STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Developmental Disabilities Community Services
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Bridge Forward Conference Follow Up

Outstanding Questions for WA State Panel

The following are questions that Bridge Forward Conference attendees posted in the chat during the WA State Panel. Because there was not time to respond to all questions, we are sharing the questions with you with an opportunity to provide follow-up information and context to your panel session. Please respond to the questions below in a way that can be shared widely with conference attendees and stakeholders across the state of Washington. We will collect your responses and disseminate them on the Bridge Forward and WADDC website.

How will WA be streamlining access for one door or no Wrong door within HCLA BHA and DSHS as a whole to make this process more accessible for our citizens with disabilities?

The health and human services agencies of WA have a roadmap to create integrated enrollment and eligibility for Washingtonians to receive the benefits administered by the agencies. Given the current fiscal environment, it has been difficult to get the Information Technology investments needed to fully implement the roadmap. See more information here Integrated Eligibility and Enrollment Modernization Program (IE&E) | Healthier Washington Collaboration Portal.

With the restructuring of the Long-Term Services and Supports eligibility into a single administration (Home and Community Living Administration) we will continue to evaluate process improvements designed to make access to services more user-friendly. Developmental Disabilities Community Services (DDCS) is planning waiver improvements as part of waiver renewal in the fall of 2027. Waiver Restructure Report.

Bea Rector mentioned that there was a Behavioral Health Coordinator person in each region? Can I get more information on this person for each region?

Each DDCS region has a designated Youth Behavioral Health Specialist/Adult Mental Health Specialist who expands the focus on mental health services for individuals with developmental disabilities. These roles were created to strengthen collaboration between regional staff, Managed Care Organizations, hospitals, and behavioral health providers, ensuring that youth and families have access to appropriate behavioral health resources and supports in their communities.

Tasks of the specialists include:

- Kids Mental Health WA liaison
- Children in Crisis (HB1580) liaison
- Community Hospital liaison
- Lake Burien Transitional Care Facility referrals and discharge planning
- Department of Children Youth and Families liaison
- Regional behavioral health consultations
- Educational consultations
- Children Long-Term Inpatient Program (CLIP) liaison

While it appears there is collaboration going on within the various departments within DSHS (DDA, BHA, HCBS), is DSHS working on improving collaboration with other State agencies, such as DOC, DCYF, etc.?

Yes, DSHS works closely with other state agencies to plan and implement programs. This includes Department of Children, Youth and Family, Department of Corrections (DOC), Employment Security Department, Commerce, Health Care Authority (HCA - the single State Medicaid Agency), Department of Health (DOH), the Governor's office and others. This collaboration happens at the executive level amongst the agencies, down to the individual program and service specific teams.

Examples illustrating how DDCS actively engages with other state agencies and partners as part of care coordination and system improvement include:

- Participation in the 1580 initiative, a multi-agency team with DCYF, HCA, Office of Financial Management (OFM), and community partners to address the state's most complex cases of children in crisis.
- Active involvement in the Children's Behavioral Health Workgroup and contribution to the WA Thriving Strategic Plan, ensuring that children and youth with developmental disabilities are included in statewide planning for behavioral health services.
- Collaboration with the Hospital Association to address systemic challenges related to hospital stays and discharges for individuals with developmental disabilities.
- Engagement in the Children with Special Health Care Needs workgroups, supporting cross-system approaches to meet the needs of children and families.
- Regular Coordination with Office of Superintendent of Public Instruction (OSPI) Special Education department to align efforts and share insights on inclusive practices and address barriers.
- Joint work with OSPI Foster Care Program to support youth navigating both disability and foster care systems.
- Cross-agency discussions on assistive technology, ensuring alignment with OSPI initiatives and school-based supports.
- Collaboration with OSPI, the Division of Vocational Rehabilitation, and other partners to implement tools that support smooth transitions from school to adult services.
- Partnership between DCYF and DDCS to implement HB 1188 which resulted in DCYF and tribal dependent children and youth being able to access DDCS's HCBS waivers starting 9/24.
- Implementation of the federal HR1 bill.
- Age and Dementia Friendly planning.

- Transitions when individuals served in DOC are discharged and are eligible for DSHS services.
- Participation in Kids' Mental Health WA which is a collaboration between HCA and DDCS.
- Participation in the Youth and Young Adult Housing Response Team (YYAHRT) led by DCYF and includes partners from HCA, Office of Homeless Youth (OHY), and DDCS.

