



## REPORT TO THE LEGISLATURE

# Complex Needs Pilot Report

ESSB 5187 Sec. 203 (1)(cc)(i)

December 1, 2024

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### Background

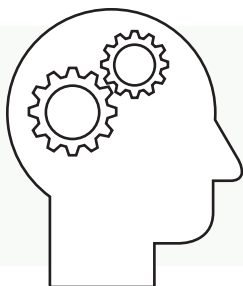
The legislature passed Engrossed Budget Bill 5187 Section 203(1)(cc)(i) during the 2023 legislative session. It provides the Department of Social and Health Services' Developmental Disabilities Administration with funding to establish a pilot program that provides a specialty rate for community residential providers to support up to 30 individuals with complex physical and behavioral health needs. The bill specifies that the pilot program must hire staff to support the specialty program. This includes expanding existing training programs available for community residential providers and supporting providers in locating affordable housing.

The bill outlines the following metrics:

1. A detailed reporting of the number of individuals served and the setting from which each individual entered the community residential setting receiving this specialty rate.
2. A comparison of the rate of admissions to the community residential setting receiving this specialty rate against the rate of admissions to other community residential settings not receiving this specialty rate as well as against the rate of admissions to other state-operated settings including, but not limited to, state-operated living alternatives, enhanced services facilities, and the Transitional Care Center of Seattle; and
3. A comparison of the length of stay in the setting from which the individual entered the community residential setting receiving this specialty rate against the average length of stay in settings prior to entering other community residential settings not receiving this specialty rate as well as prior to entering other state-operated settings including, but not limited to, state-operated living alternatives, enhanced services facilities, and the Transitional Care Center of Seattle.

### Development of the pilot program

Around 450 people are currently requesting DDA residential services. For several years, providers have reported struggling to recruit and retain skilled staff to support this population. The supported living industry has over 150 contractors, but many are unable to meet the growing demand for services to clients with complex needs. Many individuals are ready for discharge from acute care hospitals without an identified residential service provider.



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I'm working on my goals. I have my job appointment soon and visiting my sister again. I've switch to tobacco so I don't spend all my money smokes. I'm a bit better at reading now and I've been practicing guitar and know more than my teacher.

– Interview with a pilot participant

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## Complex Needs Pilot Report

In the past, providers requested exceptional rates to successfully support clients with complex behavioral needs. These exceptional rates informed the development of the complex needs pilot, that if the individual had the support of credential professionals and their staff received enhanced training on their support needs, it would result in:

- More long-term stability of individuals in the community of their choice.
- Fewer critical incidents by emergency responders or law enforcement.
- Less Direct Support Professional turnover.

We hired three positions to help develop the resources providers need to succeed in the pilot. Each area of professional development identified barriers and gaps in services provided to individuals and their support teams, then developed solutions.

Housing program manager	Program manager	Training specialist
Work with the DSHS Aging and Long-Term Support Administration housing team to collaborate regarding the availability of low-income units.	Develop the program and DDA Policy 6.16	Develop resources for required training
Identify housing subsidies	Monitor transitions from hospitals to residential habilitation	Research training
Identify accessible and affordable housing developers and investors	Identify barriers to service	Identify training gaps
Advise Dept. of Commerce on intellectual and developmental disabilities housing needs to be reflected in notice of funding ability	Train and support providers on the requirements of the pilot	Support providers to access required training
Develop relationships with coordinated entry sites to have access to other local housing options		Provide training to the providers to meet the identified needs of individual
Develop relationships with housing authorities		

## The Framework

### Identifying individuals for the pilot program

The pilot program created a new enhanced support package for providers to assist 30 individuals with extensive behavioral support needs. These individuals frequently experience crisis and were not receiving supports from residential providers before enrolling in the pilot program. We prioritized individuals referrals by their assessed need.



\* Person-Centered Service Plan indicates extensive behavior supports are needed in two or more of the following areas:

- Suicide attempts.
- Self-injury.
- Assaults or injuries to others.
- Sexual aggression.
- Property destruction.
- Emotional outbursts.

