RHC Transition Plan

A Comprehensive Plan for Downsizing Washington State's Residential Habilitation Centers – Institutions for Persons with Developmental Disabilities

June 2005

Written By:
Project Support Unit

Persons with disabilities or special needs may call the ADSA Project Support Unit and request a hard copy:

360.902.8444

WASHINGTON STATE
Department of Social and Health Services
Aging and Disability Services Administration
P.O. Box 5310
Olympia, WA 98504-5310
www1.dshs.wa.gov/ddd/rhc.shtml

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Washington State
Department of Social
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Services Administration

Preface

This document outlines a recommended process to downsize or close a Residential Habilitation Center (RHC) should there be a decision to do so in the future. The document is in the form of a comprehensive plan arranged into three sections. Section I provides background information and a high-level overview of the transition plan. Sections II and III provide detailed descriptions of the transition plan in a step-by-step format. This document updates and supersedes DSHS' Preliminary Transition Plan that was submitted to the Legislature on January 15, 2004.

The document provides a step-by-step, task-oriented comprehensive plan that guides responsible teams and individuals through the process of closing cottages, transferring clients and developing alternative resources while taking appropriate steps to protect client health and safety. It also provides steps and processes for transitioning employees and assessing retention options of licensed professional services provided to clients at RHCs as well as clients in community placements. The intended audiences for Section I are policy decision makers considering future downsizing or closure of an institution. The intended audiences for Section II are those individuals actually responsible for implementation of downsizing or closure decisions.

Due to the number of processes involved in downsizing or closing an RHC, this is a technical and detailed document. To provide guidance to the reader, a description of the organization of the document and how to read the sections is provided.

Section I provides an introduction and overview of the transition plan. This section:

- Sets forth the legislative authority for creating the plan,
- Provides brief background information related to downsizing RHCs,
- Outlines the scope, objectives, and goals for the project,
- Defines the methodology used in developing the plan,
- Provides a high-level plan and schedule for downsizing or closing an RHC,
- Identifies what has been accomplished to date, and
- Describes baseline performance measures.

Section II includes a description of major processes to be followed for an effective downsizing or facility closure plan. Processes in this section are those areas currently addressed by the administration. These processes are organized by chapter and include:

Chapter 1: Resource Development
Chapter 2: Capital and Facilities
Chapter 3: Client Transition

Chapter 4: Quality Assurance
Chapter 5: Employee Transition
Chapter 6: Communication

Section III includes two chapters on areas that are new to the Administration and will only be considered in the event that closure or further downsizing is required in the future: 1) Client Identification and 2) Retention of Licensed Professional Services (RLPS).

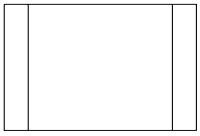
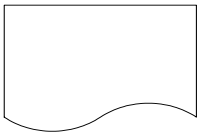
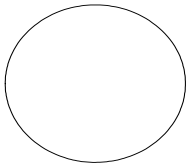
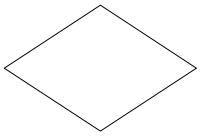
Each chapter in Sections II and III (with the exception of Chapter 3.2 on the Retention of Licensed Professional Services) is organized to include an introductory discussion of that process and how it fits in the overall scope of the transition plan. Each high-level and sub-level process is described and visually mapped in the form of a flowchart. Each flowchart is supported with an input table describing where inputs into that process come from and an output table describing where the outputs go from the process. Each task in the process is assigned to a responsible position. This position would be either the person performing that process or function, or the one assigning it out for completion, yet still responsible for its completion.

Each flowchart in this document includes various symbols used to represent important steps in the process such as next steps, decision points, and connections to other processes. Directional arrows will guide the reader through the details of the process. An explanation of the majority of the symbols used appears on the next page.

The flowchart methodology provides a visual representation of the processes and an ability to show the inputs and outputs of each process. Process flowcharts show the dependencies within processes, a non-time related flow of the process from beginning to end, and all associated tasks are shown visually. The narrative provides an overview of the process. These process steps are then mapped into a project schedule that will be used to implement the plan.

Assumptions to consider when reading this report include:

- The report is an RHC downsizing and consolidation report. The processes developed for this transition plan were for downsizing purposes stated in the legislative mandate of the 2003-05 Biennium. To align with any one budget, these processes would need to be refined and modified to more appropriately address quality issues, resource issues, risk management and schedule issues.
- The processes included are recommendations based upon current practices, subject matter expertise, process improvements, and experience closing four cottages this biennium. Resource constraints or schedule constraints would impact the described processes and should be considered as part of any budget planning/implementation proposal.
- The plans represent a systems perspective, recognizing that downsizing one RHC could have a significant affect on the surrounding community and other RHCs.

SYMBOL	DESCRIPTION/USE
	Represents a process which is a set of defined repeatable procedures and/or practices used by specific individuals that operate with specified requirements using certain inputs and generating outputs.
	The same as above but at this point the process can no longer be reasonably or practically broken down into sub-component parts.
	Specific product or tool representing the input or output of a process. Is usually 'unchangeable' in the sense that it would represent a document or checklist.
	Output or input for a process. While the input or output is the same in form each time, the quantity or substance may be different with each repetition.
	This is a connection point to another process or sub-process. Basically, this connects to another process. If there is a letter in the circle it will take you to another area of the process containing the same letter.
	This is a branch or decision point, the diamond will contain a yes or question tha when answered will take the process in one of two directions.
	A process start or end point.
	Stored information for later use.

Section I: Introduction and Overview

LEGISLATIVE AUTHORITY

The 2003 Legislature directed the Department of Social and Health Services to downsize Fircrest School and consolidate vacancies across all Residential Habilitation Centers (RHCs). The Legislature included in both the operating and capital budgets, provisions that specified the downsizing of Fircrest School (Laws of 2003, Chapter 25, Sec 211(1) (state operating budget, Appendix 1.1)), as well as direction to consolidate state RHCs (Laws of 2003, Chapter 26, Sec 229(1) (state the capital budget, Appendix 1.2)). The financial support for downsizing Fircrest School included the following:

- The operating budget provided staff and funds to reduce the number of cottages operating at Fircrest School during the 2003-05 Biennium. The Fircrest School residents affected by this cottage reduction are to move to vacant or reopened space in other RHCs or, at their option, to community placements or nursing home programs.

- The capital budget funds the restoration of cottages at other RHCs to allow for further consolidation of RHC clients in subsequent biennia. This increase in capacity would be achieved by remodeling existing, unoccupied cottages to meet health and safety standards.

- The operating budget provided funding for planning and management of the downsizing and consolidation effort, including support for employees affected by the downsizing of Fircrest School.

BACKGROUND

The last RHC closed in Washington State was Interlake School in Medical Lake in 1994. Since that time, the census in the five remaining RHCs in Washington State has declined from 1,329 in November 1994 to 990 in January 2005. Clients moving from RHCs during this time were placed in other RHCs or in community placements based on their family preference. All moves were made with a primary focus on client health and safety.

In comparison to the numbers reflecting a decrease in RHC census, the number of clients with developmental disabilities in community settings has grown from 18,834 to 31,846 in this same time frame. This trend reflects the national and state policies encouraging community placement and integration. During the past 30 to 35 years, states have steadily decreased the number of state institutional beds, downsized facilities, and closed state institutions in response to:

- Changes in the philosophy on how to best serve individuals with developmental disabilities.
- Advances in medical treatment for individuals with developmental disabilities.
- Legislative policy.
- Court decisions such as Olmstead[1].
- Department of Justice court actions.
- Consumer and family preference.

[1] The Supreme Court, in the June 1999 Olmstead Decision, ruled that unnecessary segregation of individuals with disabilities was a violation of the provisions of the Americans with Disabilities Act (ADA).

The decreasing census in Washington State's RHCs has led to consideration of closing an additional RHC at various times since the closure of Interlake School. The motivation for RHC closure appears to be both financial and programmatic. The overall cost of operations can be reduced as the census declines and cottages are closed. However, the cost of providing services critical to maintain certification as an Intermediate Care Facility/Mentally Retarded (ICF/MR)[2] and ancillary services[3] cannot be decreased at the same rate. As a result, the cost of operating these facilities does not decrease at the same rate as the census decreases. Programmatically, it also becomes more difficult to meet the specialized needs of an aging and progressively impacted population as staffing levels are reduced. By downsizing or closing one of the institutions, the census of the other RHCs across the state increases. This results in achieving greater efficiencies within the remaining RHCs. This also supports community moves which are the direction that the overall population has experienced in the last 30 or so years.

An outcome of the 2003 legislative session was the requirement to downsize Fircrest School by four cottages during the 2003-05 Biennium and develop a preliminary transition plan for RHC closure or potential RHC closures in the future. This direction, combined with the financial and programmatic inefficiency of operating five RHCs to serve a total expected census of less than one-thousand clients, led to the decision to begin to actively plan for continued downsizing and potential closure of an RHC. This document outlines such a plan.

PROJECT GOALS, OBJECTIVES, AND SCOPE

Project Goals

The project has two mutually supporting goals:

1. Close four cottages at Fircrest School during the 2003-05 Biennium.
2. Develop a transition plan that, when implemented, would result in further downsizing or closure of an RHC and consolidation of RHCs statewide.

During the 2003-05 Biennium, four cottages were slated for closure. This goal was accomplished as indicated by the following schedule:

DATE OF CLOSURE	NUMBER OF COTTAGES	PLACEMENT OF CLIENTS
March 1, 2004	2	Transferred to Rainier School, using a single vacant cottage and vacancies in other cottages throughout the Rainier campus and Community Placements
September 1, 2004	1	Internal transfers, RHC Moves and Community Placements
January 31, 2005*	1	Internal transfers, RHC Moves and Community Placements

*Closed ahead of the March 1, 2005 schedule

- The second goal was to develop a plan, that, if implemented, would result in further downsizing and potential closure, while consolidating clients in other RHCs statewide during

[2] Examples are physician care, specialized nursing and therapy, dental care and assistive technology.
[3] Examples are food and nutritional services, maintenance and plant operations, business services and administration.

the 2005-07 Biennium. This second goal accomplished by the completion of this document and its associated processes being implemented statewide.

Project Objectives

The goals for the project include the following objectives:

- Client health and safety is paramount,
- Employees are provided some level of transition support,
- Timelines are met, and
- The project budget is on track.

Project Scope

The scope of this project was limited to:

- Reducing the number of cottages at Fircrest School,
- Creating a comprehensive transition plan for downsizing Fircrest's resident population for the potential closure of Fircrest or some other RHC, and
- Consolidating the client census across the state RHC system.

The project scope included closing four cottages at Fircrest School, while ensuring that the residents of those cottages are transitioned to appropriate alternative placements. The scope also included developing a transition plan that appropriately addresses client health and safety, and supports affected employees during the transition. This requires the development and/or documentation of those essential processes necessary to downsize Fircrest School. This transition plan also focused on consolidating the client census across the state RHC system. This effectively increases the efficiency of those RHCs by increasing their total census closer to what their total capacity could be.

Eight specific areas were defined as the major processes associated with downsizing Fircrest School and consolidating of the RHCs. These areas include:

- Resource development,
- Capital facilities,
- Client transition,
- Quality assurance,
- Employee transition,
- Communication,
- Client identification, and
- Retention of licensed professional services

These eight areas form the high-level processes that were used to develop the transition plan for downsizing Fircrest School and RHC Consolidation. These specific areas are described in the following table:

	AREA	PROCESS/RESOURCE REQUIREMENTS
	Resource development	The processes used to develop the required resources to support residents who may transition into community programs.
1.	Capital facilities	The requirements, resources, and processes necessary to ensure timely and efficient: a. Opening of cottages at other RHCs b. Closing of cottages at the downsized school c. Closure and maintenance of the property of the downsized or closed school
2.	Client transition	The requirements and processes necessary to transition clients to new placements. This includes transmitting appropriate information to the alternative placement, ensuring that necessary supports will be available when the client arrives, and physically moving the client.
3.	Quality assurance	The processes and procedures ensuring that the alternative placements for residents meet the required levels of quality and address the needs of the client. This process also monitors the current health and safety of clients at specific points in time.
4.	Employee transition	The development of resources, processes, and procedures necessary to attempt to mitigate some of the impact on employees related to downsizing and the anticipated closure of an RHC.
5.	Communication	The Division of Developmental Disabilities is a statewide division with 6 regions and 5 institutions. All of these regions and institutions were involved in the consolidation effort. Communicating to each of these areas, and maintaining consistent and accurate information to the public is a very large task. A communication team was formed to define the content, determine the stakeholders, and direct the methods for communication.
7.	Client identification	The process of matching resident(s) to appropriate alternative placement(s). As cottages are closed, these processes will identify the needs of individual residents and the suitability of the different types of services available.
8.	Retention of licensed professional services	Fircrest School provides a number of specialized professional services to Fircrest School residents. Options for the retention and transition of some of these services to the community are provided for consideration of policy makers.

These eight process areas come together to form a comprehensive plan detailing how to further downsize an RHC and consolidate RHC vacancies if so directed by the Legislature. Figure 1 depicts all of these major processes, along with a few select administrative processes. Further detail on each of these processes is found in the Sections II and III.

The flowchart in Figure 1 depicts the sequencing of processes to downsize or close an RHC while consolidating RHC vacancies statewide. Processes (depicted by boxes along with their chapter numbers) in parallel can be performed at the same time. Processes with vertical lines contained in the box have defined sub-processes associated with them; those without vertical lines are management and division processes that have no defined sub-process. These processes were based in large part on staff expertise, divisional best practices, past experience, and professional judgment.

The flowchart begins with an operational analysis of the campus, its residents and operations and how to accomplish a feasible way to downsize or close RHC facilities, based on the budget and resources provided by the Legislature. This step would provide DDD and DSHS with a strategic approach to downsize or close an institution based upon constraints, resources, and required timelines. A client preference survey would be conducted to determine each client's and/or guardian's preference regarding alternative placements to their current residence at the RHC. This influences the types and volume of placements that would be needed. It would also provide a preliminary assessment if client preferences could not be met. In the event there are not enough vacancies within other RHCs to accommodate client preference for RHC placements, the Client Identification process would be used to determine the most suitable alternative placement. When this step is complete, the downsizing or closure strategy would be finalized by identifying the number of clients moving to RHCs and the number of clients moving to the community.

After the downsizing or closure strategy has been finalized, the processes of resource development, opening cottages at other RHCs to accept the RHC clients, inventory control and licensed professional services transition can all begin. These processes will be implemented using the steps documented in Sections II and III and are designated by their chapter number in the corresponding box.

As clients transition, Quality Assurance visits will occur. This process offers a structured means for determining whether client placements and services continue to meet their needs. This includes checking to see if appropriate care is being provided, if the new surroundings are suitable, and if the clients are healthy and safe. All clients who move from an RHC to a DDD community placement will have a QA visit three times in the first year after the move, and then on an annual basis. Clients moving to nursing facilities or to other RHCs will also receive three QA visits during their first year. This process was included to support parents, guardians, and employees who may be concerned about the level of support in a new setting. After the first year, the DDD QA process will be replaced with the ongoing QA process that occurs at the facility where the client resides.

Further downsizing or closure of an RHC may affect a significant number of DDD employees. In addition to documenting processes for planning purposes, there is a to desire to develop programs and resources to assist employees in making an effective transition to either alternative government or private sector employment, in order to maintain morale and to maintain standards of client care throughout a downsizing and/or closure process.

Regarding the retention of licensed professional services, there are a number of high quality medical services provided to RHC residents that would be valuable to transition to DDD community clients. The goal of this process is to develop alternative models based on demand in which some of these services may be retained for DDD clients living in their communities. The licensed professional services affected include medical, dental, psychology/behavioral and rehabilitative disciplines.

As cottages close, other buildings on the RHC campus may also be able to close. Some consolidation of functions may need to occur while the facility is downsizing or closing; these functions at some point will cease. An in-depth inventory control system will be in place to track

where equipment is, where it goes after it is no longer needed and procedures will be in place to surplus and dispose of the equipment. If an RHC is to be completely closed, funding will be required in order to maintain the campus until the property achieves its final disposition.

Fircrest Downsizing/Closure Flowchart

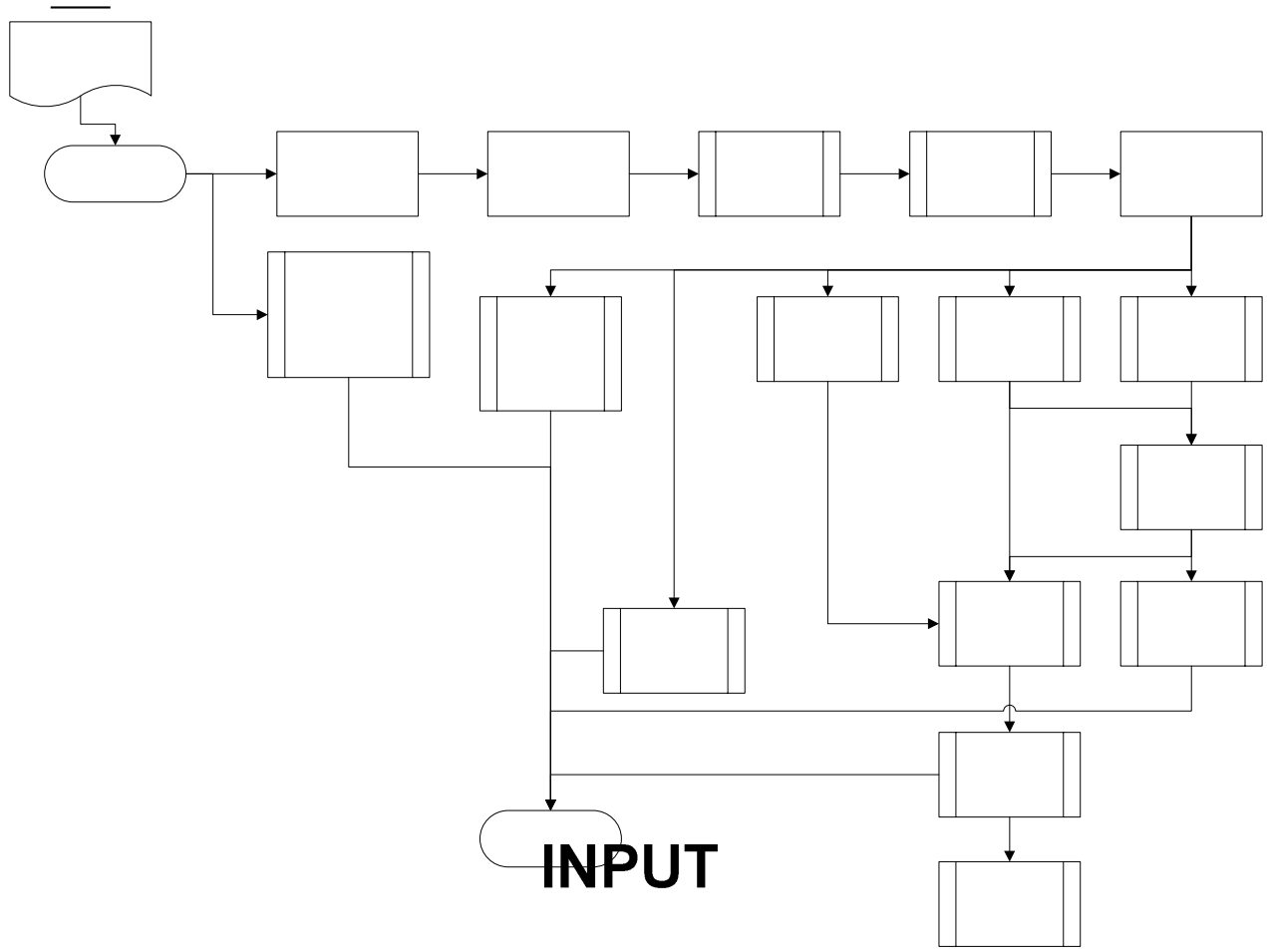


Figure 1

What Isn't Included in the Project Scope

When identifying the project scope, it is also important to recognize what is NOT included. A number of items are considered out of the project scope; however, these items will need to be considered by policy makers for planning purposes beyond the tenure of this project.
Items considered to be outside the project scope include, but are not limited to:

1. The impact on other occupants of the property.
2. The continued use of the Community Recreational Services.
3. Development of the property for use by the private sector, or possible sale of the land.
4. Policy changes affecting the current Division of Developmental Disabilities operations.

It has been interpreted that this project scope is limited to the downsizing of Fircrest School and planning for potential RHC closures in the future and consolidation of the state RHC system. What is done with the remaining property is not included in this Transition Plan. Each of the above items is discussed in further detail in Appendix 1.3.

PROJECT METHODOLOGY

Standard project management and business process engineering practices were used in the creation of the overall transition plan. The methodologies used in this transition plan are:

- Utilize standard project management practices to develop a strategy that encompasses the nine knowledge areas of project management for incorporation into the transition plan.
- Clearly identify the individual procedural steps necessary to close a cottage and/or close an RHC to accomplish RHC downsizing or closure.
- Develop (when necessary) and document these procedural steps in their current form utilizing standard flowchart methods and business process descriptions.
- Improve the processes to the extent possible for future use should there be additional facility downsizing or closure.
- Incorporate these processes into a transition plan and project schedule.
- Develop measurements that will accurately depict the progress of the plan and allow for early warnings of potential delays and risks.

The transition plan developed for future decisions for downsizing or closure of an RHC incorporates the use of business process analysis to identify procedural steps. The plan progresses from the beginning to the end through each of the identified major processes. Each of these major processes is then broken down to lower (more detailed) levels. The relationships between each of these lower level processes as well as their requirements and outcomes are documented. Any potential improvements are incorporated and the final implementation schedule is then developed.

The Transition Plan identifies six major procedural areas or processes directly involved with downsizing (client identification, resource development, capital and facilities, client transition, employee transition, and quality assurance). A major area responds to a specific legislative request (retention of licensed professional services). Communication is a support function vital to all major projects and the statewide nature of this project mandates a solid and comprehensive communication plan.

The processes in this plan identify discrete tasks that must be completed, in what order they must be completed, and what other tasks they depend on. Linking these tasks accordingly with consideration given to the inputs and outputs leads to the development of a plan based on robust processes that:

- Recognize the practicalities of downsizing or closing a major facility.
- Protect the health and safety of the residents as they transition to other placements.
- Support employees throughout the process.
- Can be executed in a timely and efficient manner.

To develop the plan, work teams were formed and charged with defining and/or documenting one of the major areas identified: client identification, resource development, capital and facilities, client transition, employee transition, quality assurance, retention of licensed and professional services and communication. Each work team was composed of DSHS staff with a working, technical, or managerial knowledge of their specific area, in most cases within Aging and Disability Services Administration (ADSA). These work teams were chartered to review the processes in their area of expertise, document the major processes and their lower level processes (and at times develop the process), and identify the inputs and outputs of each process. Inputs include data, direction from upper levels of management, or outputs from other processes. Outputs include products created in the process, items handed off between processes, and completed activities. In addition, work teams were responsible for identifying major risks involved with not completing each process as documented.

Process documentation resulted in flowcharts that identify the inputs and outputs of each process. Each process begins at a high level, and is broken down into more detailed sub-processes. The sub-processes are further broken down to the level where they are unrepeatable or do not apply on a global level for all clients, employees, buildings, or institutions. The mapping process recognizes that some individual decisions regarding clients, employees, buildings, and institutions are a matter of choice or professional judgment; thus, where applicable, these decisions are built into the processes to ensure an appropriate level of flexibility. Each flowchart is supported by a narrative description of the process.

The process mapping was conducted in three phases in conjunction with the direction of the 2003 Legislature to close cottages at Fircrest and prepare a transition plan for consideration by the Legislature.

- **Phase I:** Close two cottages at Fircrest School during FY 2004 by transferring residents to Rainier School using space freed up by opening a remodeled cottage and using existing vacancies; document existing processes;
- **Phase II:** Close two cottages at Fircrest School during FY 2005 by placing clients into community placements or other available RHC placements; explore process improvements and finalize process development/documentation and,
- **Phase III:** Develop a plan for downsizing or closing an RHC in the 2005-07 Biennium and develop methods for measuring progress against the plan, including quality assurance of adherence to processes and provide early warning mechanisms for risks and delays.

Each of these phases is described below in more detail.

Phase I

Phase I focused on the closure of two cottages at Fircrest School and the transfer of residents to Rainier School. In most cases, client identification, resource development, capital and facilities, client transition, and employee transition processes already exist in some form or have been implicitly established. Many of these processes have been successful in the past. During this phase, the existing "as-is" processes of the major areas were documented as process flowcharts, with each of the processes defined at a high level and broken down to more detailed levels. The majority of Fircrest School residents from these two cottages moved to Rainier School. The

community or nursing placements during this phase occurred mainly in King and Pierce Counties.

Phase II

Phase II of this project included a more comprehensive analysis of the processes. This analysis included breaking down the processes to the lowest task level, indicating responsible parties for each task, using detailed checklists or tools, looking for process improvements and paying particular attention to inputs and outputs of the processes. During this phase, two additional cottages at Fircrest were closed. The documented processes from Phase I were validated during these two closures, emphasizing the accuracy of documentation. As anticipated, additional process modifications and improvements were identified. Fircrest cottage closures in Phase II were primarily accomplished by transferring clients into community placements and available RHC placements (mostly within Fircrest).

Phase III

In Phase III, scenarios that best fit potential closure plans were defined. For some processes, this phase also required a review of the process at the statewide level, specifically at each RHC and region. While major changes were not required, some clarification of requirements or sequencing of steps was needed. The major focus of Phase III was to solicit feedback on the processes, particularly during implementation, and to identify process improvements and the strategic placement of resources. Having the appropriate processes in place, tested, and improved upon provides the best opportunity for successful client outcomes. This phase also included development of tools and measurements for tracking the progress of the process steps and the overall closure project.

Process Review

As process documentation was completed, each process underwent a quality assurance review process so that appropriate safeguards and quality measures were in place. This review process includes three levels of review beyond the work team. At any stage of the review process, if changes or issues were raised that were material, the process was returned to the work team for additional consideration.

- The first level of review is a technical review to ensure documented processes represent best practices. This review conducted by an informal panel of practitioners that assure accurate programmatic content and consideration of all of the critical items necessary.
- The second level review is a formal external review to ensure that all legal, regulatory, and policy issues are adequately addressed. This review was conducted by individuals, mostly outside of DDD, who have specific background in legal, regulatory, or policy issues related to DDD. The focus of this review is to ensure that all processes are compliant with state and federal regulations and policy.
- The highest level of review is a final review by the senior administration-level executive. This level of review considers resource constraints, management accountability, and other workload issues, resulting in processes that can be implemented and meet the needs of administration management.

A more detailed description of this review process can be found in Appendix 1.4.

Project Scheduling

After all processes were defined, process improvements had been considered, and project tracking mechanisms developed, the RHC Consolidation and Fircrest Downsizing Project developed a project schedule and work plan depicting the movement of clients, the opening and closing of cottages at different RHCs around the state, and a plan for the orderly downsizing or closure of an RHC. This project schedule includes, to the task level, those steps defined in the process development portion of the project during the first three phases. In the final stage, special attention will be given to activities that are interdependent. This will include procedures for data transmittal, and development of applicable timelines, providing a very detailed view of a proposed plan for closing an RHC. The project schedule is described below.

THE HIGH-LEVEL PROJECT PLAN

The RHC Transition Plan and proposed timeline is included in the Microsoft Project Schedule shown below. The flowchart in Figure 1 of this plan shows all the processes and how they interact with each other. This project plan takes those processes, places them in a time based schedule, and shows the dependencies of the processes.

This plan was developed in conjunction with the process teams within ADSA, the Division of Developmental Disabilities (DDD), and Project Support Unit (PSU) personnel. The process teams defined what processes were needed to accomplish different milestones in a plan to downsize and close an RHC. DDD and the PSU then worked together to determine how to put those processes together and create the time based schedule shown below. Some of the items in the plan are not considered to be part of the work team processes, but are items that DDD management and RHC management needed to do for downsizing or closure to happen in a timely and orderly fashion. This included consideration of all of the factors involved in facility operations. This comprehensive plan is put together to allow for tracking of tasks at the lowest practical levels providing early warning of schedule delays and problems. If this plan is implemented, it will be updated on a regular basis and its status will be regularly reported to DDD and ADSA management.

The plan complexity is due to several factors including:

1. Client health and safety – providing continued support needs to all clients while at their current residence and during transition,
2. Maintaining certification at the RHC for continued federal funding,
3. Maximizing employee retention and morale throughout the downsizing and consolidation process, and
4. Meeting state budget and timeframe requirements.

The project schedule is organized into nine sections:

- Labor Relations
- Cottage Closures
- Cottage Openings
- Facility Closure

- Employee Transition
- Client Identification
- Licensed Professional Services
- Miscellaneous Tasks
- QA Follow Up

Each of these sections will be described in detail below, and the timing and duration of each of these tasks can be seen in the project plan.

LABOR RELATIONS

Labor relations, updating, and working with the union is supported prior to the closing of any cottage. Discussions with unions will occur pursuant with the current collective bargaining agreements. Jobs that will be at risk of layoff or RIF and the general timing of those layoffs will need to be discussed. Determining which cottage to close, when to close, and how to close should also be discussed with the unions. These discussions should take place early in the process in case union issues need to be resolved that may affect subsequent tasks. Currently the plan shows no dependencies on the rest of the plan for these tasks.

COTTAGE CLOSURE

The cottage closure plan is repeated for each of 12 cottages. The only differences are whether or not cottage openings will occur to allow residents to move to those cottages or if the cottage will be closed based on community moves. There are different tasks associated with each type of closures, mostly related to hiring and training staff. However, this does not increase the time it takes to close the cottage. The plan for the first cottage closure is broken out into a task by task view so the reader can see all of the tasks that are required to close a cottage and the durations that go with them. The following 11 cottage plans are not detailed in order to save room in this document. A complete breakdown of the entire plan is located in Appendix 1.5.

COTTAGE OPENINGS

This plan includes cottage openings occurring at three other institutions across the state and the dates shown to coincide with the selected RHC cottage closings. The duration for opening cottages assumes that work on these tasks start at the initiation of the project and lasts until the unit is required to be available to receive clients.

CLOSURE OF NONRESIDENTIAL BUILDINGS

Each RHC building closure has a significant impact on the services that the RHC is able to provide to clients. There may be some consolidation of services to other buildings after one or more closes. This is yet undetermined.

EMPLOYEE TRANSITION

Resources are available for employees to receive training and transition support while they are employed at the RHC. This support will last the duration of the project. Programs and services are available to help employees transition from their jobs at the selected RHC to other state jobs, to assist them with seeking employment in non-state positions, and to help them deal with unemployment and the potential loss of work. Employee Assistance Services (EAS) will also be

available to help staff transition through saying goodbye to clients they have provided care for during many years.

CLIENT IDENTIFICATION

The Client Identification implementation section shows a high-level account of the process used to identify placement options for those that choose to remain in the RHC system. This is done at the beginning of the project to determine the number of RHC vacancies that will be needed as the RHC downsizes. The outcome of this process may have impacts throughout the plan depending on the choices of all the clients when considered in aggregate.

LICENSED PROFESSIONAL SERVICES

The Licensed Professional Services section shows a high-level timeline for implementing proposed options for transitioning the licensed professional services from the selected RHC to a community based program. The choice of options is dependent on legislative direction. A separate implementation plan will be developed based on the final budget proposal that will have much more detail. That information is not available at this time, but will be finalized when further direction is received from the Legislature.

MISCELLANEOUS TASKS

This section shows a number of items that do not fit into any of the other sections. This includes the timeline for the equipment inventory control system and disposal and surplus of that equipment. This section also shows the possibility of hiring transitional assistance staff to help with the moves of clients and the release of administrative employees that are not providing direct care to clients.

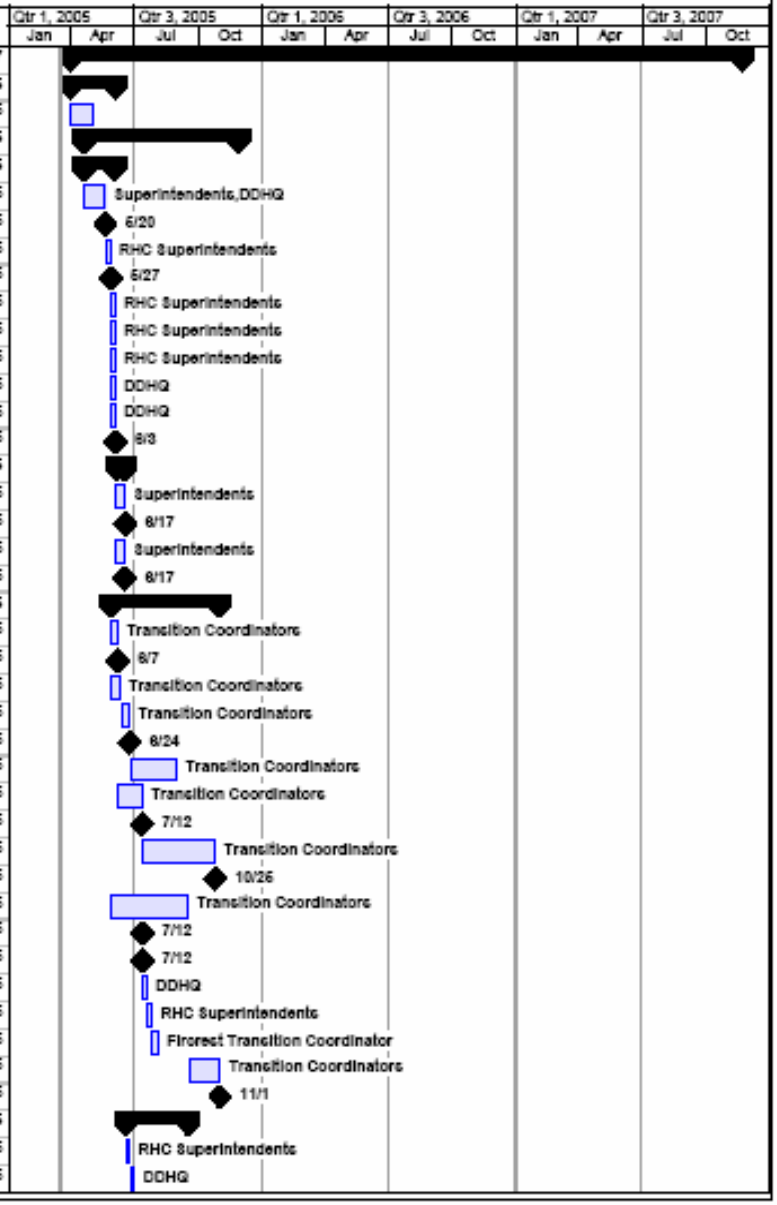
QUALITY ASSURANCE (QA) FOLLOW-UP

This section shows how long clients will be monitored by the DDD QA process after they move. The clients are targeted to be monitored 30 days after their move, 3-6 months after they move, and then after 1 year. Clients placed in the community will continue to be assessed on an annual basis by DDD QA; whereas clients moving from the selected RHC to either another RHC or a nursing facility will transition to the normal QA process that is followed in those facilities and will not be part of the DDD community process after their annual review. QA related to RHC closure or downsizing may continue past the 2005-07 Biennium, depending on the scheduled date for moves.

The Microsoft Project Schedule is shown beginning on the following page. This schedule is a four page overview of the entire 28 page proposed transition process. Therefore, the identification lines shown on the following pages are not inclusive of all steps in the transition process. The complete detailed transition plan schedule can be found in Appendix 1.5.