Additionally, DDCS joined the Project Education Impact workgroup and is working in collaboration with OSPI, DCYF, Office of the Education Ombuds (OEO), OHY, Washington State Achievement Council and community organizations including Treehouse, Building Changes and the Mockingbird Society to make recommendations to improve education outcomes for children and youth in foster care experiencing homelessness and in institutional education from early learning through post-secondary.

HCA staff are invited to and participate in a number of groups with DDCS staff, stakeholders, advocates, and clients receiving services with the goal of hearing firsthand feedback about the service delivery system and working to correct gaps. Examples include:

- The Legislative Report Community Collaborator
- HCBS Quality Assurance Committee

Additionally, the Medicaid Agency Waiver Management Committee, which includes representatives from HCA and Administrations/Divisions within the operating agency meets quarterly to review all functions delegated to the operating agency, current quality assurance activities and reports, pending waiver activity, potential waiver policy and rule changes and quality improvement activities.

What work is being done to provide mental health care for people of high support means that don't require institutionalizing them?

Mental health services are administered by the HCA and provided through the Medicaid state plan, but DDCS works in collaboration with partners in the behavioral system to help support the system to provide appropriate care to the I/DD population. DDCS has established avenues for increasing successful support through increasing DDCS staff knowledge and skills for addressing unmet mental health needs in addition to habilitative support needs within the scope of DDCS services.

Regional and transition clinical teams, and dedicated field staff such as the Youth Behavioral Health Specialists and Adult Behavioral health specialists support case managers in navigating across service systems when mental and behavioral health needs are identified in addition to habilitative needs. Additionally, they provide training and support to DDCS contracted providers to address these needs.

Stabilization programs including diversion beds and mobile diversion for adults and Intensive Habilitation Services and Enhanced Respite for children are critical components of a community-based solution. While gaps in the continuum remain, such as diversion beds for youth, creative solutions, including Crisis Prevention Intervention Service (CPIS) to provide DDCS services

while a person is hospitalized and utilization of Intensive Behavior Supportive Supervision through the Medicaid state plan (for adults), are supporting successful community transitions.

Many DDCS staff and contracted providers recently engaged in the National Association on Dual Diagnosis (NADD) training to increase knowledge and skills for supporting mental health and habilitative needs within the DDCS service system.

DDCS has established an official representative to collaborate with the team at UW WA Include Collaborative who host the Extension for Community Healthcare Outcomes (ECHO) learning communities. DDCS staff, both regional and headquarters, and at many levels of leadership, attend the ECHO I/DD sessions where they engage in continuous learning about case conceptualization, wraparound care coordination, and resource navigation for people with dual diagnosis.

Prior to the reimagining reorganization, the Developmental Disabilities Administration's children's team established the Lake Burien Transitional Care Facility in collaboration with other important system partners. This service is intended to treat psychiatric needs using adapted modalities and supporting habilitative goals. While an institutional setting, the team developed policies and procedures with the intention of supporting smooth transitions back into the community building upon cross-system collaboration necessary to ensure continuity of behavioral health support in the community.

Collaboration with community and system partners is an essential component to supporting individuals with dual diagnosis in the community. DDCS has dedicated staff collaborating with partners in navigating services across systems through programs like Kids' Mental Health WA.

DDCS works closely with our regional staff and partners to ensure individuals have access to the support they need in the community. Through our Care Coordination policy, we provide training to staff on how Managed Care Organization care coordination is accessed. Case Resource Managers support clients in requesting care coordination when they have unmet medical or behavioral health needs. When barriers arise, DDCS can escalate cases to the HCA to address gaps in medically necessary services or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) covered care.

Additionally, DDCS collaborates with HCA through the Complex Discharge process, which allows us to notify HCA when clients are experiencing barriers to discharge from hospitals. This ensures timely coordination and advocacy for appropriate community-based support.
DDCS also utilizes Intensive Behavior Support Services (IBSS) administered by HCA, which have proven effective in transitioning clients with high support needs into less restrictive community settings. By leveraging MCO funding within contracted homes, IBSS provides individualized strategies and stabilization support that help clients succeed in the community.
DDCS implemented an on-going pilot project to support adults with complex needs receiving residential habilitation services. More information may be found about the Complex Needs Pilot report here. DDCS also completed a report about specialty contracts for enhanced behavior support to better serve individuals who require enhanced services and supports due to autism or co-occurring mental health and intellectual and developmental disabilities to safely live in a community residential setting. Details on the report can be found here.