To best understand and plan for the unique needs of these individuals, staff need extensive training. These person-centered plans take longer to develop and are important for the individual to meet and begin to develop a relationship with their provider and their potential housemates in their new home, as frequently as possible. It is essential to an individual's long-term stability and success in the community that their transition is person-centered and meets their needs.

*Pilot participants enjoying the spring fair.*



### Additional infrastructure

The pilot program is based on the belief that a well-trained direct support professional is better qualified and able to provide quality services to a person.

Certification increases professionalism and can help a DSP earn a higher wage. We offered incentives to support staff to get a certification. These certificates could be as a behavior technician or from the National Association of Dual Diagnosis, I/DD/MH or other similar nationally recognized association.

### Staffing requirements:

We chose to include specialized training in the pilot because we saw success in similar models in Washington and other states.



“

I feel confident and reassured that the skills I learned in training will help me provide more support for the client even during his rough times when he has escalations and also when he is about to enter his yellow zone.

– DSP testimony

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The pilot program developed a staffing model that utilized Board Certified Behavioral Analysts or similarly credentialed positions to support individual experiencing intellectual or developmental disabilities.

*DSPs being trained on how to support an individual.*

In addition, the staffing model requires a provider to designate an employee to coordinate with the individual's managed care organization's Care Coordinators. This coordination will ensure clients have access to their community mental health services and other community providers for ongoing assessment, therapeutic services, mental health services, and treatment services. The agency is required to coordinate with the MCO when accessing Medicaid benefits, such as: applied behavior analysis; counseling; substance use treatment; mental health counseling and services; and healthcare.



“

I gained insights into how to support clients, the importance of empathy, and learning effective communication strategies to navigate difficult situations.

– DSP feedback from Co-occurring Mental Health Conditions and Developmental Disabilities training

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### Enhanced Training:

Direct support professionals receive 14 hours of special training on supporting people with complex needs, the importance of empathy and effective communication in difficult situations. DSPs also take trainings specific to the person they support. Our quality assurance reviews have shown staff performance has improved.



### Value Based Payment

DDA implemented a value based system that rewards providers for increasing the skill level of their staff through training and nationally recognized certification that adds professionalism to the DSP. This brings more value to the investment by the State. The provider receives a financial incentive if an employee providing direct support to the individual in the pilot program is certified through National Association of Dual Diagnosis, I/DD/MH or a similar nationally recognized association for co-occurring intellectual and developmental disabilities and mental health needs or a certified as a behavior technician under WAC 246-805-300. The NADD offers several levels of membership that support DSP to earn a competency-based certification. DSPs and front-line supervisors receive formal acknowledgment of their contributions and hard work and get credit for competency to attain the nationally recognized NADD certification.

*Staff supported pilot participant to get his ID.*



In addition to the individual's assessed daily rate, a provider participating in the pilot program receives a daily rate of up to \$450 per day per participating individual as follows:

The provider receives the base instruction and support services rate of \$300 per day per participating individual.

If the provider has a DSP who has begun the process of being certified through NADD (or a similar professional certification) or who is a registered or certified behavior technician, they receive an enhanced rate based on the percent of certified DSPs supporting an individual up to a maximum of \$150 per day for administrative and operational cost.



Admin. Responsibilities	0%	25%	50%	75%	100%
Admin / non-ISS	\$50	\$75	\$100	\$125	\$150
ISS	\$300	\$300	\$300	\$300	\$300
Total	\$350	\$375	\$400	\$425	\$450

**Instruction and support services** means direct or indirect services related to providing the assessed level of support and instruction to an individual.

**Administrative and operational cost** means functions that are not directly related to providing an assessed level of support and instruction, that includes staff recruitment, payroll, marketing, administering employee benefits, maintenance of office space and administrative wages and benefits.

Many providers participating in the pilot program have pursued certification for their staff. We have realized there are some barriers to the NADD certification. Much of the materials are only available in English, when this is a second language for a segment of the qualified workforce. Delays in testing occur due to the extensive amount of documents required to submit before the testing can be taken. If the DSP does not pass the test, they must wait another 90 days to test again. As a result, the providers have created study guides to support the DSP in the testing process. Providers are incentivizing the NADD certification by providing staff up to a \$3 an-hour financial incentive when they start the application. Roughly a third of all DSPs working with an individual in the pilot program are pursuing NADD certification. However, only three employees have completed certification process.



