slot and then fit the person into it.

Supported decision-making allows a person to choose trusted supporters while keeping the right to make their own decisions. Guardianship may still be used in some situations, but it should not remove more rights than necessary. People and families need plain-language information about options and periodic review as circumstances change.

Leadership and self-advocacy

Programs such as Allies in Advocacy and Self-Advocates in Leadership help people learn about rights, public policy, communication, and leadership. Family leadership, peer mentoring, and training for direct support workers also help turn self-determination into everyday practice.

What Washington should improve

- Make the Ombuds and complaint systems easier to find and use in many languages and formats.
- Improve follow-up and data sharing after serious incidents while protecting privacy.
- Fund peer-led quality review and direct feedback from people who receive services.
- Reduce and prevent restraint, seclusion, and other restrictive practices in every setting.
- Expand supported decision-making information and assistance.
- Check whether person-centered plans lead to real choice, relationships, and community participation.
- Continue funding self-advocacy and public leadership.

Education and early support

Children with developmental disabilities have a right to education and support. What they receive still varies greatly by community, school district, family resources, race, language, and workforce capacity.

Birth through age three

Early Support for Infants and Toddlers, called ESIT, serves eligible children from birth through age three. A service coordinator works with the family on an Individualized Family Service Plan. Services may include developmental, speech, occupational, or physical therapy; family training; counseling; and assistive technology.

Workforce shortages, transportation, and a lack of culturally responsive providers can delay or limit early intervention, especially in rural and Tribal communities.

Preschool and school

Children ages three through five may receive special education through local school districts. Services can be provided in developmental preschool, Head Start, the Early Childhood Education and Assistance Program, other community settings, or the child's home when appropriate. Inclusive preschool options remain uneven.

In kindergarten through grade 12, students may receive an Individualized Education Program under the Individuals with Disabilities Education Act or accommodations through a Section 504 plan. Supports can include specialized teaching, therapies, assistive technology, behavioral support, extended school year, health support, and specialized transportation.

Students in private or parochial schools may receive limited services through the local public school district. These students generally receive a service plan rather than an IEP. Families often find the rules confusing and may not receive clear information about Child Find and equitable services.

Restraint and isolation in schools

Washington law allows restraint and isolation only when needed to prevent serious harm and requires parent notification and written reports. The CRA reports continuing concern that students with disabilities, especially Black,

Indigenous, and other students of color with disabilities, experience these practices more often.

Concerns include using restraint or isolation for behavior management, repeated incidents without effective prevention, weak reporting, and physical or emotional harm. The Council and advocates support stronger limits, better public data, accountability, and training in positive and trauma-informed alternatives.

Transition to adult life

Transition planning should begin before a student leaves school. School to Work and other partnerships connect schools, counties, DVR, and DDA. They can provide career exploration, benefits planning, job development, and person-centered planning.

Many students still leave school without a job, adult services, meaningful daytime activity, transportation, or a clear next step. Families need earlier information and agencies need shared responsibility for outcomes after graduation.

What Washington should improve

- Prevent inappropriate restraint and isolation and publicly report accurate data.
- Expand inclusive early learning in every region.
- Complete evaluations on time and provide the services and accommodations in each student's plan.
- Recruit and retain special educators, paraeducators, therapists, and other trained staff.
- Train school staff in disability rights, communication, positive behavior support, trauma, and culture.
- Start transition planning earlier and measure employment, education, relationships, and community life after school.
- Give families and students information in plain language, multiple languages, and accessible formats.

Housing

A person cannot fully choose work, healthcare, relationships, or community life without a safe and affordable place to live.

Housing and support are connected

People with DD may need an affordable home, physical accessibility, help finding and keeping a lease, and personal support in the home. These needs are often funded and managed by different systems. A housing unit is not a workable option if the person cannot obtain the support needed to live there.

The Department of Commerce Housing Trust Fund supports affordable rental housing, permanent supportive housing, emergency and transitional housing, and some homeownership programs. Projects may include zero-step entrances, wider doors, roll-in showers, and universal design.

