Community Advocacy Coalition Retreat Report

July 13, 2026

RETREAT REPORT

Community Advocacy Coalition (CAC)

SeaTac Conference Center

July 13, 2026

Link to Powerpoint

Link to Graphic Facilitation Notes

Paul Dziedzic, *facilitator*
Tim Corey, *graphic facilitator*

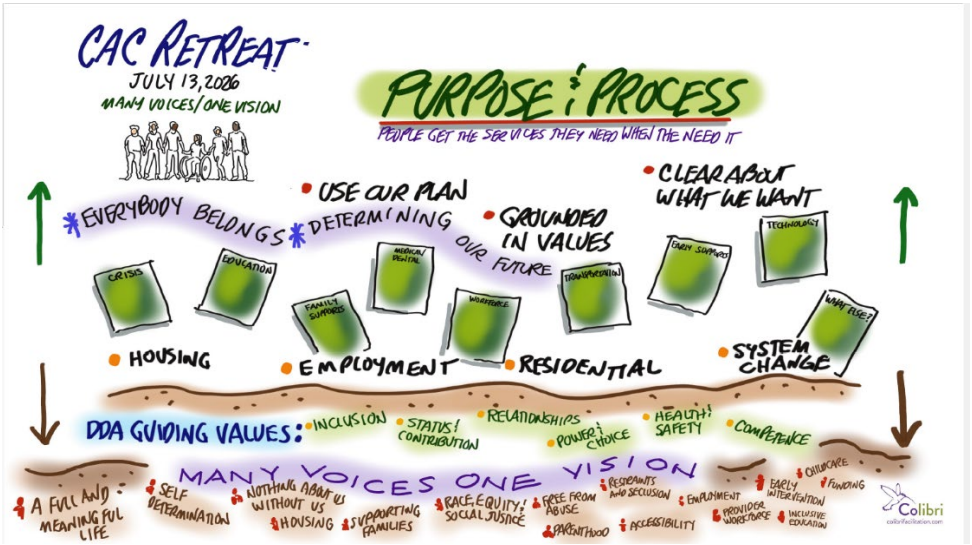
Participation

71 people registered to participate. More than 50 people participated during the day, the vast majority were CAC members along with three legislators, Representative Taylor, Senator Wilson and Senator Frame, as well as Interim DDA Assistant Secretary Dana Phelps and three other DDA staff.

Retreat purpose

- Learn how we can use the opportunity of the 10-year strategic plan to transform Washington state's system of services and supports for individuals with intellectual and developmental disabilities.

- Move into the planning process (and legislative session) grounded in our values and together on what we want.



Grounded in our Values

DDA guiding Values – Brandi Monts, *Development Disabilities Council* shared DDA values

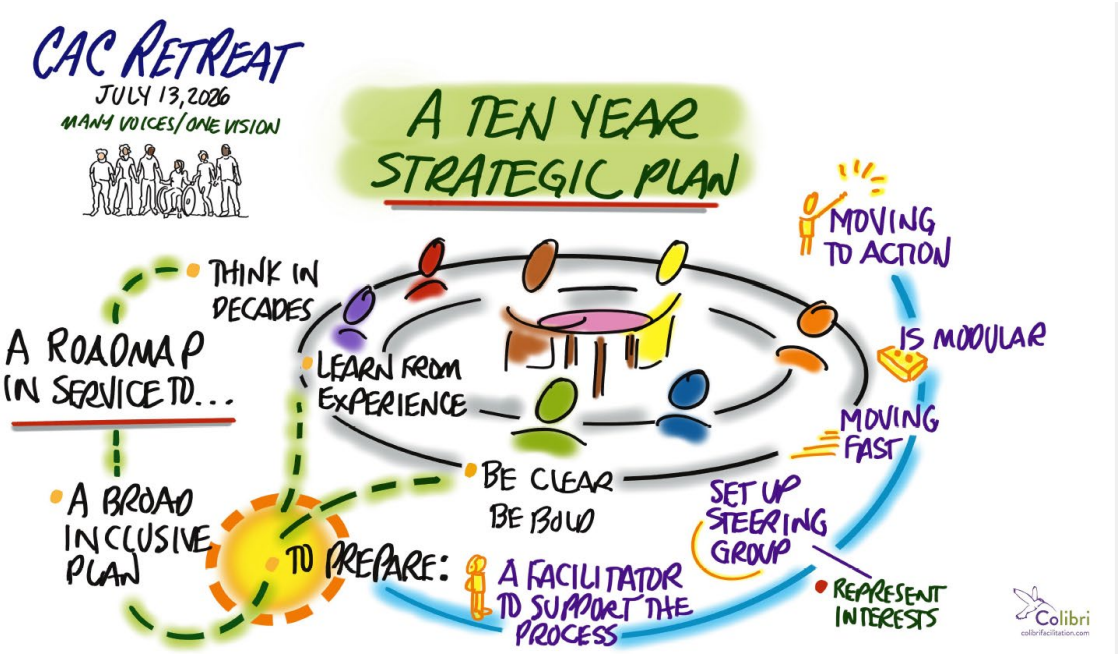
CAC Values, Many Voices, One Vision–Noah Seidel and Ayan Elmi, *CAC co-Chairs* reviewed the CAC values

A 10-year strategic plan: Why? What led us here and what's ahead?

Stacy Dym, *The Arc of Washington State*
Text of Stacy's Remarks
"Why Are We Here and How Did We Get Here".

- ***Origin and mandate**: The 10-year strategic plan stems from a legislative proviso (brought by Rep. Taylor, funded by Sen. Wilson) requiring DSHS to convene a work group and submit a comprehensive 10-year I/DD strategic plan to the Legislature by June 30, 2027. The proviso's five priorities: collaborative engagement with lived-experience stakeholders, reducing reliance on congregate institutional care, expanding community-based services, addressing access/equity barriers, and identifying needed investments in infrastructure, workforce, and capacity.*
- ***Honesty about limits**: A plan is not a promise — it doesn't guarantee funding or future legislative action. The value lies in having a rare, funded, mandated seat at the table before the plan is written.*
- ***What they're building**: Not an inspirational document, but a sequenced, prioritized set of investments specific enough to be actionable yet durable enough to survive changes in legislative leadership (noting nearly all House seats and half the Senate are up this year) — built biennium by biennium over a decade.*
- ***Values-driven design**: The plan should be grounded in self-determination, community inclusion, dignity, and equity. Success requires broad DD community support, executive/gubernatorial buy-in, genuine engagement with RHC stakeholders (residents, families, staff), and real cross-agency coordination — not just DDA acting alone.*
- ***Categorizing ideas**: Proposals should be sorted by what needs legislative action vs. agency authority, and policy change vs. budget ask — to keep the plan usable rather than aspirational.*
- ***Big, decade-scale thinking**: Despite a difficult fiscal and civil-rights climate, the plan should articulate a bold, whole-system vision now, so it's ready when political/fiscal conditions improve.*

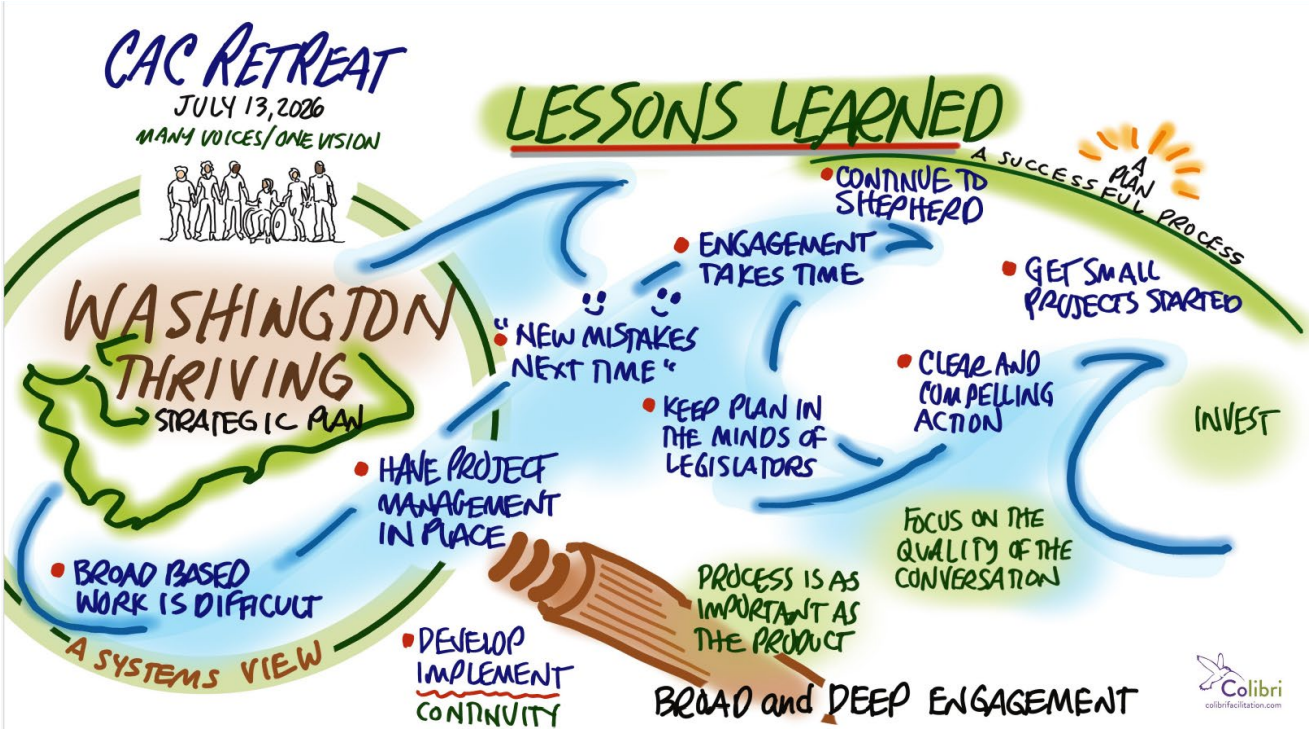
- ***Multisector scope***: *The plan must span DDA, HCA, Commerce, DCYF, DOH, OSPI, and others — covering healthcare, transportation, education, housing, employment, and long-term care as one shared vision. It is NOT just a DDA Plan.*
- ***Learning from precedent***: *The coalition heard from Washington Thriving and HCLA (formerly ALTSA) about their own strategic planning processes, focusing on what made those plans stick, what worked, and what didn't work in making the plan a reality.*
- ***Call to action***: *This is a "build-it-with-us" process, not a review-after-the-fact one. It's not just another report. Every domain or gap left unnamed today becomes a gap in the plan tomorrow — participants were urged to be specific and bold, since specificity translates into budget lines while vagueness gets shelved.*