Is there a plan on increasing the number of providers who are knowledgeable in serving the I/DD population?

DDCS created a Children's Residential Provider Program Manager position to focus on recruiting children's residential providers with experience serving the I/DD population. From February 2024 to August 2025, contracted providers for children and youth receiving Out of Home Services has increased by 19 statewide. Enhanced Respite Services providers doubled from 2 to 4 providers.

Date	Region 1	Region 2	Region 3
02/2024 OHS SRHs	26	7	5
08/2025 OHS SRHs	35	10	12
Increase in beds	21	8	26

SRH: Staffed Residential Home (group home)
OHS: Children's residential Out of Home Services

Anticipated additional growth: Currently in process

Date	Region 1	Region 2	Region 3
2025-2026 OHS SRHs	2	8	1

DDCS efforts to recruit and onboard adult residential providers have been driven by a comprehensive, multi-faceted strategy aimed at enhancing operational efficiency and attracting high-quality partners nationwide. We have prioritized streamlining the application process by implementing an updated, user-friendly application form that facilitates easier expansion for existing providers. This has been complemented by the development of a new, split interview process introduced in Dec. 2024, which has effectively reduced scheduling burdens on our staff while improving the overall applicant experience. Additionally, our focus on regional outreach has targeted underserved counties, increasing our visibility and engagement in areas that need support the most.

We have placed strong emphasis on recruiting agencies with specialized expertise in supporting clients with complex behavioral needs, especially those skilled in ABA therapy. By leveraging data-driven approaches, we have been able to identify gaps and implement improvements that lead to faster processing times and better applicant preparedness. These initiatives have already yielded positive results, including a rise in qualified applications, an expanded provider network across states such as Oregon, Texas, Minnesota, Maryland, and Arizona, and a substantial enhancement of our capacity to deliver exceptional residential services to those in need.

From 07/01/25- 06/30/25, the application process has shown great improvements that have yielded new providers. We have shown minimal processing time of 3 months to maximum of 6 months (average of 4.5 months). For complete applications submitted, the time is much faster, the minimum time is 1 month with a maximum of 3 months (average of 2 months). In the last year, DDCS has had 9 new certified providers, along with 5 approved expansions of current providers.

In August 2025, the DDCS Provider and Recruitment team engaged in a project with Results of Washington to focus on Contracted Providers Onboarding and Retention Project Charter. This is also in the HCLA Strategic Plan. The goal for this project will be to create and implement a consistent, scalable onboarding framework for new contracted providers delivering DDCS services. The framework will clarify expectations, streamline provider readiness, and reduce the time from contract execution to service delivery. Through improved communication, tools, and process design, the project will strengthen partnerships between DDCS and providers, increase compliance with state and federal requirements and improve timely access to services for individuals receiving DDCS support, especially in underserved communities. This project is beginning now and will formally start March 2026.

Our Provider Recruitment and Development team are working on a dashboard for recruitment efforts for providers of waiver services. This dashboard will provide insight and information regarding barriers to recruitment including compensation, insurance requirements, staffing, etc.

What is being done to discharge the people at the RHCs that have been there for many years?

DDCS partners with staff supporting individuals at a Residential Habilitation Center (RHC) within the Behavioral Health and Habilitation Administration (BHHA) to engage in conversations around community living and discharge planning. Staff supporting individuals at the RHC engage in conversations with all individuals to encourage interest in moving to their community on a regular basis. There are regular weekly meetings between the two administrations to discuss referrals, services, and discharges.

In January 2023, DDCS implemented the Transitional Care Framework which provides a person-centered process to support people during their transitions from one environment to another. Resources and tools have been created to provide information on what to expect when considering a move, for example: 22-2023 Choose Your Path, Transitioning to a New Home. HCLA utilizes the Federal grant funds, Money Follows the Person/Roads to Community Living, to support individuals during their transitions from institutional settings. Upon admission to a Residential Habilitation Center, conversations are had with the individual and their family, or guardian as applicable, to discuss their discharge goals and plan for community living.