DDA offers supported living, shared living, and in-home services. The Health Care Authority administers Foundational Community Supports for eligible people who need housing case management or tenancy support. Local housing authorities administer Housing Choice and Mainstream vouchers. Nonprofit organizations may offer navigation, landlord communication, roommate matching, or tenancy support.

Main barriers

- Rent is far above what many people can pay with Supplemental Security Income or other fixed income.
- Accessible units are scarce in cities, smaller towns, and rural communities.
- Voucher and affordable housing waitlists are long, and eligibility rules are complex.
- People may face disability discrimination or assumptions that they cannot live independently.
- Housing navigation is limited for people who do not qualify for DDA or Medicaid-funded programs.
- Support can break down during moves from a family home, school, hospital, institution, or homelessness.
- Renters may have few resources for ramps, grab bars, or other modifications.

- Group or institutional settings may be offered before integrated, individualized choices.

Renting owning and modifying a home

Some programs help with leases, budgeting, landlord communication, down payments, homeownership, and accessibility changes. Possible funding sources include Medicaid waiver environmental modifications, local Community Development Block Grants, and rural housing repair programs. Many people do not know these resources exist, and availability differs by location and eligibility.

What Washington should improve

- Increase investment in affordable, accessible, integrated housing.
- Connect housing funds with long-term services so people can use the homes that are built.
- Expand housing navigation and tenancy support beyond narrow program eligibility.
- Use accessible design and inclusive zoning in local planning.
- Support a range of models, including individual apartments, shared arrangements, cooperatives, and other community options chosen by residents.
- Train landlords and housing providers on disability rights and communication.
- Include people with DD and families in local housing decisions from the beginning.

Transportation

Transportation is the connection between a home and the rest of community life. When transportation fails, people miss work, healthcare, education, relationships, and civic life.

Public transportation

Washington's public systems include buses, light rail, commuter rail, ferries, and rural or Tribal transit. Many vehicles have wheelchair access, audio announcements, priority seating, and free rides for personal care attendants. The larger system can still be inaccessible.

Routes may not run where or when people need them. Stops and sidewalks may be unsafe or inaccessible. Signs, schedules, apps, and real-time updates may not be understandable to people with cognitive, vision, communication, or language access needs. Rural and suburban areas often have few routes or none.

Paratransit

The Americans with Disabilities Act requires complementary paratransit for people who cannot use a fixed route because of disability. Services may provide door-to-door or curb-to-curb rides. Common problems include narrow service areas, difficult eligibility, long pickup windows, advance booking, inflexible schedules, and penalties when a missed ride was outside the rider's control.

These limits can make a technically available ride unusable for a job, medical appointment, evening activity, or unexpected need.

Advocacy infrastructure and training

Disability Rights Washington's Disability Mobility Initiative documents the experience of nondrivers and advocates for accessible transit, sidewalks, crossings, and public planning. Complete Streets and Safe Routes to School programs can improve walking and rolling. Some communities are testing on-demand or small-area transit, but accessibility must be part of design from the start.

Travel training can teach route planning, safety, communication, and problem-solving. These programs increase independence but are not funded or available statewide. A personal assistant may help, but the person must have enough support hours and a worker who is available.

What Washington should improve

- Fund accessible and flexible transportation in rural, Tribal, suburban, and urban communities.
- Make paratransit reliable enough for real work schedules, healthcare, and community life.
- Expand individual travel training and support.
- Connect public transit with transportation funded by healthcare and human service programs.

- Make sidewalks, crossings, stops, signs, schedules, and alerts accessible.
- Include nondrivers and people with DD in planning, budgets, pilots, and advisory groups.
- Track complaints, denials, missed trips, service gaps, and the effect on people's lives.

Findings that cross every system

The same problems appear in health, work, education, housing, transportation, and long-term support. Solving them one program at a time will not be enough.

Clear information must lead to help

A website or brochure is useful only when people can understand the information and act on it. Effective navigation includes eligibility explanations, application help, warm connections to the next program, follow-up, and support when several agencies are involved.