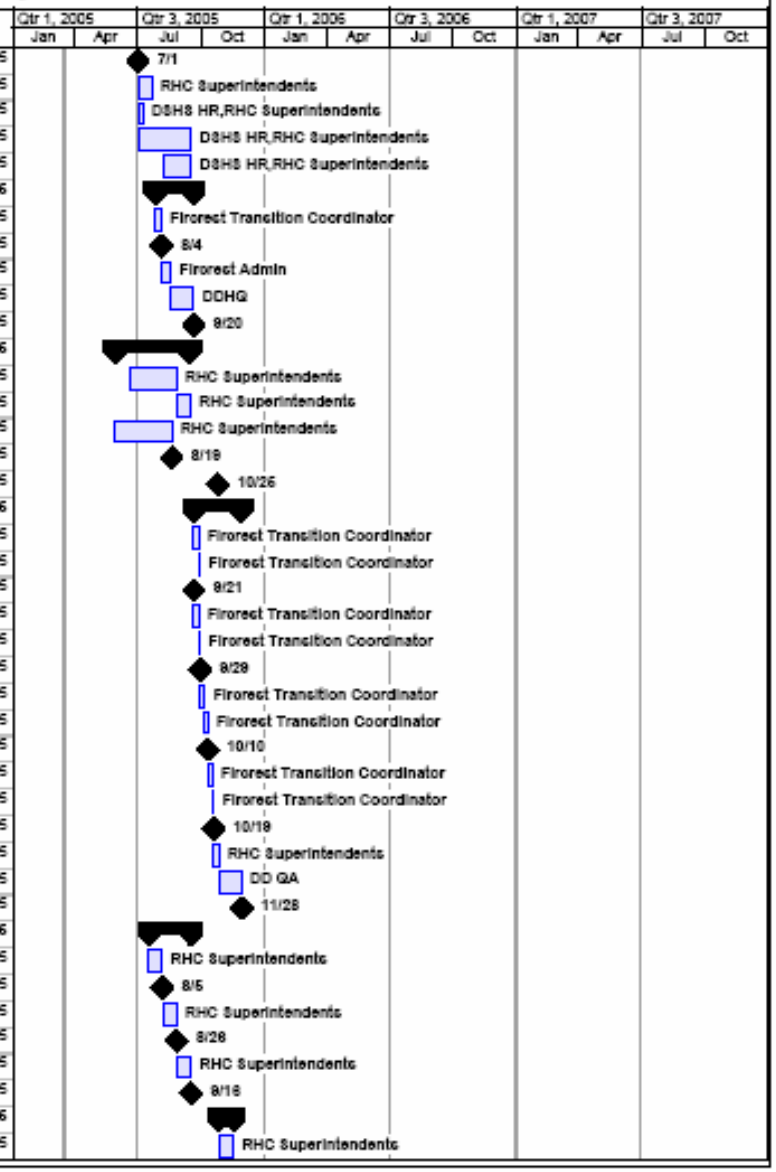
RHC Closure Project Plan

ID	Task Name	Duration	Start	Finish
32	RHC Closure Plan	880 days	4/1/06	11/22/07
33	Labor Relations	48 days	4/1/06	6/3/06
36	Project Planning and Kickoff	23 days	4/1/05	5/3/05
37	Close Cottage #1	159 days	4/20/06	11/28/06
38	Cottage/Client Selection	33 days	4/20/06	6/3/06
39	Identify Statewide RHC Capacity	23 days	4/20/05	5/20/05
40	<<Statewide Capacity Available	0 days	5/20/05	5/20/05
41	Select Cottage for Closure/Cottage Opening	5 days	5/23/05	5/27/05
42	<<Cottage Selected for Closure/Opening	0 days	5/27/05	5/27/05
43	Notify Labor of Cottage Selection	5 days	5/30/05	6/3/05
44	Notify Parents/Guardians of Selection	5 days	5/30/05	6/3/05
45	Notify Employees Fircrest	5 days	5/30/05	6/3/05
46	Notify Employees Other RHC	5 days	5/30/05	6/3/05
47	Notify Media and External Stakeholders	5 days	5/30/05	6/3/05
48	<<Stakeholders Notified of Cottage Selection	0 days	6/3/05	6/3/05
49	Operational Planning (Sending and Receiving)	10 days	6/6/06	6/17/06
50	Organizational Planning	10 days	6/6/05	6/17/05
51	<<Preliminary Organizational Plan Developed	0 days	6/17/05	6/17/05
52	Infrastructure Planning	10 days	6/6/05	6/17/05
53	<<Preliminary Infrastructure Plan Developed	0 days	6/17/05	6/17/05
54	Client Transition	112 days	6/30/06	11/1/06
55	Begin Preparation of Referral Packets	7 days	5/30/05	6/7/05
56	<<Referral Packets Complete	0 days	6/7/05	6/7/05
57	Notify Parents/Guardians of Resources	10 days	5/30/05	6/10/05
58	Identify Parent/Guardian Placement Options	10 days	6/13/05	6/24/05
59	<<Parent/Guardian Placement Options Identified	0 days	6/24/05	6/24/05
60	Send Referral Packets to Community	48 days	6/27/05	8/31/05
61	Perform Transition Planning	25 days	6/8/05	7/12/05
62	<<Transition Planning Complete	0 days	7/12/05	7/12/05
63	Perform Discharge Planning	75 days	7/13/05	10/25/05
64	<<Discharge Planning Complete	0 days	10/25/05	10/25/05
65	Resource Development	80 days	5/30/05	9/16/05
66	Equipment Ordering Deadline	0 days	7/12/05	7/12/05
67	Decision Deadline for Community Moves	0 days	7/12/05	7/12/05
68	Update RHC Capacity	5 days	7/13/05	7/19/05
69	Client Selection for Administrative Moves	5 days	7/20/05	7/26/05
70	Send Referral Packet to RHC's	7 days	7/27/05	8/4/05
71	Perform Community Moves	32 days	9/19/05	11/1/05
72	<<Community Moves Completed	0 days	11/1/05	11/1/05
73	Employee Relations	66 days	6/20/06	9/18/06
74	Notify Employees at Risk of RIF	5 days	6/20/05	6/24/05
75	Notify Department of Impacts	5 days	6/27/05	7/1/05



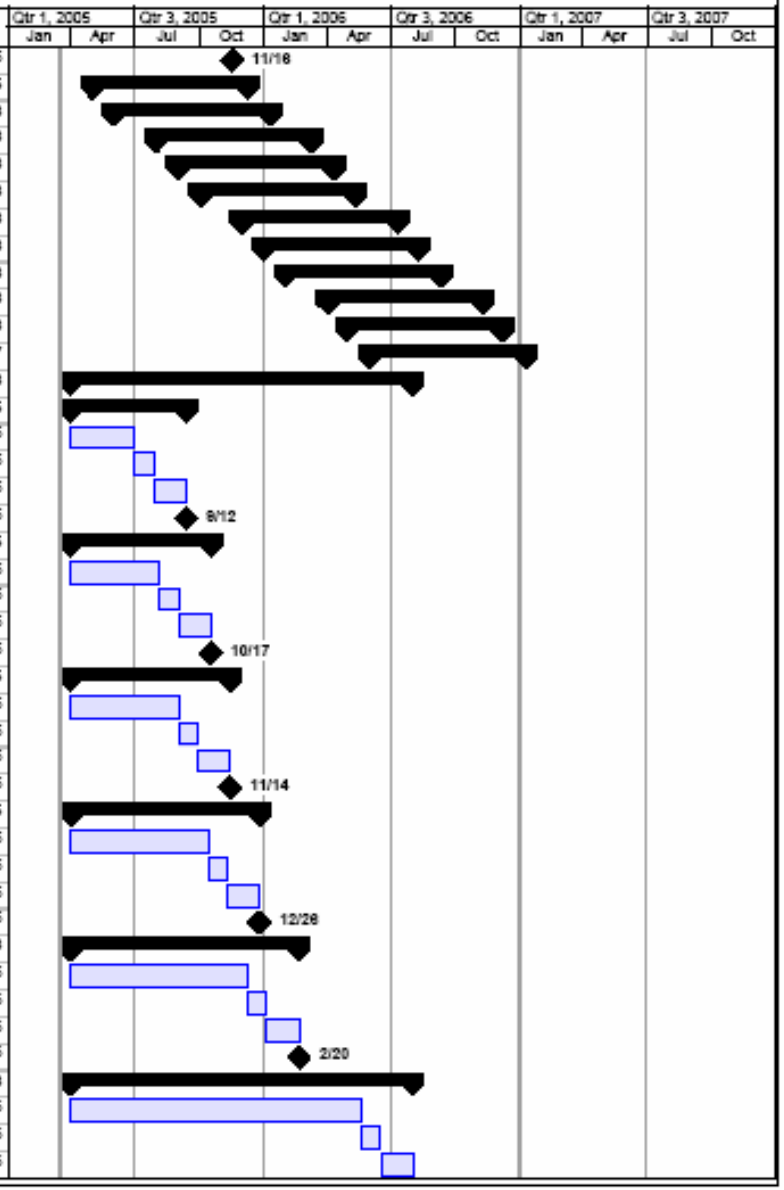
RHC Closure Project Plan

ID	Task Name	Duration	Start	Finish
76	<<Employees Notified of RIF Impacts	0 days	7/1/05	7/1/05
77	Conduct Employee Preference Poll	14 days	7/4/05	7/21/05
78	Conduct RIF Orientation	5 days	7/4/05	7/8/05
79	Develop Formal Options for Employees at Risk	55 days	7/4/05	9/16/05
80	Develop Informal Options for Employees at Risk	30 days	8/8/05	9/16/05
81	Informal Reviews	40 days	7/27/05	9/20/05
82	Notify Parents/Guardians of Client Move Dates	7 days	7/27/05	8/4/05
83	<<Parents/Guardians Notified of Client Move Dates	0 days	8/4/05	8/4/05
84	Schedule Informal Reviews	10 days	8/5/05	8/18/05
85	Perform Informal Reviews	23 days	8/19/05	9/20/05
86	<<Informal Reviews Complete	0 days	9/20/05	9/20/05
87	Hire and Train Start Up Employees	79 days	6/30/05	9/16/05
88	Hire and Train 1st Half Opening Cottage	50 days	6/20/05	8/26/05
89	Hire and Train 2nd Half Opening Cottage	14 days	8/29/05	9/15/05
90	Prepare Cottage for Opening	60 days	5/30/05	8/19/05
91	<<Receive Opening Cottage	0 days	8/19/05	8/19/05
92	<<Discharge Plans Complete	0 days	10/25/05	10/25/05
93	Client Moves	49 days	8/21/05	11/28/05
94	Prepare Clients	5 days	9/21/05	9/27/05
95	Move Clients	2 days	9/28/05	9/29/05
96	<<4 Client Moves Complete	0 days	9/21/05	9/21/05
97	Prepare Clients	5 days	9/21/05	9/27/05
98	Move Clients	2 days	9/28/05	9/29/05
99	<<8 Client Moves Complete	0 days	9/29/05	9/29/05
100	Prepare Clients	5 days	9/30/05	10/6/05
101	Move Clients	2 days	10/7/05	10/10/05
102	<<12 Client Moves Complete	0 days	10/10/05	10/10/05
103	Prepare Clients	5 days	10/11/05	10/17/05
104	Move Clients	2 days	10/18/05	10/19/05
105	<<16 Client Moves Complete	0 days	10/19/05	10/19/05
106	Client/Employee Transition	5 days	10/20/05	10/26/05
107	Perform Client Follow-ups	23 days	10/27/05	11/28/05
108	<<Client Followups Complete	0 days	11/28/05	11/28/05
109	Employee Release	45 days	7/18/05	9/16/05
110	Deliver RIF Letters	15 days	7/18/05	8/5/05
111	<<RIF Letters Delivered	0 days	8/5/05	8/5/05
112	1st RIF Waiting Period	15 days	8/8/05	8/26/05
113	<<Release Employees for Half Closing Cottage	0 days	8/26/05	8/26/05
114	2nd RIF Waiting Period	15 days	8/29/05	9/16/05
115	<<Release Remaining Cottage Employees	0 days	9/16/05	9/16/05
116	Close Cottage	15 days	10/27/05	11/16/05
117	Complete Mothballing of Closed Cottage	15 days	10/27/05	11/16/05



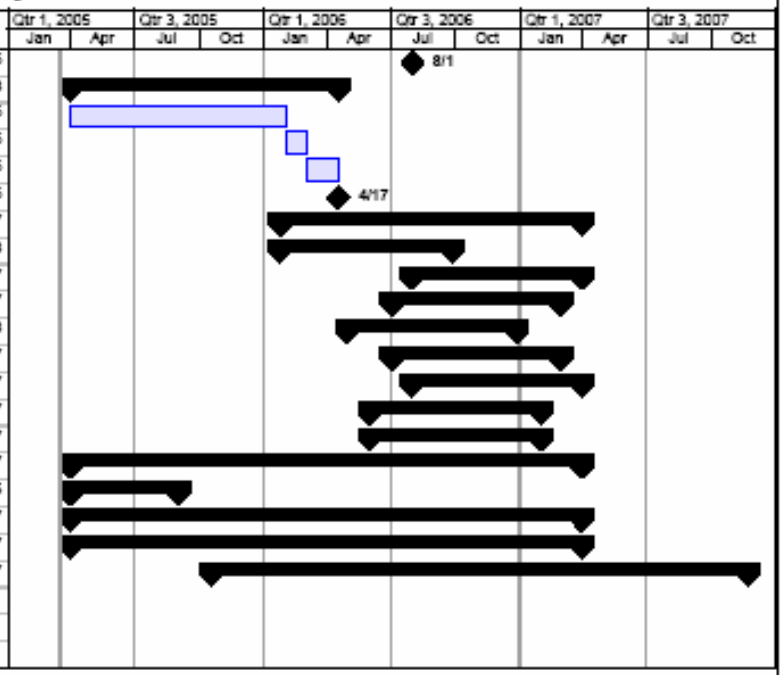
RHC Closure Project Plan

ID	Task Name	Duration	Start	Finish
118	<<Cottage Closure Complete	0 days	11/16/05	11/16/05
119	Close Cottage #2	159 days	6/2/06	12/8/06
201	Close Cottage #3	159 days	8/1/06	1/8/08
278	Close Cottage #4	159 days	8/1/06	3/8/08
360	Close Cottage #5	159 days	8/1/06	4/11/08
437	Close Cottage #6	159 days	10/3/06	6/11/08
519	Close Cottage #7	159 days	12/1/06	7/11/08
596	Close Cottage #8	159 days	1/2/08	8/10/08
678	Close Cottage #9	159 days	2/1/08	9/11/08
760	Close Cottage #10	159 days	4/3/08	11/8/08
842	Close Cottage #11	159 days	5/1/08	12/7/08
919	Close Cottage #12	159 days	6/1/08	1/8/07
996	Opening of Cottages	348 days	4/1/06	8/1/08
997	Rainier Cottage #1	117 days	4/1/06	9/12/06
998	Clean Cottage	65 days	4/1/05	6/30/05
999	Furnish Cottage	20 days	7/1/05	7/28/05
1000	Stock Cottage	32 days	7/29/05	9/12/05
1001	<<Rainier Cottage #1 Online	0 days	9/12/05	9/12/05
1002	Rainier Cottage #2	142 days	4/1/06	10/17/06
1003	Clean Cottage	90 days	4/1/05	8/4/05
1004	Furnish Cottage	20 days	8/5/05	9/1/05
1005	Stock Cottage	32 days	9/2/05	10/17/05
1006	<<Rainier Cottage #1 Online	0 days	10/17/05	10/17/05
1007	Rainier Cottage #3	162 days	4/1/06	11/14/06
1008	Clean Cottage	110 days	4/1/05	9/1/05
1009	Furnish Cottage	20 days	9/2/05	9/29/05
1010	Stock Cottage	32 days	9/30/05	11/14/05
1011	<<Rainier Cottage #2 Online	0 days	11/14/05	11/14/05
1012	Yakima Cottage #1	182 days	4/1/06	12/26/06
1013	Clean Cottage	140 days	4/1/05	10/13/05
1014	Furnish Cottage	20 days	10/14/05	11/10/05
1015	Stock Cottage	32 days	11/11/05	12/25/05
1016	<<Yakima Cottage #1 Online	0 days	12/26/05	12/25/05
1017	Lakeland Cottage #1	232 days	4/1/06	2/20/08
1018	Clean Cottage	180 days	4/1/05	12/8/05
1019	Furnish Cottage	20 days	12/9/05	1/5/06
1020	Stock Cottage	32 days	1/6/06	2/20/06
1021	<<Lakeland Cottage #1 Online	0 days	2/20/06	2/20/06
1022	Lakeland Cottage #2	348 days	4/1/06	8/1/08
1023	Clean Cottage	296 days	4/1/05	5/19/06
1024	Furnish Cottage	20 days	5/22/06	6/16/06
1025	Stock Cottage	32 days	6/19/06	8/1/06



RHC Closure Project Plan

ID	Task Name	Duration	Start	Finish
1026	<<Lakeland Cottage #2 Online	0 days	8/1/06	8/1/06
1027	Lakeland Cottage #3	272 days	4/1/06	4/17/06
1028	Clean Cottage	220 days	4/1/05	2/2/06
1029	Furnish Cottage	20 days	2/3/06	3/2/06
1030	Stock Cottage	32 days	3/3/06	4/17/06
1031	<<Lakeland Cottage #3 Online	0 days	4/17/06	4/17/06
1032	Facility Closure	308 days	1/26/06	3/30/07
1033	Pool	175 days	1/26/06	9/28/06
1039	Pharmacy	175 days	7/31/06	3/30/07
1045	Kitchen	173 days	7/3/06	2/28/07
1051	Admin Bldg	173 days	6/1/06	12/27/06
1057	ATP	173 days	7/3/06	2/28/07
1063	ATC	175 days	7/31/06	3/30/07
1069	Infirmary	175 days	6/1/06	1/31/07
1075	Other Outbuildings	175 days	6/1/06	1/31/07
1081	Employee Transition Implementation	621 days	4/1/06	3/30/07
1087	Client Identification Process Implementation	111 days	4/1/06	8/2/06
1094	Retention of Licensed Professional Services	621 days	4/1/06	3/30/07
1097	Miscellaneous Tasks	621 days	4/1/06	3/30/07
1104	QA Followup on All Clients	648 days	10/20/06	11/22/07
1108				
1109				
1110				



PROJECT STATUS

As of January 31, 2005, significant progress has been made on this project. Staff members across the state within ADSA are acknowledged for their work in meeting early targets. The following high-level activities have been completed:

- Two cottages closed in March 2004, one cottage closed in September 2004, and one cottage closed in January 2005.
- Across the RHC system, 76 clients have moved either to another RHC or to the community. RHC consolidation moves have all been tracked. Thirty seven of those moves have been to the community in various placements including supported living, nursing homes and adult family homes.
- One previously vacated cottage at Rainier was prepared for occupancy beginning January 1, 2004 (residents moving before these dates were situated into existing vacancies).
- The most critical processes, providing appropriate protection for client health and safety during transition, were identified and processes for resolving emergent issues have been put in place.
- Project staff completed 214 CARE Assessments at Fircrest School (125 in the ICF/MR cottages and 89 in the nursing cottages).
- A comprehensive communication plan has been developed and implemented.

Eight teams were charted and met on a regular basis between October 2003 – December 2004. These teams' identified critical issues and mapped integral processes. These processes have been completed and are provided in the table below along with their current status.

	AREA	COMPLETED ACTIVITIES AND STATUS
	Resource development	Implementation plan written, July 1, 2005.
	Capital facilities	▪ Process documented ▪ Implementation plan written and in review
2.	Client transition	▪ Process documented ▪ Implementation plan written and in review. ▪ Pilot process in validation for final two cottage closures. ▪ Numerous tools developed for assistance in process implementation
3.	Quality assurance	▪ Processes for RHC to community client moves documented. ▪ Process for RHC to RHC client moves (for a one-year post-move) developed and documented. ▪ Process for RHC to nursing facility client moves (for one-year post move) developed and documented.

	AREA	COMPLETED ACTIVITIES AND STATUS
4.	Employee transition	▪ Eleven focus groups were conducted to obtain input from employees of various RHCs across the state to discuss employee transition issues and to elicit employee input on downsizing and potential closure needs. ▪ Two employee surveys were distributed to Fircrest employees in November 2003 and June 2004 to determine specific needs and interests around training. ▪ Four, one-day employee education and informational sessions have been conducted at Fircrest, providing employees with information about available support resources, as well as the opportunity to ask questions about how they may be affected during the downsizing process. ▪ A Career Transition Center was opened at Fircrest School in May 2004 to assist Fircrest employees with job search skill development. In addition, over 104 people have completed a career transition workshop through May 31, 2005. These workshops provided specific training sessions on job search strategies, resume writing, and interviewing skills. ▪ A training program for Fircrest employees was initiated during the 2005 fiscal year. This training is currently being offered to eligible Fircrest employees to enhance their employability with the state, either by gaining new job skills or renewing current skills. As of May 31, 2005, 163 employees have been approved for funded training through this program and 81 have completed their training. ▪ In response to employee input, an employee communication plan was developed to provide a mechanism for reliable, predictable communication for employees. ▪ Employee recommendations derived from the focus group data were submitted through the budget decision package process and are pending legislative review. ▪ Local negotiations with union representatives have been ongoing, with officials from both Fircrest and Rainier Schools collaborating with senior management within DSHS.
5.	Communication	▪ Developed a process for review and distribution of communication materials, including an expedited communication process for urgent needs. ▪ Developed and distributed nine Media Releases
6.	Retention of licensed professional services	▪ Conducted focus groups with community providers and advocacy groups ▪ Conducted statewide survey of healthcare needs use and needs ▪ Performed study using support intensity scale ▪ Evaluated demand for services ▪ Developed proposal and alternatives for the retention of select licensed professional services
7.	Client identification	▪ Process documented, in review ▪ Policy issues resolved ▪ Implementation target date is RHC Closure Project start date

	AREA	COMPLETED ACTIVITIES AND STATUS
8.	Retention of licensed professional services	▪ Conducted focus groups with community providers and advocacy groups ▪ Conducted statewide survey of healthcare needs use and needs ▪ Performed study using support intensity scale ▪ Evaluated demand for services ▪ Developed proposal and alternatives for the retention of select licensed professional services

PROJECT PERFORMANCE MEASURES

In order for DDD to track the progress of the project and to provide some mechanism for early warnings of delays and problems, several performance measurements were established. A team identified key deliverables from the different work team processes. Methods of measurement were determined and reports were created. Target audiences were identified the reports were tailored accordingly.

Three major deliverable areas and their corresponding reports include:

- Employee Data
  1. Employee Movement
  2. Training Funds
- Budget Data
  1. Actual expenditure vs. Budget
  2. Budgeted average daily rates for community moves by type of placement
- Client Data
  1. Client Moves
  2. QA Indices

There are a number of measurements that could be tracked throughout the transition plan; however, select measures were identified from each category based on stakeholder feedback and work team input. This work included gathering data, developing reports, and determining reporting mechanisms; as well as customization of reports for different target audiences.

The performance measures will reflect current status, trends over the past few months, and a forecast (leading indicators) of potential delays or overruns. Tracking of the measurements discussed in this section will provide the project management team with valuable information to avoid potential overruns or delays. This will enable the implementation team to devise mitigation or correction plans to keep the project on schedule and within budget.

Some reports will show historical and trend information and some reports will be a snapshot of where the project is to date. Until these measures have been collected over a period of time, all reports will contain snapshot information. All measurements are updated according to each report's data gathering frequency and placed on the DDD website for RHC Consolidation. This information is used for planning purposes, as well as a status report for key stakeholders.

Example performance measures are provided in Appendix 1.6.

Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

Chapter 1: Resource Development Implementation Plan

1.0 Process Description

Section 1.1 The High-Level Process

In the developmental disabilities field, resources are defined as client services and programs. Resource development for the person with developmental disabilities includes the procurement of client residential placements within the community, as well as community services. Client community placements currently include contracted agencies, such as companion homes and supported living; as well as licensed facilities such as nursing homes, boarding homes, group homes, and adult family homes. Community services include contracted services such as housing resources, employment and day programs, and specialized therapies. Resource development implies the creation of community residential and support service placements within the constraints of the operating budget. These community placements could include residential settings, support services, licensed professional services, employment and day programs for residents of RHCs who seek community-based services as part of a downsizing process or facility closure.

Access to quality resources continues to be an important component of an effective and sustainable delivery system for persons with developmental disabilities. During a downsizing and closure planning process, accurate documentation of current and proposed processes to identify and secure quality resources are of utmost importance. The downsizing and potential closure of a Residential Habilitation Center could be delayed if sufficient quality community resources are not developed.

The Resource Development Process Team was formed to develop requirements and document the processes for developing resources in community programs under the Division of Developmental Disabilities and/or the Division of Home and Community Services. Developed resources such as community placements and community services will eventually receive clients from the downsizing and potential closure project. Also included in the development of resources is a process step looking at expanding the base of providers in the community.

Requirements for resource development include critical factors that must be addressed in the development of resources for effective RHC consolidation, downsizing, and closure planning. These criteria were considered in the documentation of each phase of the resource development process. Preliminary requirements identified by the process team include the following:

- Parent/guardian or client informed choice through education, information, and on-site resources at the RHC and/or vendor site.
- Quality providers and placement sites with goals in alignment with the Division's mission, and providers who participate in a fair, open, and equitable process.
- The appropriate types of resources and supports are available when needed.
- Appropriate client services exist within the community such as day program development, recreation, and licensed professional care.
- Rates and reimbursement specialists to communicate and negotiate resource specific issues.
- Accurate client transition process identifying client's needs.

The first process map depicted in this chapter describes the high-level steps involved in resource development for RHC clients transferring to community placements. The high-level process can be initiated two ways:

1. A client has been identified to be transferred from an RHC to the community, noted as "Development of Client Specific Resource," and/or
2. The on-going development of quality community resources for potential client transfers noted as "Development of On-Going Resources.

This Function Applies to WHOM:

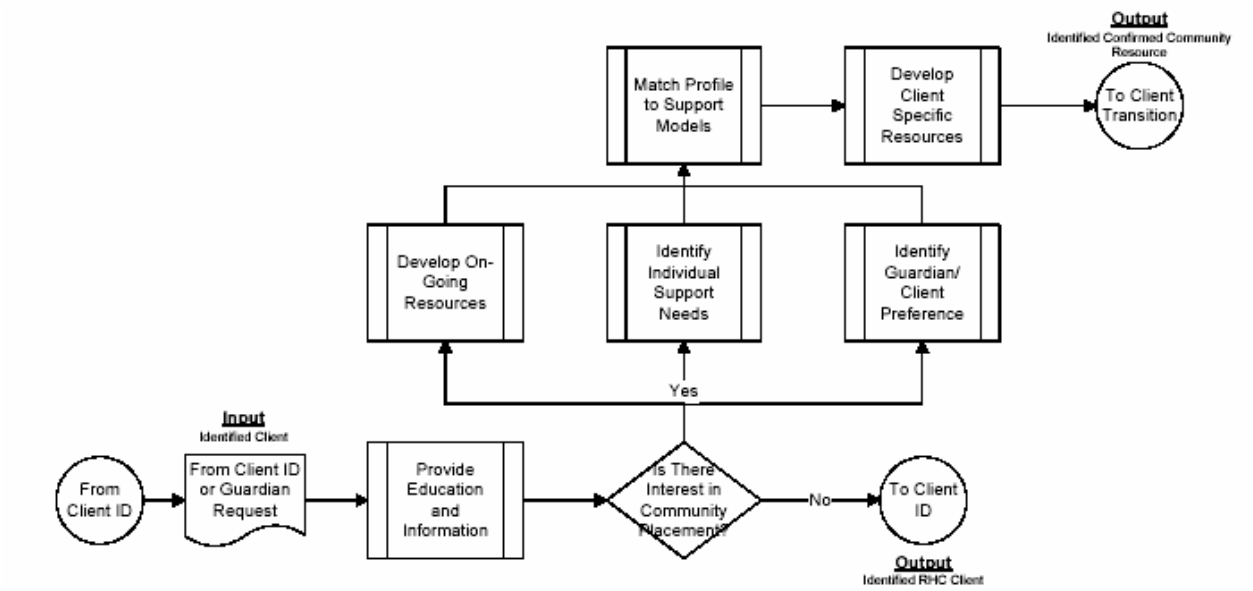
Task	Responsible Position
1. Provide Education and Information	Case/Resource Manager Or Designee
2. Develop On-Going Resources	Case/Resource Manager Or Designee
3. Identify Support Needs	Case/Resource Manager Or Designee
4. Identify Guardian/Client Preferences	Case/Resource Manager Or Designee
5. Match Profile to Support Models	Case/Resource Manager Or Designee
6. Develop Client Specific Resources	Case/Resource Manager Or Designee

INPUTS

What:	From:	Product/Tool?
Identified Client	Client Identification or Guardian Request	

OUTPUTS

What:	To:	Product/Tool?
Identified RHC Client	Client ID	
Identified Confirmed Community Resource	Client Transition	



2.0 2nd Level Process Description

The second level processes are more detailed descriptions of the high level flowchart. The resource development high-level process includes (1) Provide Education and Information, (2) Develop On-Going Resources, (3) Identify Individual Support Needs, (4) Identify Guardian/Client Preferences, (5) Match Profile to Support Models, and (6) Develop Client Specific Resources. Each of these processes will be discussed in more detail in the next sections.

The second level processes include:

Provide Education and Information

- Create/Update Distribution Matrix
- Gather General Information on All Models
- Compile Information on Developmental Disabilities to Give to Providers
- Gather Advanced Information on All Models
- RHC Staff to visit all Model Types (If Necessary)
- Distribute Data to Staff
- Distribute Data to Families/Guardians
- Provide Public Access to Information
- Distribute Data to Providers

Develop On-Going Resources

- Contact Potential Provider of Community Support Services
- Check with Licensing, QA and Regulators for Issues
- Conduct Tours of Residence
- Add Vendor to List and Database

Identify Individual Support Needs

- Review and Analyze

Identify Guardian/Client Preferences

- Initial Contact
- Guardian Interests Identified
- Provide Additional Education/Information
- Share Vendor Lists

Match Profile to Support Models

- Analyze Supports
- Evaluate Model vs. Support Needs
- Compare to Client/Guardian Preferences
- Negotiate Model/Resolve Issues

Develop Client Specific Resources

- Referral Process
- Tours
- Informational Meetings
- Rate/Contract Negotiation

Section 2.1 Provide Education and Information

Inputs to Provide Education and Information (from the high level) include an identified client, and potentially a "move no longer planned" that may come from the client transition process. This item may or may not be an input depending on the situation. Although it is not necessary to have an identified client to begin this phase of the process, as this is the first step, the team put the input of the identified client at this point. Providing information and education to clients, parents and guardians and staff is important all the time to make sure that there is an understanding of the current culture and services that can be provided in the community.

The provide education and information process is to help staff, providers, parents and guardians understand what is available to them in the community. Currently, there are misconceptions of what each of the models can provide, what the make up is of each of the models and what type of services are available to clients who reside in the community. This process is designed to help alleviate some of the misconceptions that are out there, and start the transition process for families and guardians. The more that people understand about what is available in the community, the more open they may be to pursue this option. Making the information easily available, talking with and sending information to clients, staff, parent/guardian and potential providers is a first step to informing people about the supports and services available in community programs. Accessible information is also important to support parents and guardians in their own research of community options, as well as providing the information to the general public.

This Process Step Applies to WHOM:

Task	Responsible Position
1. Create/Update Distribution Matrix	Case Resource Manager Or Designee
2. Gather General Information on All Models	Case Resource Manager Or Designee
3. Compile Information on Developmental Disabilities for Providers	Case Resource Manager Or Designee
4. Gather Advanced Information on All Models	Case Resource Manager Or Designee
5. RHC Staff to Visit all Model Types (If Necessary)	RHC Transition Coordinator Or Designee
6. Distribute Data to Staff	Case Resource Manager Or Designee
7. Distribute Data to Families/Guardians	Case Resource Manager Or Designee
8. Provide Public Access to Information	Case Resource Manager Or Designee
9. Distribute Data to Providers	Case Resource Manager Or Designee

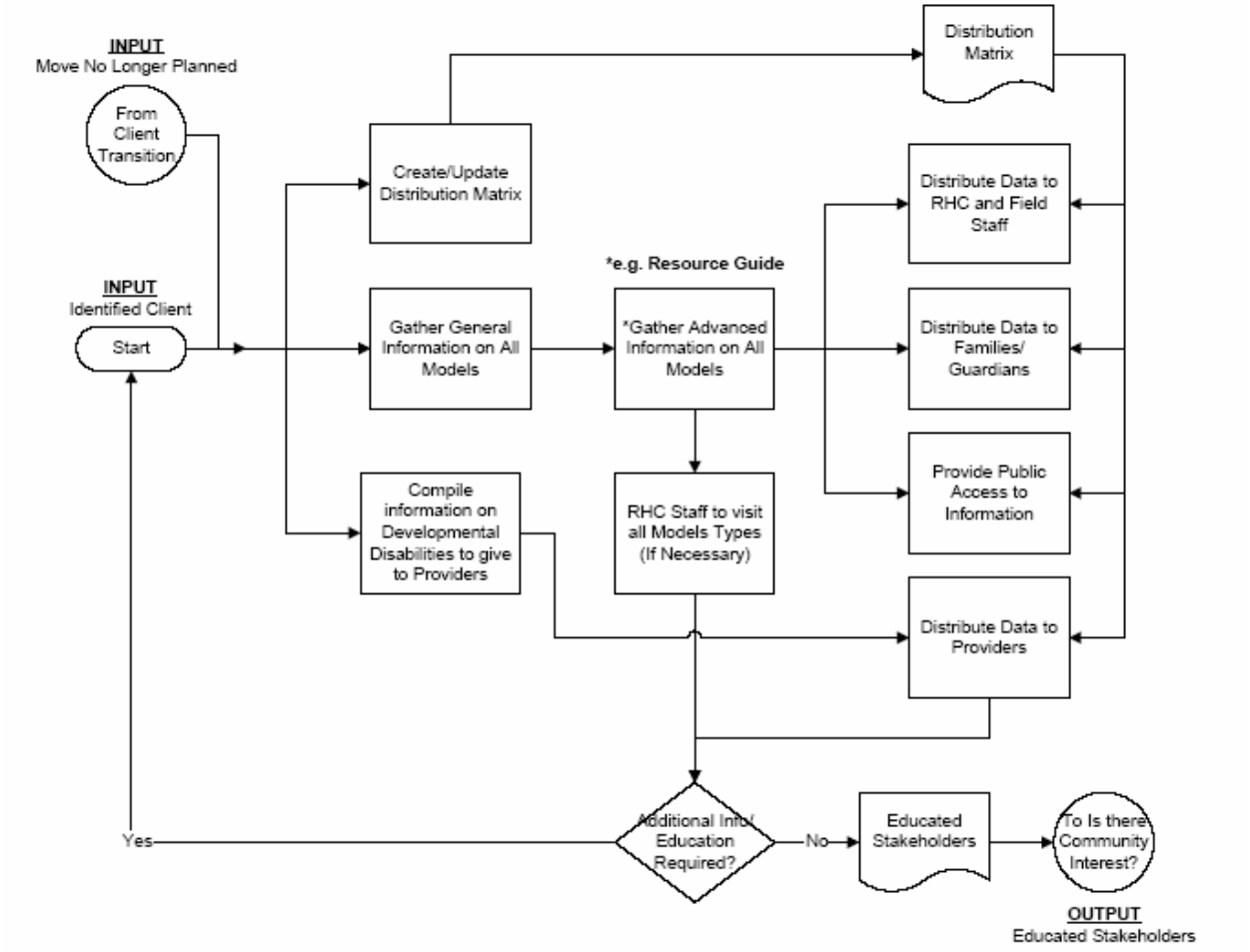
INPUTS

What:	From:	Product/Tool?
Identified Client	Client Identification	
Move No Longer Planned	Client Transition	

OUTPUTS

What:	To:	Product/Tool?
Educated Stakeholders	Is There Community Interest?	

Provide Education and Information



Create/Update Distribution Matrix

A distribution matrix is created and periodically updated with all of the stakeholders that will or could be receiving the information gathered in this process. This matrix will be used to ensure that the appropriate stakeholders receive accurate information in a timely and efficient manner. The distribution matrix may consist of list-serves, mailing lists, address books and employee databases.

Gather General Information on All Models

A general description of all support models is created and maintained. If and when new model types are formed, they will be added to this information and redistributed. This description should include general information, licensing types required, any regulatory parameters that are required, and a general description of what the model supports are like. This information should be made available on the DDD Website, as well as hardcopy materials in regional offices.

Compile Information on Developmental Disabilities to Give to Providers

When developing on-going resources, and trying to obtain new vendors, the division should be able to provide information to potential vendors about what developmental disabilities are and

how they are treated. This information should contain data on the types of services that are required and provided, the medical specialties that are needed and procedures that are performed as examples. This information is being made available on the DDD Website as well as in regional offices as hardcopy materials.

Gather Advanced Information on All Models

As parents, guardians and staff are reviewing potential models, they will want to know, in more detail, how those models work. As part of a resource guide, additional information should be gathered on each model and placed on the web, and in some format for distribution. This additional information would include information such as types of vendors, types of services provided by the vendors, the number of vendors that provide these types of services etc.

RHC Staff to Visit all Model Types (If Necessary)

RHC staff are encouraged to visit all the different model types to see how they operate, to see the setting that the clients would be living in and have the ability to ask questions about the types of care that are provide, along with the qualifications of the staff that are on hand. It provides educational information about what types of care are available in the community. The availability of licensed professional services should also be explored by the RHC staff to provide information about client access to medical attention.

Distribute Data to RHC and Field Staff

When the information is gathered and compiled, it should be distributed to the staff for their review. The Case/Resource Managers should also make themselves available to the RHC staff for questions and potential tours. Visiting community programs is an important aspect of helping those clients, parents and guardians that may be interested in this type of environment have appropriate and up to date information.

Distribute Data to Families/Guardians

When the information is gathered and compiled, it should also be distributed to the families and guardians for their review. The Case/Resource Managers should also make themselves available to the families and guardians for questions and potential tours. A follow-up contact should be made to ensure that the packet of information was received. In addition, the information should be available in numerous formats, including publicly through the internet as described below.

Provide Public Access to Information

The information gathered and compiled should be made available to the public such that interested parties can access it at their leisure, or in the event they have lost their copies. The Case/Resource Managers should make sure that information is given to the appropriate people to post this information for public access. This provides the opportunity for parents and/or guardians to obtain the information themselves. Simply providing the link or place people can get the information themselves is easier and less time consuming than having to mail individual copies to interested parties. This information should be made available on the DDD Website as well as in regional offices in hardcopy format.

Distribute Data to Providers

The compiled information on developmental disabilities should be distributed to providers and potential providers, and made available to other interested parties. The Case/Resource Managers should also contact current providers and share the information with them as recent communication and updated information. When looking for potential vendors this information could be quite valuable in helping potential vendors understand what it takes to care for people with developmental disabilities.

Section 2.2 Develop On-Going Resources

This on-going process supports the continual develop of placement opportunities in the community. The resource development team did not want this task to be lost, as the output of this task would be potential placements in all of the models. It is sequenced here, so it precedes the match profile to support models task.

This task is performed to increase the number of vendors that are available for placement of clients leaving the RHCs. This is an important aspect of downsizing or closure when there is a high volume of moves to the community. While on-going development of community resources is done regardless of RHC downsizing or closure, this task becomes much more important during a downsizing or closure process. Resources continually developed include residential programs, county or day programs, employment, and professional services and therapies.

The input to this step is community placement interest specifically addressed from the question "Is there Community Interest?" The output of this step is an updated list of potential vendors.

This Section Applies to WHOM:

Task	Responsible Position
1. Contact Potential Provider of Community Support Services	Case/Resource Manager Or Designee
2. Check with Licensing, QA and Regulators for Issues	Case/Resource Manager Or Designee
3. Conduct Tours	Case/Resource Manager Or Designee
4. Sign Agency Contract with Vendor	Case/Resource Manager or Designee
5. Add Vendor to List and Database	Case/Resource Manager Or Designee

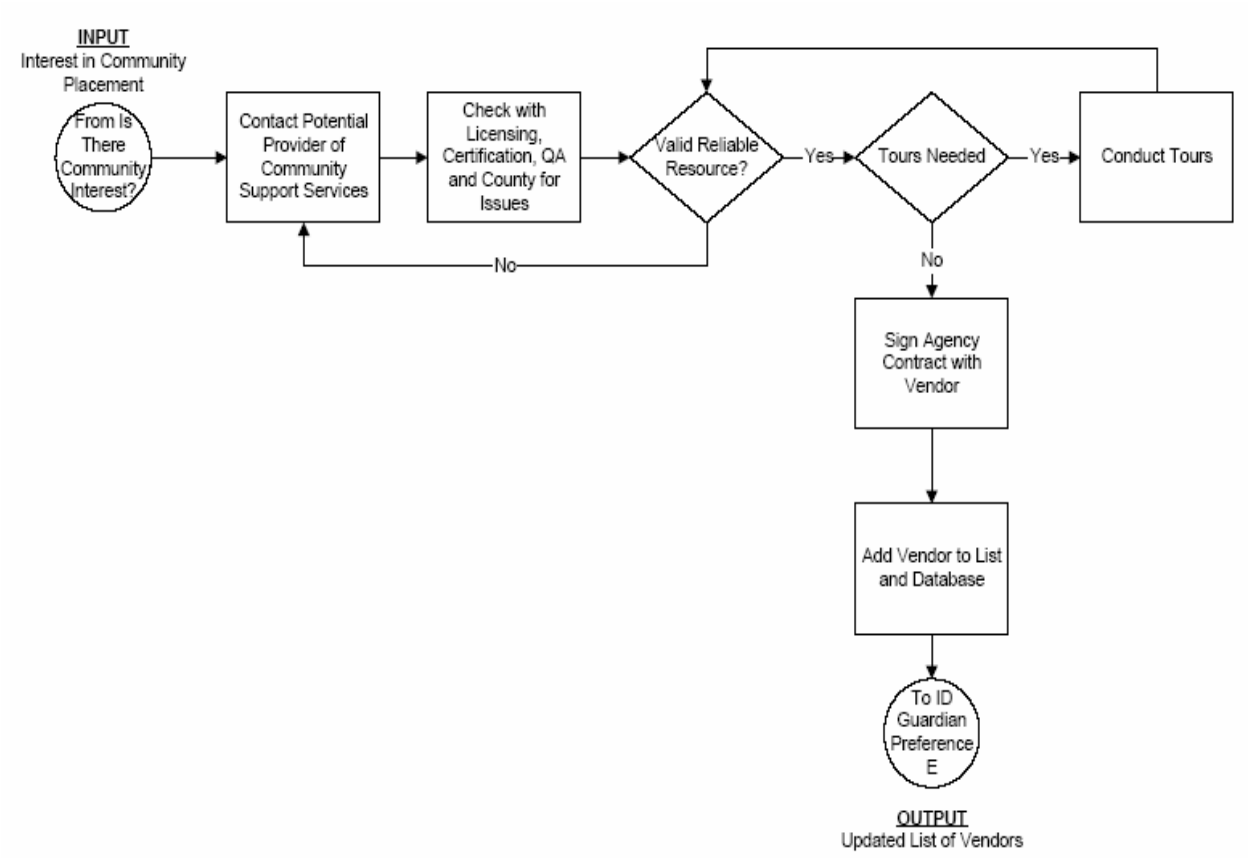
INPUT

What:	From:	Product/Tool?
Planned Move	Transitional Planning	

OUTPUT

What:	To:	Product/Tool?
Discharge Plan	Client Move	

Develop On-Going Resources



Contact Potential Provider of Community Support Services

Searching out and finding a new potential vendor is part of the Case/Resource Manager's job. With an active downsizing project, this becomes a more important aspect of their job. Making contact with people who might be interested in starting up a home including employees of the RHC, converting to providing support services for clients with developmental disabilities are all ways of potentially increasing the vendor base. Looking for these potential vendors can be tedious but needs to be an integral part of the Case/Resource Manager's job.

Check with Licensing, Certification, QA, County for Issues

A need to verify the legitimacy and quality of a potential vendor is necessary to make sure that DDD and HCS are associating with top quality support providers. A check with the state regulators, the DDD QA and state and federal licensing and certification organizations and the county should be done. Checking for issues reported against the vendor, or its staff should be done prior to adding that provider to the vendor list. During this time a check to see if any training is required should be done as well. If training is needed, these criteria will need to be satisfied before signing an agency contract with the vendor.

Conduct Tours

Upon a successful review of the residential or service provider, it is required that the Case/Resource Manager also tour the potential vendor to observe first hand what the operation is like and that it meets his/her standards. Unannounced visits might be a good idea as well as scheduled tours to get a good overall feeling for how the operation works and the quality of the care provided.