How can we also increase the knowledge of educators because the schools are seeing more and more kids that have many different needs? Schools cannot do it all. Many kids with disabilities do not get services or limited services in the school setting. The services should not be based on parent income but on the person's needs.

We recognize that supporting the health and wellbeing of children and youth is a shared responsibility and that children and families do better when we have strong and transparent partnerships across systems.

To support families' full access to the range of supports and services available through schools, DDCS, and other sources, have been making it easier for families to find information with updates to our public facing website, here: Supporting School Access | DSHS and ongoing collaboration with parent support organizations.

We have also been making it easier for educators to find information about how families can connect with DDCS and what services children and youth can receive while in school and in the transition from school to adult life with a new landing page on our website, Information for Educators | DSHS. There is also ongoing collaboration through regional transition networks and engagement with the Inclusionary Practices Technical Assistance Network through OSPI.

DDCS's Youth Behavioral Health Navigator Program Manager and Regional Youth Behavioral Health Specialists work closely with our Educational Liaison Program Manager and bridge connections between DDCS, Kids Mental Health Washington teams and schools. DDCS's Hospitalized Children Discharge Program Manager has established protocols to bring schools into the collaborative work of finding solutions for youth in crisis.

How can we advocate for our communities?

We are strongest when we come together with the full diversity of our community and center the voices of individuals most directly impacted. In 2024, the Legislature passed HB1541 Nothing About Us Without Us which requires meaningful participation in policy development by people with lived experience. One way to advocate is to remind state agencies that they need to include individuals with lived experience in decision making.

DDCS holds monthly Legislative Review Community Collaboration (LRCC), Self-Advocate council, and Family Advocate council meetings. These opportunities provide space for conversation, feedback, strategic conversations, and partnership.

To bring the voices of youth into our work, our teams are developing a Youth Advisory Council by building connections with existing programs that center and elevate youth voice, including Student First, a program of People First of Washington. We are committed to listening to and amplifying the voices of young people with disabilities, including these students who contributed their ideas for making schools more inclusive: Designing Inclusion with Disabled Youth - CoDesign Works PLLC.

Is there a current effort to educate the behavioral health gate keepers that there are evidenced based therapies that can help adults with I/DD and behavioral/mental health challenges? Is anyone systematically offering training to the behavioral/mental health system in PBS and other proven therapies for I/DD community?

DDCS has met with HCA on training initiatives that promote understanding and education of providing treatment to individuals diagnosed with intellectual or developmental disabilities while accommodating their learning and communication styles. Documents of evidence-based therapies have been shared with HCA partners to identify adaptive treatments that best support individuals with I/DD.

The University of Washington has a program to mentor clinicians on serving the I/DD population: https://www.uwmedicine.org/practitioner-resources/Project-ECHO.

Additionally, DDCS has pursued accreditation, certification and training to residential habilitation providers statewide through NADD whose mission is to promote leadership in the expansion of knowledge, training, policy, and advocacy for mental health practices that promote a quality of life for individuals with I/DD and co-occurring mental health conditions in their communities.

Is this a numbers issue, where it is not worth the time of the BH system to train to serve what is a small part of their target population?

Please see examples above related to initiatives to support the behavioral health system to serve the I/DD population.

How can we continue to collaborate and provide assistive technology devices for those who are limited speaking or non-speaking to increase access to therapeutic services such as ABA, WISE, Mental health modalities?

Communication is a fundamental human right and we have shared responsibility and opportunity to support access to robust communication tools and supports for individuals who cannot rely on speech alone to communicate.

Several teams within DDCS, including our Waiver, Assistive Technology and Multi-Systems Collaboration teams have been exploring ways we can help expand access to early, individualized, robust communication supports. Through various points of connection with school partners, our teams at DDCS have identified access to assistive technology and specifically access to Augmentative and Alternative Communication tools as an area of need and opportunity for system enhancement.

We are also connecting with partners at the Special Education Technology Center, Washington Assistive Technology Act Program, the HCA and others to increase understanding of current practices and identify potential opportunities for enhanced collaboration.

Our commitment to this focus is reflected in our new Interagency Agreement between OSPI, DDCS, DVR and Department of Services for the Blind, where we agree to joint continuous improvement activities and guidance development to support expansion, use and positive outcomes associated with assistive technology. We will continue this work, informed by individuals who use and need Augmentative and Alternative Communication (AAC).