“ I appreciate that fact that the training was broad because I learnt a lot in that period. The training instructors were informative and practical on all topics which has made me knowledgeable as a DSP.

– DSP testimony

## Development of Training

To meet the enhanced training requirements for the pilot program, our training specialist worked with a multitude of forums to be able to identify, create and implement the classes for DSP to attend. A training titled “Supporting Individuals with Co-Occurring Mental Health Conditions and Developmental Disabilities” was created and delivered to participating providers and staff within the pilot program. This is a three-hour instructor-led course.

### Feedback provided by DSPs that participated in the Supporting Individuals with Co-Occurring Mental Health Conditions and Developmental Disabilities training.



I want to recognize the training, staff interactions, and additional support provided with the Complex Needs Pilot that allowed the client to reach a new level of independence.

– Success story from provider

We contracted with CareLearn, to offer easily accessible online training aimed at equipping providers with high-quality, learning modules. The pilot providers submitted new curricula for review and approval for continuing education credits. Over 20 virtual and instructor-led trainings have been approved for providers to use as part of their enhanced training program. The training specialist worked closely with the provider to identify gaps in the current training curriculum. We gathered a comprehensive list of training materials and shared these with all individuals in the pilot program. These materials include a collection of DSHS continuing education approved training courses and details about the NADD program to meet the requirements in DDA policy 6.16 Complex Needs Pilot Program.

These trainings are now available for all DDA providers whether in the pilot program or not.

## Lessons from Rate Study

When developing the pilot program, we reviewed our efforts and best practices. We studied models from around the United States that were successful at supporting individuals with complex needs and helping achieve long-term stability in the community.

The national workforce shortage is a key gap to delivery of service. We believe reducing staff turnover will improve success rates for the individuals we serve.

This is in the [Contracted Community Residential Services Rate Study Report](#). We used the information from the study to inform the pilot program. As part of that rate study, University of Washington conducted a series of interviews with 25 individuals receiving Residential Habilitation services through supported living providers. Individuals were asked what the qualities of their best staff are. The interviews indicated the importance of skilled staff in their lives. These are some of their comments:



“*She calms people down when they have anxiety.*”

“*He helps me calm down.*”

“*If I’m like not following my guidelines, tell me. Don’t like just let it go like it’s not happening. ... Because if you don’t – if you don’t tell me this, I can’t work on it.*”

The University of Washington also summarized: “Other themes were that their best staff worked with them to reduce anxiety, dampen feelings or anger, or help them feel safe.”

The University of Washington indicated “These findings suggest that specialized expertise among DSP, whether acquired through training or experience, is a critical component to the quality of life for individuals who receive Medicaid funded residential services.”

We also evaluated the effectiveness of other services offered by supported living providers. At times providers will request an exceptional rate based on the individual’s unique needs. Many providers have used the additional rate to employ board certified behavioral analysts or provide specialized training to their staff. The additional level of professional expertise has been effective to support individuals with complex support need in their community.

## Legislative Requirements

The Legislature was also interested in “A comparison of the rate of admissions to the community residential setting receiving this specialty rate against the rate of admissions to other community residential settings not receiving this specialty rate as well as against the rate of admissions to other state-operated settings including, but not limited to, state-operated living alternatives, enhanced services facilities, and the Transitional Care Center of Seattle.”

### Transitional Care Center of Seattle

certified skilled nursing facility provides post-acute (short-term) or long-term care designed to promote rehabilitation that focuses on transitioning individuals quickly out of hospitals when there are barriers related to Medicaid or Medicare funding. It offers individuals rehabilitation and employment that recognizes an individual’s

*Pilot Participant riding a horse for the first time.*



## Comparison to other Residential Services

	Supported Living	Transition Care Center of Seattle	Enhanced Services Facility
Capacity	Up to 4	Up to 130	Up to 14
Setting Type	Individual Owned/Rented	Facility Leased	Facility Leased
Focused Support	Habilitative	Medical	Mental Health
Type of Program	Long-Term	Temporary	Long-Term
Transitioning From	Any individual requesting services	Community Hospitals	Western/Eastern State Hospitals

need to be independent, active and fully involved in their healthcare journey. The primary focus of the facility is short-term adult rehabilitation and dementia memory care. Transitional Care Center and the pilot program are not comparable programs since the population, acuity of behaviors and medical needs are different.