Sign Agency Contract with Vendor

Before adding a vendor to the database of contracted vendors an agency contract needs to be signed with the vendor. This can only be done when the vendor has met all of the licensing, and training criteria. When a vendor has signed an agency contract, Case/Resource Managers can begin sending referral packets to that vendor for specific clients.

Add Vendor to List and Database

When a successful quality and issue check has been performed and the Case/Resource Manager has seen the residential or service provider and is satisfied with the quality and services provided, the Case Resource/Manager will add the vendor to the database of potential vendors and can begin working on referrals to that residence.

Section 2.3 Identify Individual Support Needs

This process is needed to help determine the type of support model that best fits for a given client. There are a number of data inputs that need to be considered and discussed in this process. From all of this input, the support needs for a client in a community placement can be determined. Input should be received directly from the IDT, and recommendations for support changes may come from IDT meetings during transitional planning.

This Section Applies to WHOM:

Task	Responsible Position
1. Review and Analyze	Case/Resource Manager or Designee

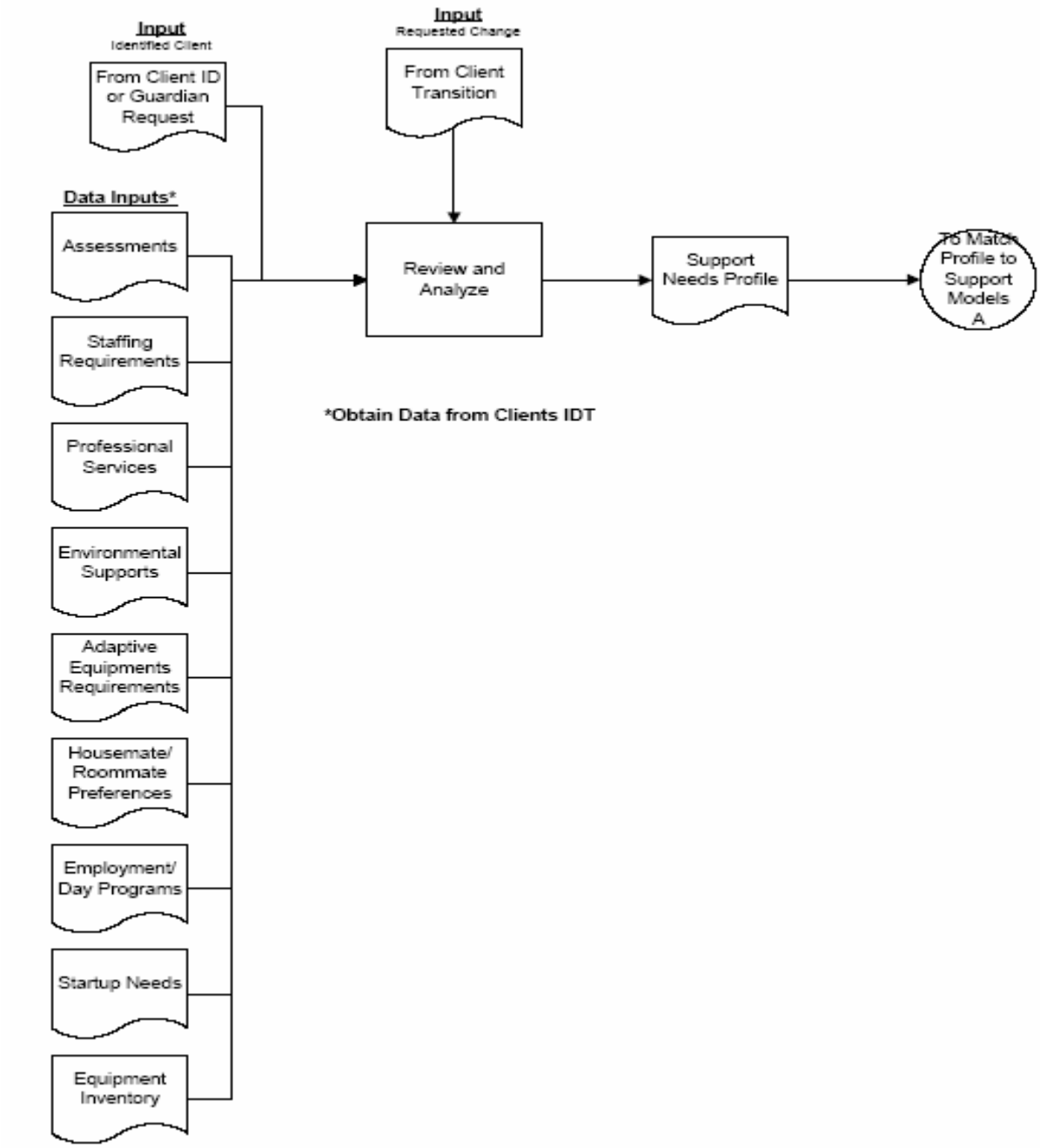
INPUTS

What:	From:	Product/Tool?
Identified Client	Client ID or Guardian Request	
Assessments	Data (Data Inputs should be obtained from the IDT)	
Staffing Requirements	Data (Data Inputs should be obtained from the IDT)	
Professional Services	Data (Data Inputs should be obtained from the IDT)	
Environmental Supports	Data (Data Inputs should be obtained from the IDT)	
Adaptive Equipment Requirements	Data (Data Inputs should be obtained from the IDT)	
Employment/Day Programs	Data (Data Inputs should be obtained from the IDT)	
Roommate Preferences	Data (Data Inputs should be obtained from the IDT)	
Startup Needs	Data (Data Inputs should be obtained from the IDT)	
Equipment Inventory	Data (Data Inputs should be obtained from the IDT)	
Requested Change	Client Transition	

OUTPUTS

What:	To:	Product/Tool?
Support Needs Profile	Match Profile to Support Models	

Identify Support Needs



Review and Analyze

This process step is designated for the Case/Resource Manager to take the input from the IDT and determine what types of services the client will need in the residential placement. These services need to be determined to help in the selection of a proper support model. While the IDT will provide information on the supports needed, the Case/Resource Manager will determine the services needed. This process description does not attempt to spell out how this is done as it requires professional expertise and is not the same for each client. The review and analyze step is

very important in determining the support model, so accurate data inputs, and change requests that may come from transitional planning are given serious consideration. Documentation of changes or requests to services should always occur and be given proper consideration.

Section 2.4 Identify Guardian/Client Preferences

Current DDD and HCS practices place a high priority on client and guardian preference, so determining these preferences is a key step in determining an appropriate placement. From this process step, the Case/Resource Manager should have an idea of the types of support models in which the parent or guardian is interested. Potentially the parent or guardian may not like any of the models, in which case the client may not be a candidate for moving to the community. But without progressing through this step diligently, the parent or guardian will not have the information to make the best choice for their child or charge and the Case/Resource Manager will not know where the parent or guardian stands on the potential move. Preferences may include location, region, model type and specific services.

This Section Applies to WHOM:

Task	Responsible Position
1. Initial Contact	Case/Resource Manager or Designee
2. Guardian Interests Identified	Case/Resource Manager or Designee
3. Identify Preliminary Rate Requirements	Case/Resource Manager or Designee
4. Provide Additional Education and Information	Case/Resource Manager or Designee
5. Share Vendor Lists	Case/Resource Manager or Designee

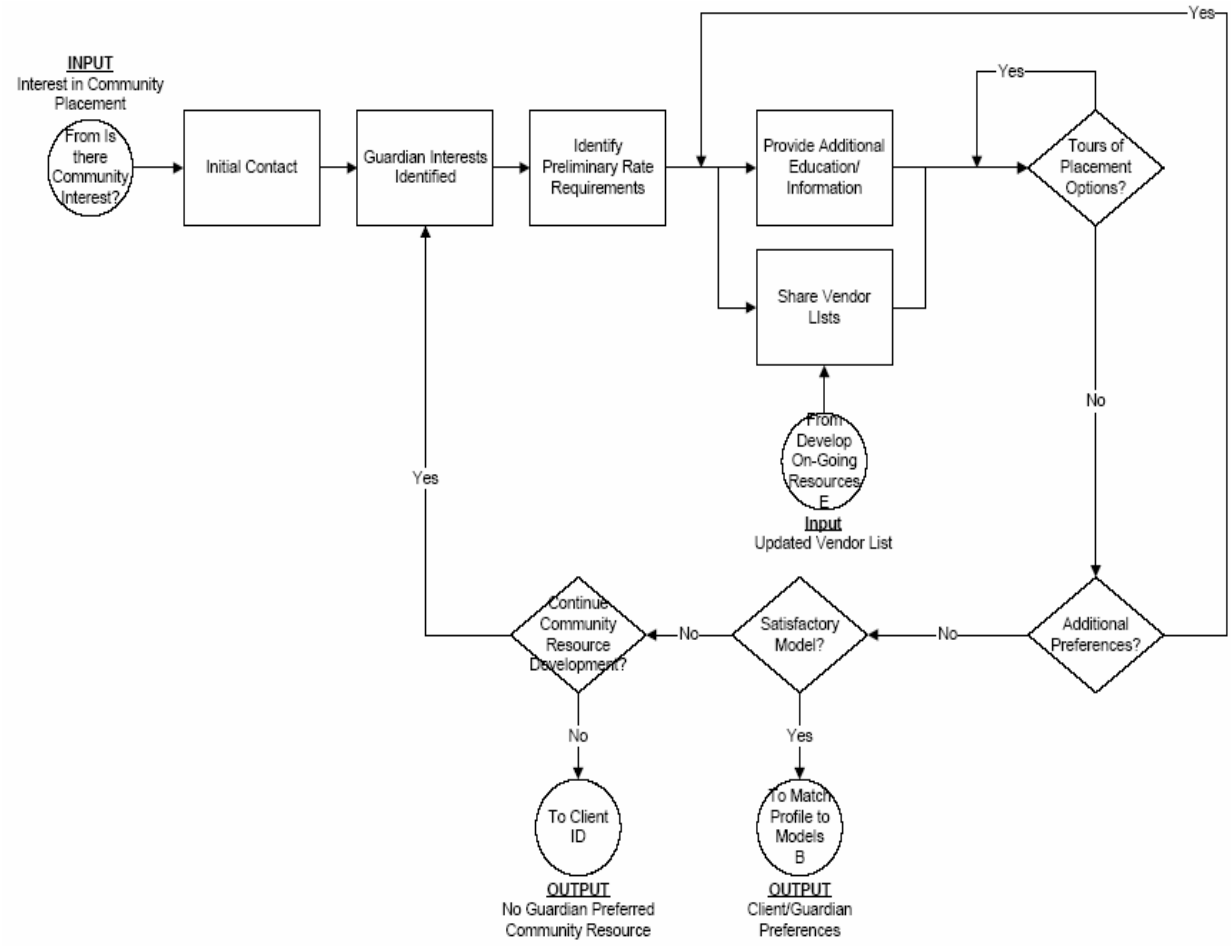
INPUTS

What:	From:	Product/Tool?
Interest in Community Placement	From Confirmed Interest	

OUTPUTS

What:	To:	Product/Tool?
No Guardian Preferred Community Resource	Client ID	
Client/Guardian Preferences	Match Profile to Support Models	

Identify Guardian/Client Preferences



Initial Contact

When a client is identified as having interest in moving to the community, the Case/Resource Manager should contact the parent or guardian to discuss what the options are, and set up a time to get together with them to understand their preferences. The Case/Resource Manager should make sure that the parent or guardian has all the appropriate information in order to make informed, workable decisions. Referencing the information acquired in the education and information step is crucial here. Having complete and comprehensive data and up to date vendor lists will help in aiding the parent or guardian find the type of model and service providers that will be satisfactory for them and their child or charge.

Guardian Interests Identified

The Case/Resource Manager should meet with the parent or guardian or both and discuss what support models they are interested in pursuing. Discussion about what the models are, how they work and a general discussion about what is important to the guardian and/or parent should take place. The Case/Resource Manager needs to have a good understanding about what the parent and/or guardian want from the placement. The Case/Resource Manager should find out what

ideals and values are important to them. This will help in making a good decision on which models are most appropriate.

Identify Preliminary Rate Requirements

Discussion with the family should take place at this point about what type of rate would be possible for the support needs and preferences indicated by the family. Preparing the family on what type of model can be arranged for the preliminary rate identified is an important step in the process. There may be times when the rate required for the desired model just won't work for a given client. That should be identified and discussed up front. This prevents the family from looking for something that cannot be afforded.

Provide Additional Education and Information

Once the client and parent or guardians preferences are known, additional information on the types of services that are provided should also be discussed. More information about the preferred models should be shared with the parent or guardian. As before, the more a person knows about the models and services available, the more likely they will be able to make good choices and be satisfied with their choices.

Share Vendor Lists

While sharing additional information about the preferred model types, the Case/Resource Manager should also take this opportunity to discuss some of the vendors that are in the database that meet the parent or guardians criteria. This will allow the Case/Resource Manager to set up tours or visits to particular vendors to get the parent or guardian to see how the operations work and help them in their selection.

Section 2.5 Match Profile to Support Models

After the support needs are identified and the parent or guardian preferences are determined, the Case/Resource Manager then needs to try to match these needs and preferences to a support model or models. The Case/Resource Manager should work with the client, guardian and family to determine which of the support models is best suited to the client and his/her support needs. If conflicts arise in determining the appropriate support model, the Case/Resource Manager needs to resolve these differences with parents/guardians and clients and come to a decision before developing any potential resources. The Case/Resource Manager should work with the regional administration and DDDHQ to resolve these issues if necessary. Additional information from the IDT may also be required. Negotiations with the family and the potential vendors will need to occur to obtain the best placement possible.

This Section Applies to WHOM:

Task	Responsible Position
1. Analyze Supports	Case/Resource Manager or Designee
2. Evaluate Model vs. Support Needs	Case/Resource Manager or Designee
3. Compare to Client/Guardian Preferences	Case/Resource Manager or Designee
4. Negotiate Model/Resolve Issues	Case/Resource Manager or Designee

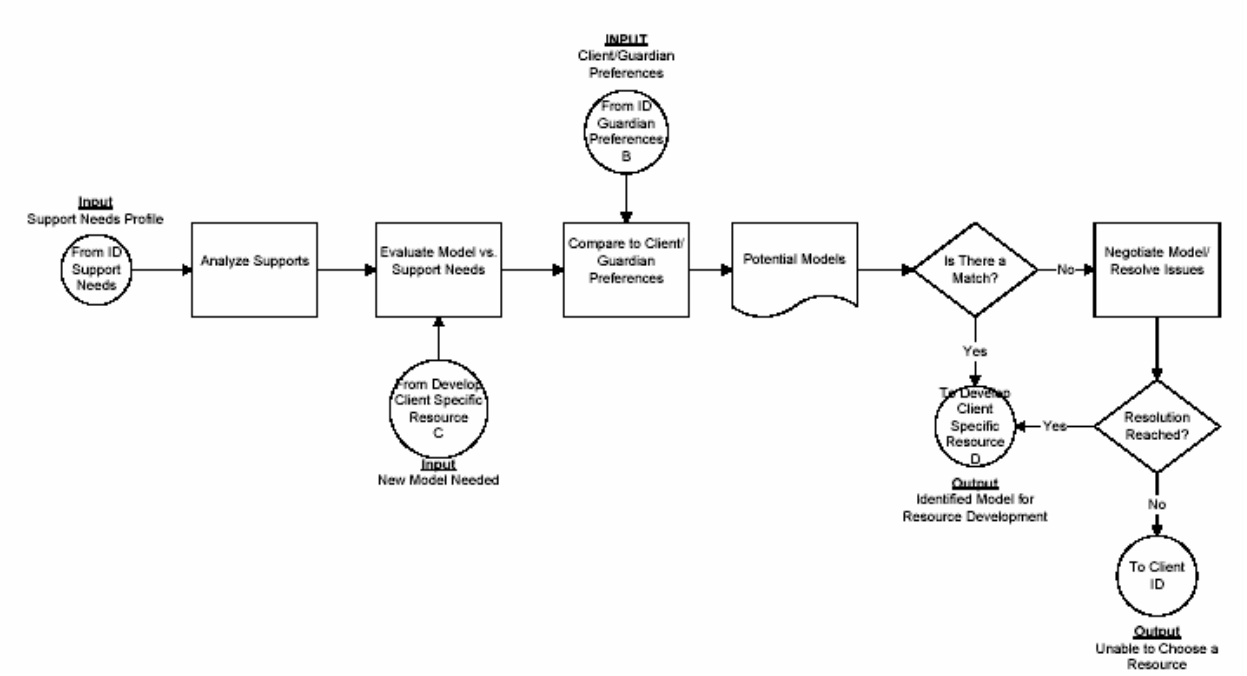
INPUTS

What:	From:	Product/Tool?
Support Needs Profile	ID Support Needs	
Client/Guardian Preferences	ID Guardian Preferences	
New Model Needed	Develop Client Specific Resource	

OUTPUTS

What:	To:	Product/Tool?
Identified Model for Resource Development	Develop Client Specific Resource	
Unable to Choose a Resource	Client ID	

Match Profile to Support Needs



Analyze Supports

Utilizing the Support Needs Profile the Case/Resource Manager should analyze the supports needed and begin to determine a support model or models that fit the client. During this analysis, some determination of potential vendors begins. Consideration of employment/day programs and professional services should also be done at this time.

Evaluate Model vs. Support Needs

In this step the Case/Resource Manager should match the client's needs to a support model that best supports the client and his/her needs. This should be done independent of the client's or guardians preferences to determine what the, most appropriate model is. Determining the best model to support the client, considering cost and sustainability, will provide the best opportunity

for a successful client transition. Consideration of other support models should be done here, and a ranking of "models to needs" should be done. Refining the employment/day programs and professional services should be done at this time as well.

Compare to Client/Guardian Preferences

The Case/Resource Manager should then compare the identified possible support models to the client/parent/guardian's preferences. This should be done in partnership with the client/parent/guardian. Any differences should be discussed. The highest-ranking model should be discussed, along with why it is the highest-ranking model. Other models can also be discussed, and the differences and rankings should be reviewed. Determination of the models to pursue is preeminent at this stage. Everyone should be comfortable with the decision to pursue certain model types. The rate should be considered throughout this step as models or services that cannot fit within the preliminary rate will need to be discussed in greater detail.

Negotiate Model/Resolve Issues

If the Case/Resource Manager and the client/guardian not agree on the support model, negotiation should occur. During the negotiation process, the potential risks to health and safety should be discussed, along with cost as a consideration. Health and safety continues to be of utmost importance in all moves. It is important for all parties to be comfortable with the selection of a support model. If agreement cannot be made, the Case/Resource Manager should work with the regional administration and DDDHQ for help in coming to an agreement. If no agreement can be reached, the client may need to be referred back to the Client Identification process for a potential administrative move to another RHC. All avenues should be exhausted before making that choice.

Section 2.6 Develop Client Specific Resource

After an agreement has been reached on a specific support model type, (multiple model types are possible) the Case/Resource Manager should now begin working with the client/parent/guardian on specific vendors and service providers located in the preferred geographic areas, with consideration of other guardian preferences in order to find an appropriate placement for the client. Vendors should be visited and every consideration for client preferences should try to be accommodated. Notification should be given to the regions that will be visited prior to visiting and discussion with the areas of interest should be made to obtain some preferred vendors. Regional Case/Resource Managers will participate in the tours and selection of vendors.

This Section Applies to WHOM:

Task	Responsible Position
1. Referral Process	Case/Resource Manager or Designee
2. Tours	Case/Resource Manager or Designee
3. Informational Meetings	Case/Resource Manager or Designee
4. Rate/Contract Negotiations	Case/Resource Manager or Designee

INPUTS

What:	From:	Product/Tool?
Consent Form	Guardian/Family	YES
Identified Model	Match Profile to Support Model	
Identified Client	Client Identification or Guardian Request	
Average Rate	Legislative Appropriation	
Support Needs Profile	Identify Support Needs	
Supplementary Information for Initial Referral Packet checklist	Who/What	YES

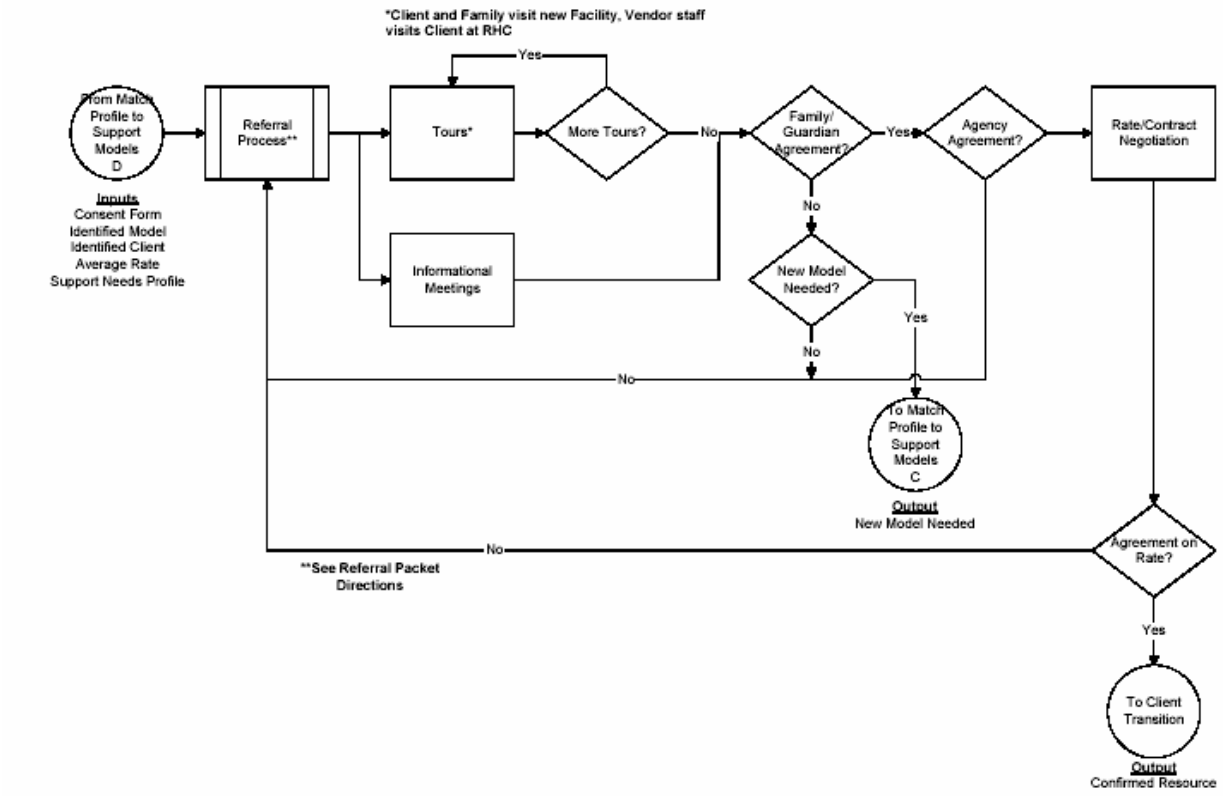
OUTPUTS

What:	To:	Product/Tool?
New Model Needed	Match Profile to Support Models	
Confirmed Resource	Client Transition	

POLICIES

What:	Policy Number	Location
Referral and Placement Into Community Residential Services	Policy 4.02	HTTP://WWW1.DSHS.WA.GOV/DDD/POLICY.SHTML

Develop Client Specific Resource



Referral Process

The referral process is designed to send information about a client to a specific vendor to find out if there is a potential match with the vendor and the client. This process is defined in the next level of process detail, but the flowchart is not in this document and will be discussed in training sessions. A packet is prepared by the sending residence (RHC) and given to the Case/Resource Manager to distribute to potential vendors. Multiple copies may be needed and the Case/Resource Manager should work with the RHC on how many copies will be needed. The information identified in DDD Policy 4.02 must be in the referral packet and use of the Supplementary Information for Initial Referral Packet checklist should be used when creating these packets as well (See Appendix 2.2.A).

Tours

When potential vendors have been identified, the Case/Resource Manager should go with the family and/or client to tour the potential residence or service provider. This will help the family/guardian become familiar with the residence or service provider, and assist in making a decision on whether it is a suitable match or not. The Case/Resource Managers should also suggest that the family go out and visit potential vendors on their own. As many visits as necessary should be encouraged for the family to become familiar and comfortable with the placement.

Informational Meetings

During tours, and separately, informational meetings should be held discussing the support needs of the client. The potential receiving Residence or service provider needs to be able to provide the services that the client needs. Negotiation of these services needs to be done and specifics about the types of treatment should be discussed. The Case/Resource Manager should utilize all RHC personnel necessary to provide as much information to the potential vendor as possible. The Case/Resource Manager should also query the potential vendor on how they feel they can provide the services and care for the client.

Rate/Contract Negotiation

The Case/Resource Manager does the negotiation of the rate for a given client. The Case/Resource Manager should work with the regional administration and DDDHQ to obtain a rate that is within the approved range for client moves. A complete understanding of the rates and services provided for that rate must occur between all parties.

3.0 Training Plan

Section 3.1 Training Logistics

All training materials will be created and printed by DDDHQ. DDDHQ will also need to arrange for training rooms, invite attendees to the sessions and deliver the training unless it is designated to specific trainers. It is desirable for one person to deliver the training so that consistency is maintained; however, logistically this may not be possible. Therefore, no more than four trainers should be assigned. A train the trainer class will need to be given as well in the event that there is more than one trainer. This is done to maintain as much consistency as possible. A coordinated site should be selected to allow for easy access by all in attendance.

Section 3.2 Regional Training

In each of the six regions around the state, training sessions should occur such that all regional Case/Resource Managers are aware of the procedures that are required to develop community resources. This training will take place in a 2-hour session (per region) to be instructed by DDDHQ personnel or designated trainers and attended by regional administrators, field service administrators and Case/Resource Managers.

Section 3.3 RHC Training

In addition to training that occurs for Case/Resource Managers and field staff, additional training should be provided to IDT members, transition coordinators and placement coordinators at all RHCs. These personnel are the main connection between the clients and the Case/Resource Managers; therefore, this training is essential. During training, a detailed review of the process documentation should be covered. Additionally, a review of all the process steps at each of the three process levels is also mandatory for these personnel. This should be completed in a two hour session at each RHC with all IDT members in attendance. A significant amount of time should be spent reviewing all process steps, and allowing for questions to be asked. DDHQ personnel should conduct the training or designate a trainer.

4.0 Communication Plan

Section 4.1 Communication Responsibility
DDHQ will be responsible for managing, creating and sending all communication with regard to the implementation of this process. All communication should be posted on the intranet, sent out and distributed to each of the RHCs and each region. This communication should also be discussed in staff meetings and coordinated from regional and RHC management down to the line staff. All shifts should also be made aware of all communication. Implementation information for this process will be sent out via management bulletin. The current management bulletin process will be followed and all material review per that process.

Section 4.2 Regional Communication
Due to the important nature of this process and its relation to client health and safety and quality of life, all staff that could be involved in resource development should be aware of the new process, and be well trained in how this process works. Therefore, all communication that is sent out regarding this process implementation should be communicated in staff meetings at all levels of the region. As well, all communications should be posted on communication boards that have staff visibility.

Section 4.3 RHC Communication
It is the responsibility of the superintendents to determine who, among their staff, needs to be aware of this process implementation. Superintendents should post all communication regarding this process and ensure that anyone who could be involved in using the process has been trained and receives all pertinent communication.

5.0 Implementation Dates

Section 5.1 Training Dates
The training for implementation of this process should be completed two weeks prior to the implementation date. Training statewide would occur over approximately three weeks for trainers to travel to all of the regions, and conduct the training.

Section 5.2 Implementation Date
There is no current implementation date for this process.

Chapter 2 Capital Facilities Implementation Plan

1.0 Process Description

Section 1.1 The High-Level Process

The capital facilities process includes the activities and documentation needed for the orderly opening and/or closing of an institutional asset. For the purpose of this capital and facilities implementation plan an asset is a generic term meaning cottage, building, utilities (i.e., sewer plant, steam plant), state equipment (i.e., file cabinets, chairs, desk, state owned cottage furniture). The capital facilities plan also includes managing the results after closing and/or opening an asset, and planning the long-range infrastructure and operations requirements for potential facility closure. The activities described in this chapter implement that portion of the budget that deals with the opening and/or closure of institutional assets.

The goal of the Capital Facilities process is the timely and cost effective opening and/or closing of a building or cottage and a well-managed facility infrastructure. This is accomplished by ensuring that all needed resources are in place when and where they are required. When the process is followed it will provide for a smooth transition in managing the closing and/or opening of a building or cottage as facilities downsize or move toward closure.

The scope of the Capital Facilities process assumes that a directive has been issued that a facility should downsize and/or move toward closure or for efficiency, consolidation of the facility is initiated. The outputs of other downsizing or closure processes will interact with the Capital and Facilities process. As such, the client identification, resource development, employee transition and client transition processes must largely be completed prior to this process being completed or to a degree, run in parallel with this process.

The Capital and Facilities process will start after a directive has been issued that the facility should downsize and/or move toward closure or the facility decides to consolidate for efficiency. It will describe:

- Identifying a building or cottage for closure.
- Analyzing resources necessary for a building or cottage closure or other assets related to the building or cottage closure.
- Developing timelines for a building or cottage closure.
- Opening a building or cottage to allow the initial asset, i.e., building or cottage to close.
- The steps necessary to manage a closed or vacant building or cottage.
- Implementing closure plans.

Checklists will be used to assist those responsible to accomplish the tasks without missing any critical steps.

Following is a list of the tasks to be accomplished, the responsible position for that task, and inputs required for that task as well as the outputs of the tasks. After that is a process flowchart that shows how the tasks tie together resulting in a building or cottage closure.

This Section Applies to WHOM:

Task	Responsible Position
1. Identify Building or Cottage For Closure	RHC Management
2. Analyze Resources to Allow for Building or Cottage Closure	RHC Management
3. Develop Timeline For Building or Cottage Closure	RHC Management
4. Implement New Assets Needed to Allow For Building or Cottage Closure	RHC Management
5. Address Closing Building or Cottage	RHC Management
6. Implement Closure Plans	RHC Management

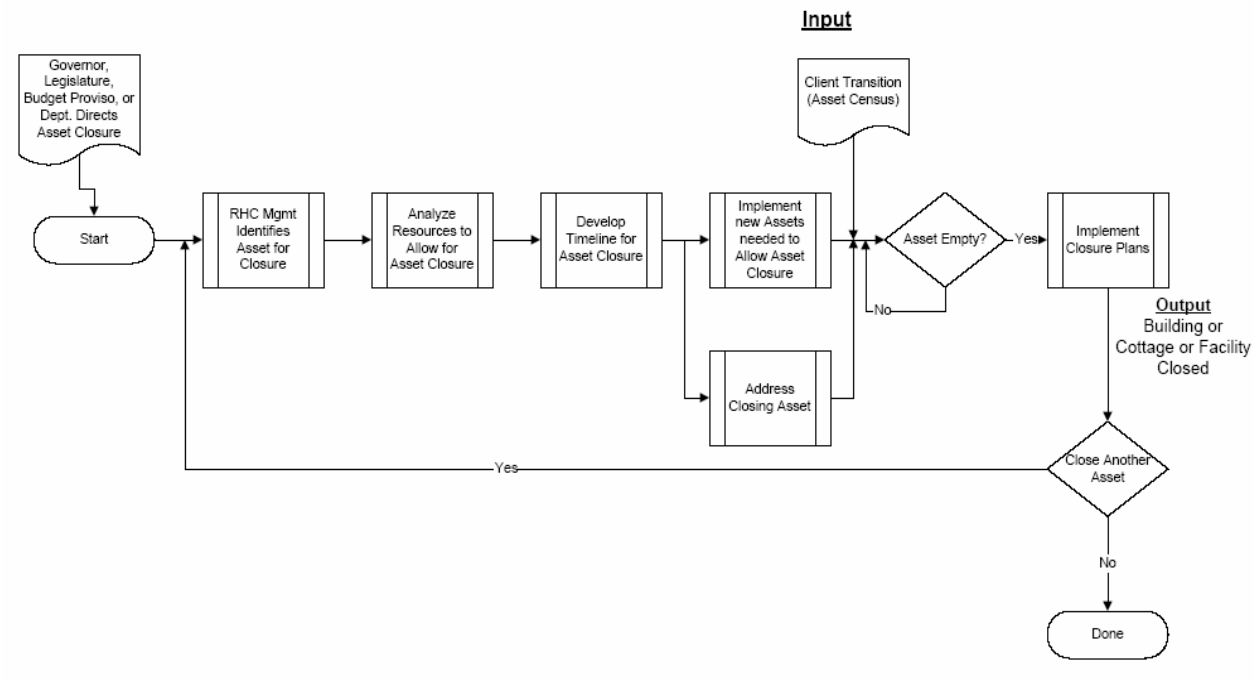
INPUTS

What:	From:	Product/Tool
Building and/or Cottage or Facility Closure Directive	Legislature, Budget Proviso, DSHS, Governor	
Building or Cottage or Facility Census	RHC Management	

OUTPUTS

What:	To:	Product/Tool
Building or Cottage or Facility Closed	RHC Management	

High Level Process



2.0 2nd Level Process Description

The second level processes are more detailed descriptions of the high level flowchart. The Capital and Facilities high-level process includes identifying a building and/or cottage for closure, analyzing resources to allow for the cottage or building closure, developing closure timelines, opening new resources to allow for closure, managing the closed or vacant buildings and/or cottages and implementing the closure plans. Each of these processes will be discussed in more detail in the next sections.

Section 2.1 RHC Management Identifies Building and/or Cottage for Closure

This process is used by the RHC Management to identify what building or cottage is to close. RHC Management will include the Lands and Buildings Division in discussions and take recommendations into account when making final decisions. The process includes deciding if the function of the building or cottage is still necessary and if any reuse options for the building or cottage exists. Decisions made will consider how quickly the building or cottage needs to closed to meet internal and external goals such as timelines or cost/expense constraints given by the legislature. The process includes the time necessary to identify and prepare options for client moves if a cottage is to close. The process uses information from the analysis of resources available to evaluate the different options including evaluating the condition of each building or cottage and condition of the infrastructure support for each building or cottage**.**

This Section Applies to WHOM:

Task	Responsible Position
RHC Management Planning	RHC Management
Inform Clients/Families	RHC Management
Inform Union/Labor	RHC Management
Inform Staff and Follow ADSA Communication Strategy	RHC Management

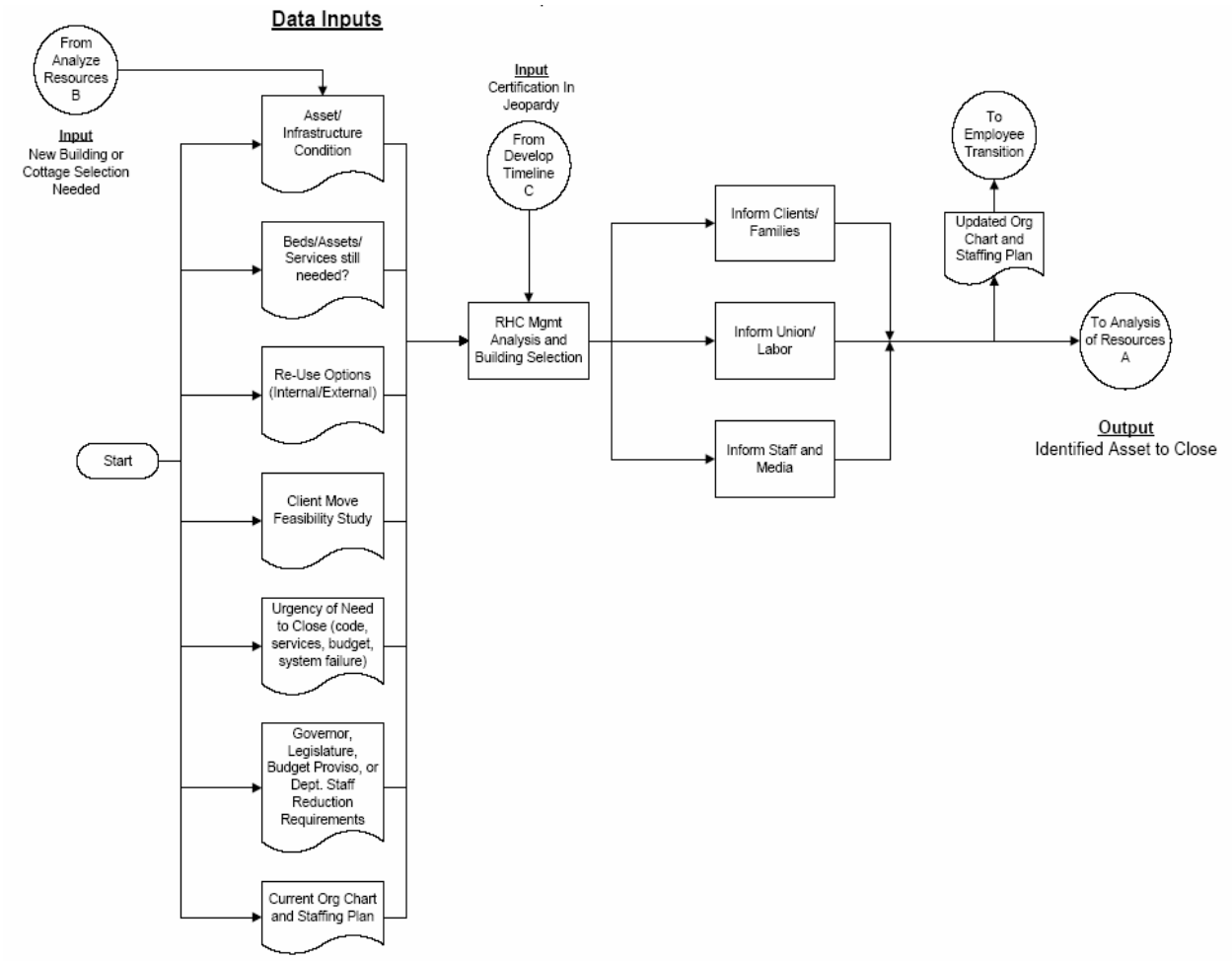
INPUTS

What:	From:	Product/Tool?
Building and/or Cottage Infrastructure Condition	RHC Management and Lands And Buildings Division	
Building/Services and/or Cottage/Beds Still Needed	RHC Management and Lands And Buildings Division	
Re-Use Options (Internal/External)	RHC Management and Lands And Buildings Division	
Feasibility of Client moves	RHC Management	
Urgency Of Need To Close (code, services, budget, system failure)	RHC Management and Lands And Buildings Division	
Governor, Legislature, Budget Proviso or Dept. Staff Reduction Requirements	RHC Management and Lands And Buildings Division	
Current Org Chart and Staffing Plan	RHC Management	
New Building or Cottage Selection Needed	Analyze Resources	
Certification In Jeopardy	Develop Closure Timelines	

OUTPUTS

What:	To:	Product/Tool?
Updated Org Chart and Staffing Plan	Employee Transition	
Identified Asset to Close	Analysis of Resources	

Identify Cottage or Building for Closure



RHC Management Analysis and Building Selection

RHC Management evaluates data inputs and selects the most appropriate building or cottage for closure based on the data inputs. Management's responsibility after selection is to inform appropriate entities following the ADSA Communication Strategy protocol i.e., client/families, union/labor, and staff.

This process is dependant on the following inputs:

- Building or Cottage Infrastructure Condition
- Building/Services or Cottage/Beds still needed?
- Re-Use Options (Internal/External)
- Feasibility of client moves
- Urgency of Need to Close (code, services, budget, system failure)
- Governor, Legislature, Budget Proviso or Dept. Staff Reduction Requirements
- Current Org Chart and Staffing Plan

Section 2.2 Analyze Resources to Allow for Building and/or Cottage Closure

This process analyzes the available resources necessary for a building and/or cottage closure. The process inventories and evaluates existing resources that can be utilized in place of the building or cottage to close. Part of this process is to determine whether an alternative building or cottage is available for occupancy or use and what other resources are available or required if the identified building or cottage closes. The output of this process will become an input to develop a timeline for the closure process. If new buildings and/or cottages are required, a plan and timeline for developing those resources will be developed.

The process establishes:

- Inventory Existing Alternative Resources
- Create/Update Inventory of Possible Resources
- Develop Alternative Building or Cottage Opening Plan
- Develop Infrastructure

This process determines the contingency for function of the closed Building and/or Cottage. It determines if the function of the closed Building and/or Cottage can be eliminated, consolidated, altered, or met in a different way.

