



## WASHINGTON

### Planning

At the direction of the governor in March 2000, the Department of Social and Health Services (DSHS) established an *Olmstead* work group to coordinate planning and accelerate ongoing processes and programs. This work group includes representatives from 14 DSHS programs. The purpose of the *Olmstead* work group is to further Washington's response to the *Olmstead* decision by seeking input from stakeholders, coordinating existing processes and programs, proposing program modifications and better evaluation measurements, and coordinating among agencies to improve access to services and supports. The task force remains active and routinely forms consumer advisory groups to address new issues as they arise. Recent advisory groups have formed to recommend actions on Washington's Real Choice Systems Change grants.

Washington completed a draft *Olmstead* plan in December 2002. The focus of the plan is the identification of activities to divert individuals from institutional admissions, help individuals make the transition to community settings, and create performance measures. The main components of the *Olmstead* plan are housing, transportation, employment, and integration and stakeholder interaction. The plan includes an overview of current activities that further the intent of *Olmstead* - such as housing, transportation, integration, employment and systems change initiatives - and discusses DSHS plans for implementing the activities funded in the budget. Washington intends to change the plan as new issues arise. The plan can be viewed at <http://www1.dshs.wa.gov/olmstead/index.htm>.

Each administration responsible under the *Olmstead* plan has a method of accountability and oversight that meets its strategies for moving people from institutional settings to the community. The various DSHS administrations that provide long-term care have individual, specific *Olmstead* goals-some including budget and legislative action-and remain accountable for those goals (these initiatives are included in the overall *Olmstead* plan). Washington has an *Olmstead* coordinator to assist with plan updates and to continue planning with the *Olmstead* work group and other consumers and stakeholders.

### Home and Community-Based Services

In 2002, Washington state started a pilot program to improve the recruitment and retention of personal assistants available for people who need long-term care and who prefer to live at home. The Personal Assistant Recruitment and Retention (PARR) project has served to shape and inform the development of plans for a statewide referral registry of workers who can provide the assistance people need to live and work in their own communities. The goal of the program is to provide consumers living in urban and rural communities with increased choice and stability in workers.

Washington continued efforts to move long-term psychiatric state hospital patients into community settings. Approximately half of those moved to date are adults with severe and chronic mental illness; the remainder consists primarily of older adults with conditions such as dementia. In addition to resources allocated for supporting these individuals in the community, other resources have been used to enhance hospital diversion services. As a result, Washington has been able to close 178 psychiatric state hospital beds between December 2001 and April 2003.

As part of a litigation settlement, a new policy that clearly delineates roles and responsibilities for community providers and hospital staff has been completed for discharge of patients from state hospital units that serve individuals with developmental disabilities. State hospital units that serve individuals with developmental disabilities continue to upgrade in terms of program opportunities, staff training, and coordination with community providers.

During the past year, the nursing home count decreased from 13,287 in December 2002 to 13,062 in November 2003-down 225.

Federal policies such as institutional bias, requirements of waivers for community placement, and lack of federal systems change continue to act as barriers to implementation, in addition to:

- Rising rates or loss of insurance for community providers;
- A decrease in bed capacity for community psychiatric inpatient care in Washington and border counties in Idaho and Oregon;
- Community resistance to placement of individuals with histories of challenging behaviors; and
- Lack of specialized resources for populations with special needs such as traumatic brain injuries.

Washington continues to address issues related to increases in forensic admissions at state hospitals. Efforts are being made to conduct competency evaluations and restoration in community settings.

### **Appropriations**

The Legislature renewed funding used to support long-term state psychiatric hospital patients who were moved during the 2001-2003 biennium. The 2003-2005 budget appropriation provides approximately \$17 million (state and federal) to support these individuals in community settings and to provide diversion services for individuals who are at risk of being sent to the state psychiatric hospital. The Legislature, also, has begun to downsize the second largest institution for people with developmental disabilities in the state; an appropriation is in the budget for that effort. In addition, there is funding for "*Olmstead*" in a proviso for a limited number of people.

Washington's Legislature also appropriated funding for up to 80 people to move from institutions to support people with developmental disabilities in the community. By June 1, 2003, 61 people had indicated they were interested in moving and had moved to community residences, with needed supports in place.

The state fiscal crisis offered the perception of fewer options and fewer services because of less money. Washington has found, though, that people moving to community settings often experience more options, including more planning around the individual.

### **Grants and Projects**

Washington's Systems Change grants have funded changes to support the move from institutional settings to the community, such as the local linkages that need to work for consumers to ensure success in the community. Some of these include system changes for the transition from psychiatric hospitals; training and education for self-advocates with developmental disabilities in self-directed services; and quality assurance tools.

Washington received a four-year "Coming Home" grant from the Robert Wood Johnson Foundation. The goal of this grant is to explore development of affordable models of housing with services for senior citizens and adults with disabilities. As part of this grant, the ADSA Coming Home program is working with the National Cooperative Bank Development Corporation to conduct focus groups with adults with disabilities. The goal of the focus groups is to obtain input from the disability community on currently available housing and in developing new models.

Washington received a "Money Follows the Person" grant that provides \$610,000 to enhance the ability to assess the needs of adults and children with developmental disabilities. This grant will identify the amount of money needed as people move from institutions to the community and eventually will identify the amount of money available for individual budgets. The grant is administered by the Division of Developmental Disabilities, Aging and Disability Services Administration. Washington has received several of other grants to assist in implementation of its *Olmstead* initiatives, including a Medicaid Infrastructure grant, a Nursing Facilities Transition grant, and a Department of Labor grant for employing people with disabilities.

### **Next Steps**

To date, the PARR project has listed on its registry more than 600 trained and qualified workers for hire by consumers, and more than 300 hires have been made. In addition, more than 416 people have been moved into community-based settings through initiatives mentioned previously. *Olmstead* activities have addressed all long-term care populations. All were included in the Real Choice grant activities, in one way or another through various projects, from transition out of institutional settings to self-advocacy and self-directed care activities.

Washington plans to continue to assess the specific long-term care programs for community living options and to work with consumers and stakeholders to identify barriers to community living for people with disabilities. Future planning will continue to include consumer, advocate and stakeholder input. Services that previously were considered to be very specific to a population are increasingly considered as cross-agency/cross-system services.

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