

# SENATE BILL REPORT

## E2SSB 5243

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As Passed Senate, February 16, 2016

**Title:** An act relating to services provided by residential habilitation centers.

**Brief Description:** Concerning services provided by residential habilitation centers.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Honeyford, King, Keiser, Conway and Chase).

**Brief History:**

**Committee Activity:** Health Care: 2/02/15, 2/19/15 [DPS-WM, w/oRec].

Ways & Means: 2/27/15, 2/27/15 [DP2S, w/oRec].

Passed Senate: 3/04/15, 47-1; 2/16/16, 42-7.

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### SENATE COMMITTEE ON HEALTH CARE

**Majority Report:** That Substitute Senate Bill No. 5243 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Cleveland, Ranking Minority Member; Bailey, Brown, Conway, Frockt and Rivers.

**Minority Report:** That it be referred without recommendation.

Signed by Senators Angel, Jayapal, Keiser and Parlette.

**Staff:** Kathleen Buchli (786-7488)

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### SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Second Substitute Senate Bill No. 5243 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Hill, Chair; Dammeier, Vice Chair; Honeyford, Vice Chair, Capital Budget Chair; Hargrove, Ranking Member; Keiser, Assistant Ranking Member on the Capital Budget; Ranker, Ranking Minority Member, Operating; Bailey, Becker, Billig, Brown, Conway, Fraser, Hasegawa, Hewitt, O'Ban, Padden, Parlette, Rolfes, Schoesler, Warnick, Hatfield and Kohl-Welles.

**Minority Report:** That it be referred without recommendation.

Signed by Senator Braun, Vice Chair.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Staff:** Mark Eliason (786-7454)

**Background:** The Developmental Disabilities Administration within the Department of Social and Health Services (DSHS) provides support and services to persons with developmental disabilities. Services include case management, needs assessments, support in activities of daily living, employment, and rehabilitative therapies. DSHS also provides medical, dental, and pharmaceutical services to persons with developmental disabilities. Services may be provided in three different service settings: in the client's own home; in a community residential home; or in a Residential Habilitation Center (RHC). Washington operates four RHCs which are established in statute to provide services and housing for persons with developmental disabilities: Rainier School in Buckley; Lakeland Village in Medical Lake; Fircrest School in Shoreline; and Yakima Valley School in Selah. Another facility located in Bremerton, Francis Haddon Morgan, was closed on December 31, 2011.

Yakima Valley School was designated as a Nursing Facility in 1994. Currently about 260 direct care and support staff provide 24-hour nursing care, a full spectrum of clinical and therapeutic programs, and recreation and activities to about 108 individuals who reside on campus. Yakima Valley School also offers planned respite services, which include medical, nursing, dental, therapeutic, dietary, psychiatric, and recreation programs. Beginning on August 24, 2011, new admissions, other than short-term respite or crisis stabilization services, have not been permitted to Yakima Valley School. Yakima Valley School continues to operate until the number of permanent residents reaches 16 people.

**Summary of Engrossed Second Substitute Bill:** References to the now-closed Francis Haddon Morgan are removed from statute. Language is removed requiring Yakima Valley School to cease operating as an RHC when its census reaches 16 persons and that as part of the closure plan at least two cottages will be converted to state-operated living alternatives subject to federal requirements related to the receipt of federal matching funds. Language requiring Yakima Valley School to develop an evaluation and treatment center is eliminated and directs Yakima Valley School to operate crisis stabilization and respite serve beds as the capacity of the school allows and the needs of the community require, subject to the availability of amounts appropriated for this specific purpose in the omnibus appropriations act. The census of permanent residents may not exceed the number of permanent residents in place as of the effective date of this section, with no new long-term admissions required. No new long-term admissions are permitted at Yakima Valley School. References allowing clients to choose where they receive respite, either in an RHC or community-based setting, are removed.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill (Health Care):** PRO: Yakima Valley can add three new beds without increasing costs and there are cottages on site that can

be opened. We need to do this for the families. Community care is not appropriate for all people. This bill is a product of the 2012 Developmental Disability Task Force; this was a recommendation of the task force. People who need RHC services must be allowed to live in them. It costs just as much to provide services in an RHC as it does to provide those services in the community. RHCs provide more services than what is available in the community. Moving people from RHCs to community settings provides client confusion and can be fatal to some residents. There is a need for respite care; Yakima Valley has 16 beds which doesn't meet the needs of the community. The staff in the RHCs are the experts and are used to assisting the hard-to-manage people.

CON: We need to change where people are served and we are moving to having people being served in the community. It costs more to keep people in RHCs. There are still more people on the waitlist waiting for community respite and residential services; the money used to pay for RHC services could pay for community services instead. Our members who have lived in institutions compare that to living in a prison. The RHC option is scary for our members. The RHCs should be closed; many people who have lived in the RHCs now live in the community successfully.

**Persons Testifying (Health Care):** PRO: Senator Honeyford, prime sponsor; Rick Jensen, Paul Strand, ACTION DD; John Mahaney, Julianne Moore, citizens.

CON: Diana Staddon, Arc of WA ; Noah Seidel, Self Advocates in Leadership; Eric Matthes, Arc of King County.

**Staff Summary of Public Testimony on Recommended Substitute (Ways & Means):** None.

**Persons Testifying (Ways & Means):** No one.