This Section Applies to WHOM:

Task	Responsible Position
Inventory Existing Alternative Resources	RHC Management and Lands and Buildings Division
Create/Update Inventory of Possible Resources	RHC Management and Lands and Buildings Division
Develop Alternative Building and/or Cottage Opening Plan	RHC Management and Lands and Buildings Division
Develop Infrastructure	RHC Management and Lands and Buildings Division

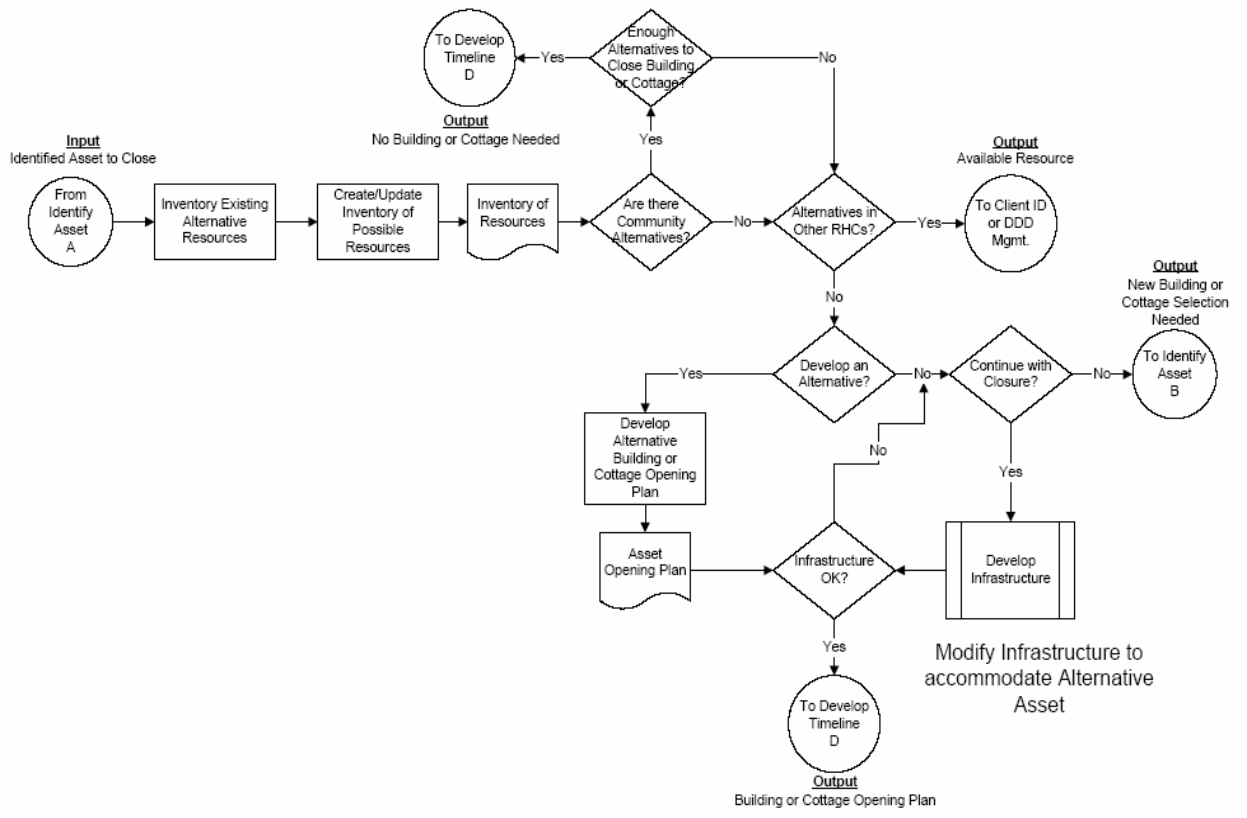
INPUTS

What:	From:	Product/Tool
Identified Building and/or Cottage	Identify Building or Cottage for Closure	

OUTPUTS

What:	To:	Product/Tool
Building and/or Cottage Opening Plan	Develop Timeline For Asset	
New Building or Cottage Selection Needed	Identify Building or Cottage for Closure	
Available Resource	Client Transition	
No Building or Cottage Needed	Develop Timeline	

Analyze Resources to Allow for Cottage or Building Closure



Inventory Existing Alternative Resources
Identifying space requirements to, determine if alternative resources are available on the campus of where the cottage or building is to close.

Create/Update Inventory of Possible Resources
Create or update an inventory of all possible resources and track these resources through the Lands and Buildings Facility Assessment database.

Develop Alternative Building and/or Cottage Opening Plan
Identify and document requirements for opening an alternative Building and/or Cottage to accommodate the closed program.

Develop Infrastructure
Modify the infrastructure to accommodate the opening alternative Building and/or Cottage, follow steps in 2.5.

Section 2.3 Develop Timeline for Building and/or Cottage Closure/Opening

This process establishes the time line for the cottage or building to close as well as, if necessary, when an alternative cottage or building will open and when staff if necessary will be required. For a cottage opening/closure the process includes the confirmation of the client's move schedule, the staffing plan and assuring that the certification requirements are met.

This process focuses on the orderly and timely closure/opening of a building and/or cottage in order to consolidate or downsize an institution. The process establishes opening:

- Identify when the Building and/or Cottage is to open.
- Determine when staff need to be on board.
- Recruit and Hire Staff.
- Train /Certify Staff.
- Determine when the Building and/or Cottage is to close.
- Develop Staff Reduction Timeline.

This Section Applies to WHOM:

Task	Responsible Position
Identify Building and/or Cottage Opening Time	RHC Management and Lands and Buildings Division
Determine when Staff need to be on Board	RHC Management
Recruit and Hire Staff	RHC Management
Train /Certify Staff	RHC Management
Identify Building and/or Cottage Closing Time	RHC Management
Develop Staff Reduction Timeline	RHC Management

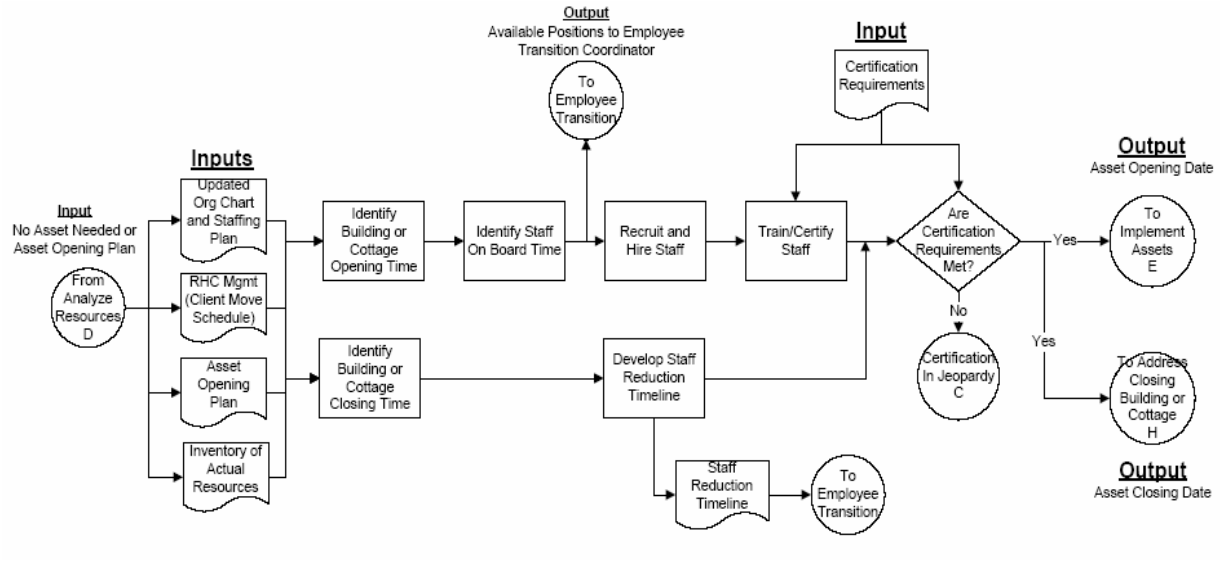
INPUTS

What:	From:	Product/Tool
Client Move Schedule	RHC Management Team	
Staffing Plan	RHC Management	
Staff Reduction Timeline	RHC Management	
Certification Requirements	RHC Management	
Cottage and/or Building Opening Plan	RHC Management and Lands and Buildings Division	
Inventory of Resources	RHC Management	

OUTPUTS

What:	To:	Product/Tool
Certification In Jeopardy	RHC Management	
Building and/or Cottage Closure Timeline	RHC Management	
Building and/or Cottage Opening Timeline	RHC Management and Lands and Buildings Division	
Available Positions	Employee Transition	

Develop Timeline for Cottage or Building Closure



Determine the Building and/or Cottage Opening Time
Determine when the Building and/or Cottage is needed for occupancy so that the cottage or building identified for closure can be vacated and closed by the specified time.

Identify Staff on Board
Identify when staff needs to be hired, trained and ready to work in the opening cottage or building.

Recruit and Hire Staff
Follow the division's management bulletin for Vacancy/Freeze hold process. For positions that do not fall under this process or positions not wanted by any current staff, follow the Human Resource protocol for recruiting and hiring staff considering the building opening time.

Train/Certify Staff
Training and/or certifying new staff means making sure staff have completed an orientation program and have the skills and skill level needed and certification necessary for the position.

Identify Building and/or Cottage Closing Time
Identify when the closing cottage or building needs to close, or be vacated. This will depend on timeframes given for the project if any and when if necessary. This may be dependent upon when the building that is opening to accommodate the closure will be available, or it may be mandated by the closure or downsizing directive.

Develop Staff Reduction Timeline
Develop a staff reduction plan ensuring that the RHC is not in jeopardy of losing their certification. Staff needs to be retained long enough to ensure the health and safety of clients. Premature reduction of staff can jeopardize safety and thus certification. This information is then given to the Employee Transition process.

Section 2.4 Implement New Assets to Allow for Building and/or Cottage Closure

This process will be used to prepare for the opening of a new building and/or cottage, when it has been determined that the existing building and/or cottage needs to be closed to accommodate the consolidation, downsizing and/or facility closure. When the opening of a new building is required there will need to be coordination of the opening of one building, the movement of the function of the closing building to the new building.

This process focuses on the development of the actual opening of a building. The process steps include:

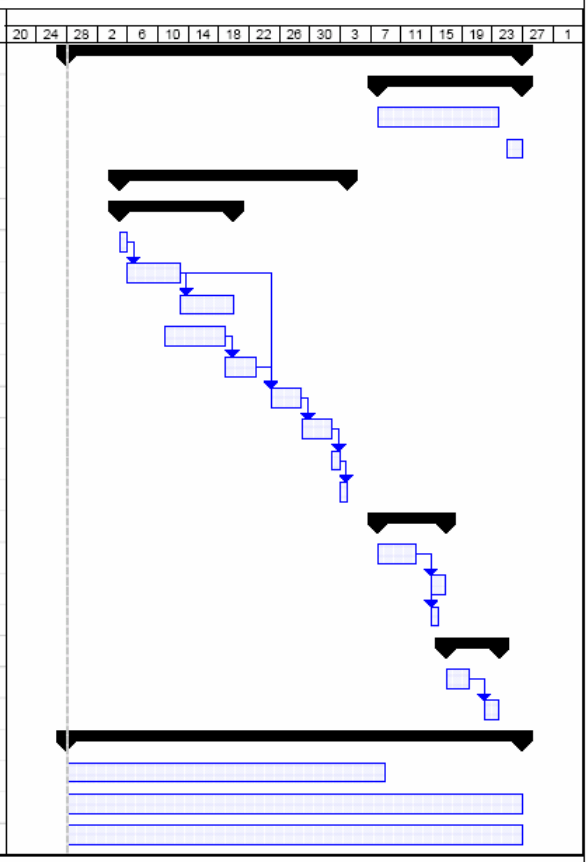
- Secure Capital Funding
- Select Design Consultant
- Design Buildings or Cottage
- Secure Permits
- Public Works Bidding Process
- Construction
- Prepare for Implementation
- Open Building and/or Cottage

Building Opening Checklist

A checklist will be used by staff involved in the opening of a building to ensure that all items are considered and no critical steps are missed. The appropriate staff identified by RHC Management needs to follow Cottage Opening Checklist and timeline developed in this process. This checklist is shown below.

Cottage Opening Checklist

ID	Task Name	Duration	Assigned To	Completion Date
1	**Building Opening Checklist**	**44 days**		
2	**Custodial**	**15 days**		
3	General Cleaning	12 days		
4	Final Cleaning	2 days		
5	**Maintenance**	**22 days**		
6	**Carpenter Shop**	**11 days**		
7	Re-Key Doors	1 day		
8	General Repair	5 days		
9	Fencing	5 days		
10	Electric Shop	6 days		
11	Plumbing Shop	4 days		
12	Paint Shop	4 days		
13	Welding Shop	2 days		
14	Motor Pool	1 day		
15	Laundry	1 day		
16	**Food Services**	**7 days**		
17	Dieticians	5 days		
18	Food Managers	2 days		
19	Procedural Meeting	1 day		
20	**Commisary**	**5 days**		
21	Supply Orders	3 days		
22	Work Orders	2 days		
23	**Financial Services**	**44 days**		
24	Petty Cash	30 days		
25	Order Appliances	44 days		
26	Order Furniture	44 days		



Page 1

THIS SECTION APPLIES TO WHOM:

Tasks	Responsible Position
Secure Funding	ADSA, DDD, RHC Management And Lands And Buildings Division
Select Architect	Lands And Buildings Division
Design Resources	Lands And Buildings Division
Secure Permits	Lands And Buildings Division
Initiate Public Works bidding process	Lands And Buildings Division
Build	Lands And Buildings Division
Prepare for Implementation	RHC Management And Lands And Buildings Division
Open Building and/or Cottage	RHC Management And Lands And Buildings Division

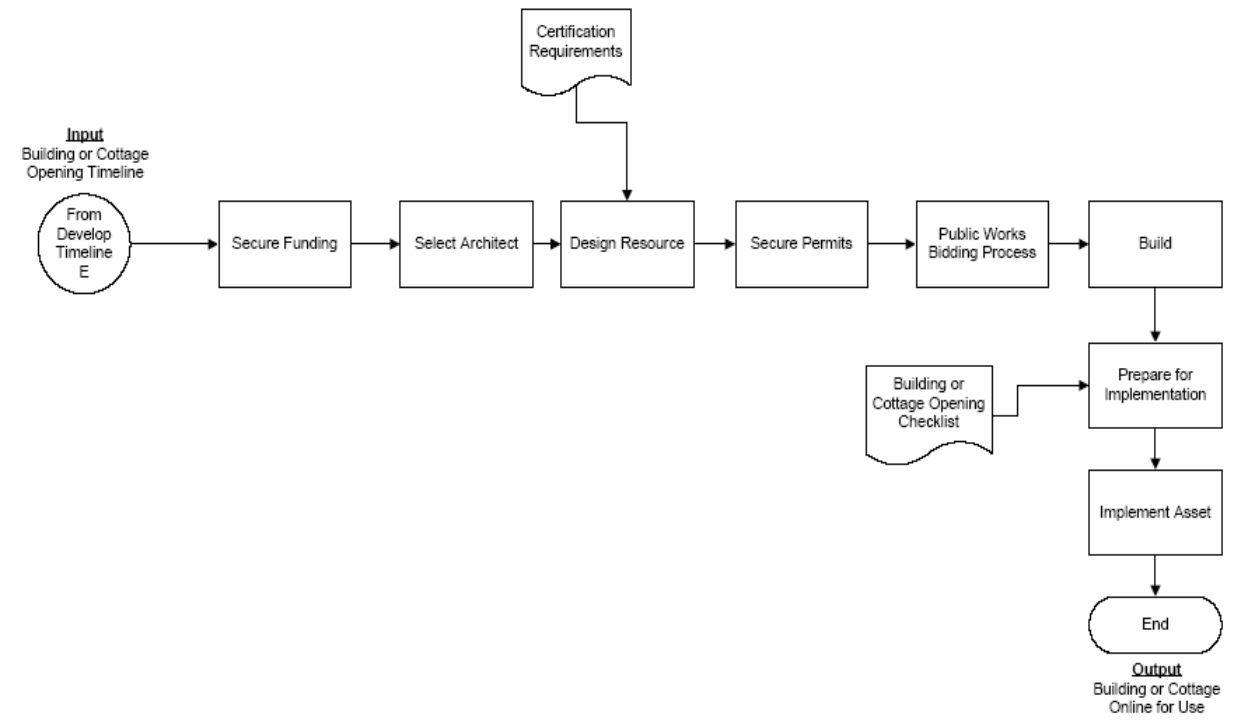
INPUTS

What:	From:	Product/Tool?
Building or Cottage Opening Timeline	ADSA, DDD, Lands and Buildings Division	
Building and/or Cottage Opening Checklist	RHC Management	
Certification Requirements	RHC Management	

OUTPUTS

What:	To:	Product/Tool?
Building and/or Cottage online for its intended use	Address Closed Or Vacant Building and/or Cottage	

Implement New Assets to Allow for Building and/or Cottage Closure



Secure Funding
Requests for capital funding from the Legislature will need to be made in support of the Capital Budget for Building and/or Cottage development. Receive a capital appropriation to fund the project.

Select Design Consultant
Lands and Buildings Division advertise for design services from architects and/or engineers. Lands and Buildings Division reviews design submittals, interviews qualified firms, selects a design consultant, and negotiates an agreement for design services. The Lands and Buildings

Division works with RHC and Headquarters staff in developing, reviewing and selecting the requirements and firm to perform the needed tasks.

Design
Lands and Buildings Division and the design consultant design the cottage improvements or new building based on program requirements.

Secure Permits
The Lands and Buildings Division works with the design consultant in obtaining permits. The permits are obtained from the local authority having jurisdiction.

Public Works Bidding Process
Lands and Buildings Division advertises the project for construction bids, receives and opens bids from contractors, evaluates bids received, and awards a construction contract consistent with state public works contracting requirements.

Construction
This is the actual physical process of constructing the building and/or cottage or modifying it consistent with the design documents. This process is handled by the Lands and Buildings Division.

Prepare for Opening the Building and/or Cottage
This is the preparation and furnishing the building and/or cottage for occupation. Functions included in this process step are, for example, furnishing, and stocking the building with needed supplies.

Open Building and/or Cottage
Bring the building and/or cottage on line for its intended use.

Section 2.5 Address the Closure of a Building and/or Cottage

This process documents what to do with the closed building and/or cottage. This process will make sure that the closure is done in a successful, safe, and timely fashion and is a collaborative effort between the RHC and the Lands and Buildings Division. This process step determines how the building will be handled when it is closed, how the equipment, furniture, and supplies will be dealt with after closure and what types of security and maintenance will be required.

This process deals with the implementation of safe and secure closure of a building and/or cottage. It includes:

- Assessing the Building and/or Cottage condition
- Input Usage Options into Lands and Buildings Facility Assessment database (BASYS)
- Develop Building and/or Cottage Maintenance/Security Plan
- Develop Building and/or Cottage Disposal/Surplus Plan

This Section Applies to WHOM:

Task	Responsible Position
Assess Building and/or Cottage Condition	RHC Management And Lands And Buildings Division
Input Usage Options into Database	RHC Management And Lands And Buildings Division
Develop Maintenance/Security Plan	RHC Management And Lands And Buildings Division
Develop Building and/or Cottage Disposal/Surplus Plan	RHC Management And Lands And Buildings Division
Develop Building or Cottage Disposal Plan	RHC Management And Lands And Buildings Division

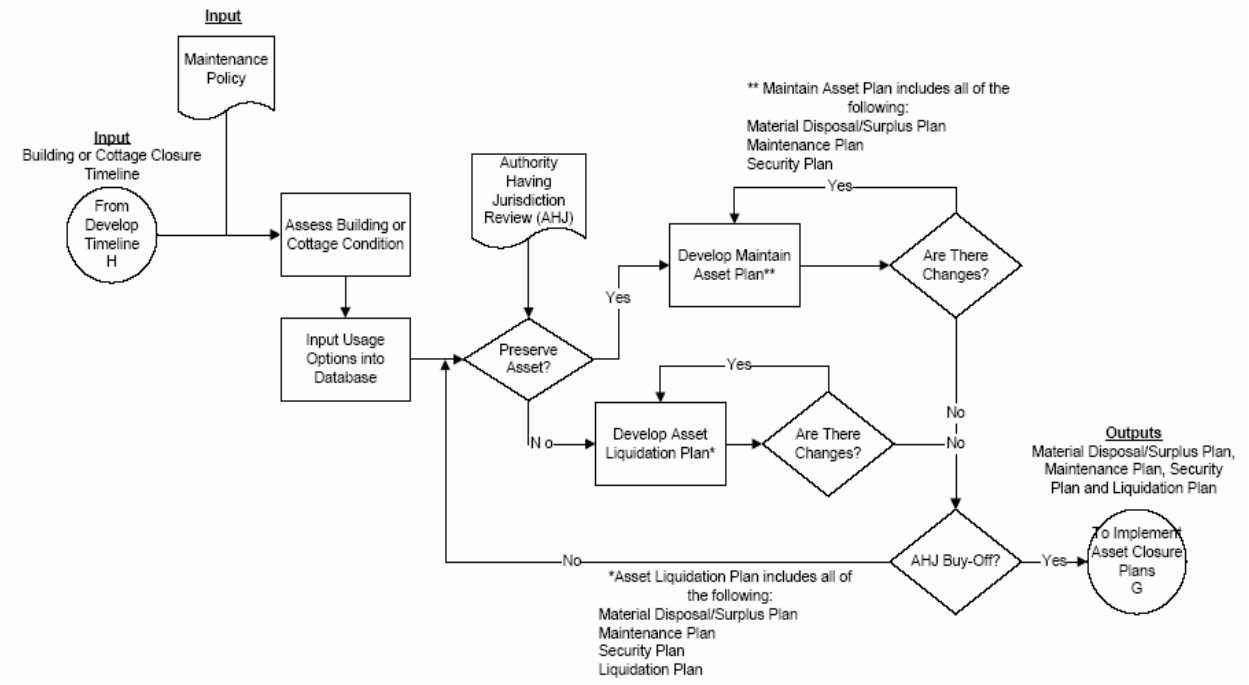
INPUTS

What:	From:	Product/Tool?
Building and/or Cottage Closure Timeline	Develop Timeline For Asset Closure	
Authority Having Local Jurisdiction Review	Local Jurisdiction	
Building and/or Cottage Closure checklist	RHC Management	YES
Maintenance Policy	Lands and Buildings Division	YES

OUTPUTS

What:	To:	Product/Tool?
Maintenance Plan	RHC Management	YES
Security Plan	RHC Management	YES
Building and/or Cottage contents Disposal/Surplus Plan	RHC Management	YES
Building and/or Cottage Liquidation Plan	RHC Management	YES

Address the Closing Asset



Assess Building and/or Cottage Condition
Review the condition of the building and/or cottage to determine final disposition. A determination of the future use of a building will be dependant upon this assessment. Whether or not the building is worth keeping or to be disposed of is dependant upon the current condition and the amount of work needed to bring it up to a useable condition.

Input Usage Options into Database
The Lands and Buildings Facility Assessment database needs to be updated regularly during a downsizing or closure project. A running and current database that shows the usage of a building and other options that the building could be used for needs to be available.

Develop Maintenance/Security Plan
The Maintenance/Security plan includes all of the following:

- Maintenance Plan. The maintenance plan will describe the level of maintenance for the building after it has been closed. It will include the amount of heating, repair level and periodic checks.
- Security Plan. The security plan will describe the level of security that the building will receive. How it will be secured after closure, number and frequency of checks.

Develop Material Disposal and Surplus Plan
Building and/or Cottage contents Disposal/Surplus Plan. The disposal/surplus plan will describe how items will be inventoried and disposed of or surplused.

Develop Building and/or Cottage Liquidation Plan
The Building and/or Cottage Liquidation Plan is the plan on how the building or cottage will be disposed of. If the building will be demolished, sold, or in some other way disposed of, this is the plan that lays out how and when those actions will take place. This plan defines the requirements needed for the disposal of the building or cottage.

Section 2.6 Implement Closure Plans

The appropriate staff identified by RHC Management will follow the plans determined in the previous process step. Staff will implement policies developed by Lands and Buildings. Staff will take the following the steps in the plan such as the following:

- Empty all furnishings from building and/or cottage
- Clean out all food and debris
- Change all locks
- Remove appliances and other electronic equipment
- Check all mechanical and utility systems to make sure they are in working order per the requirements of the Local Fire Department, unless the building and/or cottage are identified for demolition.
- Follow check list weekly to assess buildings and/or cottages
- Hire security guards to patrol the premises during off hours
- Turn the heat down, or
- Demolish the building

This Section Applies to WHOM:

Task	Responsible Position
Implement Building and/or Cottage Closure Plans	RHC Management

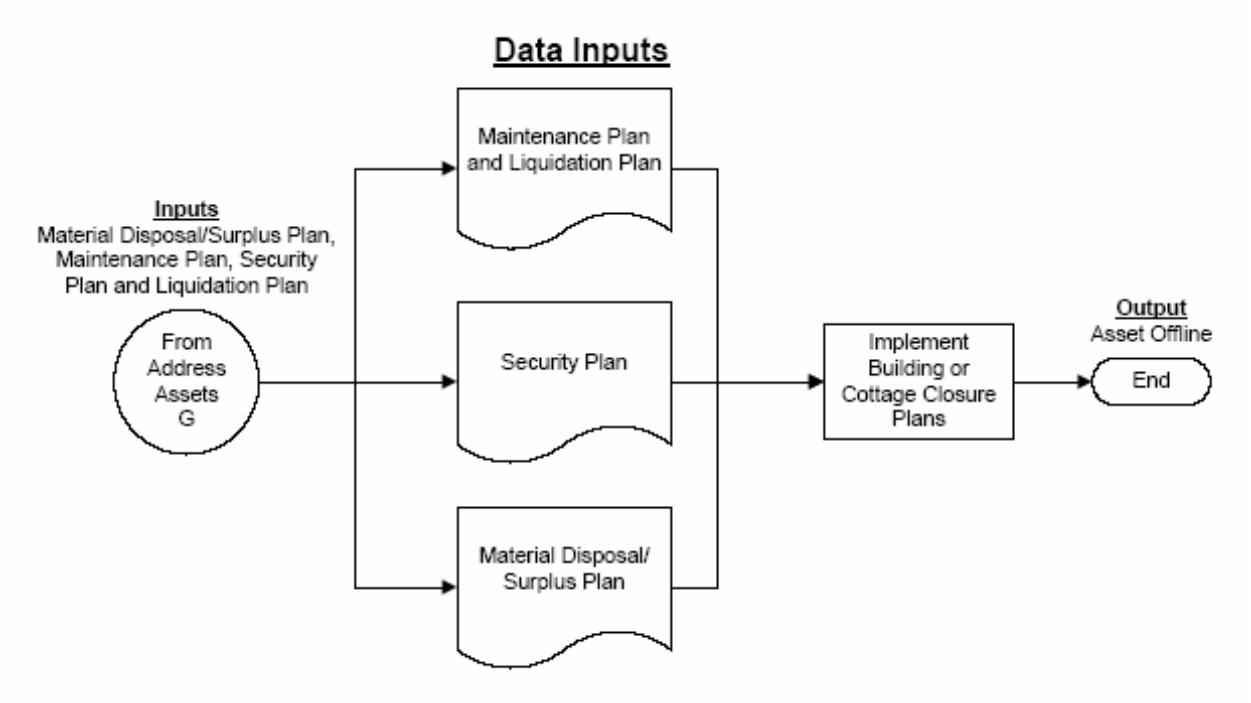
INPUTS

What:	From:	Product/Tool?
Maintenance Plan	Address Closing Building or Cottage	YES
Security Plan	Address Closing Building or Cottage	YES
Building and/or Cottage contents Disposal/Surplus Plan	Address Closing Building or Cottage	YES
Building or Cottage Liquidation Plan	Address Closing Building or Cottage	YES

OUTPUTS

What:	To:	Product/Tool?
Building and/or Cottage Closed	End of Process	

Implement Closure Plans



MOTHBALLED BUILDING	WEEKLY CONDITION CHECKLIST						
Inspected By/Date	**Building**	**Unit**	**Exterior**	**Damage**	**Description**	**Work Request**	**Date W.R. Completed**
			Doors				
			Windows				
			Siding				
			Gutters				
			Downspouts				
			Roof				
			Landscape				
			Sidewalks				
			Infrastructure				
			Exterior Lights				
			Paint				
			Debris/Garbage				
			Other				
			Interior				
			Lights On				
			Ceilings				
			Walls				
			Lighting				
			Water in P-trap				
			Floors				
			Kitchen				
			Rodents				
			Debris/Garbage				
			Other				
			Mechanical				
			Steam				
			Heat				
			Water				
			Electrical				
			Fire Alarm				
			EMS/50 degrees				
			Fire Suppression				
			Other				

3.0 Training Plan

Section 3.1 Training Logistics
All training materials will be created and printed by DDDHQ. DDDHQ will arrange for training rooms, invite attendees to the sessions and deliver the training unless the training will be done by other designated trainers. The desire is that consistency is maintained. Therefore no more than four trainers should be assigned using a train the trainer model.

Section 3.2 RHC Training
Key positions responsible for implementing the closure/opening plans will be trained on documenting the closing/opening of a cottage, building or facility. A detailed review of the checklist and other process documentation will be covered. Additionally a review of all the steps at each of the process levels is mandatory for the staff responsible for the implementation of the process. The training should be accomplished in a two to four hour session at each RHC. A significant amount of time will be spent reviewing all process steps, and allowing for questions to be asked. DDDHQ will monitor and ensure that the training plan is completed.

4.0 Communication Plan

Section 4.1 Communication Responsibility
DDDHQ will be responsible for managing, creating and sending all communication regarding the implementation of this process. All communication will be posted on the intranet, sent out and distributed to each of the RHC's and each region. The process will be shared with all staff through regular staff meetings from management to line staff on all shifts.

Section 4.2 RHC Communication
Due to the criticality of this process in the security of closed buildings, all staff involved in the implementation of downsizing or closure will be aware of the new process and staff responsible for process tasks will be trained to implement this process. A Management Information Bulletin will initiate this process.

5.0 Implementation Dates

Section 5.1 Implementation Date
There is no current implementation date for this process.

Chapter 3: Client Transition Implementation Plan

1.0 Process Description

Section 1.1 The High-Level Process

The client transition process includes the procedural steps and documentation activities involved in preparing, discharging, and moving a resident from a Division of Developmental Disabilities (DDD) Residential Habilitation Center (RHC) to an alternative placement. These alternative placements include:

- A nursing facility
- A community placement
- Another state-run RHC

The goal of this process is to accomplish a safe, timely discharge and admittance for the resident. This is accomplished by having all needed supports in place for the resident in their new placement and the resident properly prepared for the move. Following this process will provide for a smooth transition and increase the potential for successful placement. Membership on the team that documented this process included staff and management from Rainier School, Fircrest School, and Regions 4 and 5 DDD Field Services and Home and Community Services. This process was also reviewed by staff from all of the RHCs in the state.

This process was recognized as a critical area for review (high priority) due to the following transition factors:

- The resident's health and safety is a significant consideration
- The new placement must provide the appropriate supports for each client's needs
- The resident's parents/guardians participate in the process and are made fully aware of their options

The process of preparing a client for transition to another setting requires the transmission of a large amount of information from the RHC. This information covers the full spectrum of needs required to develop those supports that will make the resident's transition a smooth one and the new placement successful.

This process assumes that a resident has been identified for moving (client identification process or client/guardian request), a case manager has been assigned (if the move is to the community), and an alternative residential resource has been designated for that resident (resource development process). The outputs of those processes will become inputs to the client transition process. As such, the other two

processes (client identification and resource development) must largely be completed prior to or in parallel with this process.

The client transition process starts after resident identification has occurred **and** a residential resource is identified. If the move is to a community placement, a case/resource manager must be assigned from the region that the client is moving to. The process describes:

- Transitional planning
- Discharge planning from the RHC
- The physical move to a new destination
- Admission of the client to another state RHC (if selected placement)

This process depends on the use of checklists and implementation tools due to its complexity and direct impact on the client's health and safety.

- The checklists and tools will assist those responsible for accomplishing all of the tasks to do so without missing any critical information.
- The checklists and tools will also allow for an easier means of review and determining that all necessary steps have been completed and all information has been gathered or compiled.

The client transition process focuses on the transfer of a resident and since this is the process with the most direct resident interaction; it is imperative that critical steps are documented throughout the process to prevent unintentional outcomes. Although this process does concentrate on the client move, it also tracks the progress of the development of other resources for the client. The goal is to have all the supports needed by the client in place prior to the move.

A description of the process inputs and outputs, along with the flowchart showing how to start and move through the process is provided below.

This Function Applies to WHOM:

Task	Responsible Position
1. Transitional Planning	Client Transition Coordinator Or Designee
2. Discharge Plan Process	Client Transition Coordinator Or Designee
3. Client Move Process	Client Transition Coordinator Or Designee
4. Admission Process	RHC Admission Staff

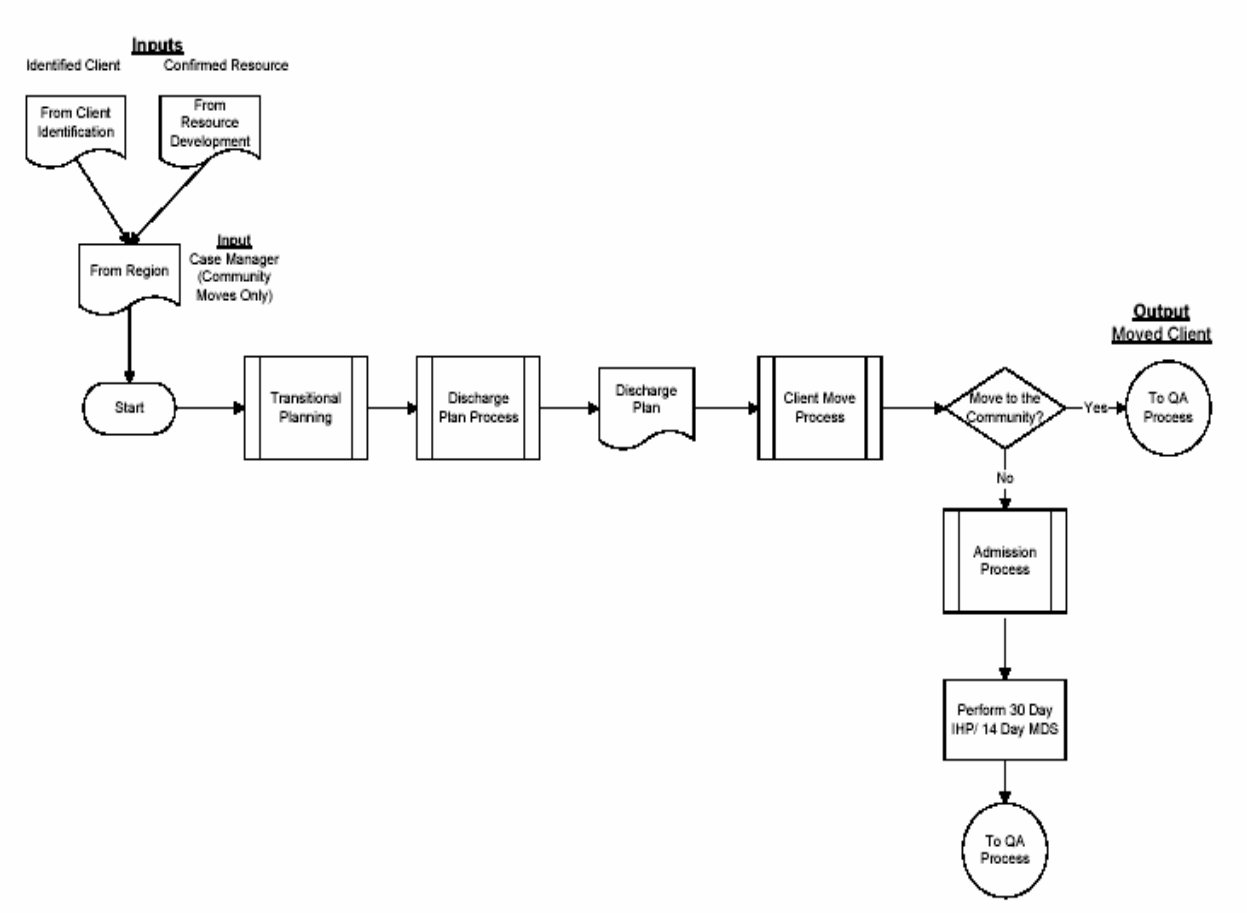
INPUTS

What:	From:	Product/Tool?
Selected Resource	Resource Development	
Selected Resident	Client Identification	
Case Manager (community moves only)	Resource Development	
Client Discharge Checklist		YES
Admission Checklist		YES

OUTPUTS

What:	To:	Product/Tool?
Discharge Plan	Client Move Process	
Client Chart	Arrival	
Moved Resident	Quality Assurance	

High Level Process



2.0 2nd Level Process Description

The second level processes are more detailed descriptions of the high level flowchart. The client transition high-level flowchart includes Transitional Planning, Discharge Planning, the Client Move process and Admission Process. The second level processes include:

- Visit Process,
- Identify Support Needs,
- In-Service Planning (sub processes of Transitional planning),
- Establish Target Move Date,
- Discharge Planning, Discharge Planning Review Meeting (sub processes of Discharge Plan),

- Make Sure Checklist is Completed,
- Complete Missing Tasks,
- Prepare Client for Move, Complete Move Day Checklist,
- Move Client,
- Verify Arrival with Receiving Facility,
- Follow Up Within 24 Hours, and Sending Facility Staff Available as Needed for 30 Days (sub processes of Client Move),
- Pre Arrival Functions, Arrival Functions and Post Arrival Functions (sub processes of Admission Process).

Each of these processes will be discussed in more detail in the next sections.

Section 2.1 Transitional Planning Process

Inputs to Transitional Planning (from the high level) include (a) an identified client, (b) a selected resource, (c) a case manager, and (d) the client move checklist. Potential inputs from other areas of the process include (e) an identified problem from the Discharge Plan, and (f) agreed upon changes from resource development. These items may or may not be inputs depending on the situation.

1. The Transitional Planning Process also assumes a client has been selected and the client has a case manager assigned (if the move is to the community).
2. The Transitional Planning Process assumes that a resource has been confirmed. However, this should be reconfirmed prior to entering the transitional planning. There is a possibility that a client or receiving placement may have changed their mind before any transitional planning has occurred
3. The Transitional Planning process allows for the client to visit their potential new residence for familiarization and to meet the new staff. Any number of visits may be done depending on the IDT's comfort level with how the client is adjusting.
4. The sending facility staff and the receiving facility staff are also encouraged to visit the other facility. This visit time is geared toward trying to exchange information and maximize familiarity with the client. At this same time, support needs are also identified and discussed with the receiving facility to make sure that they are able to supply those needs.
5. Along with visiting and support needs, in-service training needs are discussed and training plans developed if needed.