Dana Phelps, *Interim Assistant Secretary, Development Disabilities Administration*
Key points:

- Preparing to engage: Not a DDA plan, plan in support of people with IDD. Broad collective, all voices heard and incorporated,
- DDA contracting with an independent facilitator.
- Not our report: Will have a small steering group to help guide the process. Represents the interests of all (Self-advocates, families, the counties, etc). It will also be facilitated
  not by DDA staff.
- Need to move fast. Report is due in less than a year.
- Honor to be on the journey. I and we don't know everything- DDA listens and learns

- Thoughts on what a plan looks like: might be modular, flexible with a timeline- Need to be able to move things around. What opportunities right now?
- We know what we need– but haven't had movement
- Need something that everyone can believe in– "No stopping us"
- Blessing to us to be with a story to tell during difficult session. This will help us be stronger.
- Engaging RHC parents– stay true to the values- alleviate and address the concerns



"Do we have a plan?" Lessons and insights from people who've done it (Part One)

Dana Bogess, *Managing Director of Behavioral Catalyst*,
Dana shared the list of key ingredients for success that were helpful to Washington Thriving's success in developing a plan and working to implement it. Highlights of her remarks:

- Behavioral Catalyst- philanthropically funded-doesn't own WA Thriving but supported its development and efforts to implement- influence without authority

- Hopefully new DDA plan will intersect with Washington Thriving

- Important to have broad-based agreement and engagement.

- Debated around values/language/semantics
- Project Management- so conversations happen, but moving forward
- New mistakes next time— (Learn from your mistakes)
- 3 years- WA Thrive - it was too long…
- Level of engagement requires time: How many people can we engage, and to what depth, how do we prioritize to keep it up
- . Blogs to provoke discussions
- Open Discussions (Different groups)
- Like community–(Parents, providers, etc.,)
- Consultation– and get some projects in parallel (research–) Side groups doing the work.
- Document what is said–Analyze using AI. Don't miss key points. Evaluate against evidence
- The content was more important than the data

- Is it a plan or?
  - "Framework for investment and action"
  - Complex problems– "Plan vs. shared vision, values and mental model— end goal"
  - Process as important as the product– 80 pages- scope and breadth
  - Not a report- it's a roadmap. Adapt the approach.
  - What is the plan– forward-looking
  - Rep Callan– wants the process, not just a plan that sits on the shelf
  - Build on what exists, didn't rewrite reports, recommendations already made— built on them

- Systems view- how do they intersect?
  - Not one agency's plan
  - Take off your hats– and what you want to have happen and think about all the other pieces– all working toward the same thing
  - Finding ways-honor every voice, but weave together the whole system

- Branding
  - Needed an easy name– that means something. "Brand"-- gave something to hold on to.. Made a logo, makes people feel like they are a part.
  - "Not an organization or an entity"-- Washington Thriving

- Implementation

- We started asking– what would it take to enact, what resources needed, how can the enact without resources. Stay on top of the process– Keep in front of the minds of legislators
- Moving to implementation– seek executive level endorsement
- Strong Leadership- engage along the way, structure, bridge between submission–and when structures starts— group who work on implementation to guide until someone is responsible.

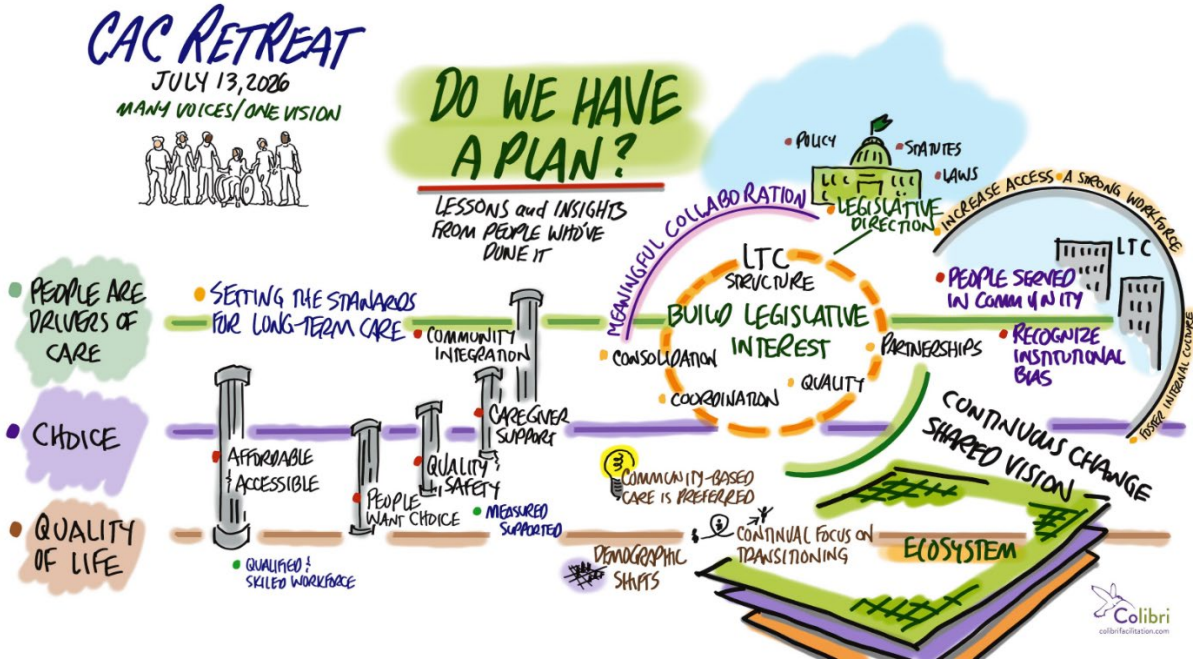
- list of key ingredients shared with participants

Are we ready?

Retreat participants shared thoughts on where Washington Thriving's key ingredients are in place and where we need to give attention to some

- Branding is a great idea
- Build on past efforts- don't recreate the wheel and acknowledge what has happened. Previous efforts have been summarized
- How did you get the Governor's office engaged? Someone who is responsible for facilitating bringing together the pieces of the puzzle
- Washington Thriving model of implementation: Governance structure– "Executive coordinator"-- leadership council (implementation council). Temporary role– (1-3 years).
- Someone keeping the plan alive. Prior– advisory group to the Gov (Self-advocate, parents, providers… etc) Source private $ for the role–
- Dedicated team
- Deep community engagement– get more community engagement
- Systems are the barrier to entry– What does it look like when you don't have the en
- Missing– leg mandated committee

Do we have a plan? Lessons and insights from people who've done it? (Part Two)



Bea Rector, Assistant Secretary of Home and Community Living Administration, shared information about and lessons learned from the Long-Term Care Plan for Aging and Disability.
[Link to Bea's PowerPoint presentation]

Highlights of her remarks:

- No waitlists or caps until recently - now have a waitlist for 1115 waiver
- Important to make sure we have a qualified workforce - minimum wage and affordability
- People need choice - a broad range of choices available for clients to choose their care providers
- Quality and safety
  - Regulating provider practice
  - APS - case management system
  - Quality assurance systems
- How families support loved ones

- Most family members can now be paid
- Children's care still not paid
- Help from outside entities for things like respite

- Transitions out of institutional settings -Measure monthly

- Goal to improve services

- Our aging population is growing-- 90% are served in the community - there is a big cost savings per person in the community vs institutions/nursing homes.
  - This has improved a lot in the past few decades
  - This has a positive return on investment

Roads to Success

- **Vision:**
  - People should be the drivers of their own care and have choice.
  - Focus on quality of life and dignity.
  - Safe and quality care
  - Consolidate agencies providing LTC to improve the system of supports
  - Advocates have played a key role in improvements by championing legislation

- **Legislative direction**
  - The LTC framework was created in the 1990s
  - Created HB 1908 - directs reduction in nursing home beds and prioritizes moving people into the community

- **Developing infrastructure**
  - This has been incremental over the last 40 years
  - There is a continual need to evaluate and make changes as needed
  - Forecasted budgets are critical