[Enhanced Services Facilities](#) are licensed residential facilities that provide a community placement option for individuals with complex personal care and behavioral support needs that do not rise to a level that requires an institutional setting. Individuals may be referred to an ESF if they are discharging from state and community psychiatric hospitals or have limited placement options due to their complex behavioral, medical, chemical dependency or mental health needs. ESF facilities employ a multidisciplinary team and provide increased staffing and behavioral supports. There are currently eleven ESFs that support up to 16 individuals per facility. The current capacity for the program is 175. For fiscal year 2024 we saw 106 individuals transition into the program and 38 individuals left during the same time frame. Home and Community Services implemented data collection and reporting on admission and turnover rates in late July 2024.

*DSPs support pilot participants to access their community.*



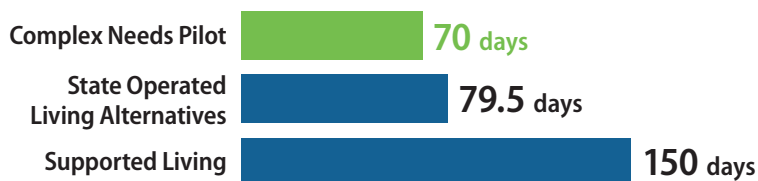
[Supported living](#) providers support up to four individuals to rent a single family home that they share with housemates. The provider hires staff to provide supports in the clients' home. Many individuals with high medical or behavior health needs are better served in smaller households. These services can vary from a few hours per month up to 24 hours per day, including one-on-one support tailored to individual needs and shared support within a household. We support approximately 4,150 individuals in Supported Living.



The client transitioned into the Pilot in December 2023 following an extended stay in stabilization services. The client has a long-standing history of multiple placements since childhood including both residential placement and inpatient psychiatric placements.

– Success story from provider

### Days of Transition into Community



In fiscal year 2024, the majority (54%) of the individuals receiving services from Supported Living providers transitioned into services with 150 days from mutual acceptance to receiving services.

According to the 2023 annual staff turnover report for Residential Service Providers, the average turnover rate for Supported Living providers was 35%

### State Operated Living Alternative

For fiscal year 2024, the majority (79.5%) of individuals receiving services from SOLA transitioned into services with 150 days from mutual acceptance to receiving services. The average length of admission time (receiving residential services) was 79.5 days.

Per the 2023 annual staff turnover reports the average turnover rate for SOLA was 22%.

### Complex Needs pilot Program

The pilot program was funded for 30 individuals to receive supports in the program. All 30 individuals have been identified. As of October 1, 2024, 27 of the 30 individuals were receiving services under the pilot program.

The pilot program was able to significantly reduce the transition time for the individual into services. The average transition into the pilot program was 70 days from mutual acceptance.

*DSPs support participants to enjoy community walks as part of their daily routine.*





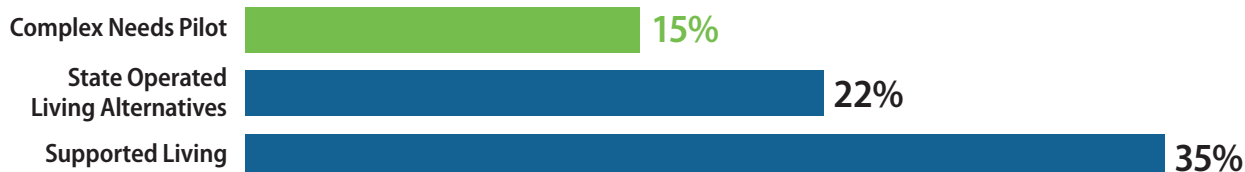
A client has made such significant progress with behaviors, medication compliance, and community interaction her new plan will remove her from Complex Needs status.

– **Success story from provider**

Most of the individuals have remained in the pilot program. One person was able to stabilize and no longer requires the intensive level of supports. A second individual returned to their home after a medical emergency once cleared for discharge.