This Process Step Applies to WHOM:

Task	Responsible Position
1. Visit Process	HPA, PCC Or ACM Or Designee
2. Identify Support Needs	HPA, PCC Or Designee
3. In-Service Training Planning	HPA, PCC Or ACM Or Designee

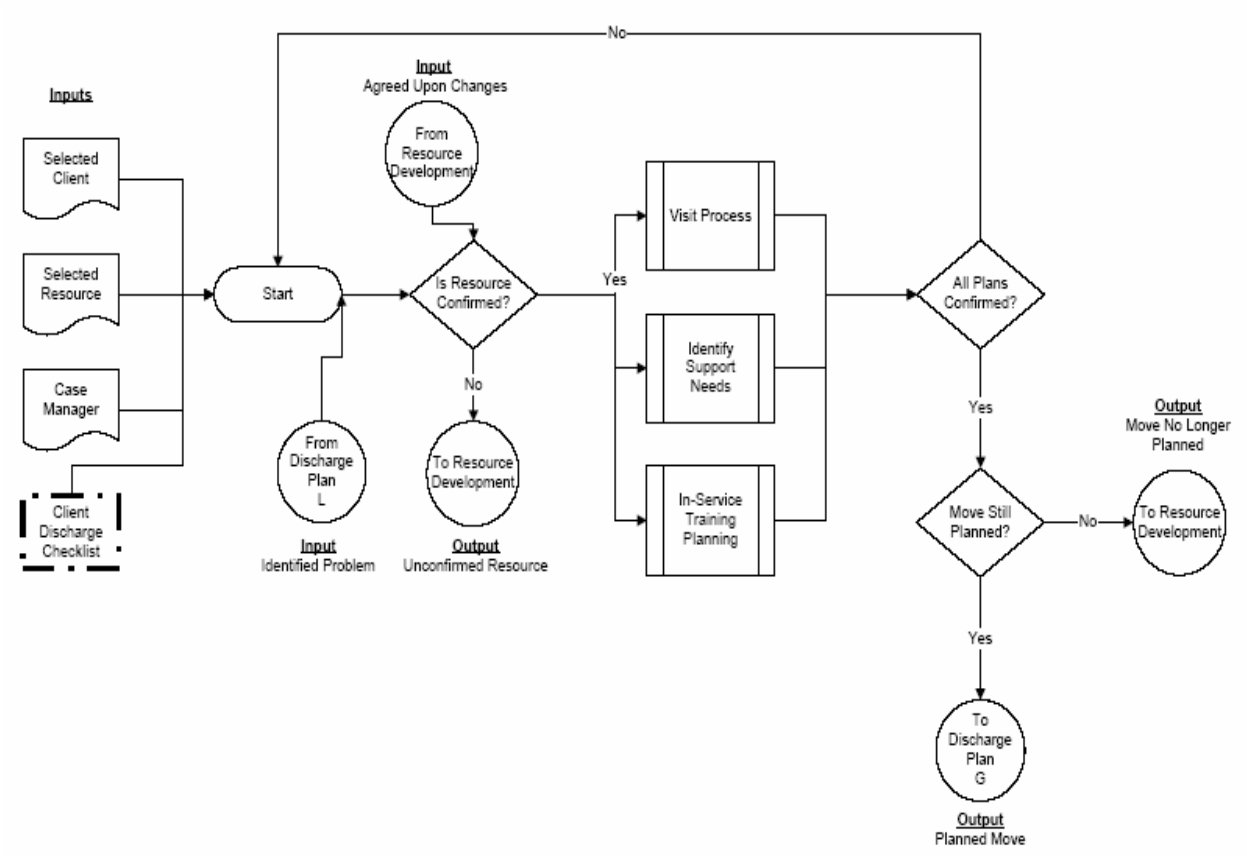
INPUTS

What:	From:	Product/Tool?
Selected Resident	Client Selection	
Selected Resource	Resource Development	
Case Manager	Client Selection	
Move Checklist	Who or what	YES

OUTPUTS

What:	To:	Product/Tool?
Confirmed Plans	Discharge Plan Process	
Unconfirmed Resource	Resource Development	
Move No Longer Planned	Resource Development	

Transitional Planning Process



Visit Process

The visit process is when the client is given the opportunity to visit the selected new residence. These visits focus on gaining familiarity with the new environment, the new staff and allow the new staff to gain more information about the client and his/her needs. Receiving staff and

sending staffs are encouraged to visit each other's facilities as well to exchange information, see the client in his/her current environment and for the sending staff to see the new facility. This process includes as many visits as the IDT feels are necessary. It is important to transition the client in the smoothest manner possible, and multiple visits can help with this. Prior to **any** visits to any facilities the regional staff where the client will be moving to should be advised of the visit and given the opportunity to participate.

Identify Support Needs

Since the new residence has been identified, the IDT will need to assess the supports that the client will require in the new residence. Utilizing inputs from the latest assessments, the visits, and the information exchange that took place during those visits, support needs are identified. Identifying the need for adaptive equipment, licensed professional services and employment or day programs will also be listed in the support needs plan. Potential roommate matches will also be discussed. The IDT needs to look at the needs of the client with respect to the specific new residence he/she will be living in.

In Service Training Planning

During the Transitional Planning determination of any in-service training needs must be discussed. While determining the support needs for a given client, attention should be paid to whether or not any training around those supports is needed (i.e. behavior plan, medical/nursing, treatments, etc.). If so, training plans should be determined and implemented prior to the move occurring. This allows for a smoother transition as well as prepared staff at the receiving location.

Section 2.2 Discharge Plan Process

This process will be used to plan the actual discharge from the RHC for a move to an alternative residence such that the resident will have the best opportunity for a successful transition. This process creates the discharge plan for the move; it includes the confirmation of the move date, and the move day procedures. The discharge planning meetings are used to confirm all appropriate data are gathered and that resident's belongings are scheduled for moving. The discharge plan also ensures all essential resident information is updated and current at the time of the resident's actual discharge.

This process focuses on the development of the actual discharge plan for the resident. These are key documents since the process of developing the discharge plan and creating the document itself are essential to state compliance with the resident's due process rights required under federal law. The process establishes:

- The discharge or move date for the resident
- Development of the discharge plan
- The discharge plan review meeting

When this process is successfully completed, the next process step is the physical movement of the resident to their alternative placement.

Sub processes of the Discharge Plan Process are (1) Establish Target Move Date, (2) Discharge Planning and (3) Discharge Planning Review Meeting. These will be discussed later in this section.

This Section Applies to WHOM:

Task	Responsible Position
1. Establish Target Move Date	HPA, PCC Or Designee
2. Discharge Planning	HPA, PCC Or Designee
3. Discharge Plan Review Meeting	HPA, PCC Or Designee

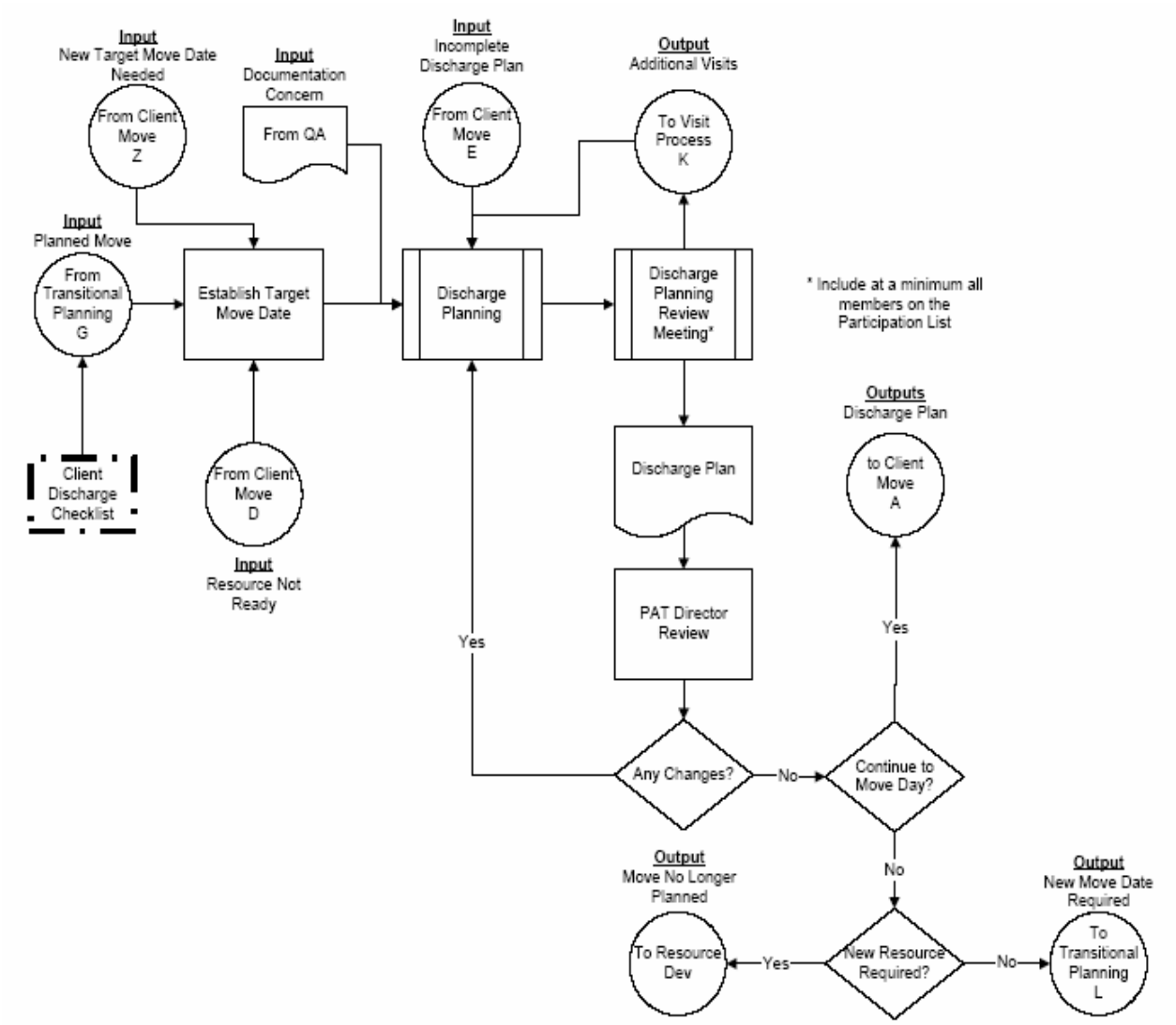
INPUTS

What:	From:	Product/Tool?
Planned Move	Transitional Planning	
Documentation Concern	QA Process	
Client Move Checklist		YES
Incomplete Discharge Plan	Client Move	
Resource Not Ready	Client Move	
New Target Move Date Needed	Client Move	
Participation List	Who/what	YES
PAT Director Checklist	Who/What	YES

OUTPUTS

What:	To:	Product/Tool?
Discharge Plan	Client Move	
New Move Date Required	Transitional Planning	
Move No Longer Planned	Resource Development	
Additional Visits Requested	Visit Process	

Discharge Planning Process



Establish Target Move Date

Upon completion of Transition Planning a decision needs to be made of when the client will be moving. This is determined with input from the family/guardian, the IDT and the receiving facility. A target move date will be developed based on how many visits will be needed, how long it will take to get the appropriate supports including residence and training in place and when all the discharge planning will be done. Target move dates can be changed and are just that, targets.

Discharge Planning

Discharge Planning is done after Transition Planning and is basically checking to make sure that all of the transition planning is completed. Appropriate checks are made to make sure the receiving facility has a compatible placement, enough staff and training, that all the client assessments are up to date, that the environmental supports are in place and will be completed

prior to the move, whether or not more visits are needed, if employment and/or day programs are being arranged, if professional services have been arranged and if the family/guardian is still supportive of the move. When the IDT feels that everything is in line for the move to happen, the Transition Coordinator will arrange for the Discharge Plan Review Meeting a few days prior to the actual move. This notification will be sent to all the people on the participation list in Appendix 2.3.A.

Discharge Plan Review Meeting

The Discharge Plan Review Meeting is held after the discharge planning is completed or near completion. This meeting should include an attendance of all members on the participation list. This meeting is held to review all of the items in the discharge plan to ensure that when the client is moved that all of his/her needed supports will be in place. Any problems with the plan will be noted and will result in an output to the transitional planning step. All members on the discharge meeting should agree with the status of the plan or the move should be delayed and a new target move date should be scheduled. The output of this meeting should be a completed Discharge Plan.

Section 2.3 Client Move

This process deals with the physical move of a DDD Residential Habilitation Center (RHC) resident from the RHC to an alternative placement. When residents move to another RHC, a community nursing facility, or a community placement, he/she needs to be relocated along with:

- All of his/her personal belongings,
- Current information about his/her condition, and
- Support needs at the time of the actual move.

This process will assist in accomplishing moves that are successful, safe, and timely. This process is a collaborative effort between the staff of the sending facility and the receiving facility.

This process deals with the implementation of safe and secure transport of the resident to their new placement. It includes the following steps:

- Make Sure Discharge Checklist is Complete
- Preparing The Client For The Move
- Complete Any Missing Tasks
- Complete Move Day Checklist
- Move Client
- Verify Arrival With Receiving Facility
- Follow Up Within 24 Hours
- Sending Facility Staff Available as Needed for 30 Days

This process requires thorough follow-through for each step, so that proper consideration is given to the resident's health and safety and other significant needs.

This Section Applies to WHOM:

Task	Responsible Position
1. Make Sure Discharge Checklist is Complete	Transition Coordinator or Designee
2. Preparing The Client For The Move	HPA, PCC, Transition Coordinator or Designee
3. Complete Any Missing Tasks	Transition Coordinator or Designee
4. Complete Move Day Checklist	Transition Coordinator or Designee
5. Move Client	HPA, PCC, Placement Coordinator Or Designee
6. Verify Arrival With Receiving Facility	HPA, PCC, Transition Coordinator or Designee
7. Follow Up Within 24 Hours	HPA, PCC, Transition Coordinator or Designee
8. Sending Facility Staff Available as Needed for 30 Days	Transition Coordinator or Designee

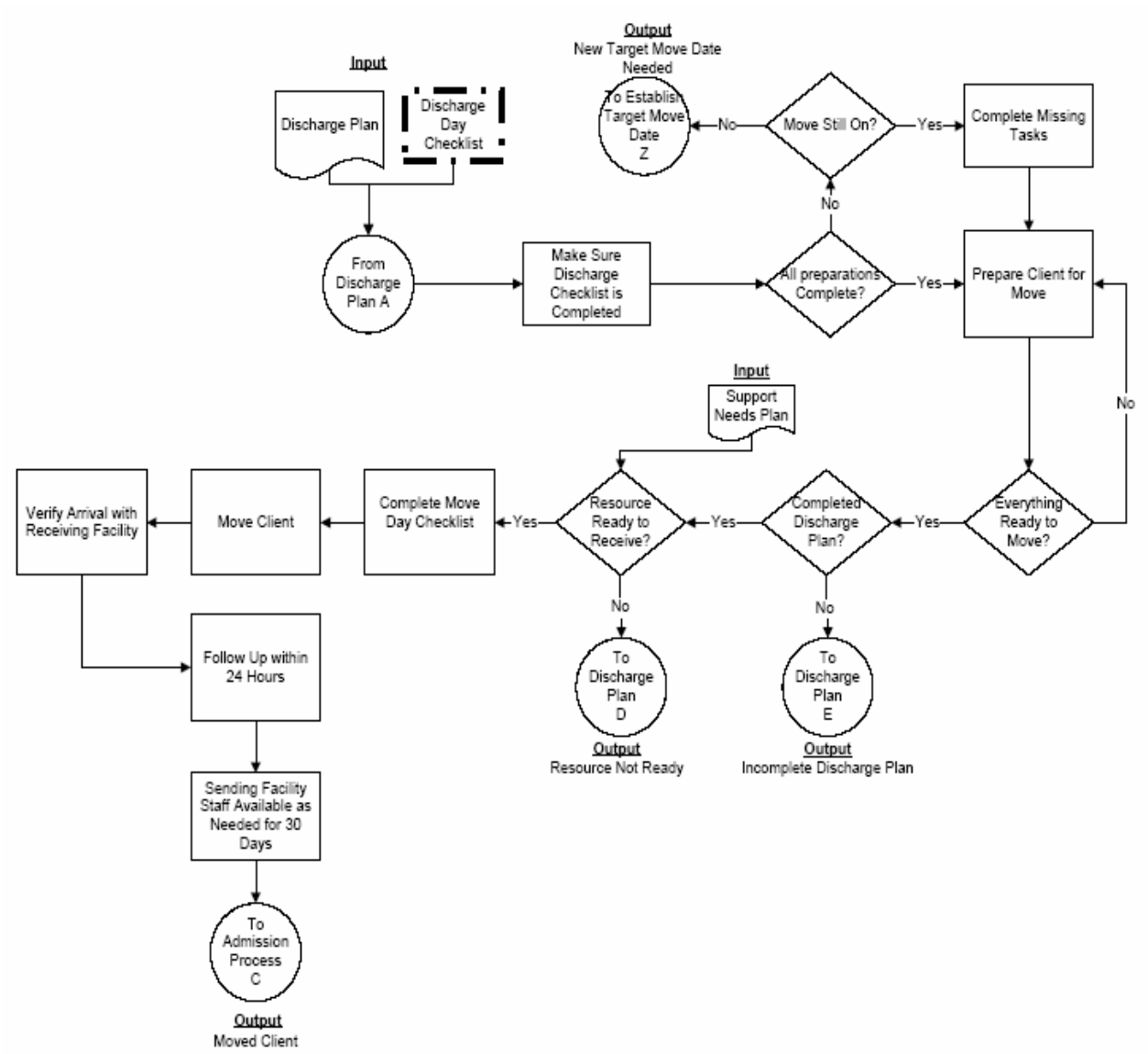
INPUTS

What:	From:	Product/Tool?
Client Discharge Checklist		YES
Discharge Plan	Discharge Plan	
Support Needs Plan	Transitional Planning	

OUTPUTS

What:	To:	Product/Tool?
Client Moved	Quality Assurance	
Incomplete Discharge Plan	Discharge Plan	
New Target Move Date Needed	Discharge Plan	
Resource Not Ready	Discharge Plan	

Client Move Process



Make Sure Discharge Checklist is Complete

Throughout the Transitional and Discharge Planning the client move checklist will have been used. Some items on the list may have been checked as N/A, or assigned to another employee. All items should have resolution to them and if they do not, they need to be resolved prior to a client moving. To avoid confusion this should also be reviewed at the Discharge Planning Review Meeting, but some items are done toward the end of the planning. This is a crucial step in the transition of the client.

Prepare Client for Move

In preparing the client to move, steps need to be taken such that the actual transition of the client will be smooth and without difficulty. There is packing that is needed, feeding that needs to be

done, medications that may need to be taken, clothes that need to be worn, and equipment that should be brought along, any personal items that the client may want or need for the trip. These items should be considered prior to the move and prepared at this time.

Complete Missing Tasks

Should items on the checklist not be completed this is the step where these should be done. If checklist items are missing, it may be warranted to delay the move until all tasks are completed. This decision is up to the transition coordinator and the HPA.

Complete Move Day Checklist

Within the Client Move Checklist there is a section to be completed on move day or very soon beforehand. These items are to make sure that appropriate steps have been taken to discharge the client and that he/she travels to the new residence with all the items he/she may need during the trip and immediately upon arrival.

Move Client

This is the actual physical move or transfer of the client to the new residence. This is coordinated by the transition coordinator and may include a van, or car or ambulance; whichever is more appropriate for the given client.

Verify Arrival with Receiving Facility

There may be instances where the sending facility is not the one who is making the actual transfer of the client, so the sending facility needs to verify that the client arrived safely. The sending facility should check to see if there are any questions, concerns or problems upon arrival. This is separate from the QA process that is handled by the regions QA managers.

Follow Up Within 24 Hours

As with the step above, within 24 hours the sending facility should check that the client has settled in to the new residence, and is doing well. The sending facility should address any concerns, problems and answer any questions that the receiving facility has about the client after the first day. This is separate from the QA process that is handled by the regions QA managers.

Sending Facility Staff Available As Needed for 30 Days

During the first 30 days after the client has transferred, the sending facility needs to make themselves available for consultation with the receiving facility to answer questions, go on site for in-service training or deal with any concerns the receiving facility has. This is separate from the QA process that is handled by the regions QA managers.

Section 2.4 Admission Process

When a client is discharged from an RHC, and moves to another RHC, the Client Transition process will also cover the admission of that client. Admission to non-state facilities will not be covered in this process. This process deals with the gathering of information, checking the client into the facility and making sure that he/she gets settled and obtains the proper medical and therapeutic assessments. The admission of the client to the RHC has a number of regulated activities, as well as local necessities. These activities are broken into three categories:

a. Pre Arrival
b. On Arrival Day
c. Post Arrival

These will be discussed in more detail in subsequent paragraphs.

This Section Applies to WHOM:

Task	Responsible Position
1. Pre Arrival Functions	RHC Admissions Coordinator or Designee
2. Arrival Day Functions	RHC Admissions Coordinator or Designee
3. Post Arrival Functions	HPA, PCC or Designee

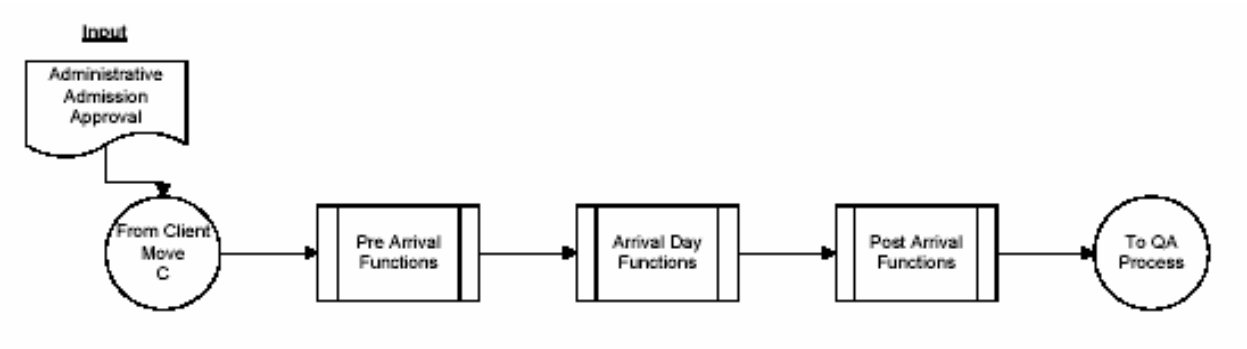
INPUTS

What:	From:	Product/Tool?
Administrative Admission Approval	DDD Management	
Client Admission Checklist		YES
Moved Client	Client Move	

OUTPUTS

What:	To:	Product/Tool?
Admitted Client	Perform 30 Day IHP/14 Day MDS	

Admissions Process



Pre Arrival Functions

Pre-arrival functions include finding a cottage or house for the client to live in, determining an admission plan, conducting a pre-admission interview and obtaining initial consents for services. Upon completion of the pre-arrival functions, the client will have a chart assigned to him/her, placement in a specific and appropriate cottage, and a plan of how to admit the client.

Arrival Functions

When the client arrives, the admissions staff will need to meet and discuss the clients needs with those that are delivering the client to the facility, obtain any consents that have not been obtained

to this point, make sure that there are identification methods such as identification, photos, etc. and that a physical and any necessary assessments are done. The admission staff will also need to review the records, write orders and determine an interim plan for settling the client. Also during the arrival, an inventory of personal items needs to be done, any labeling of personal items, and determining the client's additional needs relative to personal items needs to be determined.

Post-Arrival Functions

Post-arrival functions would be focusing on settling the client, making sure there are no problems, obtaining help if needed from the sending facility, continuing to perform any needed assessments and obtaining consents from the finding from those assessments. Also during this time, the facility needs to change the payee status of the client as necessary.

3.0 Training Plan

Section 3.1 Training Logistics

All training materials will be created and printed by DDDHQ. DDDHQ will also need to arrange for training rooms, invite attendees to the sessions and deliver the training unless it is designated to specific trainers. It is desirable that the delivery of training is done by one person to maintain consistency. However, logistically this may not be possible. Therefore, no more than four trainers should be assigned. A train the trainer class will need to be provided as well.

Section 3.2 Transition Coordinators

DDD created a position specifically for the Fircrest Downsizing and RHC Consolidation Project, and each of the RHCs had a person that oversaw all client moves. This person (the Transition Coordinator) needs to be intimately aware of the process of moving clients. Therefore, this position needs to have extra training around the above described process.

- This training should be done for all Transition Coordinators and regional Olmstead/Placement Coordinators together at one site for an entire day (eight hours).
- A coordinated site should be selected to allow for easy access by all in attendance. Olmstead coordinators for each region should also attend. DDHQ personnel should conduct training.
- The training should include a detailed review of the process, instructional training on how to use the checklist and discussion of all documentation that needs to be completed.

Section 3.3 RHC Training

In addition to training that occurs for transition coordinators, additional training should be given to IDT members at all RHCs. As these personnel are the main connection between the transition coordinator and the clients, this training is essential.

- A detailed review of the checklist, and other process documentation should be covered.
- Additionally review of all the process steps at each of the three process levels is also mandatory for these personnel.
- This should be done in a two to four-hour session at each RHC with all IDT members in attendance.

- A significant amount of time should be spent reviewing all process steps, and allowing for questions to be asked. DDHQ personnel should conduct training.

Section 3.4 Regional Training
In each of the six regions around the state, training sessions should occur such that all regional case managers are aware of the procedures that are required to move clients to community placements.

- This training will take place in a two-hour session (per region)
- Instructors will be DDHQ personnel
- Regional administrators, field service managers and case managers will attend

4.0 Communication Plan

Section 4.1 Communication Responsibility
DDHQ will be responsible for managing, creating and sending all communication with regard to the implementation of this process.

- All communication should be posted on the intranet, sent out and distributed to each of the RHCs and each region.
- This communication should also be discussed in staff meetings and coordinated from regional and RHC management down to the line staff.
- All shifts should also be made aware of all communication.

Section 4.2 RHC Communication
Due to the importance of this process and its relation to client health and safety, all staff that could be involved in client transition should be aware of the new process, and be trained in how this process works.

- All communication that is sent out regarding this process implementation should be communicated in staff meetings at all levels of the RHC.
- All communications should be posted on communication boards that have employee visibility.

Section 4.3 Regional Communication
It is the responsibility of the regional administrators (RAs) to determine who, among their staff, needs to be aware of this process implementation. RAs should post all communication regarding this process and ensure that anyone who could be involved in using the process has been trained and receives all pertinent communication.

5.0 Implementation Dates

Section 5.1 Training Dates

The training for implementation for this process should be completed two weeks prior to the implementation date. Training statewide would occur over approximately three weeks for trainers to travel to all of the regions, and perform the training.

Section 5.2 Implementation Date

There is no current implementation date for this process.

Chapter 4: Quality Assurance

1.0 Process Description

The goal of the Division of Developmental Disabilities Quality Assurance (QA) Program is to advance and further the values of health and safety, power and choice, status, integration, relationships, and competence in the lives of people with developmental disabilities. To promote the delivery of quality services to persons with developmental disabilities and their families, the overall goals of the quality assurance processes include:

- Reviewing information and educational materials disseminated to RHC clients and families/guardians,
- Continuous quality improvement (CQI) activities,
- Monitoring compliance with division standards,
- Enhancing the quality of programs funded by the Division of Developmental Disabilities,
- Increasing customer satisfaction,
- Managing incidents of concern involving clients,
- Training of staff and contracted providers, and
- Analysis of trends and patterns.

Quality assurance enhances client supports and services by measuring and monitoring how the client is doing, and identifying areas outside of accepted norms, which provide data for continuous improvement.

Quality assurance has been an integral component of client moves from institutional settings to the community for many years. The importance of quality assurance for people moving from institutions to the community was recently demonstrated during the Olmstead client moves, as the comprehensive monitoring of client outcomes provided information on the successes and needs for improvement for the sixty-two people who moved.

Because of the current emphasis on RHC consolidation, and institutional downsizing, clients may move from RHCs to the community, to other RHC's, or nursing facilities in larger numbers and at a more accelerated pace. A quality assurance process for monitoring impacts to clients will be an essential component of the overall project support plan. Maximizing opportunities for the individual while minimizing potential negative impacts is one of the goals of ADSA.

The Quality Assurance Work Team was formed to develop the requirements and document the processes for the provision of quality services in the movement of clients to other locations from an RHC. Quality assurance follow-along assessments will evaluate the client's health and safety, power and choice, status, integration, relationships, satisfaction, competence, and welfare.

Requirements and processes for quality assurance for downsizing and/or RHC closure initially focused on current processes for clients moving from the RHCs to the community. However, there was substantial interest in expanding the scope of this work to include quality assurance for RHC to RHC transfers, along with RHC to nursing facility transfers. At this point in time, the Quality Assurance Work Team has completed documentation of the quality assurance process for RHC to community moves, as well as the process for moves from one RHC to another. The RHC to nursing facility process is approved and upon a closure or downsizing exercise.

Section 2.0 Process Description: RHC to Community or RHC to Another RHC

Requirements for the RHC to community and RHC to another RHC process include critical factors that must be addressed in the overall quality assurance process to consider the downsizing, consolidation, and closure planning a success for those who move. These criteria are considered in the documentation of each phase of the quality assurance process. The quality assurance requirements identified by the work team include the following:

- Reviewing education and information that is distributed to clients and families that foster client, family, and/or guardian informed choice.
- Input from parents/guardians, team volunteers, residential providers, and counties on issues of concern.
- A continuous quality improvement process that incorporates evaluative data and feedback.
- Appropriate resources to ensure quality supports and services.
- Appropriate tools (such as monitoring and evaluation tools, database) to use.
- Thorough and accurate referral packets and discharge plans developed in the RHC's that follow clients through the process and into their new homes.
- Sufficient staffing to complete timely visits and provide necessary reports.
- On-going agency commitment to quality assurance.

The process maps in this chapter depict the high-level and sub-level steps involved in quality assurance for RHC clients who move to community placements, as well as for RHC clients who move to RHC placements. The processes for RHC to nursing facilities are addressed at the completion of this section. The primary steps identified within the quality assurance high-level process for community and RHC placements include:

1. Periodic assessment of information and educational materials prepared for client identification and information packets prepared for client transfer, with feedback loops for identified concerns,
2. Attendance at the discharge plan review meeting,
3. A 30-day quality assurance visit after the client has been moved,
4. A 3-6 month quality assurance visit,
5. A one-year quality assurance visit, and
6. The inclusion of the person in the division's on-going quality assurance processes in the community process.

Each quality assurance visit is identified with three separate second level process maps (30-day, 3-6 month, one-year) clarifying the steps associated with each sub-process. An additional second level process addresses the data compilation component of quality assurance. All sub-processes

have feedback loops for continuous quality improvement. The data compiled include measures from each quality assurance visit (30-day, 3-6 months, and one-year). The data are synthesized, resulting in individual and aggregate quality process and outcomes measures.

This Section Applies to WHOM:

Task	Responsible Position
1. Periodical Review Client Identification (Education and Information)	Quality Assurance Central Office and Quality Assurance Regional Staff
2. Review Client Transfer Documentation (Referral Packet)	Quality Assurance Central Office and Quality Assurance Regional Staff
3. Attend Discharge Plan Meeting	Quality Assurance Central Office And Quality Assurance Regional Staff
4. Conduct 30-Day Quality Assurance Review	Quality Assurance Central Office And Quality Assurance Regional Staff
5. Conduct 3-6 Month Quality Assurance Review	Quality Assurance Central Office And Quality Assurance Regional Staff
6. Conduct One-Year Quality Assurance Review	Quality Assurance Central Office And Quality Assurance Regional Staff
7. Compile and Analyze Aggregate Data (QA Quarterly Review Report)	Quality Assurance Central Office And Quality Assurance Regional Staff

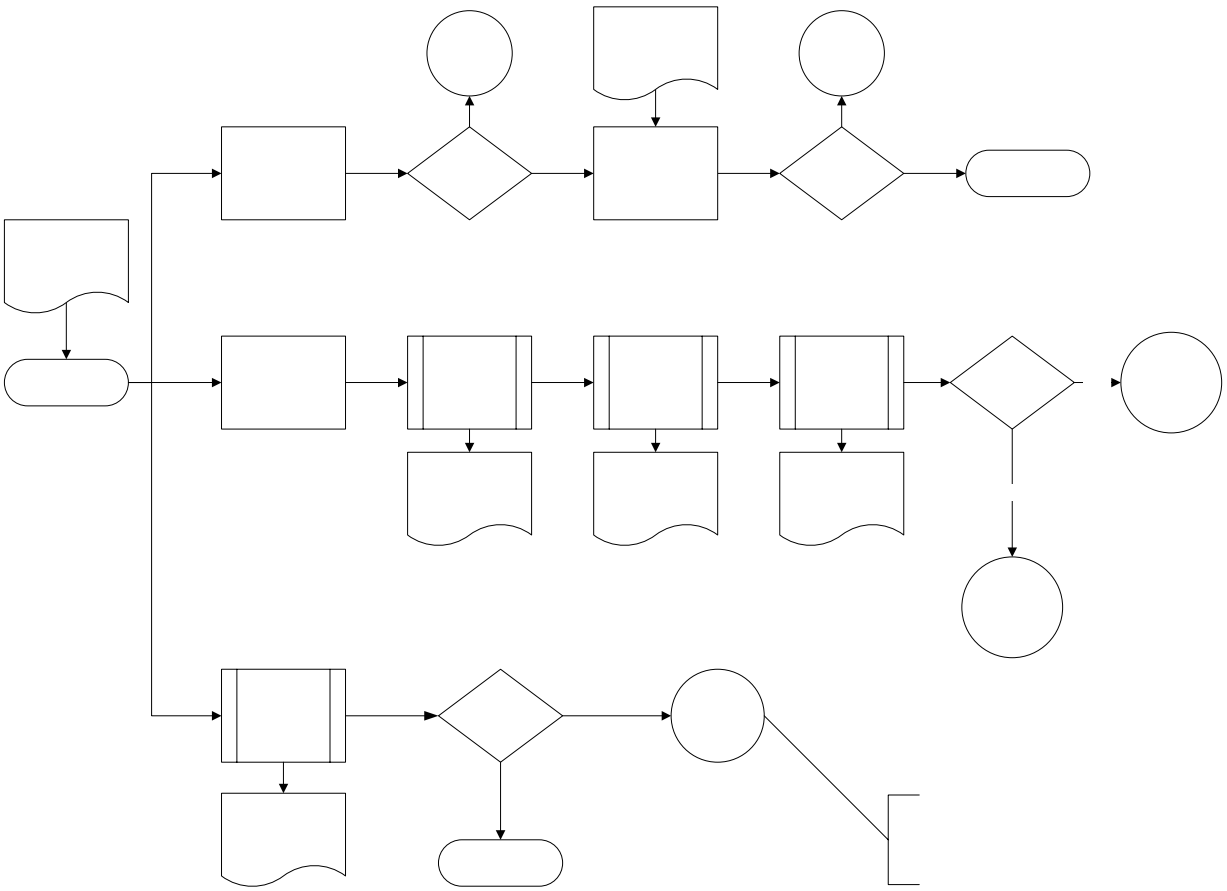
INPUTS

What:	From:	Product/Tool?
Identified Client	Client Identification	
QA Transfer Checklist	Client Transition	YES

OUTPUTS

What:	To:	Product/Tool?
30-Day Quality Assurance Report	3-6 Month Quality Assurance Process	YES
3-6 Month Quality Assurance Report	One-Year Quality Assurance Process	YES
One-Year Quality Assurance Report	Quality Assurance Follow-Up Process	YES
Quality Assurance Quarterly Review Report	DDD Management Team	YES

The High Level Process



The quality assurance high-level process includes:

Periodic Review Client Identification Documentation

1. Periodical Review of Client Identification Documentation,
2. Periodic Review of Client Transition Documentation,
3. Attend Discharge Plan Meeting,
4. Conduct QA 30-Day Review,
5. Conduct QA 3-6 Month Review,
6. Conduct QA One-Year Review and
7. Compile and Analyze Aggregate Data.

Identified Client

Sub Process Description

The sub processes are more detailed descriptions of the high level flowchart and include the following:

Conduct QA 30-Day Review

1. Review Discharge Notes (Client File),
2. Schedule 30-Day Appointment,
3. Conduct 30-Day Visit,

Start

Attend Discharge Plan Meeting

4. Take Immediate Action If Necessary,
5. Contact Additional Resources If Necessary,
6. Distribute and File Report, and
7. Review and Access Reports for Continuous Quality Improvement (CQI)

Conduct QA 3-6 Month Review

1. Review Previous Reports,
2. Identify Areas to Address at Visit if Necessary,
3. Contact Volunteer For Visit,
4. Schedule3-6 Month Visit,
5. Review And Document Parent/Guardian Concerns,
6. Conduct 3-6 Month Visit,
7. Take Immediate Action If Necessary,
8. Solicit Volunteer Input For Report,
9. Contact Resources If Needed,
10. Write Report,
11. Distribute and File Report, and
12. Review and Access Reports for Continuous Quality Improvement

Conduct QA One-Year Review

1. Review Previous Reports,
2. Identify Areas to Address at Visit if Necessary,
3. Contact Volunteer For Visit,
4. Schedule One-Year Appointment,
5. Mail Parent/Guardian Survey,
6. Review And Document Parent/Guardian Concerns,
7. Conduct One-Year Visit,
8. Take Immediate Action If Necessary,
9. Solicit Volunteer Input For Report,
10. Contact Resources If Needed,
11. Write Report,
12. Distribute And File Report, and
13. Review and Access Reports for Continuous Quality Improvement.

Compile and Analyze Aggregate Data

1. Determine Data To Collect,
2. Build Database (If Necessary),
3. Input Data,
4. Query And Print Report,
5. Assess Data Collected And Queried,
6. Identify Strengths And Weaknesses,
7. Identify Action To Take,
8. Monitor Results,

9. Write Quarterly Report,
10. Distribute Report.

Section 2.1 Conduct 30-Day Quality Assurance Review

Each client who moves from an RHC to the community, as well as each RHC resident who moves to another RHC, will receive a 30-day quality assurance review. The 30-day quality assurance review process includes gathering information about a client's health and well being to determine if appropriate supports, staff training, and plans are in place. Tasks for this process begin with the exit interview, and include a face-to-face visit with the client, resulting in a written report. The 30-day quality assurance report is a compilation and documentation of client measures that may be compared to pre-move data. If necessary, appropriate resources are contacted throughout the process to ensure client health and safety.

This Section Applies to WHOM:

Task	Responsible Position
1. Review Discharge Notes (Client File)	Quality Assurance Regional Staff
2. Schedule 30-Day Appointment	Quality Assurance Regional Staff
3. Conduct 30-Day Visit	Quality Assurance Regional Staff
4. Take Immediate Action If Necessary	Quality Assurance Regional Staff
5. Contact Additional Resources If Necessary	Quality Assurance Regional Staff
6. Write Report	Quality Assurance Regional Staff
7. Distribute And File Report	Quality Assurance Regional Staff
8. Review and Access Reports for Continuous Quality Improvement	Quality Assurance Regional Staff

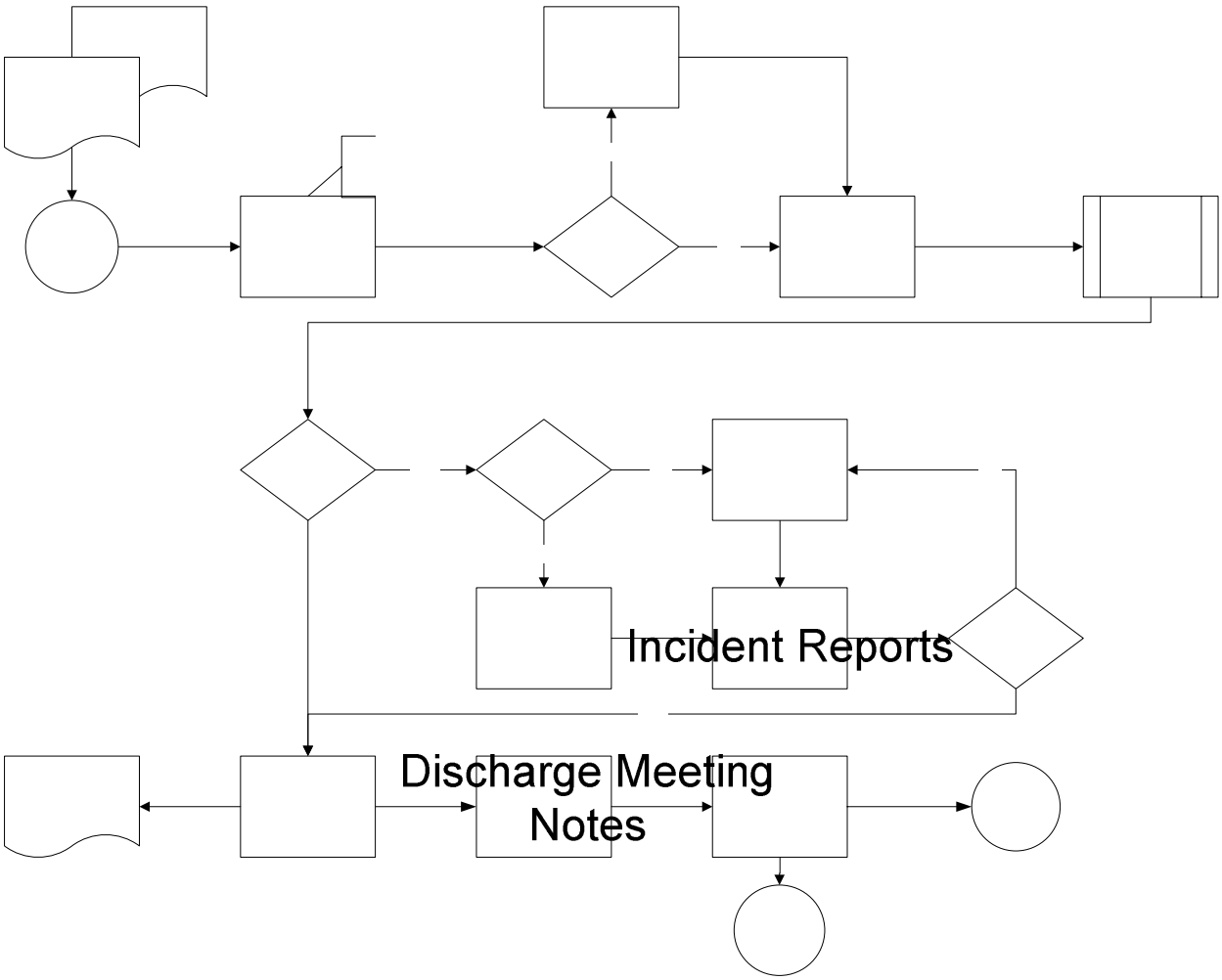
INPUTS

What:	From:	Product/Tool?
Discharge Notes	Client File	
Incident Reports	Incident Reporting Database	REPORTS

OUTPUTS

What:	To:	Product/Tool?
30 Day Quality Assurance Report	3-6 Month Quality Assurance Review Process	YES
Client Data	Compile And Analyze Aggregate Data Process	

30-Day Quality Assurance Review



Review Discharge Notes
After attending the Discharge Plan Meeting and right before the visit, the QA staff should review their notes that were taken during this meeting to reacquaint themselves with the client and their support plan, as well as any potential areas of concern.