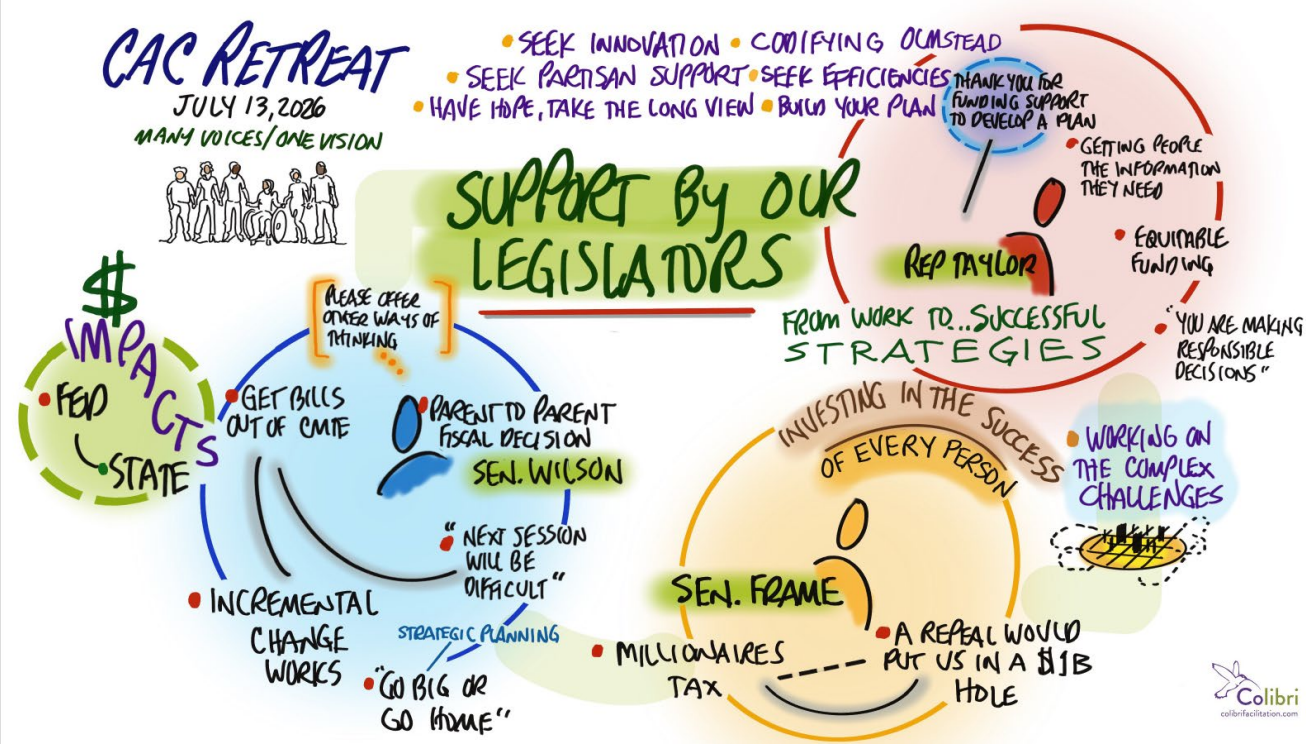
- **Ongoing planning**
  - There has always been a strategic plan with goals
  - This has evolved but the core remains the same
  - There are many plans and groups that guide their work, including DAC, JLEC, Aging Summits, WA Cares, Councils, and more

- **Lessons learned**

- It takes vision and framework to push work forward
- Needs to be intentional and incremental
- These are complex systems, but it we have strong goals and strategy we can be proactive vs. reactive and know which things to focus on
- Data is important so we know what changes to make, what is working and what is not
- Collaboration is not 100% consensus

Legislative support

During the lunch hour, Representative Taylor, Senator Wilson and Senator Frame spoke about their support for the development of the 10 year strategic plan and answered questions.



Move into the planning process together on what we want

CAC participants reviewed and reacted to recommendations from four "Lunch and Learn" workgroups which had reviewed previous reports and studies in the domains of Housing, Residential, Employment/Day programs and Systems Change.

In each of these four domains, the appropriate workgroup presented its recommendations, and then reactions were discussed and all individual responses collected at tables. Each participant was asked to indicate which of the four choices best reflected their opinion on each recommendation:

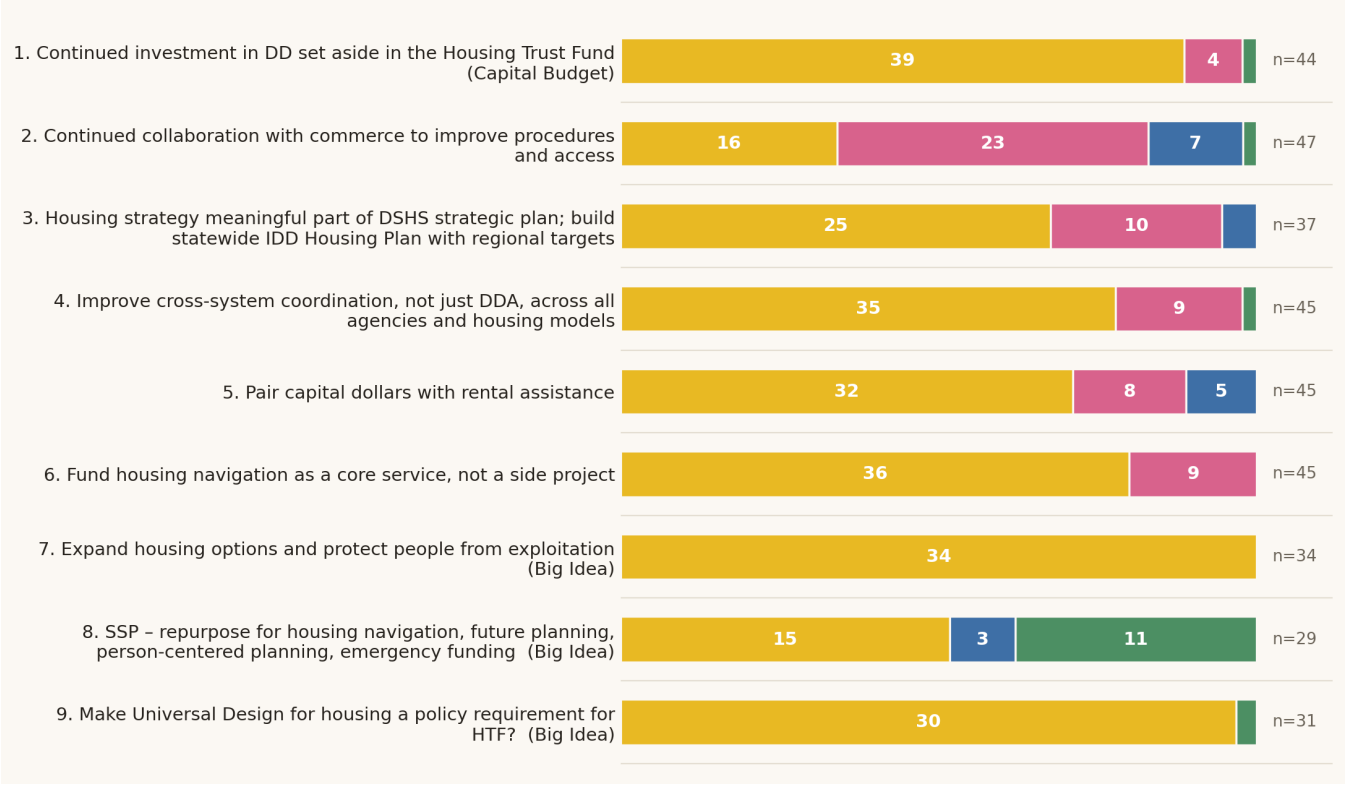
1) I like the recommendation. It reflects what's important to me, which is....
2) I can live with the recommendation, but it would be better if it ....
3) I don't like the recommendation because it needs ....
4) This isn't something that impacts me a great deal, so I'll defer to the group on this

If their choice was (2) or (3), they were asked to share comments completing the sentences above for those choices to help the workgroup understand their concerns and how the recommendation could be improved or what issues need further discussion.

The results of the responses follow. The distribution of responses for each recommendation is shown here. The comments are included in the appendix.

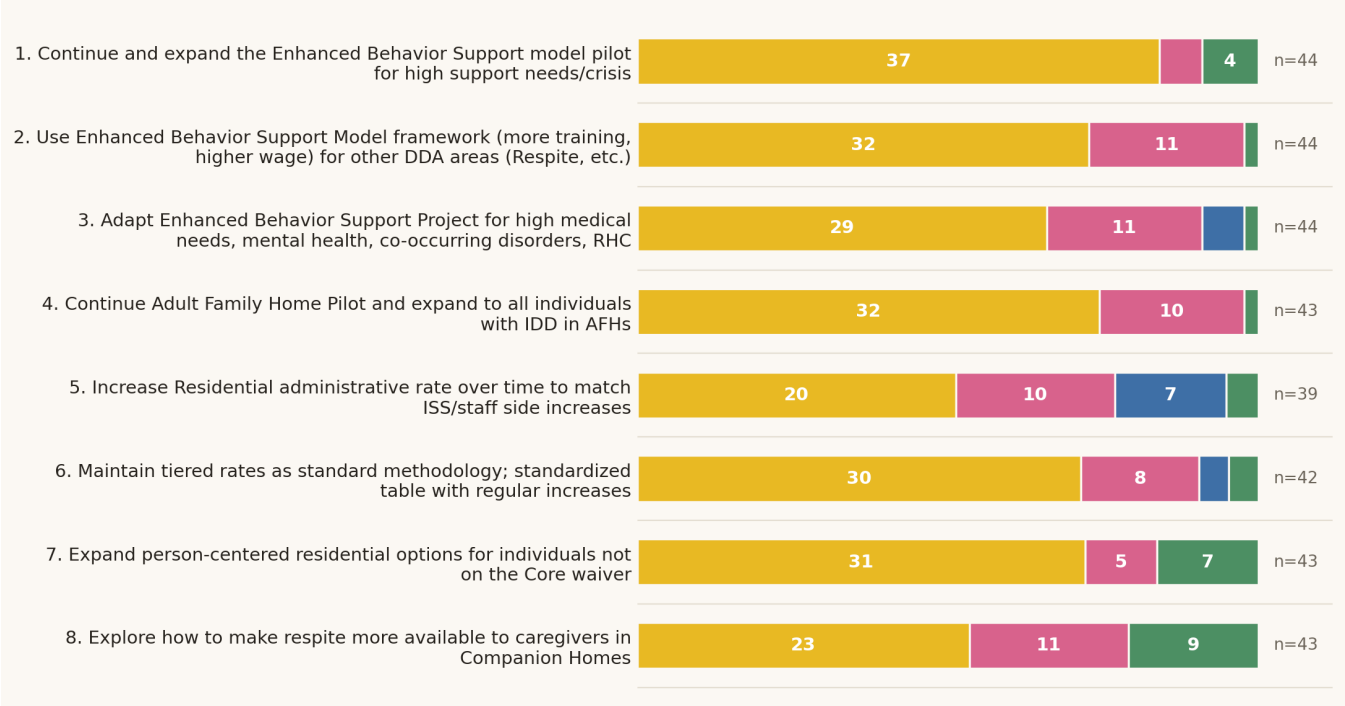
Housing

9 recommendations • 357 total votes tallied • bars show each color's share of votes; n = total votes for that item