The pilot program has been a valuable investment. Its success has garnered interest from individuals and their advocates. Over 120 individuals have requested the pilot program. 84 individuals meet current criteria for the pilot program.

### Staff Turnover Report



### Implementation Delays

Securing affordable housing in Washington that addresses the needs of individuals with complex support needs requires greater consideration of the individual's personal, health and safety needs. We must honor the preferences of each individual about where they choose to reside. Safe and accessible environments are our highest priority when securing housing. Considerations include proximity to public transportation, grocery stores, medical services and pharmacies, DSHS offices and public spaces and services. In addition, we must consider busy streets, neighbors and nearness to any body of water including lakes, rivers, creeks and streams to ensure we meet health and safety needs.



“Finding affordable housing for supported living clients in Pierce County has become increasingly difficult. Rents have increased astronomically, while Social Security payments have not. The types of environmental modifications required to support many CNP clients are also unappealing to the average landlord.”

– **Provider testimony**



Our housing team is working with the Department of Commerce, housing developers, and investors to increase intellectual and developmental disabilities housing options. In addition to the above considerations, many individuals require environmental modification to the home. Common modifications include ADA accessibility, hardening of walls or shatterproof windows. The Housing Unit is working with general contractors who have contracts with DDA and can provide support to complete these modifications.

The pilot program was slow to implement due to the need for providers to build their infrastructure. Before accepting an individual, a provider needed to train all DSP and hire a board-certified behavioral analyst. Once the providers met the pilot's requirements, the speed of individuals moving into service has increased.

It also takes time for an individual to find a housemate that is a positive match and can support long term success in the community.

*Pilot participant enjoying her birthday with friends and family.*

### Recommendations, Next Steps and Follow Up Items

We are thankful for the support of the legislature to invest in the complex needs pilot project. The pilot program offers a financial incentive to providers to enhance their staff team to adequately support individuals. The program's requirements provide DSPs the skills they need to support individuals with complex behavioral needs. It allows providers to better pay their staff, which results in long-term staff retention and low turnover. The success of this program requires continued training to DSP and having a qualified board-certified behavioral analyst to write person-centered behavior support plans. It is crucial that staff receive this enhanced training to ensure that individuals can be successful in the community.

Ongoing support is needed. Most individuals with complex behavioral needs want to live in the community of their choosing and can be successful with the right supports. This program ensures they receive the support from skilled staff. There are over 200 eligible individuals who may benefit from the pilot program. Continued investment is needed to support the transition of complex individuals out of community hospitals, evaluation and treatment centers, state hospitals and crisis beds.



### Videos of individuals in the Pilot Program living their best lives



**Chef A's Video:** <https://www.youtube.com/shorts/tNGIUBpgRCA>  
**CR's Home Tour:** <https://www.youtube.com/watch?v=vLmxgBNe-EQ>

## Complex Needs Pilot Report

We have established a sound infrastructure that has successfully supported all individuals receiving supports in the program. The complex needs pilot program provides the individual the opportunity to live successfully in the community with the supports they need while avoiding the high cost of residential habitation centers and hospitals. The infrastructure provided the training to staff needed to support individual's complex needs. We reviewed over 115 eligible individuals for the 30-bed pilot program. Unfortunately, not all eligible individuals could receive services in the pilot program.

DDA eligible population with complex needs is increasing. The pilot program has shown that enhanced training and credentialed professionals are crucial to the successful support of individuals with complex needs. Enhancing the training requirements has allowed the pilot provider to expand their program. Improved staff compensation is essential to recruit committed staff. Consultation with Housing Program to assist in locating affordable and appropriate housing is ongoing. The pilot program ends June 30, 2025. However, the need for the complex support is increasing. Thank you for allowing us to submit our experience and outcomes of this investment to the office of the Governor and the committees of the Legislature.



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A client was in and out of state hospitals for the last 10 years. The longest time the client in the community was less than 30 days. The client transitioned into the Pilot in January 2024 and has remained in placement.

– **Success story from provider**

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*All individual's consents for the involvement in the report are kept by the provider.*