From High-Level QA 5.1

Review Discha Notes

Call Parent/Guardian
Contact with the parent/guardian should be made prior to scheduling the appointment. The discussion should revolve around what will be done and how the parent/guardian can be involved. Encouraging parent/guardian involvement should always occur.

Schedule 30-Day Appointment
After discussing the process and expectations with the parent/guardian, the QA staff should work with the parent/guardian and the residence to schedule the visit. An appointment should be scheduled and other logistics should be solidified at this time.

Conduct 30-Day Visit
This sub-process describes the steps during the actual visit and interview with the client. This sub-process is detailed in the section: Conduct 30-Day Visit.

Identify Action Required
This step assesses the need to take action upon completion of the 30-Day visit. Urgent, immediate needs are addressed in section: Conduct 30-Day Visit noted below. Action could include phone calls, memos, visits, emails, or referrals.

Contact Resource(s)
In the event action is required upon completion of the 30-Day Visit, the appropriate resources are contacted and documented.

Write Report
The QA staff will need to review the form that was filled out during the interview and the notes that were taken to create a report for each client's visit. This report will be kept on file for the client.

Distribute and File Report
Upon completion of writing the report, the report should be distributed to the appropriate distribution list and filed at DDD Headquarters.

Review and Assess Report for Continuous Quality Improvement Report
The 30-Day QA Visit data is reviewed and assessed for continuous quality improvement opportunities.

Section 2.1.1 Conduct 30 Day Visit

This process is a sub-process of the 30-Day Quality Assurance Review. This process includes the actual site visit of the client. This process is also used for all visits (30-Day, 3-6 Month and One-Year in all types of residences).

This Section Applies to WHOM:

Task	Responsible Position
1. Conduct Introduction and Identification	Quality Assurance Regional Staff
2. Discuss What Client Has Been Doing Since Move	Quality Assurance Regional Staff
3. Request and Review Books/Documentation	Quality Assurance Regional Staff
4. Tour House/Unit	Quality Assurance Regional Staff
5. Conduct Interview with Client/Staff and Complete Forms	Quality Assurance Regional Staff
6. Take Immediate Action If Necessary	Quality Assurance Regional Staff
7. Contact Resources	Quality Assurance Regional Staff
8. Summarize Next Steps and End Visit	Quality Assurance Regional Staff

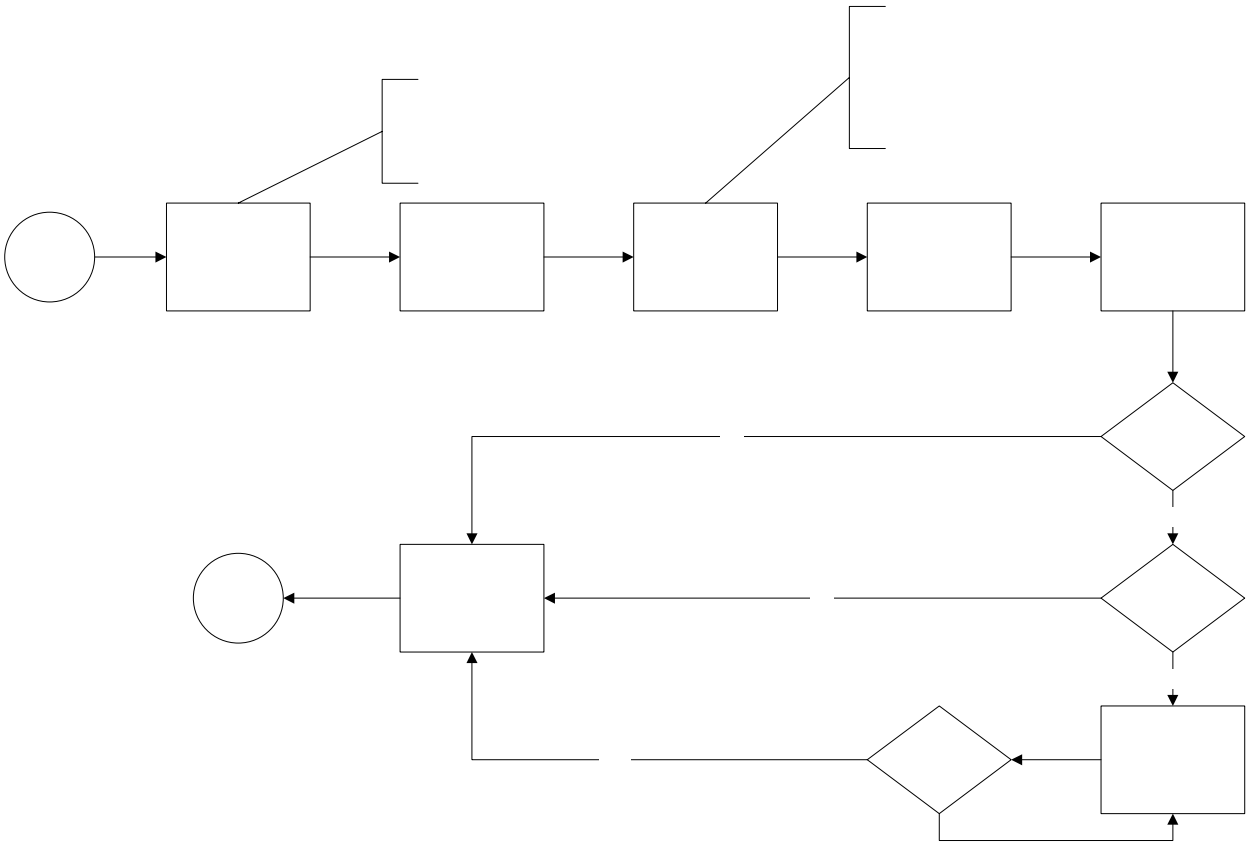
INPUTS

What:	From:	Product/Tool?
Appointment	Schedule Appointment	

OUTPUTS

What:	To:	Product/Tool?
None		

Conduct 30-day Visit



Conduct Introduction and Identification

Upon arrival, the QA staff should provide appropriate identification and introductions.

Discuss What Client Has Been Doing Since The Move

The QA staff should then begin the interview and discuss with the client/staff what the client has been doing since the move. This is a time when some general information can be obtained, as well as a general sense of how the client is doing.

Request And Review Books/Documentation

On-site documentation and books pertaining to the client would then be requested and reviewed.

Tour House/Unit
A tour of the residence would occur to make sure that the immediate location appeared to be appropriate, clean and safe for the client living there.

Conduct Interview with Client/Staff and Complete Forms
An actual interview with the client/staff then occurs and any concerns the client's staff have would be addressed. Participation of the family and/or guardian should be included as well as any staff that has direct interaction with the client.

Take Immediate Action if Necessary and Contact Resources
Any action warranting immediate attention, including contact appropriate resources should be taken care of before the QA staff leaves the premises.

Summarize Next Steps and Visit
After the interview a summarization with the facility/staff/family should also occur to review any findings that need to be taken care of and discuss next steps.

Section 2.2 Three--Six Month Quality Assurance Review
A 3-6 month quality assurance review provides a snapshot of the client at a time when the client should be adjusting to the new environment. While similar to the 30-day quality assurance process, the 3-6 month quality assurance process has several defining features. These features include:

- Parent/guardian phone contact between 3-6 months to solicit any concerns the parent/guardian might have.
- The inclusion of a volunteer(s) who may be a DDD client or a DDD parent/guardian for the visit. The volunteer provides a different perspective in assessing quality for the client. The input for this process includes the 30-day quality assurance report, along with any phone conversation data provided by the parent/guardian and any additional information gathered from the case manager or incident reports.

The outcome of the 3-6 month process is a second quality assurance report.

THIS SECTION APPLIES TO WHOM:

Task	Responsible Position
1. Review Previous Reports	Quality Assurance Regional Staff
2. Call Parent/Guardian	Quality Assurance Regional Staff
3. Identify Volunteer(s)	Quality Assurance Regional Staff
4. Schedule 3-6 Month Appointment	Quality Assurance Regional Staff
5. Conduct 3-6 Month Visit*	Quality Assurance Regional Staff
6. Take Immediate Action if Necessary	Quality Assurance Regional Staff
7. Solicit Volunteer Input For Report	Quality Assurance Regional Staff
8. Contact Additional Resources If Necessary	Quality Assurance Regional Staff
9. Take Immediate Action If Necessary	Quality Assurance Regional Staff

10. Write Report	Quality Assurance Regional Staff
11. Distribute And File Report	Quality Assurance Regional Staff
12. Review and Assess Reports for Continuous Improvement	State Quality Assurance Office

*This task is defined in the section: Conduct 30-Day Visit

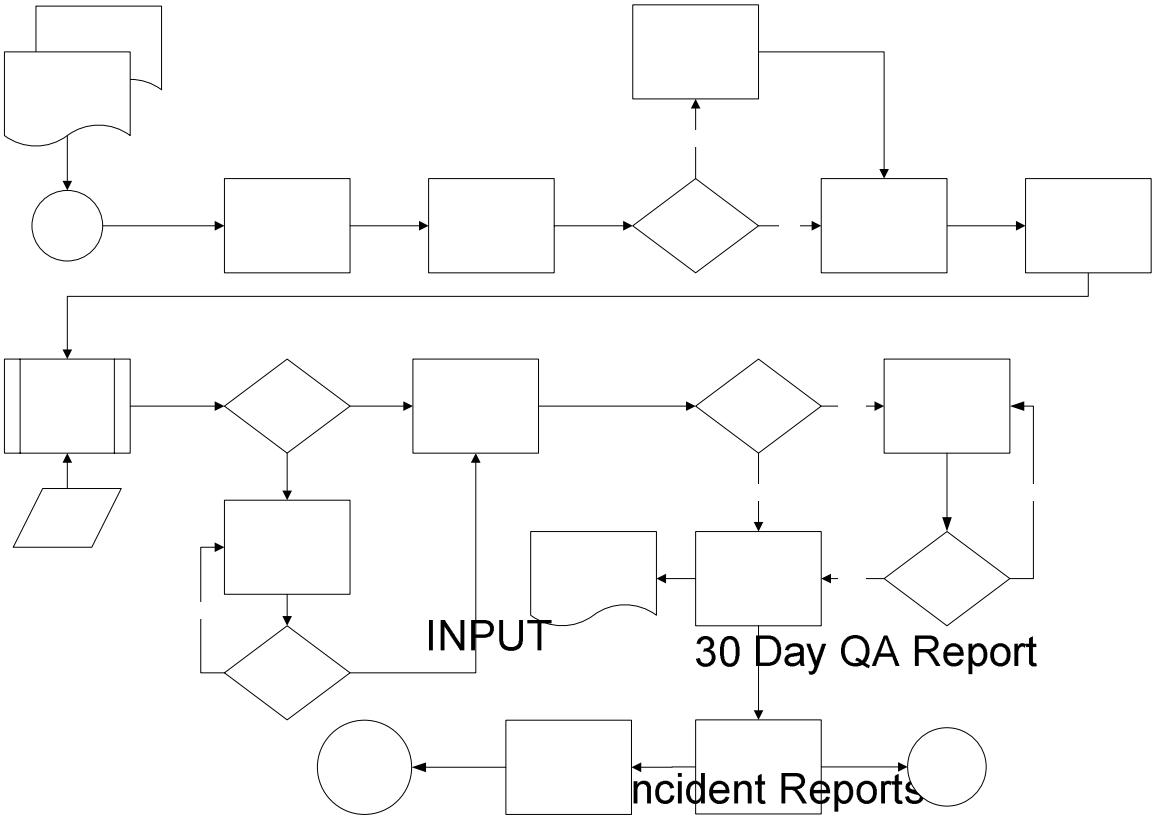
INPUTS

What:	From:	Product/Tool?
30-Day Quality Assurance Report	Quality Assurance Regional Staff	
Incident Reports	Incident Reporting Database	
Parent/Guardian Phone Call Data	Quality Assurance Regional Staff	REPORTS

OUTPUTS

What:	To:	Product/Tool?
3-6 Month Quality Assurance Report	One-Year Quality Assurance Review Process	

3-6 Month Quality Assurance Review



Review Previous Reports

The QA staff should, prior to scheduling the 3-6 month visit, review the 30-Day review report and any incident reports that have been submitted since the client moved. A review of the discharge notes may be beneficial for the QA staff to reacquaint themselves with the client and his/her support needs and support plan.

Call Parent/Guardian

A phone call to the parent/guardian should occur between 3-6 months to identify any concerns they may have and discuss if they are interested in attending the 3-6 month QA visit. If they are interested in attending the visit, this information should be incorporate into the appointment scheduling process.

From 30-Day QA

Rev

Identify Areas to Address at Visit

A review of the previous reports and phone contact with the parent/guardian would highlight any areas of concern to address during the 3-6 month visit. This would help ensure that potential areas of concern in the eyes of the parent/guardian are addressed. A full quality assurance review will occur regardless of identified concerns, but there may be some issues that require follow up, along with concerns of the family that should be addressed.

Conduct 3-6 Month Visit

Identify Volunteer
In the 3-6 month review it is preferred that a volunteer be present to help out with the interview and provide an additional view of the client's environment, programs, and services. This volunteer is usually a parent or another individual with a developmental disability who is trained to observe and provide input as to how they feel the client is doing. The inclusion of a volunteer is a useful process step in providing input that is drawn from someone who is outside the service system and sees things from the perspective of a client or parent.

Schedule 3-6 Month Appointment
When the 3-6 month QA visit logistics are completed and the QA staff has reviewed the client records/documentation, the QA staff schedules the visit.

Conduct 3-6 month visit
See Process "Conduct 30-Day Visit" in section 2.1 for process flow and process steps.

Take Immediate Action and Contact Resources
Upon completion of the visit, if any items require immediate action, the QA staff should refer these issues immediately to the appropriate DDD staff. Important health and safety items should not be left until the next day; they should be worked on immediately and rectified as soon as possible.

Solicit Volunteer Input
After the interview the QA staff should solicit input from the volunteer about the visit, including health and safety issues, quality of life concerns, and the environment that the client lives in. Any input from the volunteer is included in the QA report and will aid QA staff in identifying any areas that need further review or work. Completion of an incident report form may be necessary.

Contact Resources
Should resources be required to aid in rectifying any issues, the QA staff should contact these resources as soon as possible, discuss the situation, and develop a plan for rectifying those issues when appropriate.

Write Report
The QA staff will need to review the tool and other forms completed during the visit, along with supporting notes, and create a report for each client's visit. This report will be kept on file for the client.

Distribute & File Report
Upon completion of writing the report, the report should be distributed to the appropriate distribution list and filed at DDD Headquarters.

Section 2.3 One-Year Quality Assurance Review
Each person who has moved to the community will receive a one-year quality assurance review. This review is similar to the 3-6 month quality assurance review with a few exceptions. One variation includes the addition of a survey distributed to parents/guardians prior to the one-year quality assurance visit. Data from this survey are reviewed, considered during the site visit, and

documented in the client folder. The outcome of this process is a One-year quality assurance report.

This Section Applies to WHOM:

Task	Responsible Position
1. Review Previous Reports	Quality Assurance Regional Staff
2. Identify Areas to Address at Visit if Necessary	Quality Assurance Regional Staff
3. Contact Volunteer For Visit	Quality Assurance Regional Staff
4. Schedule One-Year Appointment	Quality Assurance Regional Staff
5. Mail Parent/Guardian Survey	Quality Assurance Regional Staff
6. Review And Document Parent/Guardian Concerns	Quality Assurance Regional Staff
7. Conduct One-Year Visit	Quality Assurance Regional Staff
8. Take Immediate Action If Necessary	Quality Assurance Regional Staff
9. Solicit Volunteer Input For Report	Quality Assurance Regional Staff
10. Contact Resources If Needed	Quality Assurance Regional Staff
11. Write Report	Quality Assurance Regional Staff
12. Distribute And File Report	Quality Assurance Regional Staff
13. Review and Assess Reports for CQI	Quality Assurance Regional Staff

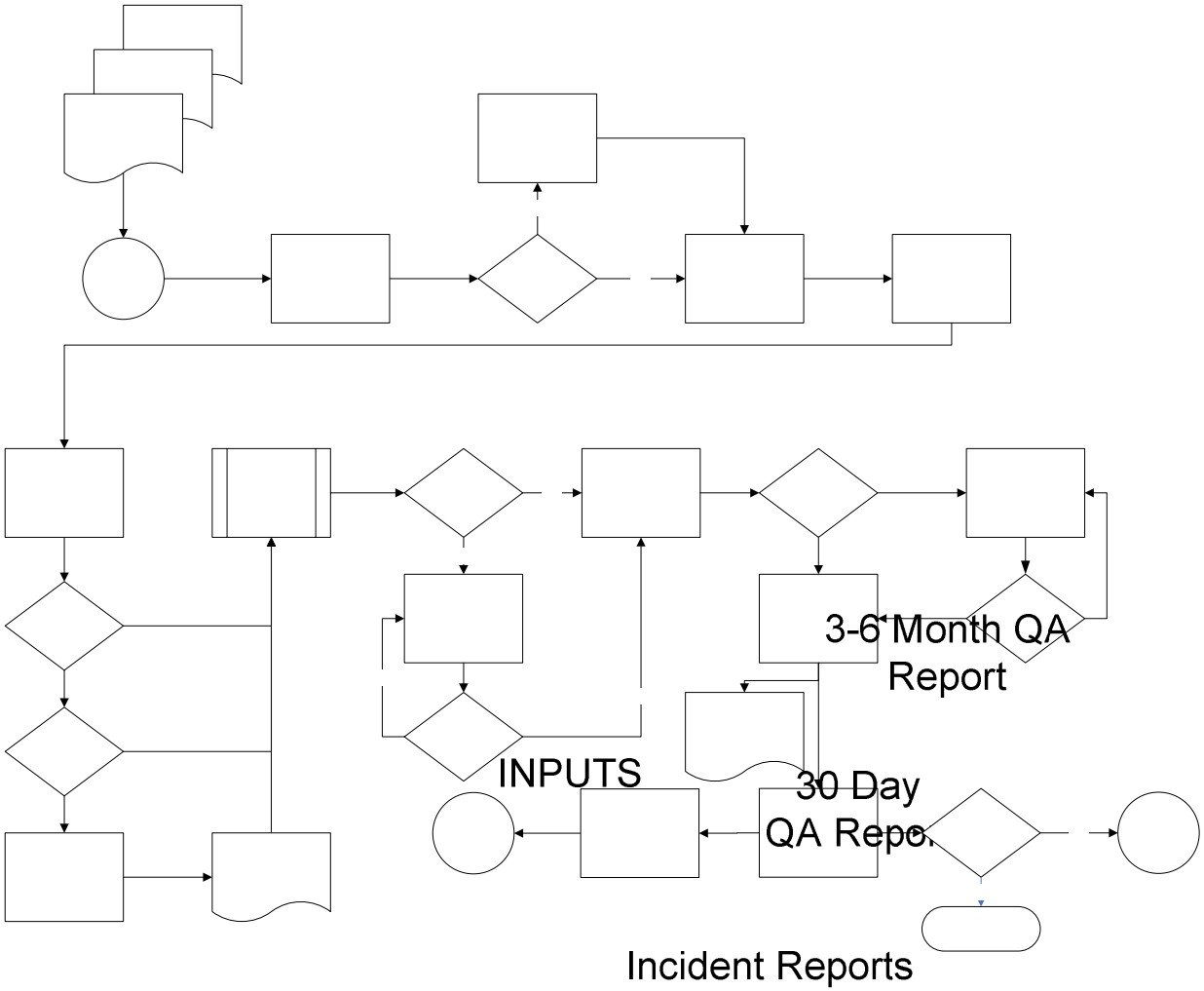
INPUTS

What:	From:	Product/Tool?
30-Day Quality Assurance Report	Quality Assurance Regional Staff	YES
3-6 Month Quality Assurance Report	Quality Assurance Regional Staff	YES
Parent/Guardian Survey Data	Quality Assurance Regional Staff	
Incident Report	Incident Reporting Database	

OUTPUTS

What:	To:	Product/Tool?
One-Year Quality Assurance Report	On-Going DDD Quality Assurance Process	YES

One-Year Quality Assurance Review



Review Previous Reports

A review of the previous quality assurance report for the 3-6 Month review should be completed so the QA staff can reacquaint themselves with the client and the needs and services that are to be provided. A review of the 30-Day review, the discharge plan meeting notes, and any incidents should also be completed prior to the visit. This will help the QA staff prepare for the visit by having the most current information on the client, as well as background information for comparison purposes.

Identify Areas to Address at Visit

After the call to the parent/guardian and a review of the previous reports, the QA staff should make some notes identifying any areas of concern to address during the visit (if applicable). A full interview will occur regardless, but there may be some issues that need follow up from the last visit, as well as concerns of the family or guardian that should be addressed.

From 3-6
Month QA

Review I
Rep

Schedule One-Year Appointment
When all of the pre-appointment information has been collected and a review of the appropriate reports and documents has been completed, the QA staff should work with the family to schedule the review appointment. This appointment should be scheduled for approximately one year, post move.

Mail Guardian Survey
In the One-Year review process, a survey is distributed to the family/guardian for more direct input. This survey is sent out after the appointment is scheduled, but before the interview occurs so that the identification of parent/guardian issues can be addressed during the QA visit.

Review & Document Parent/Guardian Concerns
A review of the parent/guardian survey will identify any issues or concerns the parent/guardian would like addressed during the QA One-year visit. This is important in making sure that the QA process is not only assessing how the individual is doing, but also what things the family feels need to be addressed.

Conduct One-Year Visit
See the process "Conduct 30-Day Visit" in Section 2.1 for process flow and process steps.

Take Immediate Action
If any items need immediate action after leaving the facility, the QA staff should contact the proper Regional DDD staff to begin work to rectify these items immediately. Urgent health and safety items would be addressed during the actual visit; however, those items that can wait until after the visit, but not until the next day, should be resolved as soon as possible. Completion of an incident report form may be necessary.

Contact Resources
If external resources are needed to aid in rectifying any issues, the QA staff should contact these resources as soon as possible.

Write Report
The QA staff will need to review the QA tool that was filled out during the visit, any notes that were taken during the visit, and create a One-year QA report for each client. This report will be kept on file for the client.

Distribute & File Report
Upon completion of writing the report, the report should be distributed to the appropriate distribution list and filed at DDD Headquarters.

Upon completion of the One-Year QA Review, the community client is included in the on-going, annual DDD QA process. For these clients, QA reviews will occur on an on-going basis. For clients who moved to another RHC, the DDD QA process will be replaced with the on-going facility certification process.

Section 2.4 Compile and Analyze Aggregate Data

Accurate, reliable, and timely data and data systems are important elements of any quality assurance program. The ability to access and monitor credible data enables a thorough and systematic assessment of quality from an individual and aggregate client perspective. A robust database enhances the ability to assess trends and patterns, query appropriate variables, and more effectively monitor quality outcomes.

This Section Applies to WHOM:

Task	Responsible Position
1. Determine Data To Collect	Quality Assurance Central Office And Regional Staff
2. Build Database (If Necessary)	Technical Support Staff
3. Input Data	Regional Quality Assurance Staff
4. Query And Print Report	Quality Assurance Headquarters Staff
5. Assess Data Collected And Queried	Quality Assurance Headquarters Staff
6. Identify Strengths And Weaknesses	Quality Assurance Headquarters Staff
7. Identify Action To Take	Quality Assurance Headquarters Staff
8. Monitor Results	Quality Assurance Headquarters Staff
9. Write Quarterly Report	Quality Assurance Headquarters Staff
10. Distribute Report	Quality Assurance Headquarters Staff

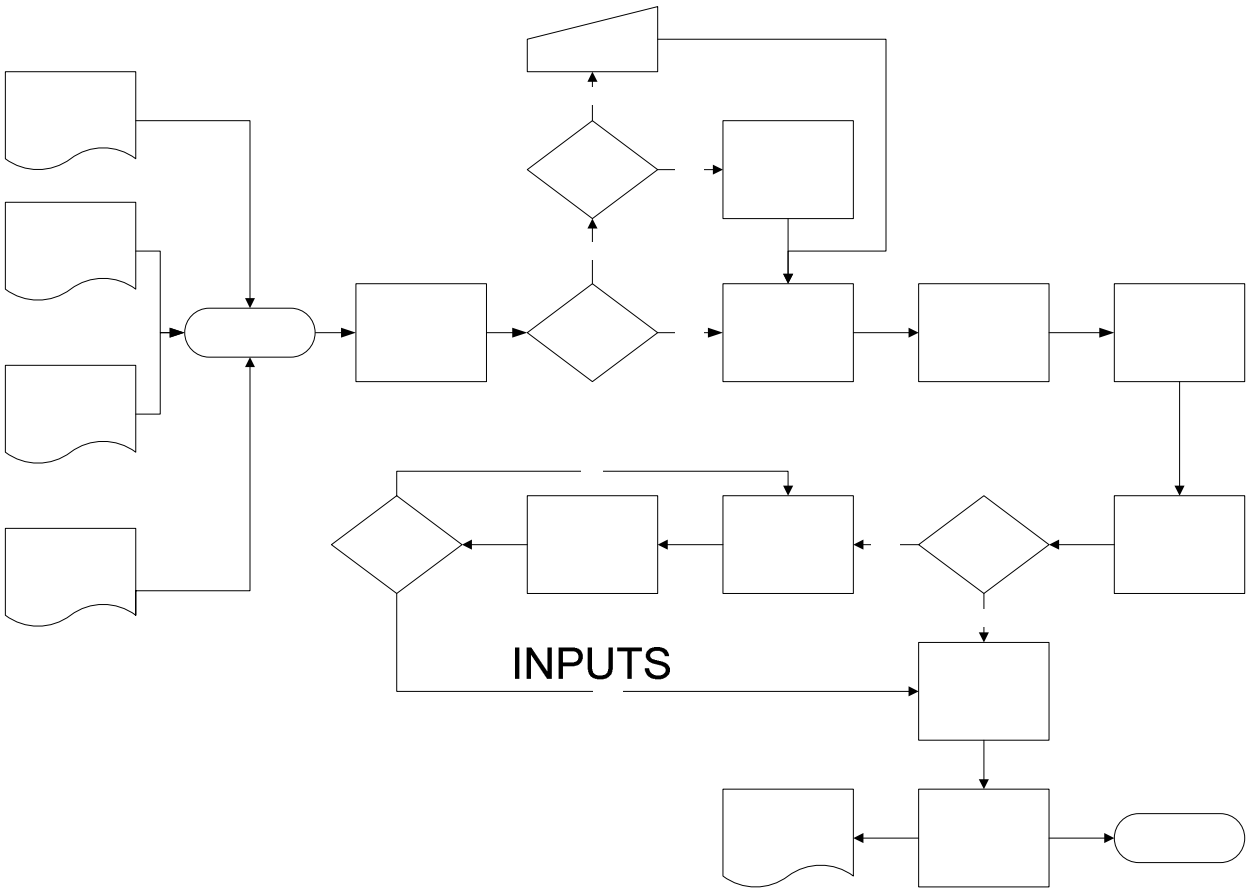
INPUTS

What:	From:	Product/Tool?
30-Day Quality Assurance Report	Quality Assurance Regional Staff	
3-6 Month Quality Assurance Report	Quality Assurance Regional Staff	
One-Year Quality Assurance Report	Quality Assurance Regional Staff	
Incident Reports`	Incident Report Database	

OUTPUTS

What:	To:	Product/Tool?
Quality Assurance Quarterly Report	DDD Management	YES

Compile and Analyze Aggregate Data



30 Day QA Report

Determine Data to Collect

The review process should determine what items in the QA process are important and measurable. These items should be quantified and measurements designed so that monitoring, trending and analysis can be done. This is a very important aspect of making sure that the QA process will be repeatable, performed correctly, and that client's health and safety are maintained, along with quality of life.

Build Database

A Quality Assurance database will be created so that reports and data can be printed out and analyzed. This will be done in conjunction with the QA Office Chief and QA Program staff. When the database is online all QA information should be input to the database.

3 – 6 Month QA Report

Input Data

When the database is available, all QA data should be entered into the database so that the quarterly report can be compiled and analyzed.

START

1 Year QA Report

Query and Print Report

When all the QA data has been entered to the database, queries should be set up so that the appropriate data can be printed into reports for analysis and decision making.

Assess Data Collected & Queried

A review of the data should be completed periodically and action taken to address or replicate areas of weakness and strength respectively. This provides an aggregate perspective of system issues in comparison to individual data. However, should areas of concern arise for a given individual; those areas should be addressed throughout the process.

Identify Strengths and Weaknesses

When the analysis has been completed, the strengths and weaknesses of the system should be identified and documented. Continuous quality improvement plans will address how to increase the positive and minimize the negative aspects of the system. Trends should be observed and tracked, historical information should not be ignored, and the reports should be reviewed to make sure that progress is being made according to the plan.

Identify Action to Take

A corrective action plan should be developed to minimize the weaker areas of the process. Depending on the situation, training or simply more focus on trouble areas may be needed. Also, in this plan, ways to continue to leverage the strengths of the process should be identified, and possible ways to improve the overall plan should be noted.

Monitor Results

Through subsequent reports and periodic audits, monitoring of the measures should occur and the results reported to the regional office, as well as headquarters. Potential additional corrective action may be required, such as additional communication measures to ensure the plan is being followed.

Write Quarterly Report

Based on the information that is provided in the reports, including any corrective actions that are required, a quarterly report should be developed noting trends, pattern, corrective action, outcomes, and progress to the plan.

Distribute Quarterly Report

The quarterly report should be distributed to the DDD management team when completed.

3.0 Process Description (RHC to Nursing Facility)

In April of 2004, the DDD QA process for clients moving from an RHC to the community was expanded to include RHC to RHC client moves. Adult Family Homes (AFH), under the direction of Home and Community Services (HCS), also takes advantage of the DDD QA process for clients moving into AFHs. The process used for AFHs is the same as for any other community resource. Clients moving to nursing facilities (NF) are being considered to be included in the DDD QA downsizing quality assurance process. Inclusion of NFs would provide a comprehensive quality assurance program in the community for clients moving from an RHC during a downsizing or closure exercise.

A variety of quality assurance programs are in place in nursing facilities to ensure facilities are adhering to extensive federal mandates. QA work includes a focus on quality measures, quality indicators, and Minimum Data Set (MDS). This includes (a) a nursing facility annual inspection, (b) a Complaint Resolution Unit (CRU) for individual complaints, (c) a Quality Assurance Nurse (QAN) program for quarterly reviews, (d) an Ombudsman Program (with focus on resident rights and advocacy for resident requests), and (e) a Case Mix Accuracy Review (for rate review).

As clients transition from one placement to another, it is in the department's interest to ensure:

- Clients' needs are met and clients continue to receive quality care in their placement.
- A structural assurance is provided for parents and guardians of clients who are transferred from an RHC to nursing facilities, providing reassurance that the client's alternative placement meets certain levels of quality[1] and that there is a means for ensuring that this quality level is maintained during the first year after the move.
- DDD receives feedback on the client's satisfaction with the move to improve the placement process.

The processes for both the nursing program and DDD program include QA review components; however, there are specific differences between the two approaches. These differences include:

1. The initial DDD QA is a descriptive process that individually assesses each client, while the QAN program is more of an inferential process that samples clients to identify systems issues within the facility (although the QAN program can target individuals for subsequent reviews if concerns are identified that may be client-specific).

2. During the first year, DDD QA follows each client along a transition continuum of 30 days, 3-6 months, and One-year, while the QAN process follows a sample of clients each quarter, and monitors the trend of clients across an on-going continuum to identify system issues.

The high level process for QA for moves from RHC to NF is basically the same as it is for community moves or moves to other RHC's. However, there are two primary differences: (1)

[1] The goal of the Division of Developmental Disabilities Quality Assurance Program is to advance and protect the values of health and safety, power and choice, status, integration, relationships, and competence in the lives of people with developmental disabilities.

The process will require an important interface with HCS and the facility liaison, and (2) the current DDD QA tool will be modified to be more appropriate for a nursing facility, taking into consideration the current QAN process at the these facilities. As with the previous high-level process for RHC to community and RHC to RHC transfers, this process begins with the QA staff person attending the discharge plan review meeting to become familiar with the client discharge plan. This will provide a basis for comparison of the services being received during the 30-Day review, at the 3-6 Month review, and again at the final DDD QA One-Year review.

This Section Applies to WHOM:

Task	Responsible Position
1. Attend Discharge Plan Meeting	Quality Assurance Regional Staff
2. Conduct 30-Day Review	Quality Assurance Regional Staff
3. Conduct 3-6 Month Review	Quality Assurance Regional Staff
4. Conduct One-Year Review	Quality Assurance Regional Staff

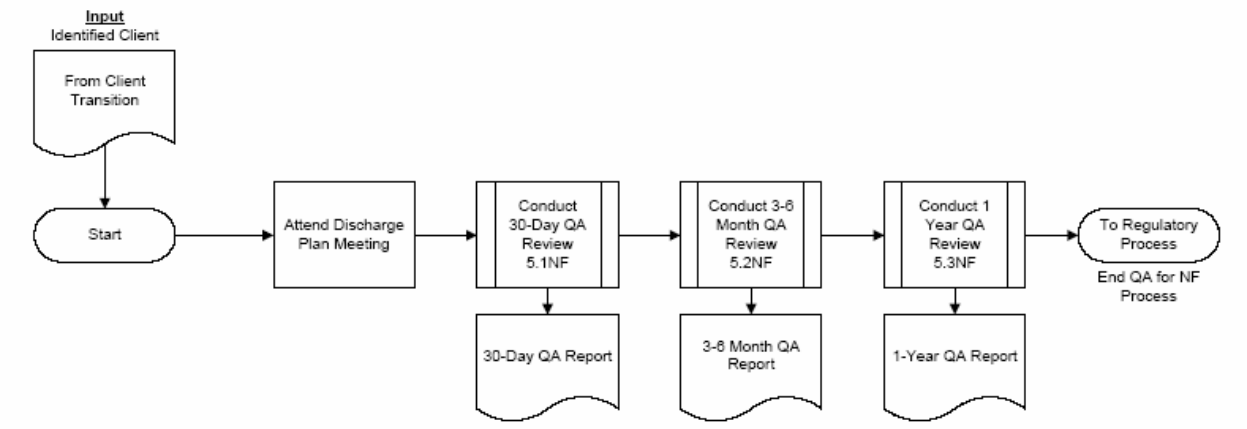
INPUTS

What:	From:	Product/Tool?
Identified Client	Client Transition	

OUTPUTS

What:	To:	Product/Tool?
Quality Assurance 30-Day Report	DDD Headquarters	YES
Quality Assurance 3-6 Month Report	DDD Headquarters	YES
Quality Assurance One-Year Report	DDD Headquarters	YES

High Level Process



Attend Discharge Plan Meeting
Attendance by QA staff at the Discharge Plan Review Meeting prior to a client moving from the RHC to a nursing facility is very important. This allows for a more robust understanding of the types of care that were being provided, as well as awareness of the services that are needed after the move. During this meeting, the QA staff will also have an opportunity to clarify service needs and ask any other pertinent questions. In most cases, the QA staff will also be able to physically meet with the client and introduce themselves for future reference. This step enables the QA staff to more accurately determine if the services that are needed are actually being provided after the client move. Discharge planning meeting notes will be an important review document in preparation for the 30 QA review.

Conduct 30-Day Review
Each client who moves from an RHC to a nursing facility will receive a 30-day quality assurance review. The 30-day quality assurance review process includes information gathered about a client's health and well being to determine if appropriate supports, staff training, and plans are in place.

Conduct 3-6 Month Review
Each client who moves from an RHC to a nursing facility will also receive a quality assurance review after 3-6 Months. The 3-6 month quality assurance review process includes information gathered about a client's health and well being from the 30-Day review, to determine if appropriate supports, staff training, and plans are in place.

Conduct One-Year Review
Each client who moves from an RHC to a nursing facility will also receive a quality assurance review at One-Year. The One-year quality assurance review process includes information gathered about a client's health and well being from the 30-Day review and the 3-6 Month review to determine if appropriate supports, staff training, and plans are in place.

Note: The 30-Day, 3-6 Month, and One Year Review processes for RHC to NF are described below.

Section 3.1 Conduct 30-Day Review
Each client who moves from an RHC to a nursing facility will receive a 30-day quality assurance review. The 30-day quality assurance review process includes information gathered about a client's health and well being to determine if appropriate supports, staff training, and plans are in place. Tasks for this process begin with the review of the discharge plan meeting notes, a check with the parents and/or guardian about concerns they may have, a review with HCS staff to gather relevant information about the clients first 30 days, a review of the client file, a tour of the facility and the client interview, and end with a report being written and distributed. The 30-day quality assurance report is a compilation and documentation of client measures that may be compared to pre-move data. If necessary, appropriate resources are contacted throughout the process to ensure client health and safety.