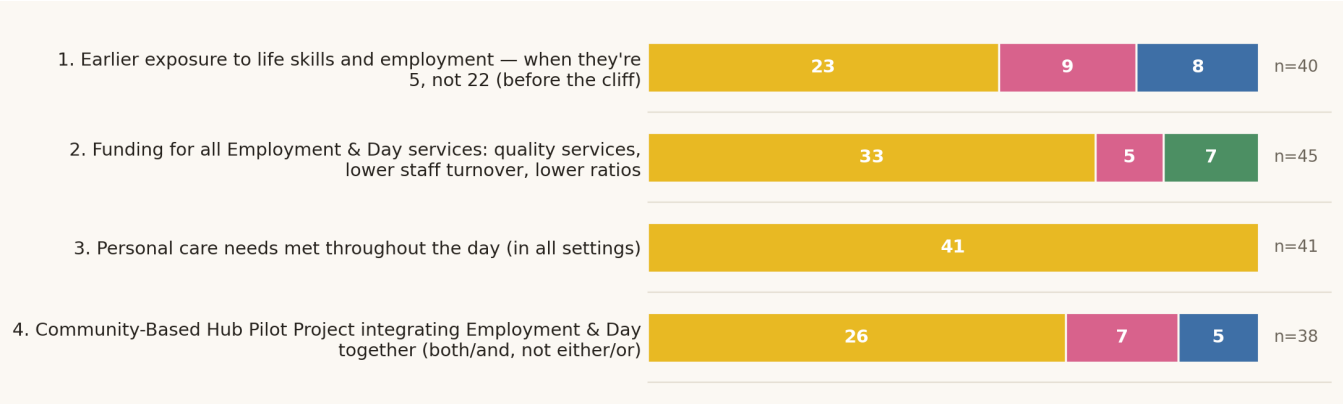
Residential

8 recommendations • 342 total votes tallied • bars show each color's share of votes; n = total votes for that item



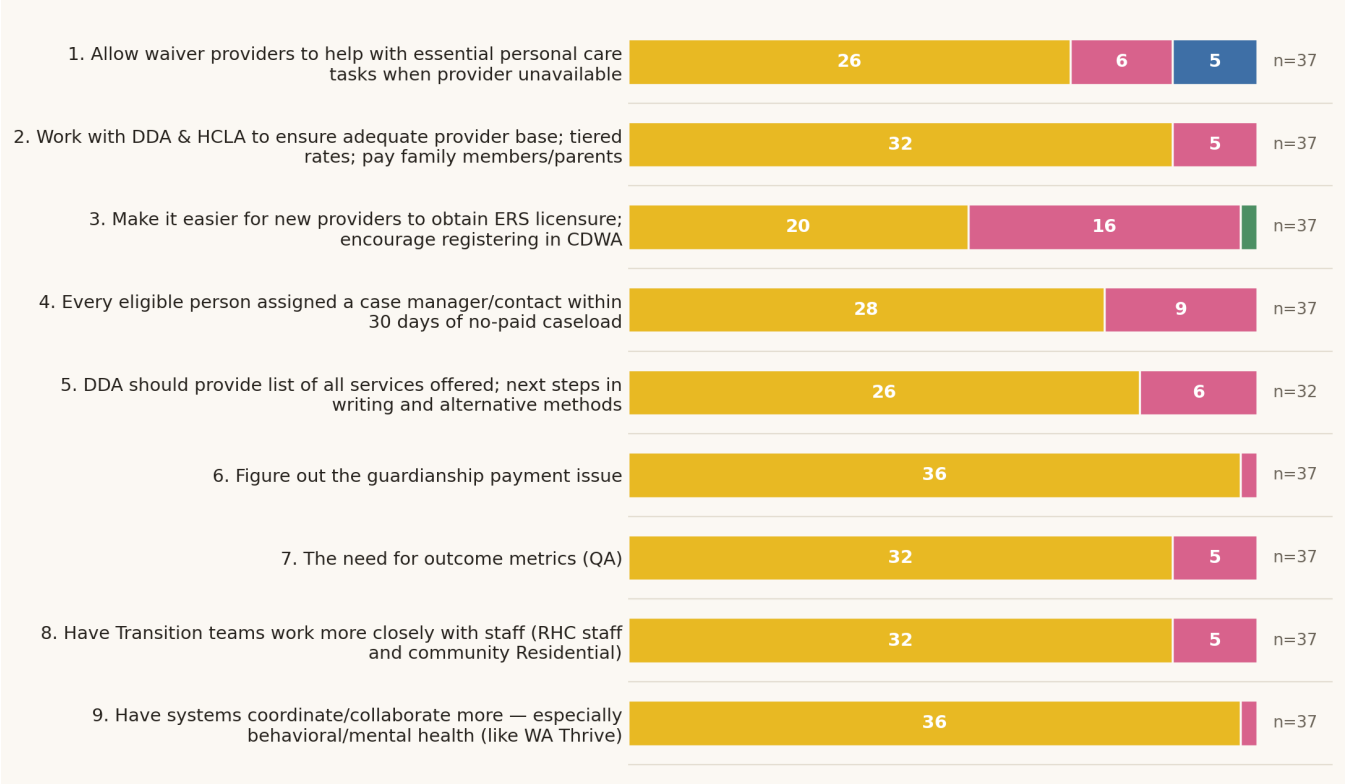
Employment/Day

4 recommendations • 164 total votes tallied • bars show each color's share of votes; n = total votes for that item



Systems Change

9 recommendations • 328 total votes tallied • bars show each color's share of votes; n = total votes for that item



Other Suggested Domains

Throughout the day, wall sheets were available for people to put comments on eight other suggested domains that the CAC could address that have not yet had workgroups developing templates and recommendations. These suggested additional domains were:

- Crisis
- Education
- Family Services
- Medical/Dental
- Workforce
- Technology
- Transportation
- Early Supports

Everyone was invited to write up any thoughts or suggestions they have on any of the questions on the domains important to them anytime throughout the day. Questions on each of the suggested domains were:

- What's working? What's not working?
- Ideas, suggestions or recommendations for how to make it better?
- What else should we think about? (for example, are there reports to look at?)
- I'm interested in working on the CAC recommendations on this.

There was also a sheet where you can identify any area/s domains you aren't sure are addressed

All comments on these other suggested domains are included in the appendix.

What do we need to do to move into this coming legislative session together?

CAC Co-chairs Noah Seidel and Ayan Elmi reviewed last session's priorities, successes, and unfinished business and how the process works for setting CAC legislative session priorities for the coming session.

Participants were asked: Given what we know about this coming session and what we've learned and thought about today, what comes to mind as the things we could focus on this coming year? Suggestions included:

CAC Accomplishments

- Mediation Training
- Lunch & Learns
- Internal Committee work
- 3 letters during the legislative session
- Federal Issue papers/ meetings with Congressional delegation (in process)

Process

- Collect organizations' issues
- Create survey
- August CAC meeting- discuss issues
- Create "Deep Dive Lunch & Learns" to further discuss topics

Issues rising to the top

- Budget- protect our services
- Focus on things that do not cost money
- No Wrong Door policy (Aaron)
- Family Providers Continuing Education issue (Deanna)
- No Paid Services Notices: release of information to P2P and Parent Coalitions
- Protect OT/PT/SLP
- BCBAs not recognized by school districts (Michelle O'Dell)
- Codify Olmstead into WA State Law

Thank you to Paul Dziedzic of Dziedzic & Associates, Tim Corey of Colibri facilitation, The CAC Planning Committee, the speakers, and legislators for making this a day of meaningful learning and dialogue.

Appendix

Link to PowerPoint
Link to visual descriptions for PowerPoint for low vision
Link to Graphic Facilitation Notes
DDA guiding Values
CAC Many Voices One Vision
Stacy Dym remarks
Washington Thriving Key ingredients for success
Bea Reactor's PowerPoint
Link to Proviso language
Link to Retreat Agenda
Link to meeting notes
Link to recommendations tally sheet
Recommendations tally in graph form