The workforce is part of every outcome

A benefit does not exist in practice when no qualified worker is available. Direct support workers, special educators, paraeducators, therapists, nurses, behavioral health professionals, employment specialists, interpreters, and transportation staff all affect access and quality. Pay, training, supervision, career paths, and working conditions shape whether people stay.

Geography culture race and language affect access

Statewide programs do not produce statewide access automatically. Rural and Tribal communities may have long travel distances and few providers. Immigrant and multilingual families may not receive timely interpretation or culturally trusted outreach. Racism and ableism can combine in healthcare, education, employment, housing, policing, and other systems.

Transitions reveal system gaps

Problems often become visible when a person leaves school, changes jobs, loses a caregiver, moves, enters a hospital, experiences a behavioral

health crisis, retires, or develops age-related needs. Each transition needs a named plan, responsible partners, and follow-up before services end.

People outside formal services remain hard to see

DDA and Medicaid data describe people who reached those systems. They do not fully describe people who were denied, are waiting, do not know they may qualify, cannot complete the process, or rely entirely on family and community help. Planning must include outreach and data methods that make these unmet needs visible.

Community input must continue during implementation

The CRA helped the Council choose State Plan priorities. Community participation should continue when projects are designed, contracts are awarded, policies are proposed, and outcomes are reviewed. People need accessible information about what changed because of their input.

What these findings mean for the State Plan

The 2027 to 2031 State Plan should use the CRA as its evidence base and the full CRA as the institutional record. The plain-language version helps more people understand that evidence and take part in implementation.

The review supports work that strengthens self-advocacy and community leadership, improves systems through cross-agency partnerships, and builds the ability of communities and organizations to respond to unmet needs. Across all of that work, the Council should ask whether people have more choice, better access, stronger rights, and fuller community lives.

The Council should revisit the findings as new data and community input become available. A five-year plan should provide direction without treating needs, systems, or community experience as fixed for five years.

Sources and technical notes

This document is a plain-language companion to the full CRA. The full version contains the complete citations, statutory language, and detailed tables.

Main sources used in the full CRA

- Developmental Disabilities Assistance and Bill of Rights Act, including Section 124(c)(3).
- U.S. Census Bureau American Community Survey and Small Area Income and Poverty Estimates.
- Washington State Developmental Disabilities Administration reports and policies.
- Washington State Division of Vocational Rehabilitation reports and shared DVR and DDA employment outcomes.
- Washington State Department of Commerce housing and Developmental Disabilities Endowment Trust Fund information.
- Washington State Health Care Authority information on Foundational Community Supports.
- Washington State Office of Superintendent of Public Instruction special education, restraint and isolation, transition, and Safe Routes information.
- Washington State Department of Children, Youth, and Families information on Early Support for Infants and Toddlers.
- Washington State Department of Transportation and local transit agency plans and policies.
- Office of the Developmental Disabilities Ombuds annual reports and statutory authority.
- Disability Rights Washington reports on civil rights, abuse and neglect, education, housing, and transportation.
- University of Washington Center on Human Development and Disability research and training information.
- National Core Indicators Washington reports.
- National Leadership Consortium 2024 report on developmental disabilities and mental health in Washington.
- Washington State Developmental Disabilities Council 2022 to 2026 State Plan and community input gathered for the 2027 to 2031 State Plan.

Important limits

- Some disability statistics cover all people with disabilities, not only people with developmental disabilities.
- Data years differ by topic. The document labels older figures when they could be mistaken for current data.
- Program enrollment does not measure whether services are sufficient, timely, culturally responsive, or chosen by the person.
- Community input describes real experiences but is not a statistically representative survey of every person with DD in Washington.
- Recommendations in the CRA identify needed directions. They do not by themselves create funding, change law, or commit a specific agency to act.

Document relationship

Full source document: Comprehensive Review and Analysis for the Washington State Developmental Disabilities Council 2027 to 2031 State Plan.

Companion document: Washington State Developmental Disabilities Council 5-Year State Plan Development Survey Findings.

This plain-language report should be updated when the full CRA changes so the versions continue to describe the same evidence and conclusions.