This Section Applies to WHOM:

Task	Responsible Position
1. Review Discharge Notes	Quality Assurance Regional Staff
2. Call Parent/Guardian	Quality Assurance Regional Staff
3. Receive Client Information and Facility Liaison from HCS	Quality Assurance Regional Staff
4. Schedule 30-Day Appointment with NF Liaison	Quality Assurance Regional Staff
5. Conduct 30-Day Visit	Quality Assurance Regional Staff
6. Identify Action Required	Quality Assurance Headquarters Staff
7. Contact Resources	Quality Assurance Headquarters Staff
8. Take Immediate Action	Quality Assurance Headquarters Staff
9. Write Report	Quality Assurance Headquarters Staff
10. Distribute & File Report	Quality Assurance Headquarters Staff
11. Review and Assess Reports for CQI	State Quality Assurance Office

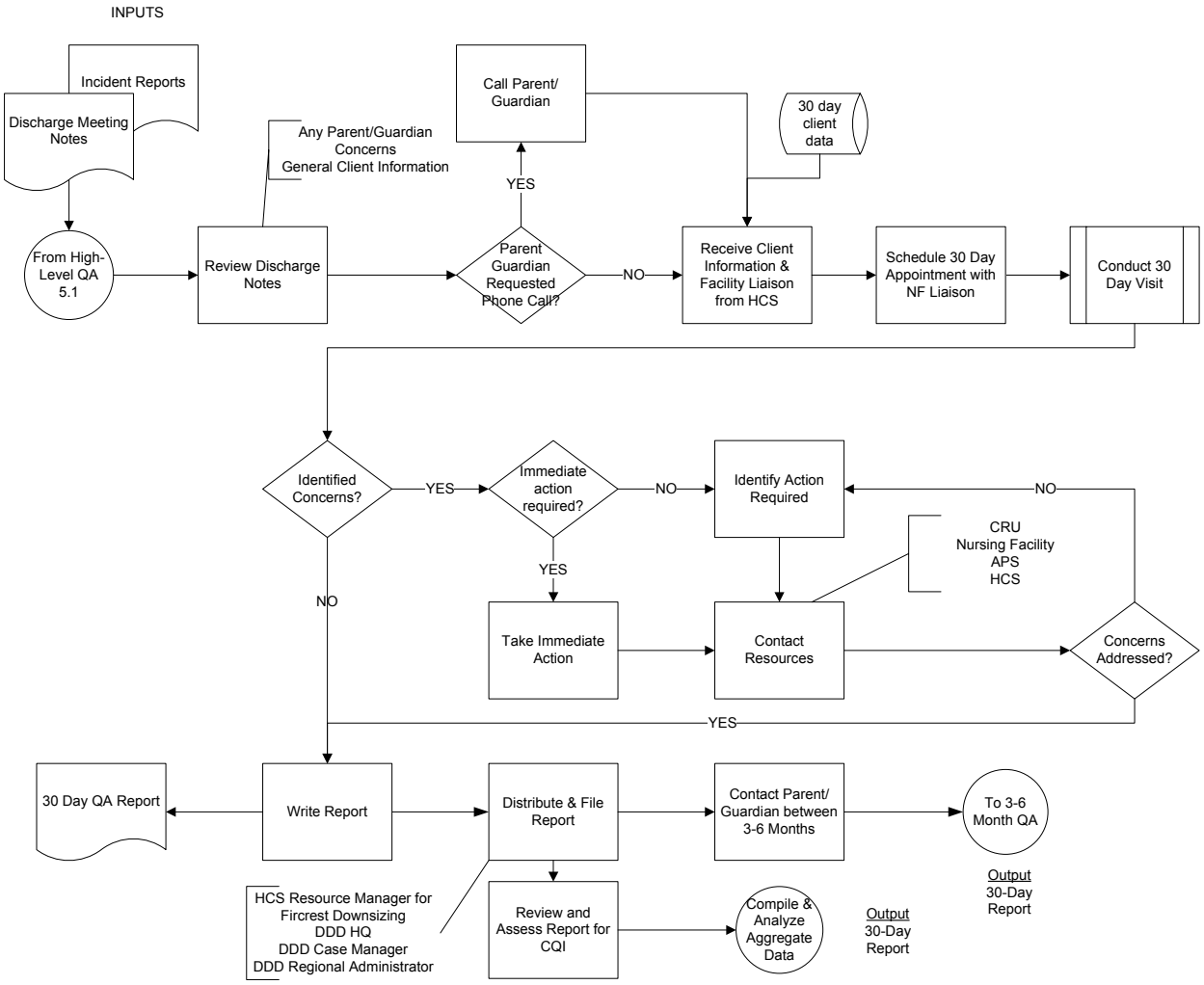
INPUTS

What:	From:	Product/Tool?
Incident Reports	DDDHQ	YES
Discharge Meeting Notes	Attend Discharge Plan Meeting	YES
Client Data 30-Day Post-Move	HCS	YES

OUTPUTS

What:	To:	Product/Tool?
Quality Assurance 30-Day Report	DDD Headquarters	YES
Quality Assurance 30-Day Report	3-6 Month Review	YES

Conduct 30-Day Review



Review Discharge Notes

Review of the notes taken at the discharge plan review meeting will provide the QA staff with pertinent information to review prior to the visit. This review provides a good opportunity to become reacquainted with the client and the support needs that the client requires. Important issues and concerns should be identified to be addressed and observed first-hand during the review for this client.

Call Parent/Guardian

A call to the parent/guardian should also occur before the visit, to enable the parent/guardian to provide input into the review process. This will allow the QA staff to determine if there are any family needs or concerns that should be addressed during the review.

Receive Client Information & Facility Liaison from HCS

The QA staff contact HCS to make sure that they have the most current information on the client's progress during the first 30 days, along with their current status. This should include

documentation of any concerns, any incident reports, or other information pertinent to the clients' status and well being. They should also find out who the contact person is for the nursing facility. This will need to be done prior to scheduling the visit.

Schedule 30-Day Appointment with NF Liaison
When all of the pre-appointment information has been collected and reviewed, the QA staff should work with the family and the NF Liaison to schedule the 30 Day QA appointment. This visit should be scheduled as close as possible to 30 days post-move, without being "late" in completion of the review.

Conduct 30-Day Visit
See the process "Conduct 30-Day Visit" in Section 2 for process flow and process steps.

Take Immediate Action (if necessary)
If any items need immediate action the QA staff should, after leaving the facility, begin work on these items immediately. Health and safety items should not be left until the next day; they should be addressed immediately and rectified as soon as possible. Completion of an incident report form may be necessary.

Identify Action Required
Whether there is immediate action to be taken or not, the QA staff should document any necessary actions that need to be corrected. Any and all issues need to be addressed and documented, and corrective action identified.

Contact Resources
Should external resources be required to aid in rectifying any issues, the QA staff should contact these resources as soon as possible to discuss the situation, and develop a plan for rectifying those issues if appropriate.

Write Report
The QA staff will need to review the form that was filled out during the interview and the notes that were taken and create a report for each visit. This report will be kept on file for the client.

Distribute & File Report
Upon completion of writing the report, the report should be distributed to the appropriate distribution list and filed at DDD Headquarters.

Section 3.2 Conduct 3-6 Month Review

Each client who moves from an RHC to a nursing facility will also receive a quality assurance review after 3-6 Months. The 3-6 month quality assurance review process includes information gathered about a client's health and well being from the 30-Day review, to determine if appropriate supports, staff training, and plans are in place. Tasks for this process begin with the review of the 30-Day QA Report, a check with the parents and/or guardian about concerns they may have, a review of the client file, a tour of the facility, the client interview, and ends with a 3-6 Month QA Report being written and distributed. The 30-Day Quality Assurance Report is a compilation and documentation of client measures that may be compared to pre-move data if

appropriate. If necessary, appropriate resources are contacted throughout the process to ensure client health and safety. The main difference between this process and the 3-6 month review process for RHC to community or RHC to RHC reviews is the inclusion of a volunteer in the latter of the processes. Given the lack of experience a volunteer would have with nursing facilities, the benefit of including a volunteer in this process would be matched with the challenge of coordinating visit schedules.

This Section Applies to WHOM:

Task	Responsible Position
1. Review Previous Reports	Quality Assurance Regional Staff
2. Call Parent/Guardian	Quality Assurance Regional Staff
3. Identify Areas to Address at Visit	Quality Assurance Regional Staff
4. Schedule 3-6 Month Appointment	Quality Assurance Regional Staff
5. Conduct 3-6 Month Visit*	Quality Assurance Regional Staff
6. Take Immediate Action	Quality Assurance Regional Staff
7. Contact Resources	Quality Assurance Regional Staff
8. Write Report	Quality Assurance Regional Staff
9. Distribute & File Report	Quality Assurance Regional Staff

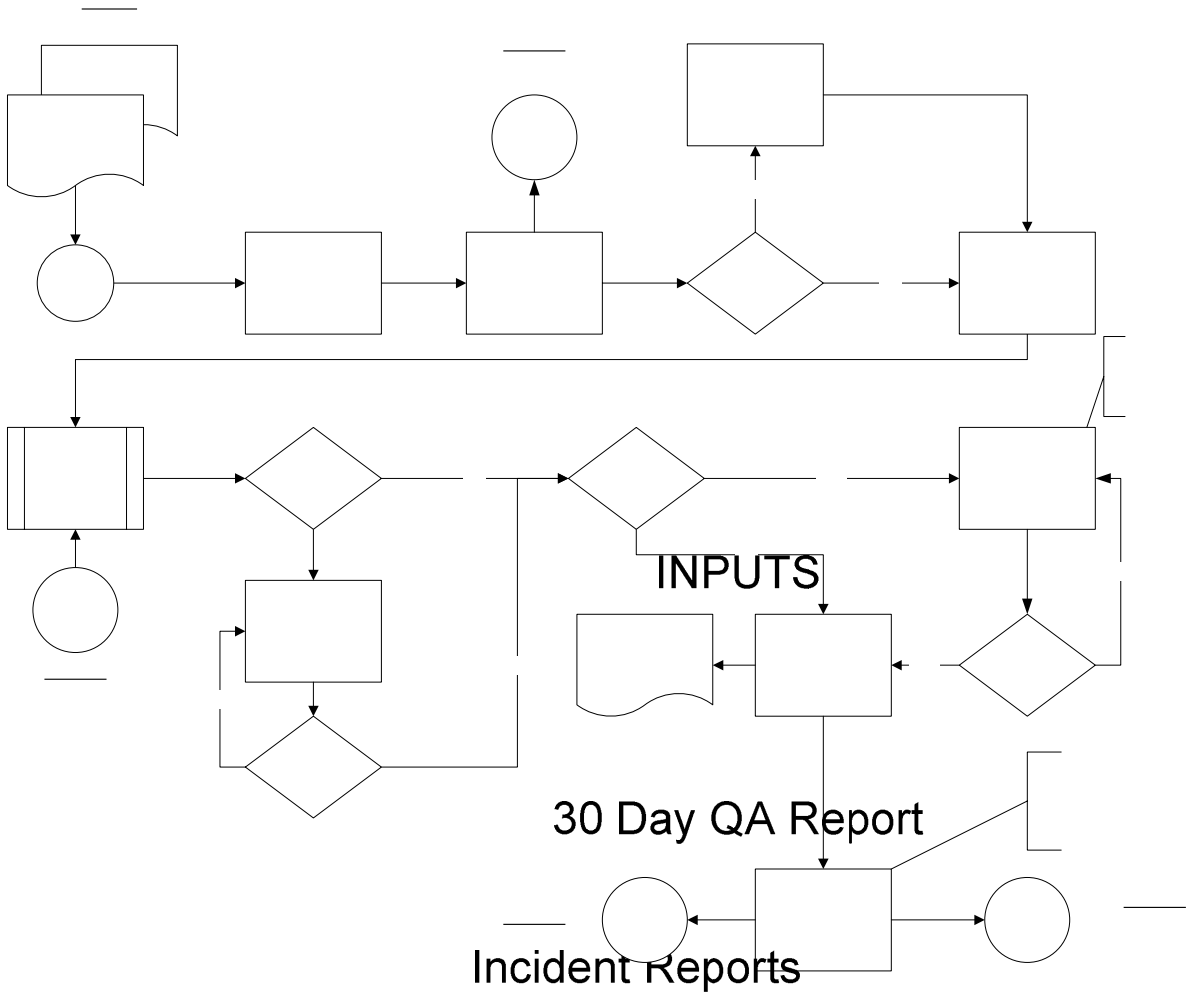
INPUTS

What:	From:	Product/Tool?
Incident Reports	DDDHQ	YES
30-Day Report	Conduct 30-Day Review	YES
Phone Call Data	Call Parent/Guardian	

OUTPUTS

What:	To:	Product/Tool?
Quality Assurance 3-6 Month Report	DDD Headquarters	YES
Phone Call Data	Conduct 3-6 Month Visit	

Conduct 3-6 Month Review



Review Previous Reports

As with the 30-Day QA process, a review of the previous report for the 30-Day review should be done so the QA staff can reacquaint themselves with the client, as well as the needs and services that are to be provided. A review of the discharge plan meeting notes and any incidents should also be completed so the QA staff is current on all that has been happening to the client before and after his or her move.

Call Parent/Guardian

A call to the parent/guardian should also occur before the review begins. This is important in making sure that the QA process is not only assessing how the individual is doing, but also what things the family feels need to be addressed. Documentation of parent/guardian concerns and issues should be contained in the report, as well as the findings on these issues.

From 30-Day QA

Review Prev Reports

Identify Areas to Address at Visit

After the call to the parent/guardian and a review of the previous reports, the QA staff should make some notes on what they feel the areas of concern are for the appointment. This is not to

say that the review will focus only on those points, but this is a good way to make sure that they do review those areas that there are concerns on. A full interview will occur regardless, but there may be some issues that need follow up, and concerns of the family that should be addressed. Making notes to remind the QA staff during the interview is a good aid to make sure these areas are not forgotten.

Schedule 3-6 Month Appointment

When all of the pre-appointment information has been collected and a review of the appropriate reports and documents has been completed, the QA staff should work with the family, and the NF Liaison to schedule the review appointment.

Conduct 3-6 Month Visit

See the process "Conduct 30-Day Visit" in Section 2.1 for process flow and process steps.

Take Immediate Action

If any items need immediate action after leaving the facility, the QA staff should immediately begin work to rectify these items. Urgent health and safety items would be addressed during the action visit; however, those items that can wait until after the visit, but not until the next day, should be addressed immediately and resolved as soon as possible. Completion of an incident report form may be necessary.

Contact Resources

Should external resources be required to aid in rectifying any issues, the QA staff should contact these resources as soon as possible to discuss the situation and determine a plan for rectifying those issues as appropriate.

Write Report

The QA staff will need to review the form that was filled out during the interview, including any the notes that were taken, and create a report for each visit. This report will be kept on file for the client.

Distribute & File Report

Upon completion of writing the report, the report should be distributed to the appropriate distribution list and filed at DDD Headquarters.

Section 3.3 Conduct One-Year Review

Each client who moves from an RHC to a nursing facility will also receive a quality assurance review at One-Year. The One-year quality assurance review process includes information gathered about a client's health and well being from the 30-Day review and the 3-6 Month review to determine if appropriate supports, staff training, and plans are in place. Tasks for this process begin with a review of the 30-Day and 3-6 Month QA Report, a check with the parents and/or guardian about concerns they may have, a review of the client file, a tour of the facility, the client interview, and end with a report being written and distributed. The 30-day quality assurance report is a compilation and documentation of client measures that may be compared to pre-move data, if appropriate. If necessary, appropriate resources are contacted throughout the process to ensure client health and safety. The two main differences between this process and the

RHC to community and RHC to RHC process is the absence of both a parent/guardian survey and use of the volunteer as previously mentioned in the 3-6 month review.

This Section Applies to WHOM:

Task	Responsible Position
1. Review Previous Reports	Quality Assurance Regional Staff
2. Identify Areas to Address at Visit	Quality Assurance Regional Staff
3. Schedule One-Year Appointment	Quality Assurance Regional Staff
4. Mail Guardian Survey	Quality Assurance Regional Staff
5. Review and Document Guardian Concerns	Quality Assurance Regional Staff
6. Conduct One-Year Visit*	Quality Assurance Regional Staff
7. Take Immediate Action	Quality Assurance Regional Staff
8. Contact Resources	Quality Assurance Regional Staff
9. Write Report	Quality Assurance Regional Staff
10. Distribute & File Report	Quality Assurance Regional Staff

*This visit is the defined in the section: Conduct 30-Day Visit

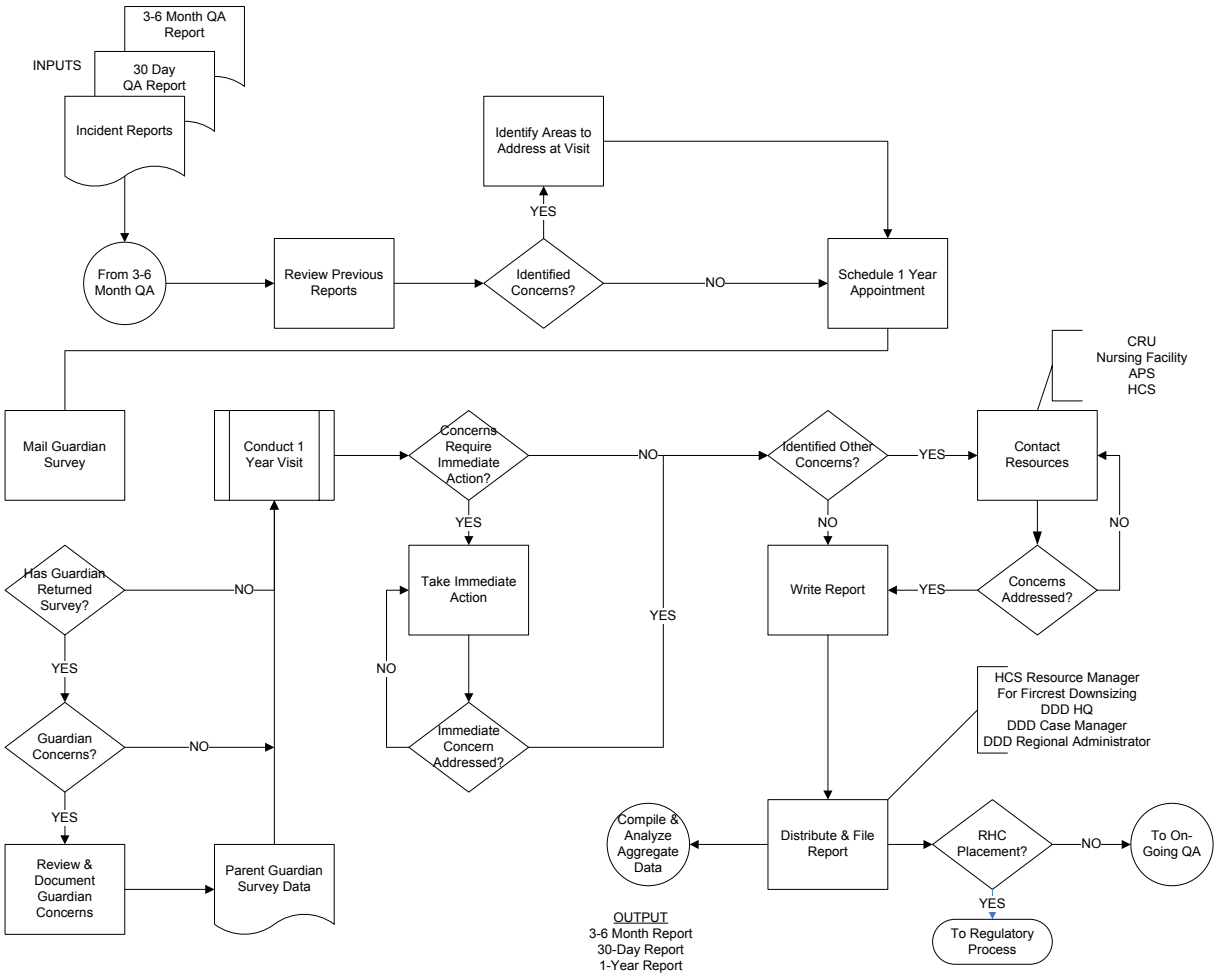
INPUTS

What:	From:	Product/Tool?
Incident Reports	DDDH Headquarters	YES
30-Day Report	Conduct 30-Day Review	YES
3-6 Month Report	Conduct 3-6 Month Review	YES

OUTPUTS

What:	To:	Product/Tool?
Quality Assurance One-Year Report	DDD Headquarters, On-Going QA	YES
Quality Assurance One-Year Report	Compile & Analyze Aggregate Data	YES

Conduct One-Year Review



Review Previous Reports

A review of the previous quality assurance report for the 3-6 Month review should be completed so the QA staff can reacquaint themselves with the client and the needs and services that are to be provided. A review of the 30-Day review, the discharge plan meeting notes, and any incidents should also be completed prior to the visit. This will help the QA staff prepare for the visit by having the most current information on the client, as well as background information for comparison purposes.

Identify Areas to Address at Visit

After the call to the parent/guardian and a review of the previous reports, the QA staff should make some notes identifying any areas of concern to address during the visit (if applicable). This is not to say that the review will focus only on areas of concern. This is however a good way to make sure that QA staff have the opportunity to address areas where there are concerns. A full interview will occur regardless, but there may be some issues that need follow up from the last visit, as well as concerns of the family or guardian that should be addressed. Making notes to remind the QA staff during the interview is a good aid to make sure these areas are not forgotten.

Schedule One-Year Appointment
When all of the pre-appointment information has been collected and a review of the appropriate reports and documents has been completed, the QA staff should work with the family and the NF Liaison to schedule the review appointment. This appointment should be scheduled for approximately one year post move.

Mail Guardian Survey
In the One-Year review process, a survey is distributed to the family/guardian for more direct input. This survey is sent out after the appointment is scheduled, but before the interview occurs so that the identification of parent/guardian issues can be addressed during the QA visit.

Review & Document Parent/Guardian Concerns
A review of the parent/guardian survey will identify any issues or concerns the parent/guardian would like addressed during the QA One-year visit. This is important in making sure that the QA process is not only assessing how the individual is doing, but also what things the family feels need to be addressed.

Conduct One-Year Visit
See the process "Conduct 30-Day Visit" in Section 2.1 for process flow and process steps.

Take Immediate Action
If any items need immediate action after leaving the facility, the QA staff should refer it to the attention of the proper staff to begin work to rectify these items immediately. Urgent health and safety items would be addressed during the actual visit; however, those items that can wait until after the visit, but not until the next day, should be resolved as soon as possible. Completion of an incident report may be necessary.

Contact Resources
Should external resources be required to aid in rectifying any issues, the QA staff should contact these resources as soon as possible.

Write Report
The QA staff will need to review the QA tool that was completed during the visit, any notes that were taken during the visit, and create a One-year QA report for each client. This report will be kept on file for the client.

Distribute & File Report
Upon completion of writing the report, the report should be distributed to the appropriate distribution list and filed at DDD Headquarters.

4.0 Training Plan

Section 4.1 Training Logistics

Unless otherwise decided by DDD headquarters staff, all training materials will be created and printed by DDD Headquarters. DDD Headquarters should also arrange for training rooms, invite attendees to the sessions, and deliver the training unless it is delegated to specific trainers. Ideally, this training should be conducted by one person to maintain consistency in the delivery. However, this may not be possible logistically. Therefore, no more than four trainers should be assigned to this training process. A train the trainer class would expedite the training across the state.

Section 4.2 QA Staff Training

Due to the increase in the workload of this process, including the addition of QA in RHC to RHC moves and RHC to nursing facilities, additional QA personnel will need to be trained. Training for these personnel will be critical to the success of the implementation of this process. This training should include:

- All QA Staff.
- One half day session (4 Hours).
- A coordinated site selected to allow for easy access for attendees.
- DDD Headquarters personnel to conduct the training session.
- A detailed review of the process, how to use the modified tools, and a discussion of all documentation that needs to be completed.

Section 4.3 RHC/Region Training

In addition to training that occurs for QA personnel, additional training should be given to Transition Coordinators and Case Management staff involved in the downsizing or closure project. Knowledge of the process and how it relates to the family and guardians will help with family concerns about community and/or RHC placements.

Training conducted by DDD Headquarters should last a minimum of two hours and should include the following:

- A detailed review of the process documentation.
- A review of the differences in the tool usage in each venue.
- A significant amount of time for reviewing all process steps, and allowing for questions to be asked.

5.0 Communication Plan

Section 5.1 Communication Responsibility

DDHQ will be responsible for managing, creating and distributing all communication regarding the implementation of this process. This communication should include the following actions:

- All communication should be posted on the DDD intranet, and distributed to each of the RHCs and each region.
- This communication should also be discussed in staff meetings and coordinated from regional and RHC management down to the line staff.
- All shifts should also be made aware of all communication.

Section 5.2 Regional Communication

This process impacts client health and safety; therefore, all staff that interact and support clients should be informed of the quality assurance process, including training on how this process works. This communication should include the following actions:

- All communication that is sent out regarding this process implementation should be communicated in staff meetings at all levels of the region.
- All communications should be posted on communication boards that have employee visibility.

Section 5.3 RHC Communication

It is the responsibility of the RHC Superintendent to determine who, among their staff, needs to be aware of this process implementation. Superintendent's should post all communication regarding this process and ensure that anyone who could be involved in using the process has been trained and receives all pertinent communication.

6.0 Implementation Dates

Section 6.1 Training Dates

The training for implementation for this process should be completed two weeks prior to the implementation date. Training statewide would occur over approximately three weeks and would entail conducting the training across the state, within each of the regions.

Section 6.2 Implementation Date

There is no current implementation date for this process.

Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

Chapter 5: Employee Transition

1.0 Process Description

The employees of a Residential Habilitation Center (RHC) provide critical client care 24 hours a day, seven days a week. Employees provide direct and indirect services to RHC residents. These employees collectively represent a diverse workforce that provides program support, health care, and administrative services to maintain or enhance client health and safety, as well as facility operations.

While downsizing or closing an RHC, the institution needs to maintain two critical objectives:

1. Continue to appropriately protect client's health and safety.
2. Maintain institutional certification to prevent negative financial impacts and maintain public confidence.

Accomplishing each of these objectives is contingent upon a committed and engaged workforce.

Despite an awareness of the importance of supporting employees during a downsizing effort, most organizations fail to pay enough attention to the "people factor." One of the most critical factors leading to a successful downsize is the effective management of the human resource system. Therefore, how employees are transitioned during the downsizing or closure project is of extreme importance. A carefully planned employee transition process will be an essential element of the downsizing and closure planning project. The Legislature recognized the importance of employee transitions during the Fircrest downsizing and potential closure planning and allocated resources to assist in this work. These resources will be necessary to manage the transition process and retain experienced, valuable employees within the state system.

Section 1.1 The High-Level Process

The Employee Transition Work Team was formed to identify desired outcomes and document the processes for programs designed to transition employees through downsizing and closure planning. Areas of interest include retention of employees, retraining of employees, relocation of employees to other employment opportunities, development of opportunities for employees to continue providing resources to their clients, and layoff processes and support.

In many instances, these processes included previously established processes to transition employees, such as the layoff process. In some instances, current processes needed to be explicitly defined or established. Therefore, several new processes have been designed to more specifically address employee needs through the downsizing plan. Employee transition processes were developed during the planning phase of an active downsizing process at Fircrest School,

requiring closure of four of the 16 cottages during the 2003-05 Biennium. Therefore, many of the initial processes described in this chapter were also implemented during the 2003-05 downsizing. These processes were originally developed using current personnel rules. Beginning in July 2005 there will be new personnel rules, resulting from the Personnel Systems Reform Act of 2002 (PRSA). For example, there was an employee "reduction-in-force" (RIF) process during the 2003-05 Biennium, while new rules define the process as a "layoff." These new rules will impact many personnel decisions. In addition, two new collective bargaining agreements go into effect on July 1, 2005 as well. The new agreements will also impact personnel decisions for represented employees. This document has been modified to reflect the new personnel rules and contracts. However, it will need to be modified for personnel rules that are altered during subsequent legislative sessions or new contracts that are negotiated in the future.

To assure that effective employee transition strategies and tactics were incorporated in the project plan, the following considerations were identified in developing the elements of an Employee Transition Plan:

- Partnerships and collaboration with employees, leadership, management and labor, impacted institutions, and other agencies
- Employee empowerment principles to positively impact employee morale and reinforce a mindset of employee self-determination
- Multiple, creative employee options generated for employees by employees
- Open, timely, frequent and two-way communication
- Maximization of appropriate federal, state, region, county, and civic resources
- Continuous improvement and learning to identify and document potential best practices

The process maps depicted in this chapter describe the high-level processes and numerous sub-processes involved in employee transition. The high-level employee transition process depicts the framework for transitioning employees through a downsizing and/or closure plan. This includes a staged approach to transition, dependent upon the phase of institutional downsizing, as well as the degree of impact to individual employees. Attributes of this process include:

- An initial employee transition strategy that frames direction, timeline, and approach and considers input from employees, labor, management, and the targeted institution.
- The development and implementation of plans for:

    1. Employee Support – Efforts to assist employees through the entire downsize/closure plan process including the provision of educational information, resources, and training.
    2. Employee Retention – Targeted strategies to retain state workers within the state system through job assistance, incentives, the General Government Pool (for employees who are at risk for receiving a layoff notification), and training.
    3. Employee Separation – After a review of employee retention options, activation of the Layoff Process begins. Planned activities for this process also include the provision of supports and resources such as resume writing, job search, interviewing skills, and/or training.
    4. Employee Communication – The development of a systematic, timely, and two-way communication process incorporated into the employee support, retention, and separation processes.

5. Employee Training – The opportunity for employees to access funded training programs for job skill development and career transition.
6. Evaluation - An employee transition plan evaluation process to assess on-going opportunities for continuous learning and improvement.

This Section Applies to WHOM:

Task	Responsible Position
5. Define Employee Transition Strategy	Division of Developmental Disabilities (DDD) Headquarters (HQ), RHC Superintendent, Human Resource Manager (HRM), And Site Management Team
6. Develop Employee Support Process and Plans	DDD HQ, RHC Superintendent, Human Resource Manager (HRM), And Site Management Team
7. Develop Employee Retention Process and Plans	DDD HQ, RHC Superintendent, Human Resource Manager (HRM), And Site Management Team
8. Develop Employee Separation Process and Plan	DDD HQ, RHC Superintendent, Human Resource Manager (HRM), And Site Management Team
9. Develop Employee Communication Process and Plan	DDD HQ, RHC Superintendent, Human Resource Manager (HRM), And Site Management Team
10. Develop Employee Training Process and Plan	DDD HQ, RHC Superintendent, Human Resource Manager (HRM), And Site Management Team
11. Develop Employee Transition Evaluation Process and Plans	DDD HQ, RHC Superintendent, Human Resource Manager (HRM), And Site Management Team

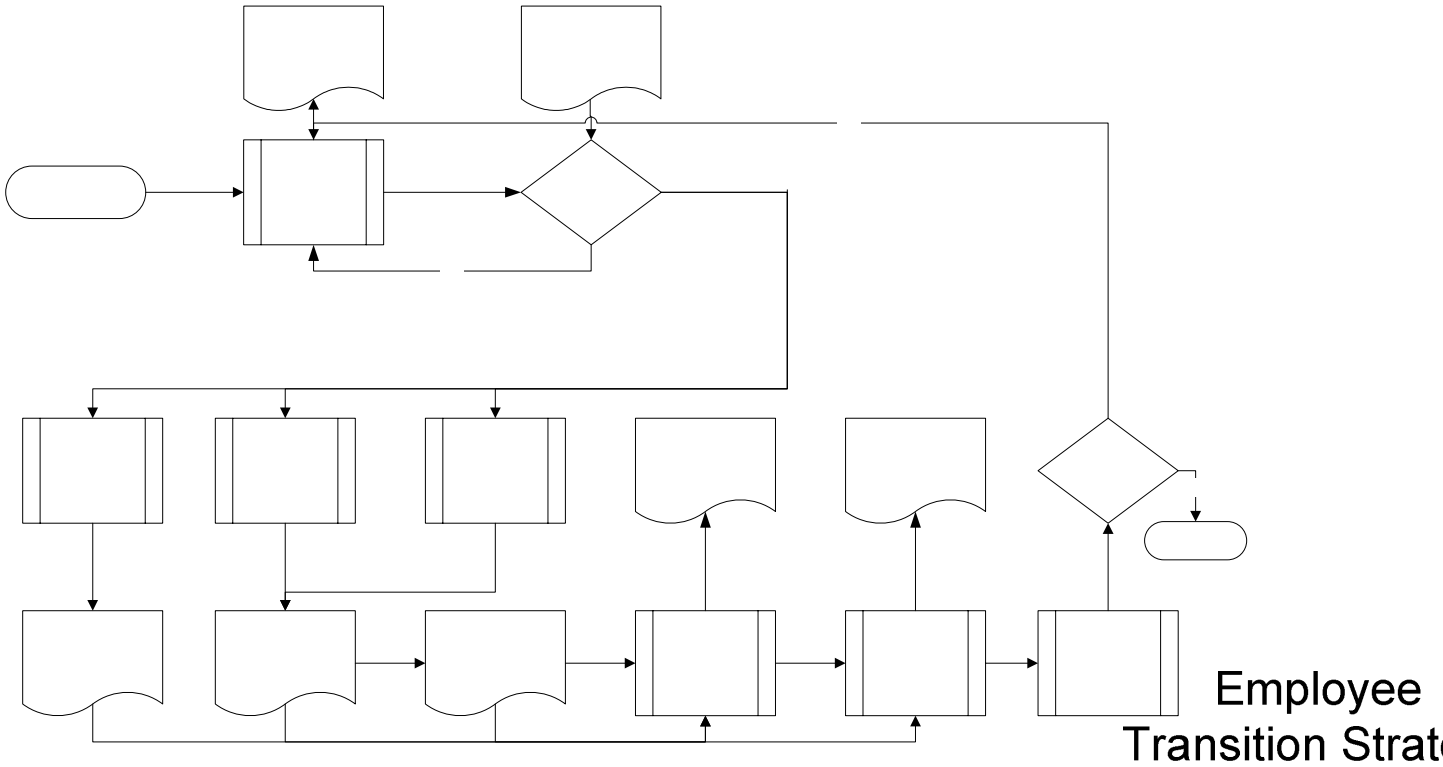
INPUTS

What:	From:	Product/Tool?
Cottage/House Identified	Capital Facilities	

OUTPUTS

What:	To:	Product/Tool?
Employee Transition Strategy	Employee Support Process, Employee Retention Process, Employee Separation Process, Employee Communication Process, and Employee Training Process	
Employee Support Plan	Employee Communication Plan, Employee Training Plan, Employee Evaluation Plan	YES
Employee Retention Plan	Employee Communication Plan, Employee Evaluation Plan	YES
Employee Separation Plan	Employee Communication Plan, Employee Evaluation Plan	YES
Employee Communication Plan	Employee Evaluation Plan	YES
Employee Training Plan	Employee Evaluation Plan	YES
Employee Transition Evaluation Plan	Employee Transition Strategy (If Improvement Opportunities Exist)	YES

The High Level Process



Sub Processes

Six sub processes fall within the high-level Employee Transition process. They include:

2.0 Employee Transition Strategy
3.0 Employee Support
4.0 Employee Retention
5.0 Employee Separation
6.0 Employee Communication
7.0 Employee Training Process
8.0 Employee Transition Evaluation

Start

2.0
Define
Employee
Transition
Strategy

These sublevel processes are further defined in the following seven sections.

3.0 4.0

2.0 Employee Transition Strategy

The Employee Transition Strategy defines the direction, timeline, and approach for a downsizing or closure plan, with consideration of the needs of the impacted institution, employees, and labor. The process also includes a review of the related rules/regulations.

This Section Applies to WHOM:

Task	Responsible Position
1. Clarify Strategic Direction	RHC Superintendent, HRM and Management Team
2. Establish Timeline	RHC Superintendent, HRM and Management Team
3. Review Demographic Report	RHC Superintendent, HRM and Management Team
4. Determine Institution Needs	RHC Superintendent, HRM and Management Team
5. Solicit Employee Input	RHC Superintendent, HRM and Management Team
6. Acquire Union Input	RHC Superintendent, HRM and Management Team
7. Review Rules, Regulations, and Union Contracts	RHC Superintendent, HRM and Management Team
8. Synthesize Needs, Input, And Regulations/Rules	RHC Superintendent, HRM and Management Team
9. Develop Employee Transition Strategy	RHC Superintendent, HRM and Management Team

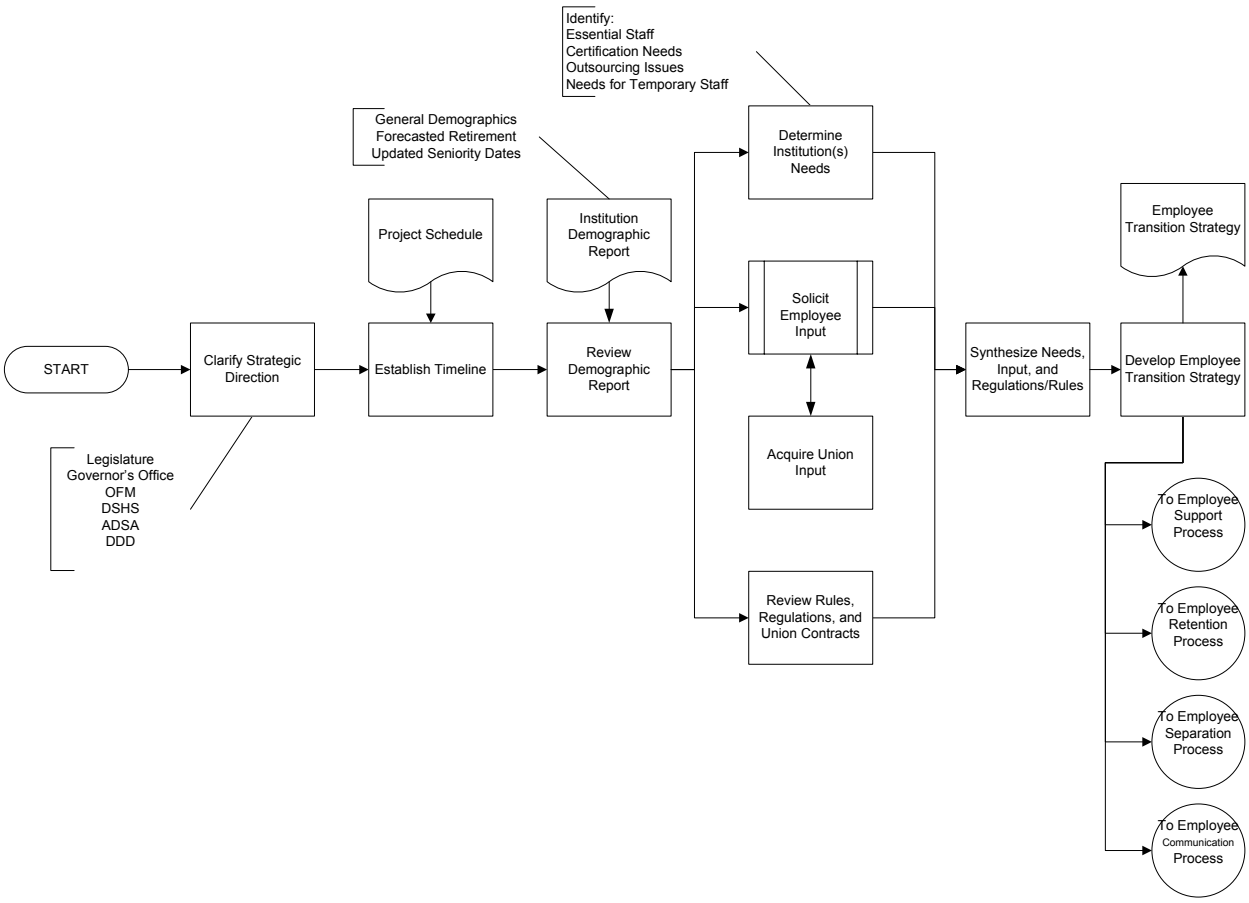
INPUTS

What:	From:	Product/Tool?
Project Schedule	DSHS Headquarters	YES
Institutional Demographic Report	DSHS Headquarters	YES

OUTPUTS

What:	To:	Product/Tool?
Employee Transition Strategy	Employee Support Process, Employee Retention Process, Employee Separation Process, And Employee Communication Process	YES

2.0 Define Employee Transition Strategy



The following elements are included in the Define Employee Transition Strategy Process:

- Clarify Strategic Direction – The direction for the transition plan is established by the Legislature. This direction further defines the employee transition plan. The direction should not only address the "what" of the plan (continue to downsize, close, stabilize), but also the "why" or rationale for the direction. A clear, concise direction builds commitment to the work by minimizing ambiguity and assisting employees in understanding the rationale for downsizing or closure planning.
- Establish Timeline – The timeline for employee transition is dependent on the overall transition plan schedule, which is legislatively driven. The established timeline will also determine the timing of transition resources implementation. This timeline could be established directly by the Legislature, the department, or by the budget.
- Review Demographic Report – A review of the demographics of the affected RHC will better equip the institution and the administration with information to more fully predict workforce impacts such as forecasting employees who may consider retirement. This information will be useful in determining the priorities of available resources.
- Determine Institutional Needs – Demographic data and forecasts can assist the institution in defining institutional needs such as retention of essential staff, certification needs, outsourcing issues, and potential temporary staffing needs.