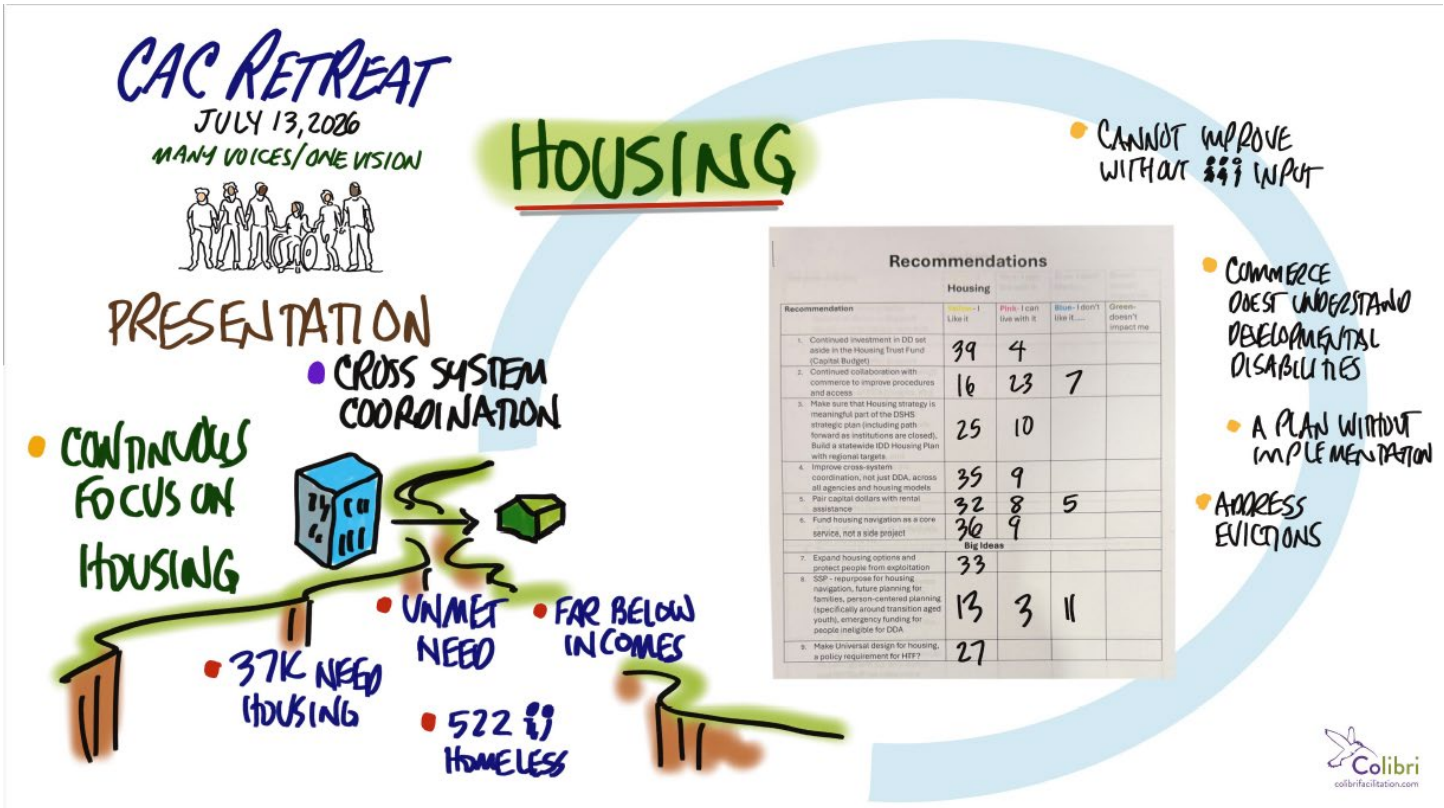
NOTES FROM GROUP DISCUSSIONS

Comments on Four Domains: Housing, Residential, Employment/Day and Systems Change

Section 1 Housing
Section 2 Residential
Section 3 Employment/Day
Section 4 System Change

Section 1

Housing



Housing

Recommendations are numbered. Comments have a dot in front of them.

1. Continued investment in DD set aside in the Housing Trust Fund (Capital Budget)
   - Pink – Commerce needs to continue to change how they allow new developers to participate
   - Program needs to allow for more people who are eligible
   - Like

2. Continued collaboration with commerce to improve procedures and access
   - Need more clarity on this goal. What is in place now with commerce/IDD& set aside and how individuals get access. How is this different from #6
   - Didn't seem that the person from Dept. of Commerce had much understanding of what our DD Community needs. First impressions of Commerce workgroup prioritizing our needs. Need more assurance they understand us. Years of no understanding what it takes. "THEY DON'T UNDERSTAND THE NEEDS OF OUR POPULATION"
   - Many individuals w/IDD are at 17% of area income median (SSI); most HTF are affordable to people @ 30% of area median. There's a gap – needs operating gap
   - Pink – get better @ how they communicate
   - Continued collaboration w/Commerce to improve procedures & access
     - Broader input on what is not working & how to improve it
     - Examine impacts to families, especially when housing is lost
   - Housing Suppliers
   - DDA does not need to be a part of the Commerce process. Would like to give Commerce rave goals and also dev. Housing for no-paid service caseloads. Contact a few years ago to develop other kinds of housing.
   - Needs improvement – see pink sheet

3. Make sure that Housing strategy is a meaningful part of the DSHS strategic plan (including path forward as institutions are closed). Building a statewide IDD Housing Plan with regional targets

- *Want to make sure it doesn't remain high level; add plain language objectives/actions
- DSHS – Coordinate the navigation so people can access housing
- Make housing a meaningful part of DSHS planning, support navigation, behavior support. (See #8 Big Ideas) – but it's not enough $ to handle the load
- Concerned about creating another layer of funding/bureaucracy that costs too much.
- Concerns that focus will continue to be regionally around RHC locations and focus on higher cost models like SOLA's, rather than lower cost community models.
- Focus on regional spread representation
- Make sure people actually get to use the houses
- Make sure that housing strategy is meaningful
    - Better concrete planning
    - Partner w/ Economic Justice for ALL to solidify plan for DSHS
- SSP – Redirected – Must understand impacts on other programs funded by SSP
- If we remove DSHS – could another entity own the effort? Needs DO rep.
- See notes; needs to be very concrete!
- See notes

4. Improve cross-system coordination, not just DDA, across all agencies and housing models
    - Emphasis on transportation <u>includes</u> behavior support
    - Cross-system housing retention
        - Assistance w/landlord eviction prevention
        - Legal services for eviction
        - Easier process for home modifications
        - Funds for house modification in rental property
        - Disability accommodations including landlords, managers understanding autism, IDD
        - See notes
    - Improve cross-system coordination *see other list*

- "Housing" systems need to be connected and work cohesively. Use the same process so there is continuity. Less stress and more results for people
- Who are we talking about?
- Comments

5. Pair capital dollars with rental assistance
   - Where would the rental assistance come from? Would this focus involve federal (HUD) assistance or would the # come from state funds?
   - Make sure it's already across the state
   - We need more information on what is being done for rent control/ where is the $ coming from?? We do not want it to come from the housing fund.
   - Keep an eye on admin costs.
   - Currently not legally possible? It would have to be a statutory change.

6. Fund housing navigation as a core service, not a side project
   - Navigation for the building, Services/supports and rental assistance
   - Across the state & community helping community
   - Funding Housing Navigation as core service
     - Make sure the navigation is adapted for supporting people w/intellectual & developmental disabilities.
   - Could go into the Department of Housing w/DDA participation
   - See notes

Big Ideas

7. Expand housing options and protect people from exploitation
   - Expand housing option/protect people from exploitation & break down into specific tasks & steps.
   - Identify what this means with a solid plan.

8. SSP – repurpose for housing navigation, future planning for families, person-centered planning (specifically around transition-aged youth), emergency funding for people ineligible for DDA
   - I would like it if it was a natural part of DDA

- Can't understand it enough to make a recommendation
- We don't know what is currently funded w/now
- Not enough info

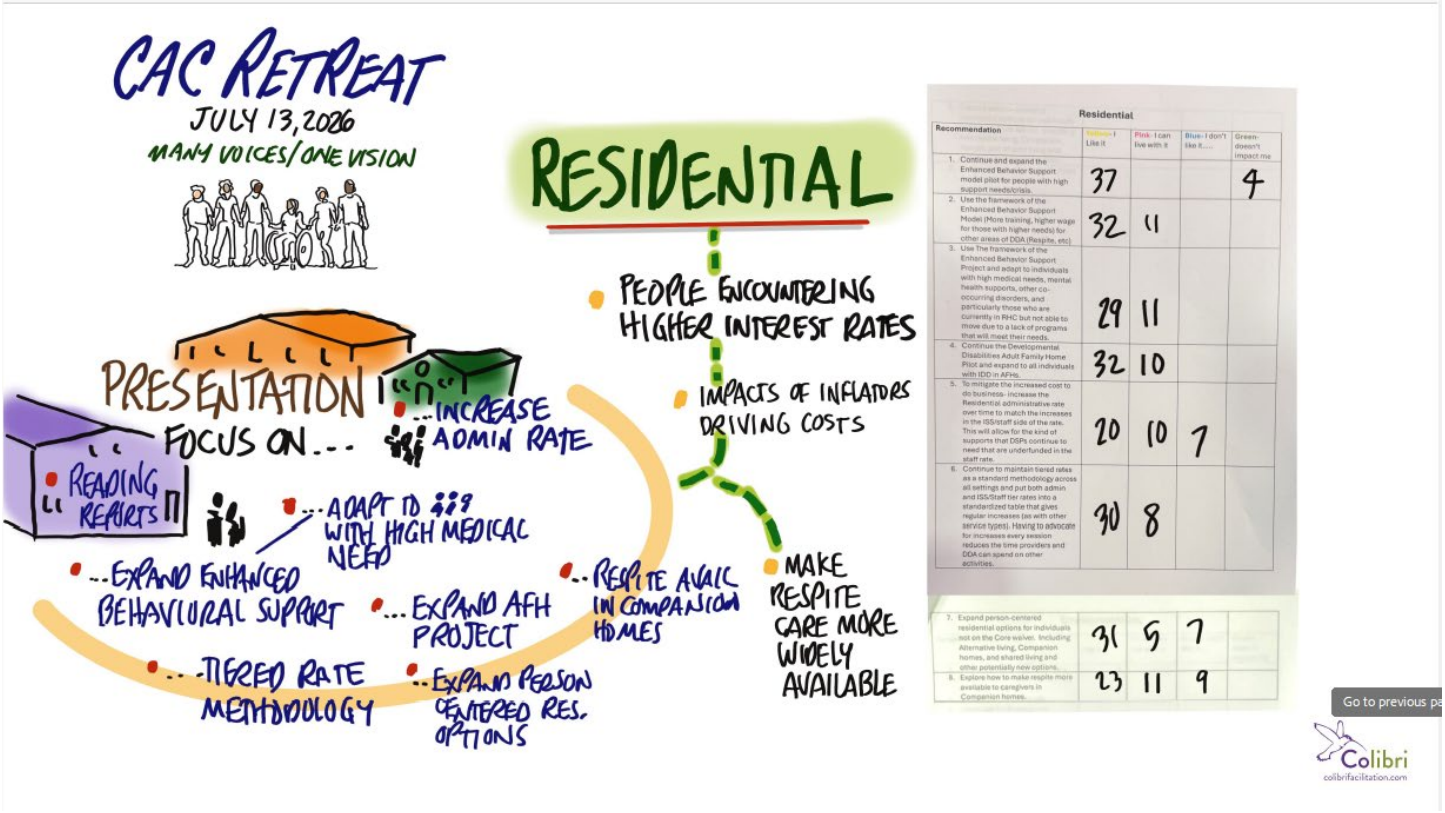
9. Make Universal design for housing, a policy requirement for HTF?

OTHER (Comments that did not identify a specific recommendation)

- Removing DDA from Housing Trust Fund process
- Include Housing Navigation as a service under the Dept. of Housing
- Could Housing strategy go into Dept of Housing with input from DDA?
- What does pairing capital dollars with rental assistance mean?
- Address the housing affordability crisis at its source: Limit rent increases, work with landlords to create incentives for low-income housing, look into new and modern construction options (factory build, pre-fab, modular) to increase housing supply, bust housing corporate monopolies, support tenant rights.
- When high needs & significant challenging behaviors exceed care model for DDA–funded residential models, resulting in denials & exclusions
- State supplemental payment ADA modifications
- (most) supported living providers are not trained, incentivized, or mandated to serve. High needs/challenging behaviors populations. So they don't ☹
- For the SSP Proposal, would anyone lose anything?
- Commerce needs different models of care and needs Commerce to listen to what providers need/want
- DATA Need: # of people w/housing need outside of systems.
- Has to address holding and service provision.