DDCS recently received a Commerce Broadband Grant for Smart Home Technologies. The purpose of the Digital Devices and Smart Home Technologies Selection and Distribution Project is to increase independence, social inclusion, employment, and digital equity for people with I/DD living in RHCs and State Operated Community Residential (SOCR) homes.

This will be accomplished by creating a smart home model demonstration and digital navigator site at Rainier School for digital device and smart technology selection and distribution. The demonstration site will display digital devices and smart home technologies that enhance access to resources and services for social inclusion and employment through a digital platform, and increase independence for people with I/DD. The digital devices and smart home technologies

that will be displayed at the model demonstration and digital navigator site will include: Smartphones, Tablets, Laptops, E-readers, Smart printers, Smart blood pressure monitoring cuffs, Smartwatches, Headsets, Teleconferencing equipment, WiFi Hub – AEOTEC, Video doorbells, Fingerprint door locks, Floodlight cameras, Internal door code locks, Smart thermostats, Smart speakers, Amazon smart plugs, a Shark Voice Control Robot, Bissell Robot Smart Mop, Smart monthly pill organizer, Smart Trolley Dolly, Kasa Smart Light, Smart Alpha Bidet, CHEF meat thermometer, Touchless trashcan, Solar security camera, Touchless kitchen faucet, Amazon Fire TV, Smart dimmer switch, Smart air fryer, Smart induction stove burner, Echo Show, Motion sensitive bathroom faucet, and more.

Under the new Community Living administration, is Residential Cares Services and DDCS talking about how to support growth and independence while also keeping people as safe as possible?

This is a long-standing active dialogue. Part of the regulatory work of Residential Care Services is to follow up on complaints as well as perform routine regulatory compliance to ensure provider practice is consistent with state and federal statutes. This includes that providers follow Home and Community Based settings rules, client rights, choices and preferences.

I would like to be able to access more detailed information on Supported Living Homes. The homes get the clients file and learn about the clients needs but the parent trying to pick a home does not get hardly any information about a home's track record other than if they have had violations. I'm tired of moving my daughter into homes on promises for quality services only to find they do not have enough staff or trained staff to take care of her needs. Case managers and other DSHS are not allowed to share which homes that have a reputation for providing acceptable services.

Clients and their legal representatives can access information about supported living, group home, and group training home providers on the Supported Living Program Locator. This includes information about certification enforcement action in place and other agency details.

When a referral to a provider is sent, and the provider accepts, DDCS encourages the two parties to meet or set up a phone call where they can discuss:

- The provider's ability to meet the client's health, safety, and residential support needs;
- The provider's areas of specialty;
- The provider's interest and ability to expand services if not currently where the client wants to live;
- Vacant rooms in homes where the provider currently supports other clients;
- Provider policies, upon request, as required in WAC 388-101D-0060; and
- Any other subject matter needed for the client or their legal representative to make an informed decision.

Further, under current policy, providers are required to arrange a visit (if so desired) for a client to visit the home and meet potential housemates and staff.

DDCS does share information necessary for a provider to accurately evaluate if they have the infrastructure and training to support a client's assessed needs, but it is ultimately the client (or legal representative's) choice whether to select the provider.

As a local nonprofit focused on I/DD I would like to learn more about interacting with state and other local agencies and resources. For example: what state resources are available to support our efforts to bring I/DD adult education programs to individuals which might include cooking classes, computer classes, navigation their community, transportation, reading, etc. For their parent and caregiver education.

DDCS has specific services on two HCBS waivers: Community Engagement and Community Inclusion that are designed to support people with I/DD to connect them to community supports, resources and activities to help them fully access their community, including participating in the activities mentioned in the comment above.

What resources are available to bring them forums on topics like accessing DSHS services, how to get legal services to create a I/DD trust, etc.

DDCS local regional offices collaborate with community partners to participate in local resource fairs, information nights, back to school events, etc several times throughout the year around the state. For example, our Bellingham staff recently held an information session with their tribal partners to provide an overview of programs, services, and the eligibility process.

Case Resource Managers also provide resources and referral information to anyone seeking assistance as part of their daily work.

Annually, DDCS partners with a community provider to offer the Community Summit conference. This state-wide conference has keynote speakers and learning opportunities on a variety of topics that are proposed by community members, advocacy councils, and state employees.