Section 2

Residential



Residential

Recommendations are numbered. Comments have a dot in front of them.

1. Continue and expand the Enhanced Behavior Support model pilot for people with high support needs/crisis.
   - Enhanced Behavior Support – continue & expand
     - What were the results of the program so far?
   - And FUND IT!

2. Use the framework of the Enhanced Behavior Support Model (More training, higher wage for those with higher needs for other areas of DDA (Respite, etc.)
   - Considerations for what this looks like/how it can be implemented in varying regions across the state.
   - Pair w/an understanding of what outcomes look like in different environments.
   - More evaluation to determine what this looks like for different needs (folks w/out 24/7 care)
   - Use Framework of Enhanced Supports for other DDA supports
     - What are the new Is from enhanced supports so far?
   - And FUND IT!

3. Use the framework of the Enhanced Behavior Support project and adapt to individuals with high medical needs, mental health supports, other co-occurring disorders, and particularly those who are currently in RHC but not able to move due to a lack of programs that will meet their needs.
   - More evaluation to determine what this looks like for different needs (folks w/out 24/7 care)
   - (Blue, I don't like it) People with the highest support needs aren't typically in the RHCs or even supported living – they have "blown out" if they are ever in residential, they are living at home.
   - It's about the person, not their setting. Their support needs don't change based on the 4 walls they live in
   - Framework for other high needs – focus on those in RHCs
   - Before HRC closes, build the infrastructure in community

- Especially RHC

4. Continue the Developmental Disabilities Adult Family Home Pilot and expand to all individuals with IDD in AFHs.
   - Need to reevaluate the rate w/associated outcomes. Or bring back Meaningful Day
   - DDA AFH pilot
     - What have we learned?
   - Do we have enough funds for the AFIT Pilot?
   - Higher rate; person centered approach
   - Evaluate what we learned: effectiveness

5. To mitigate the increased cost to do business, increase the Residential administrative rate over time to match the increases in the ISS/staff side of the rate. This will allow for the kind of supports the DSPs continue to need that are underfunded in the staff rate.
   - This is an issue across the sector
   - Mitigate increased cost to do business for Admin rate in particular
     - This is a problem faced by all paid providers – need to approach holistically for DD service providers
   - 10% Cap Admin – doesn't need to increase! We need direct support people more – Priority!
   - ISS = staffing individual Services & supports pays for DSP/Admin rate
   - Identify an equitable % or increase algorithm so that Admin increases are proportionate
   - Fared by all complicated formula

6. Continue to maintain tiered rates as a standard methodology across all settings and put both admin and ISS/Staff tier rates into a standardized table that gives regular increases (as with other service types). Having to advocate for increases every session reduces the time providers and DDA can spend on other activities.
   - Tiered rates across all settings w/reg increase
     - Explore benefits & risks of a rate setting process

- An objective metric, but it has to be informed
- Inflators
- Individual Service & Supports = direct work $, Admin = Administrative support $
- Explore risks & benefits of this method

7. Expand person-centered residential options for individuals not on the Core waiver. Including Alternative living, Companion homes, shared living, and other potentially new options.
   - With this, the staffing should match the different levels of support needed.
   - If anyone is working w/an individual in residential s/b Person Centered
   - They need a real person-centered plan
   - They need actual person-centered services- not the only options in the manor
   - Not a spending priority
   - Plan to go to 2 waivers; will it solve it?
   - As long as we are not robbing Peter to pay Paul

8. Explore how to make respite more available to caregivers in Companion homes.
   - Need to understand more about why this is an issue after existing charges have been made
   - Remove companion Homes (in the recommendation) and make respite available to Caregivers full stop.
   - And the person changes the companion they are living with
   - Respite is for the person getting care, not the provider
   - Challenging to access respite
   - In doing business – it may improve the number of vendors who can provide respite?

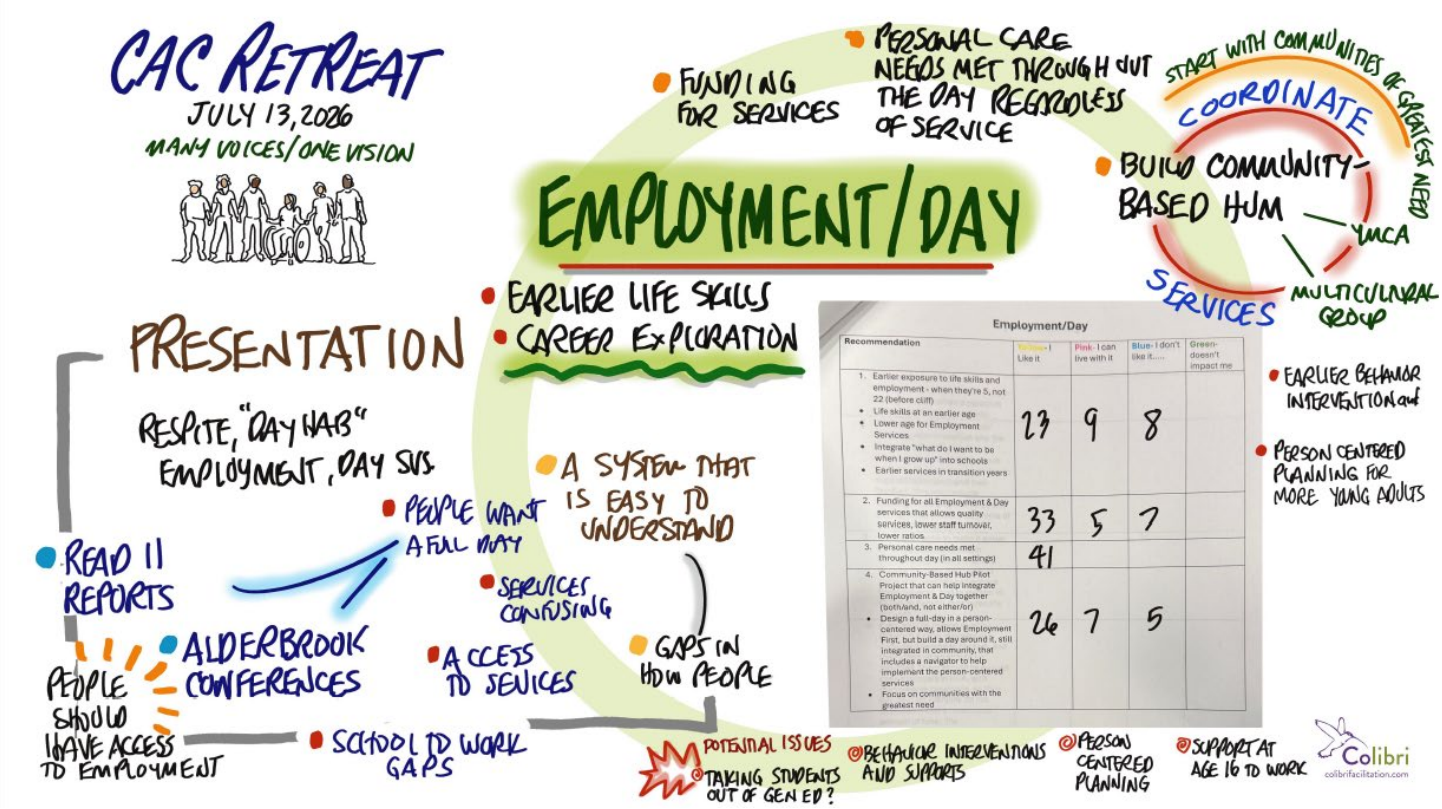
OTHER (Comments that did not identify a specific recommendation)

- Missing on List
  - Focus on Client rights
  - End Dependence on restrictive programs & use positive supports that are not punitive

- Increase training on Behaviorist communication & behavioral change

Section 3

Employment/Day



Employment/Day

Recommendation	Yellow - I Like it	Pink - I can live with it	Blue - I don't like it.....	Green - doesn't impact me
1. Earlier exposure to life skills and employment - when they're 5, not 22 (before cliff) • Life skills at an earlier age • Lower age for Employment Services • Integrate "what do I want to be when I grow up" into schools • Earlier services in transition years	23	9	8	
2. Funding for all Employment & Day services that allows quality services, lower staff turnover, lower ratios	33	5	7	
3. Personal care needs met throughout day (in all settings)	41			
4. Community-Based Hub Pilot Project that can help integrate Employment & Day together (both/and, not either/or) • Design a full-day in a person-centered way, allows Employment First, but build a day around it, still integrated in community, that includes a navigator to help implement the person-centered services • Focus on communities with the greatest need	26	7	5	

Employment/Day

Recommendations are numbered. Comments have a dot in front of them.

1. Earlier exposure to life skills and employment – when they're 5 not 22 (before cliff).
   - Life skills at an earlier age
   - Lower age for Employment Services
   - Integrate "what do I want to be when I grow up" into schools
   - Earlier services in transition years
   - Bring back home economics for all! And earlier
   - Don't like terminology "lower age for employment services"
   - What kind of "life skills" will be taught at age 5? This could further segregate students on IEPs; are all kids being taught "life skills"?
   - What "job skills"? chores" does not work w/current system
   - Why aren't they already doing these things?
   - People who fall into more than one category need to be supported too.
   - Employment skills in grade school?
   - More PCP's will help
   - Funding is built around PCP
   - Universally designed CTE is important – and coordination matters.
   - What are life skills?
   - Segregated, more isolating

2. Funding for all Employment & Day services that allows quality services, lower staff turnover, lower ratios
   - Lots of feeling all the way down to what it's called
   - Need more clarity

3. Personal care needs met throughout day (in all settings)
   - What about all the other factors that play into this?
   - Flexibility and person-centered w/a duplication of funding

4. Community-Based Hub Pilot Project that can help integrate Employment & Day together (both/and, not either/or)

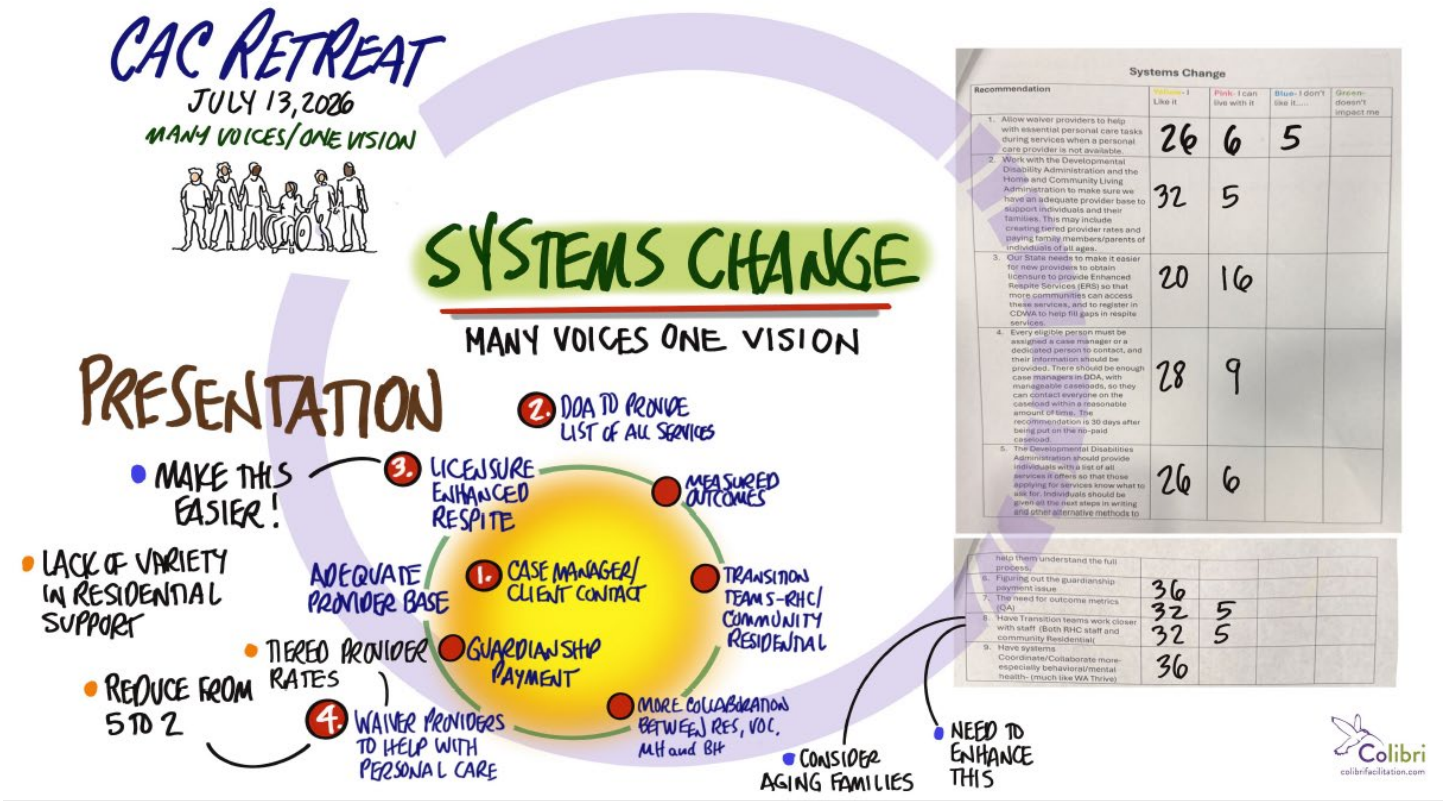
- Design a full day in a person-centered way, allows Employment First, but build a day around it, still integrated in community, that includes a navigator to help implement the person-centered services
- Focus on communities with the greatest need
- Currently, day services aren't available to DDA clients in the "typical" terms. How could this work? We've been told consistently that "DDA doesn't cover supervision" and day services are supervision.
- Need to collaborate with the youth organization programs in the Centers for Independent Living
- Is this really for the whole community?
- Guarantees for non-isolating?
- Question for who goes

OTHER (Comments that did not identify a specific recommendation)

- Excess $ to employment & day get moved to be used elsewhere
- Better coordination between CTE in schools with the IDD system
- Higher income asset limit before being kicked off state insurance & serviced $2,000
- "What do I want to be when I grow up"
    - Does not account for what individuals prefer vs. place importance on productivity from "doer" lens
    - Needs more emphasis on life skills and awareness of hands-on skill development
    - How can we be more inclusive when we ask these questions and not make it a blanket requirement?
    - Including more of this as part of the ESIT and school transitions from a much younger age
    - A broader work at "what does working really mean"?
    - What are the options available that fit their interest w/employment

Section 4

Systems Change



Systems Change

Recommendations are numbered. Comments have a dot in front of them.

1. Allow waiver providers to help with essential personal care tasks during services when a personal care provider is not available.
   - Requires RCW change
   - Train waiver providers in personal care
   - Need funding, training to do this
   - Need details addressed
   - Parents & Coalitions

2. Work with the Developmental Disability Administration and the Home and Community Living Administration to make sure we have an adequate provider base to support
   - Ensure part 2 is included – tiered rates & paying caregivers
   - Separate "may include creating tiered rates and paying family members as a separate item.
   - We love it – this includes paying minors
   - Add HCA
   - Needs more teeth
     - More foundation change
   - For people w/IDD it is difficult to understand & navigate application process
   - More clarity

3. Individuals and their families. This may include creating tiered provider rates and paying family members/parents of individuals of all ages.
   - Includes two things
     - Licensure
     - Provider capacity
   - Could be a barrier?
   - *Need clarity on the ask
   - Some caregiver agencies are easier to onboard than CDWA, which is confusing!
   - Better training, individualized services
   - CDWA is supposed to work with our community to provide better support & training

- Should be support, not faster/easier licensure
- This is out of home; hard to onboard providers
- CPS knows how to navigate.
- B = process for accessing services/housing/supports – in plain language
- People join agencies b/c easier than CDWA

4. Our State needs to make it easier for new providers to obtain licensure to provide Enhanced Respite Services (ERS) so that more communities can access these services, and to register in CDWA to help fill gaps in respite services.
   - Needs more evaluation on what people want for eligible but not using services
   - Identify when case manager changes
   - We all agree we need CM supports
   - P2P
   - Notified if CRM changes

5. Every eligible person must be assigned a case manager or a dedicated person to contact, and their information should be provided. There should be enough case managers in DDA, with manageable caseloads, so they can contact everyone on the caseload within a reasonable amount of time. The recommendation is 30 days after being put on the no-paid caseload.
   - Plain language
   - Easy read
   - Make sure it's accessible
   - Plain language definition of services
   - Parent Coalition 6

6. The Developmental Disabilities Administration should provide individuals with a list of all services it offers so that those applying for services know what to ask for. Individuals should be given all the next steps in writing and other alternative methods to help them understand the full process.
   - Recommend before they go on no paid caseload – refer to P2P & Parent Coalition
   - Confusion about payment rate differentiation; need clarity
   - Supported decision making should be an option

- Professional
- @ RHC

7. Figuring out the guardianship payment issue.
   - DDA Case managers need to have individual sign a consent to refer to parent to parent and parent Coalitions
   - Be careful not to be so tied to numbers 2/ QA metrics
   - Being done already for people transitioning out of RHC/s
   - Possible already being implemented
   - But we don't know what they will be and tied to PCSP. The leg reports don't answer broad questions – that 1-2 specific things.
   - RDA uses self-reported data to look back, data on PCRP & hospital data payment?
   - Tied to #'s

8. The need for outcome metrics (QA).
   - Possibly already in place (from State agency perspective)
   - Look to see what needs enhancement
   - Roads

9. Have Transition teams work closer with staff (Both RHC staff and community Residential)
   - Coordination need to/lead to Access Plan

10. Have systems Coordinate/Collaborate more-especially behavioral/mental health (much like WA Thrive)

OTHER (Comments that did not identify a specific recommendation)

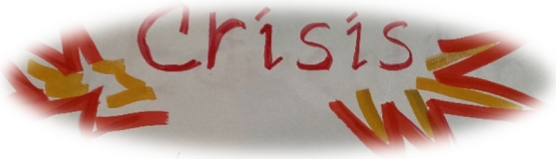
- Videos to explain DDA services & how to get details
- Fix the system issue regarding case manager and allow clients access to case management regardless of a paid service.
- Increased supported decision makers & knowledge of the resource
- Training for personal care tasks not provided
- Removes client choice of privacy concerns
- Could work case by case
- Easy to manipulate so no personal care provider on staff or hired
- Strategy for transitioning to community
    - B – Affordable housing
    - B – accessible housing; how to champion housing system to meet housing needs
- Plan for moving out
- Housing supply that's accessible
- Support
    - B – awareness, visibility regarding accessible housing

Section 5

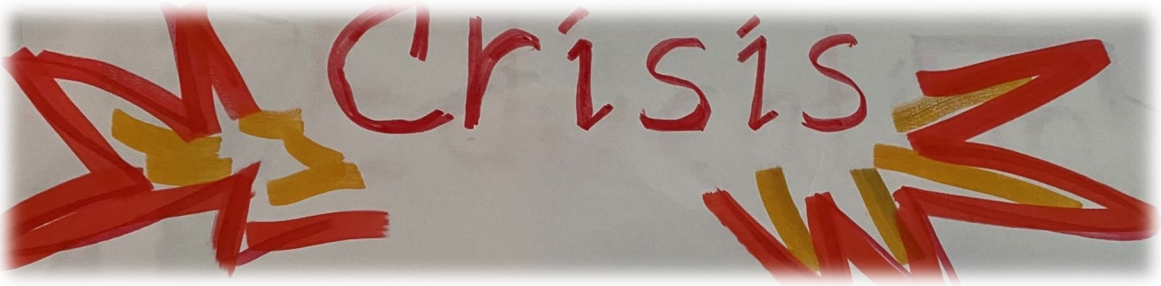
Other Suggested Domains

Crisis
Education
Family Supports
Medical Dental
Workforce
Technology
Transportation
Early Supports

What else are we missing?



CRISIS



What's working/not working

1. *Unable to access Contracted Providers*

-No Services = Cycling Harmful Crisis –

DDA:

- Caregivers
- Respite
- Life skills
- Community participation
- Supported employment
- Supported living- Residential
- Crisis Stabilization
- HEBS Waivers
- OFC Services

Medicaid

- ABA
- Speech
- OT
- Med MGMT
- Crisis
- Clip
- Wise Wraparound
- Case Management
- Therapeutic
- Behavioral Health Therapies

Community

- Mobile Crisis
- Wise Wrap
- Recreation
- Meaningful Day
- Welcoming Places

Contracted providers who deliver these vital services & supports often lack skills, expertise, and comfort level serving high-needs, profoundly impacted population, nor are they trained, incentivized (paid more), or mandated to serve this population – resulting in blanket exclusion. No Services – cycling crisis. Especially problematic for those w/ significant challenging behaviors.

2. When needs exceed what parents or caregivers can provide safely in the family home, often due to lack or absence of HEBS Service (Access Barriers) due to severity of disability.

3. We don't have a crisis system. Many times the system causes or contributes to the crisis.

Ideas/Recommendations

1. Return intensive behavior supports to CIIBS Waiver – or à la carte for DDA-enrolled clients whose needs exceed what parents/caregiver can provide safely in the family homes.

2. Our State needs an intermediate care facility for individuals with profound high needs (often with challenging behaviors). Who need a safe & highly supported environment while de-escalating and/or waiting for HCBS to be secured, or residential short- or long-term placement.

3. Increase trauma–informed, community-based crisis supports for youth at the intersection of mental health and disability.

4. ABA Providers are <u>not</u> serving this population as hoped, often denying or endless waitlists for those with the highest needs.

What Else

I want to work on this

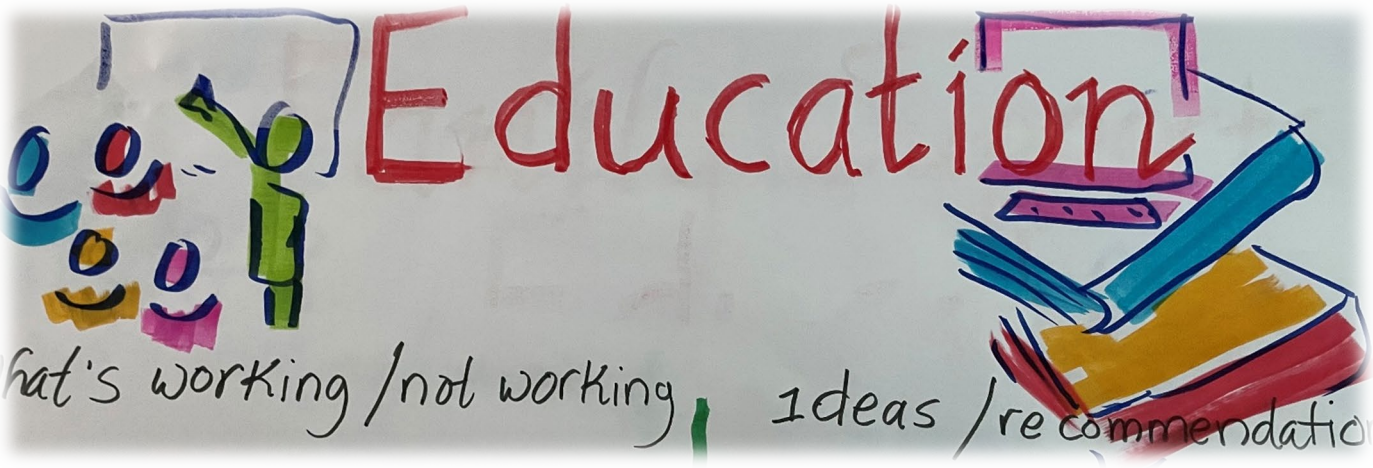
Darci

Katrina Davis

Jim Mancini

Wa Include Collaborative

EDUCATION



What's working/not working

1. Stop the shift from academic to functional academics in Middle School. Reading, writing, communication, and math are important skills to continue, with reading being a top priority. Adapt Gen Ed curriculum as needed! Coleen McKenna, Soloman, Michelle O'Dell, TMCDD

2. Structured design of educational system for "special education".

Ideas/Recommendations

1. New High School graduation requirements include building a resume, applying for a job. Supported employment providers should be brought in to support with this, since SPED teachers aren't trained in-house to best support with this.

2. Eliminate segregated "life skills" classroom in elementary schools. All children can be & should be included in gen ed.

3. Behavior support training for staff. Not behaviorism, trauma-informed.

4. More PCP through High School and beyond

5. Case manager to student ratio limits for college disability offices.

What Else

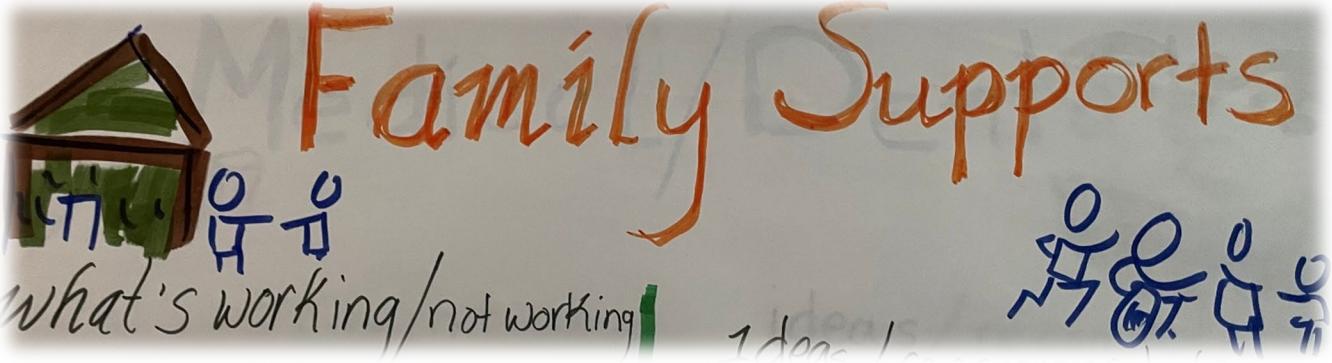
1. Every family gets access to a support person to attend IEP meeting. (Note taker and someone who explains IEP).
2. Everyone trained on universal design for learning. All teachers have Sp. Ed. endorsement.

I want to work on this

Ramona H.

Courtney Criss

Family Supports



What's working/not working

1. Family Supports need to happen early. It is the most important early intervention.

2. Help families find caregivers not just suggest the family uses an aunt or grandma or do caring care. This doesn't work.

Ideas/Recommendations

1. Funding for day opportunities

2. Brokers to find caregivers for families

3. DSHS Etc. Case manager turnover & notification of new one.

What Else

1. Expand/interest in the workforce create a career path.

2. Choosing community doesn't create a career path.

3. Choosing community doesn't mean that you are choosing no supports.

4. Make the training easier to access for personal caregivers to his w/in 120 days is HARD.

I want to work on this

Darci

Katrina Davis

Medical/Dental

What's working/not working

1. Treat illness & Injury Based Medical Observation

2. Don't Be an Ass

Ideas/Recommendations

1. Dental better access. Providers that specialize in IIOD Regional Partnerships (UW, CWU, EQU) right now Decode is it.

2. Medicare rate acceptable for care.

3. Medical/dental schools need more classes on IDD patients

What Else

1. Increase training for healthcare professionals on supporting clients with IDD.

I want to work on this

Workforce

What's working/not working

1. Revise the stated six-year-old rate study and fully fund providers (supported employment).
2. Community Inclusion Rates need a raise so that vendors can support the service.

Ideas/Recommendations

What Else

I want to work on this

Technology

What's working/not working

Ideas/Recommendations

1. Remote Supports Available on more than just DDA Waivers.

What Else

I want to work on this

Mark Olson

Transportation

What's working/not working

1. Transportation access is highly localized pilot project with strict geographical boundaries (like the Zip shuttle) are great AND need to reach more people. How can we better champion transportation access for all – from rural to urban areas? Look into increasing funding, building up public transit infrastructure, identifying and resolving gaps in paratransit access.

2. Access Services is problematic. Safety has become a concern, long rides, incorrect dropoff places, hand to hand clients dropped off alone.

Ideas/Recommendations

1. More DART Vans

What Else

I want to work on this

Early Supports

What's working/not working

Ideas/Recommendations

1. Educate providers to direct parents w/questions to ESIT. Do not "wait & see".

2. No co-pays. Just pay it all. Families don't need surprise bills.

3. Training for families support stuff on IDEA, including LRE

4. Don't use pandemic as an excuse to not provide services.

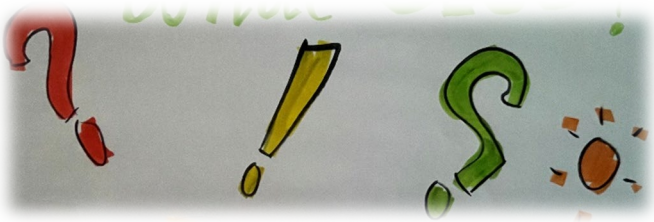
What Else?

I want to work on this

Ramona H.

Courtney Criss

What Else? Other Domains or Issues



1. Keeping all acuity levels in mind when looking at solutions/ideas/services
2. Higher thresholds for getting kicked off DSHS services for showing improvement.
3. Pie in the sky idea. The costs of housing are less expensive in rural areas, but there are fewer services. If a family would like assistance moving to an area w/more services, they could access a fund helping them to do so.
4. Getting rid of yearly evals for chronic disability for DSHS.
5. Address regressive tax system further. Thank you for the millionaire's tax, and let's go further.