- Solicit Employee Input – Successful downsizing efforts have been implemented from the top-down, while also initiated from the bottom-up. Employees are a source of innovative, creative ideas. Tapping into this human resource for input is an important and valuable step in the process. In Chapter 25, L03, Sec 211 (1) – operating budget, the Legislature specifically requested the project to include efforts to "Meet and confer with representatives of affected employees on how to assist employees who need help to relocate to other state jobs or to transition to private sector positions."
- Acquire Labor Input – Many employees rely on support from their union for a variety of information and advice. In order to ensure this transition process meets the needs of affected employees, it will be important to include labor representatives in this development process. Such processes will comply with the collective bargaining agreements in place at the time.
- Review Rules, Regulations, and Union Contracts – Existing personnel rules, regulations, and contracts should be reviewed to more fully understand any potential constraints.
- Synthesize Needs, Input, and Regulations/Rules – Institutional needs, employee and labor input, and regulations/rules should be synthesized to determine strategic themes and strategic issues.
- Develop Employee Transition Strategy – The synthesis of information noted above should guide the strategy formulation process and overall direction, ensuring the proposed strategy and addresses institutional and employee needs, state statute, and department policy and procedures.

These steps provide the framework for the Employee Transition Strategy Document.

Sub Processes

The following sub-processes fall within the employee transition strategy process.

2.1 Solicit Employee Input (see below)

Section 2.1 Solicit Employee Input Process

Gathering input and feedback from employees in a systematic and timely manner is an important step in the employee transition process. Employees who may be experiencing change, transition, and ambiguity during the plan will have valuable, salient information to share about their personal and professional needs during downsizing and closure planning. Eliciting input on their needs during the transition will result in developing a process that addresses their specific needs rather than taking a 'cookie-cutter' approach.

This Section Applies to WHOM:

Task	Responsible Position
1. Review Employee Transition Strategy	HRM and Employee Transition Coordinator (ETC)
2. Determine Employee Input Methodology	HRM and ETC
3. Implement Employee Input Methodology	HRM and ETC
4. Process Review And Data Analysis	RHC Management, HRM, ETC
5. Develop Employee Input Document	DDD HQ/RHC Management, HRM, and ETC

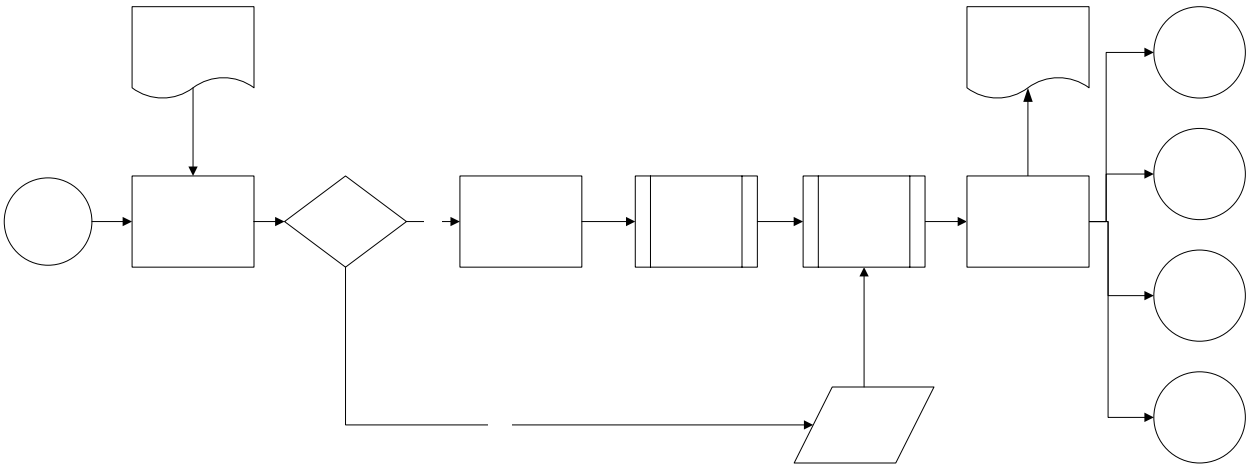
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy Process	
Employee Input Data	Focus Groups	YES

OUTPUTS

What:	To:	Product/Tool?
Employee Input Document	Synthesize Needs, Input, And Rules/Regulations	YES

Solicit Employee Input



The specific steps in this process include the following:

- Review Employee Transition Strategy – This step is important to define the scope of the employee input process. For example, the transition strategy would guide which employees to target, in what numbers, and the timing of input.
- Determine Employee Input Methodology – This step defines the methodology for input. Examples of methods to acquire employee input include survey, interviews, and focus groups. In this project, survey and focus group methodology was selected.
- Implement Employee Methodology – Conducting the focus groups or initiating the survey is included in this process. This process is more fully described in the subsequent sections. During the 2003-2005 Biennium, eleven focus groups were conducted to assess employee needs. Survey instruments were also used to solicit input from employees at varying stages of the project.
- Process Review and Data Analysis – This step includes a review and analysis phase. Prior to conducting the focus groups, a review of the focus group process and participants is performed by the technical advisory work group. Once data has been collected, it is then reviewed and analyzed.
- Develop Employee Input Document – This document is the product of the employee input process and can be in the form of a report, summary, or recommendations. During the

Employee

2003-05 Biennium, this process resulted in a focus group report (see appendix 2.5.A) in addition to a Fircrest employee survey summary report (see appendix 2.5.B).

Sub Processes

The following sub-processes fall within the employee input process. These processes are described below.

2.1.1 Implement employee input methodology

2.1.2 Focus group review and data analysis (Technical Advisory Work Group)

Section 2.1.1 Implement Employee Input Methodology

Formal methods to capture employee input include focus groups, structured interviews, and surveys. Surveys are distributed to RHC employees to assess employee interest in relocation, training, and other potential employee options.

During the Fircrest transition, eleven focus groups were also conducted (in 2003-05 Biennium) for RHC sites across the state to solicit employee input and ideas surrounding employee support, retention, separation, and communication needs.

This section describes the specific steps in coordinating the focus group sessions that occurred. Each focus group included approximately ten employees. Each site's labor representatives and management team jointly selected employees to be invited to each session. Data from the focus group were distributed to a technical advisory team (see process 2.1.2).

This Section Applies to WHOM:

Task	Responsible Position
1. Develop Focus Group Questions	Employee Transition Team
2. Determine Focus Group Logistics	Project Support Unit
3. Request/Identify Focus Group Participants	Technical Advisory Work Group
4. Create Focus Group Invitation	Project Support Unit
5. Finalize Structured Focus Group Questions	Project Support Unit
6. Distribute Focus Group Invitations	Project Support Unit
7. Confirm Focus Group Attendees And Logistics	Project Support Unit
8. Conduct Focus Groups	Project Support Unit
9. Synthesize Focus Group Data	Project Support Unit
10. Distribute Focus Group Data	Project Support Unit

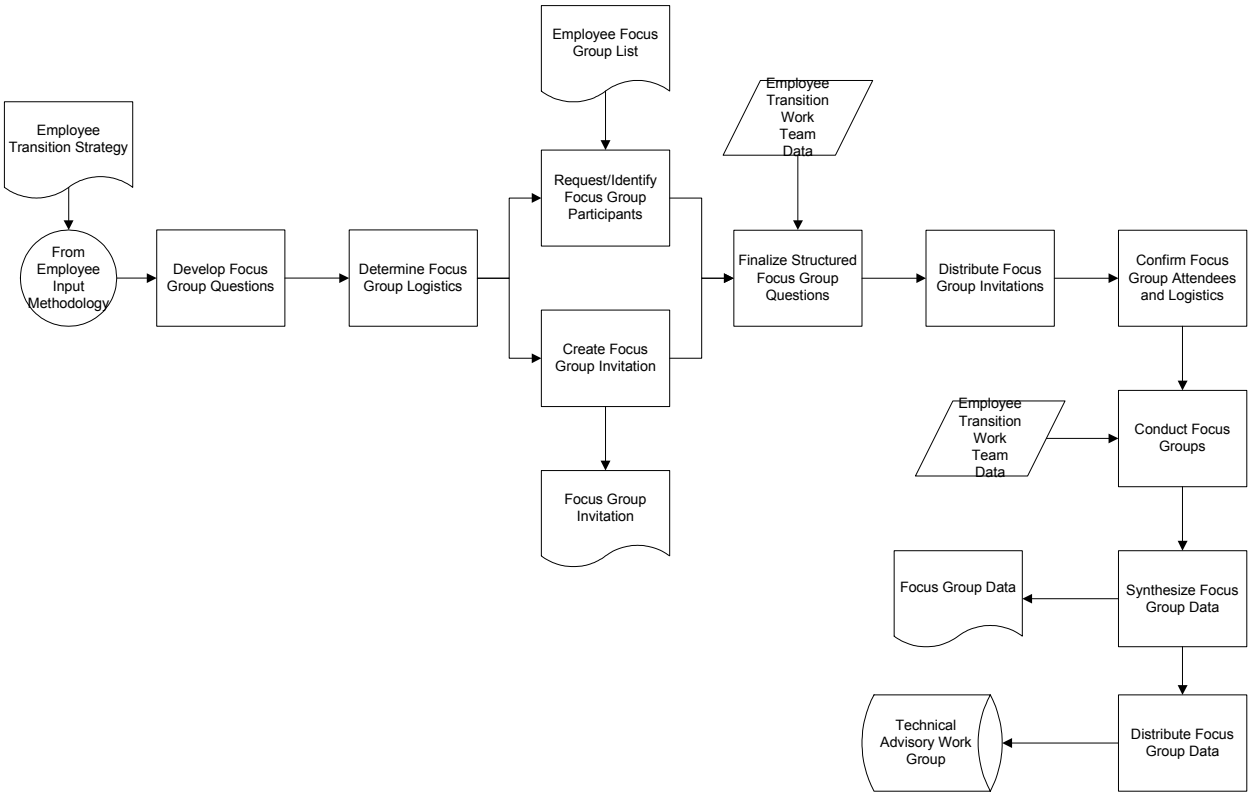
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	DSHS HQ	YES
Employee Focus Group List	Technical Advisory Work Group/Review And Analyze Data Process	YES
Employee Transition Work Team Data	Input Data	YES

OUTPUTS

What:	To:	Product/Tool?
Focus Group Data	Technical Advisory Work Group	YES
Focus Group Invitation	Employee Input Methodology	YES

Implement Employee Input Methodology



The steps in this process included:

- Develop Focus Group Questions – Structured questions are developed, after consideration of what data is known, what data is desired, and what data is needed for comparison. Structured focus group questions will help to ensure consistency of process and comparison of information gathered within each focus group.
- Determine Focus Group Logistics – Determine the number of focus group sessions, the target audience, dates, locations, and other logistics.
- Request/Identify Focus Group Participants – Determine sampling strategy (random sample, random stratified sample, etc.). For the focus group sessions conducted in February 2004, a stratified random sample was drawn from the RHC employee database, as well as the State Operated Living Alternative (SOLA) database for Regions 4 and 5.
- Create Focus Group Invitation – Draft the focus group invitation letter and agenda, including structured questions.
- Finalize Structured Focus Group Questions – Finalize the questions for the focus group session, ensuring the questions are ready for the planned sessions.

- Distribute Focus Group Invitations – Email, interoffice mail, or distribute by other means, the focus group invitations to each invited employee. Include the supervisor and superintendent on the employee letter so that they can assist the employee in providing coverage if necessary for work hours.
- Confirm Focus Group Attendees and Logistics – Contact site liaisons to confirm room location, date and time, travel details, participant list, and other logistics.
- Conduct Focus Groups – Actual orchestration of focus group sessions.
- Synthesize Focus Group Data – Synthesize preliminary data post-session, with synthesis of all focus groups occurring after completion of all sessions.
- Distribute Focus Group Data – After a thorough synthesis of all data, provide summary data to the Technical Advisory Work Group.

Sub Processes

Process 2.1.1 has been fully broken down; therefore there are no sub-processes.

Section 2.1.2 Process Review and Data Analysis (Technical Advisory Work Group)

A Technical Advisory Work Group composed of management and labor reviewed and analyzed the employee focus group data. Charged with collaboratively identifying employee needs, this work group synthesized employee input and developed recommendations for effective and efficient employee transition for RHC consolidation, institutional downsizing, and closure planning. Areas of review included employee support, employee retention, employee separation, and employee communication.

Proposed recommendations and input from the focus group data were submitted to the Employee Transition Work Team for review and consideration. The scope of this time-limited work group included:

1. Identification and recruitment of regional employees to participate in one of the ten focus group sessions;
2. Review of the aggregate focus group data;
3. Synthesis of focus group data identifying themes and patterns; and
4. Development of recommendations identifying opportunities for improvement: the recommendation list was provided to the Employee Transition Work Team for review and consideration for the overall Employee Transition Plan.

This Section Applies to WHOM:

Task	Responsible Position
1. Identify Unions To Involve In Process	Project Support Unit and DDD Headquarters
2. Communicate Informal Input Process To Labor/Management	DDD Headquarters
3. Conduct Meeting #1 Purpose, Charter, And Focus Group Overview	Project Support Unit
4. Recruit Employees For Focus Group	Technical Advisory Work Group
5. Conduct Meeting #2 To Review/Analyze Focus Group Data And Develop Recommendations	Project Support Unit
6. Provide Recommendations To Employee Transition Work Team	Technical Advisory Work Group

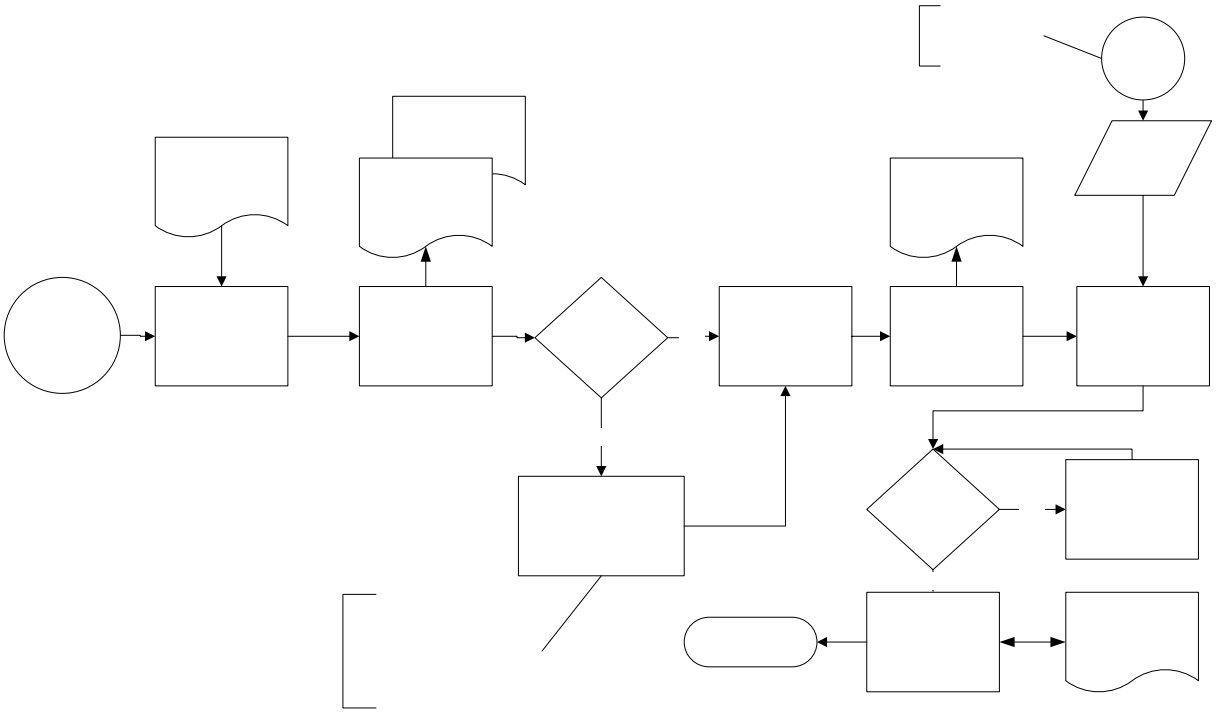
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	YES
Technical Advisory Work Group Charter	Project Support Unit	YES
Focus Group Data	Implement Employee Input Methodology Process	

OUTPUTS

What:	To:	Product/Tool?
Employee Focus Group List	Implement Employee Input Methodology Process	YES
Employee Input Report	Employee Transition Strategy	YES

Process Review and Data Analysis (Technical Advisory Work Group)



The following tasks are part of the Process Review and Data Analysis Process:

- Identify if any Unions need to be in the Process – Discuss with DDD the appropriate unions to contact, as well as the specific contact information. With respect to the two collective bargaining agreements (CBAs) effective on July 1, 2005: Washington Federation of State Employees and 1199). Also as of July 1, 2005, all decisions and negotiations must occur at Statewide Labor/Management. No decisions, agreements, or negotiations can occur at the local level.

- Communicate Informal Input Process to Labor Representatives – Develop and distribute letter to labor liaison(s) describing the focus group process, purpose, logistics, and intended audience, along with the request for labor representation at the Technical Advisory Work Group.

- Conduct Meeting #1: Purpose, Charter, and Focus Group Overview - Facilitate first Technical Advisory Work Group Meeting, providing an overview of the focus group process, purpose, charter, and intended strategy for focus group participants.

- Recruit Employees For Focus Group – Pending Technical Advisory Work Group meeting, implement recruitment strategy for employees to attend the focus group session(s).

- Conduct Meeting #2 To Review/Analyze Focus Group Data and Develop Recommendations – Facilitate second Technical Advisory Work Group meeting to review focus group data and

Employee Transition Strategy

From Solicit Employee Input Process

Identify Unions to Involve

develop preliminary recommendations. If additional meetings are needed, additional meetings will be scheduled.

- Provide Recommendations to Employee Transition Work Team – Compile preliminary focus group recommendations and distribute to Employee Transition Work Team.

3.0 Employee Support

Successful downsizing strategies involve assisting not only those employees who are losing their jobs and leaving state service, but also those employees who will be retained within the state system through vacancies, new positions, or retraining. Support resources and programs for all employees involved in a downsizing or closure plan are important. Employee supports facilitate the continuation of high quality client care.

It is assumed that most employees involved in a downsizing or closure plan have some degree of uncertainty. While many changes occur throughout the downsizing plan, there are predictable stages of transition that employees will experience. Resources and programs that support the movement of employees through these predictable stages of transition will benefit employees, managers, and clients.

The intent of this employee support process is to provide support to employees and in some cases, to their families, during the duration of a downsizing or closure project. Support is aimed at employees regardless if they are likely to separate from the state or transition to another position within the state. The preliminary work on employee support identified the need to:

a. Educate and provide information to employees on change and transition.
b. Inform employees of personal and family counseling resources.
c. Inform employees of support options for employees remaining at the institution until closure. These employees may experience fear of alienation from peers and feel guilty that they have maintained employment.
d. Inform employees of safety nets that assist employees with critical services such as financial planning, counseling, and retraining.

This Section Applies to WHOM:

Task	Responsible Person
1. Review Employee Transition Strategy	RHC Superintendent, Management Team, and HRM
2. Develop Employee Support Options	RHC Superintendent, Management Team, And HRM
3. Modify Resources (If Needed)	DSHS Headquarters, Superintendent, Management Team, And HRM
4. Modify Policy (If Needed)	DSHS Headquarters
5. Confirm Employee Support Options	RHC Superintendent, Management Team, And HRM
6. Devise Employee Support Plan	RHC Superintendent, Management Team, And HRM
7. Implement Employee Support Plan	RHC Superintendent, Management Team, And HRM

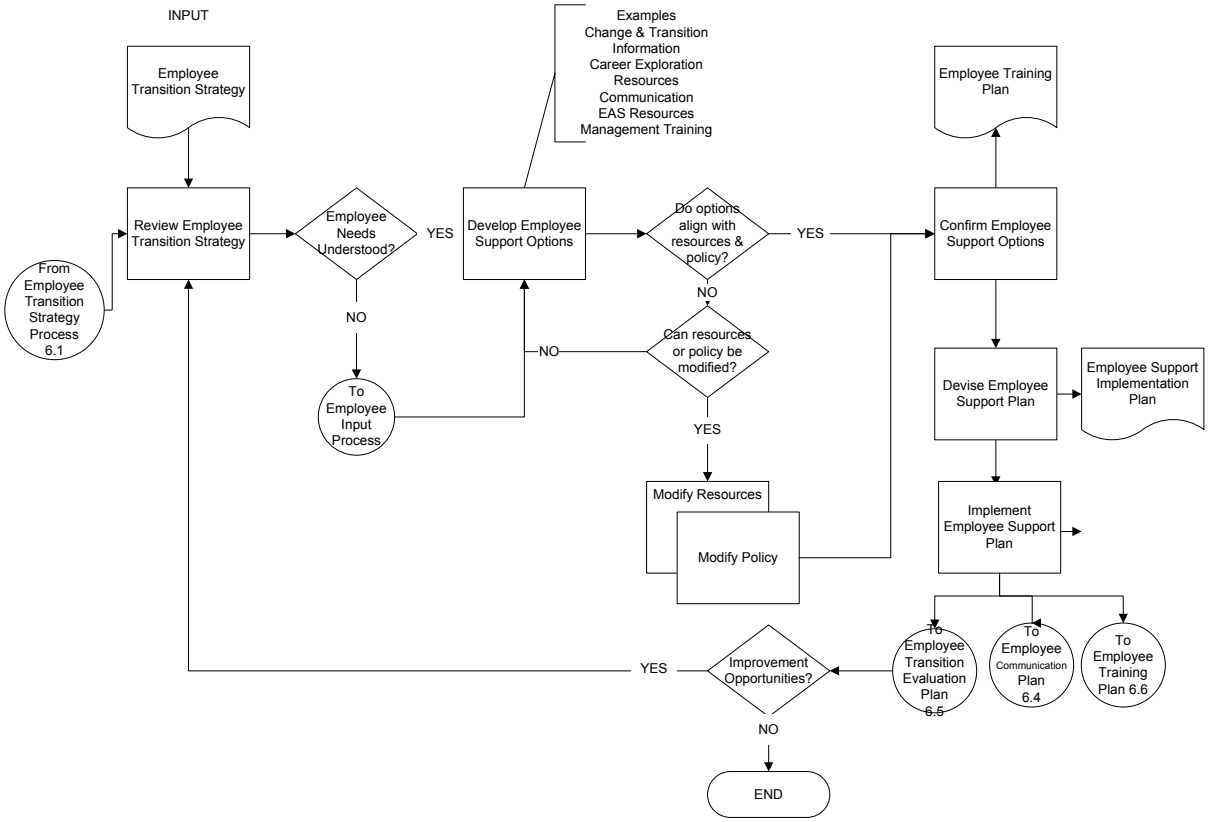
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	YES

OUTPUTS

What:	To:	Product/Tool?
Employee Support Plan Implementation Plan	Employee Communication Plan, Employee Transition Training Plan, Employee Transition Evaluation Plan	YES

Employee Support



The Employee Support process includes the following subprocesses:

- Review Employee Transition Strategy – This process begins with a review of the Employee Transition Strategy, specifically as it relates to employee needs. This step is important to define the scope of the employee support process.

- Develop Employee Support Options - After a thorough review and analysis of the employee data, employee support options are developed. These options are compared to resources and policy constraints and then more fully explored in an Employee Support Plan. The following support options were devised for the 2004 and 2005 FY:

- Career Transition Center
- Change and Transition Training for Managers and Supervisors
- Employee Advisory Services On-Site Sessions
- An Employee Communication Plan
- General Layoff Orientations
- Training for managers on skills such as conflict resolution
- Career Transition Workshops
- Change and Transition Training for Employees
- Training for Job Skill Development and Career Development
- An Employee Transition Coordinator
- Basic Computer Training
- Intermediate Computer Training

- Modify Resources (if needed) - If the employee support options do not align with current resources, the modification of resources should be considered.

- Modify Policy (if needed) - If the employee support options do not align with current policy, the modification of policy should be considered along with current contracts.

- Confirm Employee Support Options - Pending modification of resources and policy, the final employee support options will be solidified. These support options will be the framework for employee transition support.

- Devise Employee Support Plan - Support options for employee transition will be detailed in an employee support plan.

- Implement Employee Support Plan - This step is the actual implementation of the employee transition support options.

4.0 Employee Retention

The Employee Retention Process and sub processes identify efforts to retain employees in other positions within the Division of Developmental Disabilities, Aging and Disability Services Administration, the Department of Social and Health Services, or other state agencies. During downsizing in other organizations it is often the best and the brightest employees that are the first to leave. These employees may be recruited by other organizations or have the credentials to easily transition out of their current position. In terms of skill and experience, this would be a significant loss to the state system.

The employee retention process also identifies methods to temporarily retain employees who may be leaving state government. Essential employees may be required at the institution on a short-term basis for staffing coverage. Efforts to retain these essential employees will be necessary to continue to provide quality resident care and maintain certification standards.

Employees who remain at the institution on a short-term basis or who will eventually transfer to another state site or agency may experience unintended disincentives such as increased workloads, more responsibilities, and new skill requirements. To minimize employee frustration

and retain essential employees as necessary for staffing coverage, this process also explores short-term retention incentives.

The overall employee retention process begins with a review of institutional, employee, and labor needs and/or concerns, followed by a review of rules and regulations. From this review, retention options are identified and prioritized. In some instances, resources and policies may be modified. This information is then compiled into an Employee Retention Plan.

This Section Applies to WHOM:

Task	Responsible Position
1. Review Institution Needs	RHC Superintendent, Management Team, And HRM
2. Review Employee Needs	RHC Superintendent, Management Team, And HRM
3. Review Rules, Regulations, and Collective Bargaining Agreements	RHC Superintendent, Management Team, And HRM
4. Devise Retention Options	RHC Superintendent, Management Team, And HRM
5. Modify Resources (If Needed)	RHC Superintendent, Management Team, And HRM
6. Modify Policy (If Needed)	RHC Superintendent, Management Team, And HRM
7. Finalize Retention Options	RHC Superintendent, Management Team, And HRM
8. Develop Employee Retention Implementation Plan	RHC Superintendent, Management Team, And HRM
9. Implement Employee Retention Plan	RHC Superintendent, Management Team, And HRM

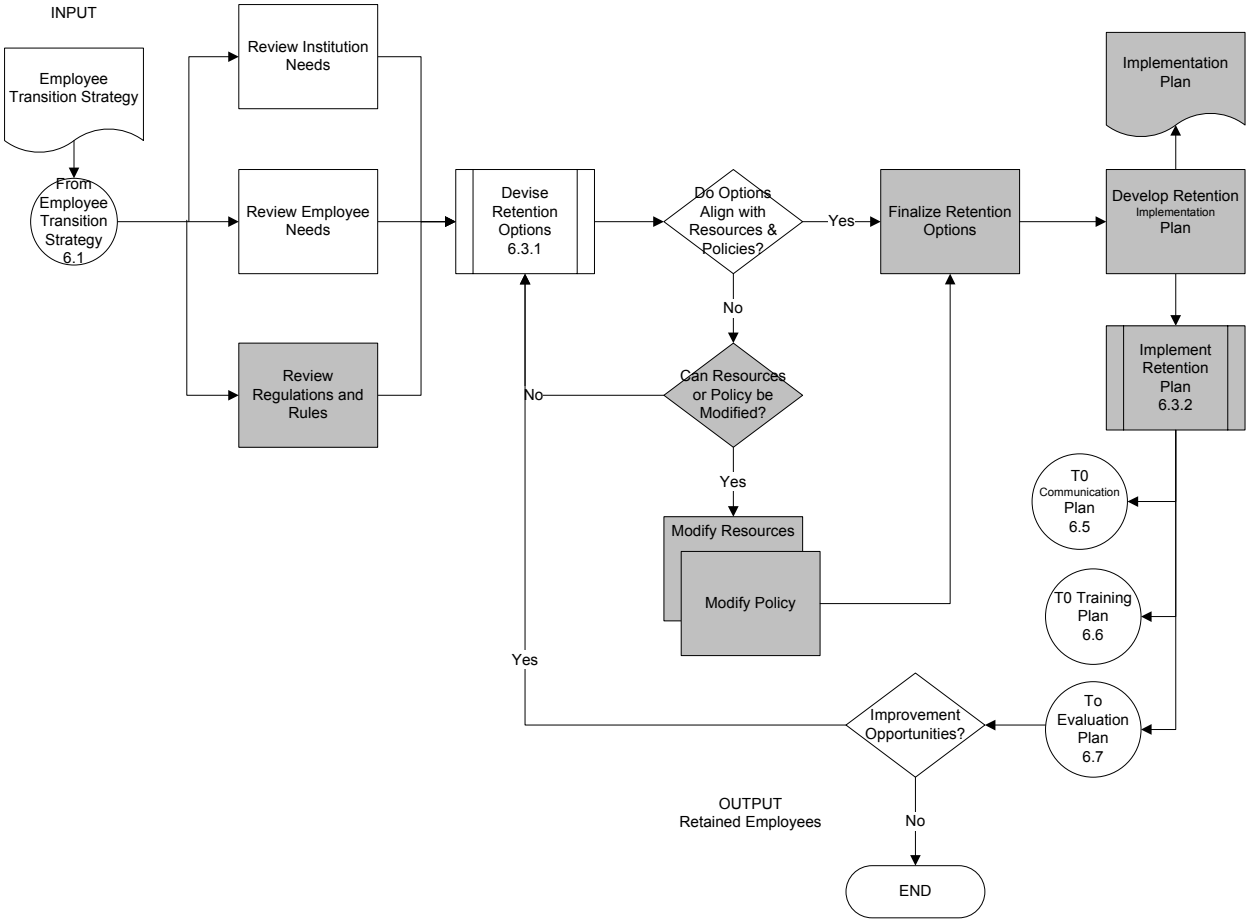
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	NO

OUTPUTS

What:	To:	Product/Tool?
Employee Retention Plan	Employee Communication Plan, Employee Training Plan, Employee Transition Evaluation Plan	NO

Employee Retention



Shaded symbols represent pending information waiting legislative approval.

The following steps are part of the employee retention process:

- Review Institution Needs – This process begins with a review of the affected institutions' needs, including staffing needs, certification needs, possible opportunities for outsourcing, and temporary staffing concerns.

- Review Employee Needs – Data from the employee focus groups, survey, and other feedback tools are reviewed to determine specific employee transition retention needs.

- Review Labor Concerns – Any available input from labor, obtained as per the collective bargaining agreements, is also reviewed as part of this process.

- Review Rules and Regulations – Review existing rules and regulations to determine constraints or opportunities for retention options.

- Devise Retention Options – After a thorough review and analysis of the employee data, employee retention options are developed. These options are compared to resources and policy constraints and then more fully explored in an Employee Retention Plan. The following retention options were considered for a downsizing process or for a potential closure of Fircrest School, based upon employee focus group data and management feedback:

    - Training
    - Internal Agency Position Holds
    - Early Retirement
    - "Pay to Stay" program

- Modify Resource (If needed) – If the employee retention resources do not align with current resources, the modification of resources should be addressed and considered.

- Modify Policy (If needed) – If the employee retention policies do not align with current policies, the modification of policy should be considered.

- Finalize Retention Options – Pending modification of resources and policy, the final employee retention options will be finalized. These retention options will be the framework for employee transition retention.

- Develop Employee Retention Plan – Retention options for employee transition will be detailed in an employee retention plan.

- Implement Employee Retention Plan – This step is the actual implementation of the employee transition retention options.

Sub Processes

4.1 Devise Retention Options
4.2 Implement Retention Plan (pending process)

Section 4.1 Devise Retention Options

The Employee Retention Options sublevel process explores a variety of retention efforts such as training, voluntary separation (so that a position is opened), lump sum incentives, and short-term retention incentives.

This Section Applies to WHOM:

Task	Responsible Position
1. Assess State Opportunities	RHC Superintendent, Management Team, HRM, and ETC
2. Explore Moving Expenses Or Providing Lump Sum Relocation Costs	Management Team And HRM
3. Provide Training	Management Team, HRM, and ETC
4. Assess Voluntary Separation Incentive Eligibility	Management Team And HRM
5. Process Voluntary Separation Paperwork	Management Team And HRM

6. Evaluate Short-Term Retention Incentive	DSHS HQ/RHC Management Team, and HRM
7. Initiate Training Plan	Management Team, HRM, and ETC
8. Transition Employee	Management Team, HRM, and ETC

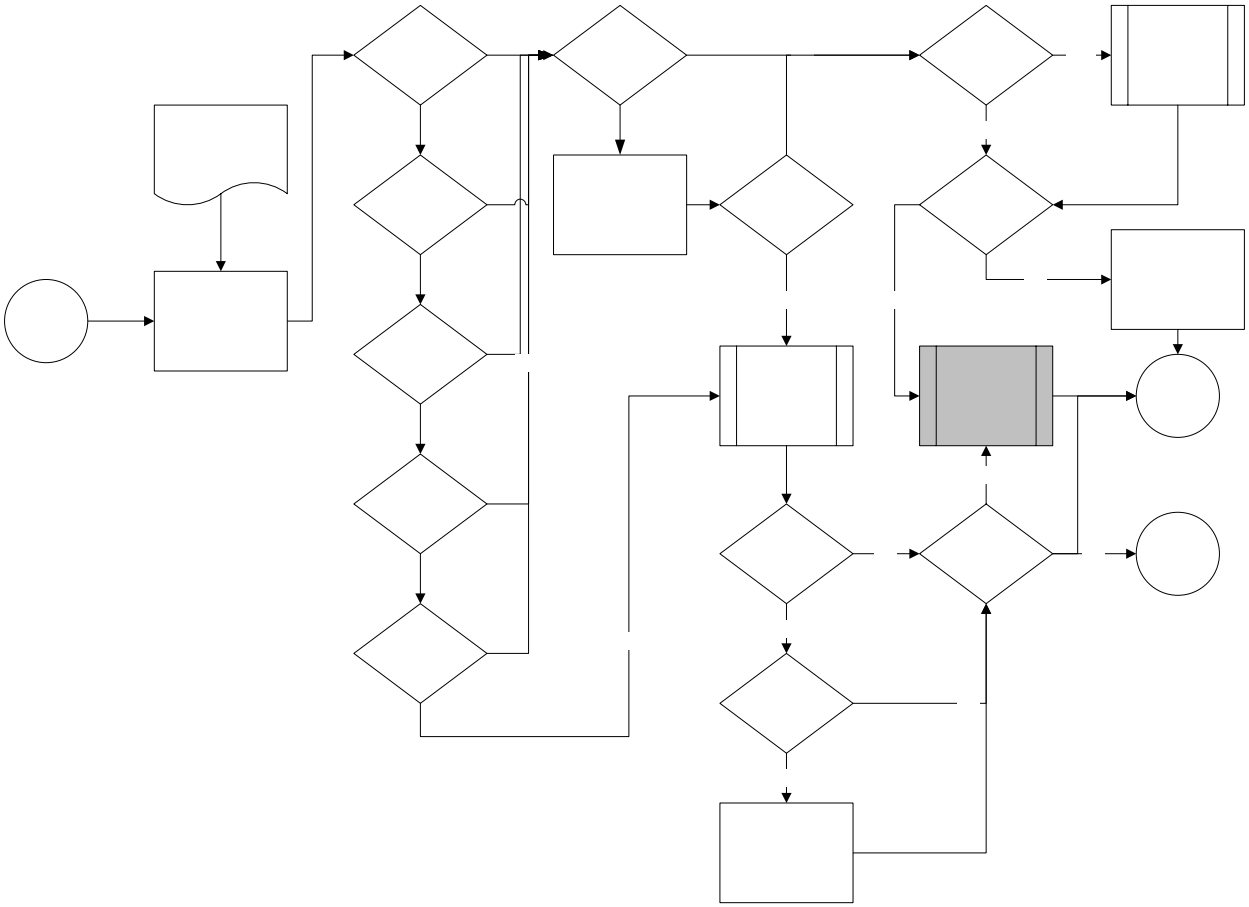
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	

OUTPUTS

What:	To:	Product/Tool?
Separated Employee	Employee Separation Process, Employee Evaluation Process	YES
Short-Term Employee	Employee Evaluation Process, Employee Separation Process	YES

Employee Retention Options



The following steps are included in this process:

- Assess State Opportunities – This step includes a thorough review of state opportunities available to employees. The Employee Transition Coordinator is the primary position

responsible for on-going position information and distribution of this information to affected employees prior to the layoff process. Once employees have been notified of the risk of layoff, Human Resource staff will be the primary contact for employees who are interested in maintaining state employment.

- Explore Moving Expenses or Providing Lump Sum Relocation Costs – If a state position is available for a qualified employee, the employee may be eligible for payment of moving expenses or a lump sum incentive. Such payment is dependent upon the law and terms of the collective bargaining agreements in place at the time and upon approval of the appointing authority and allocation of resources. Assess Voluntary Separation Incentive Eligibility – Employees who are not interested in a state position or unemployment, may be eligible for a voluntary separation incentive. This incentive is dependent upon the law and terms of the collective bargaining agreements in place at the time and approval of the appointing authority and allocation of resources.

- Process Voluntary Separation Paperwork – This step includes the processing of the voluntary incentive separation program.

- Evaluate Short-Term Retention Incentive – If employee is separating from state service or is transferring to another site, AND the affected institution needs the employee to remain at the site until further notice, this incentive can be provided pending eligibility.

- Consideration of the Training Plan – This training process is the same process described in the retention section, with the exception of a major difference. Employees who are interested and eligible for training in this process are those employees who have been notified they are "at risk of layoff." This training would need to be more short-term focused; given there is a defined separation date for each employee. For more information on this process, see the Employee Training Section 6.6 of this chapter.

- Transition Employee – This step assumes the employee is transitioning to another position and is not needed at a downsizing or a potential closure site. The employee may immediately transfer to the new position.

Sub Process
4.1.1 Initiate Training Plan

Section 4.1.1 Initiate Employee Training
This process is fully described in Section 7.0 of this Chapter, titled Employee Training.

Section 4.2 Implement Retention Plan (Pending approval of retention options)
Implementation of the retention options will be critical for retaining necessary employees through either a downsizing or a closure process. This process includes the following steps:

- Communication of retention plan
- Education for employees involved in implementing or approving the retention process

This Section Applies to WHOM:

Task	Responsible Position
1. Communication of Retention Plan	RHC Superintendent, Management Team And HRM
2. Education for Employees involved in Implementing or Approving the Retention Process	RHC Management Team

INPUTS

What:	From:	Product/Tool?
Retention Implementation Plan	Employee Retention	YES

OUTPUTS

What:	To:	Product/Tool?
Communication Materials	Affected RHC Management	
Training Materials	Affected RHC Management	

Insert process- pending approval of retention options

5.0 Employee Separation

Employee separation occurs after options of retaining employees within the state system have been explored. Separation includes the layoff process and can offer employees an option(s) of remaining a state employee through position options. The Layoff Process is a more formal process than the career assistance options noted in the Employee Retention process. For example, pursuant to the SEIU 1199 collective bargaining agreement, employees who are its members not able to enter the separation process without being identified by the institution as being at risk of receiving a layoff notification.

The Employee Transition Work Team is exploring a variety of supports and resources for displaced employees such as:

- Career transition services including resume writing, job search strategies, and interviewing skills;
- Training opportunities; and
- Access to other public or private opportunities through job fairs.

The Employee Transition Work Team is exploring a relationship with Rapid Response. Rapid Response is comprised of Washington State Employment Security Department, King County Dislocated Workers Program, Community and Technical Colleges, and the Reemployment Support Center, AFL-CIO. An initial meeting with the Seattle-King County Rapid Response Team provided an overview of the services available such as job search assistance, access to education and training, and access to unemployment information.

Preliminary meetings have also been held with North Seattle Community College, Edmonds Community College, and Shoreline Community College to explore general career transition

training opportunities, as well as job specific training for identified positions. These processes will be documented in the subsequent version of the Transition Plan.

This Section Applies to WHOM:

Task	Responsible Position
1. Activate Layoff Process	RHC Superintendent And HRM
2. Initiate Career Transition Resources	RHC HR Manager/ETC
3. Provide Training Opportunities	RHC HR Manager /ETC
4. Assist With Employment Options	RHC HR Manager
5. Activate Separation (If Needed)	RHC HR Manager

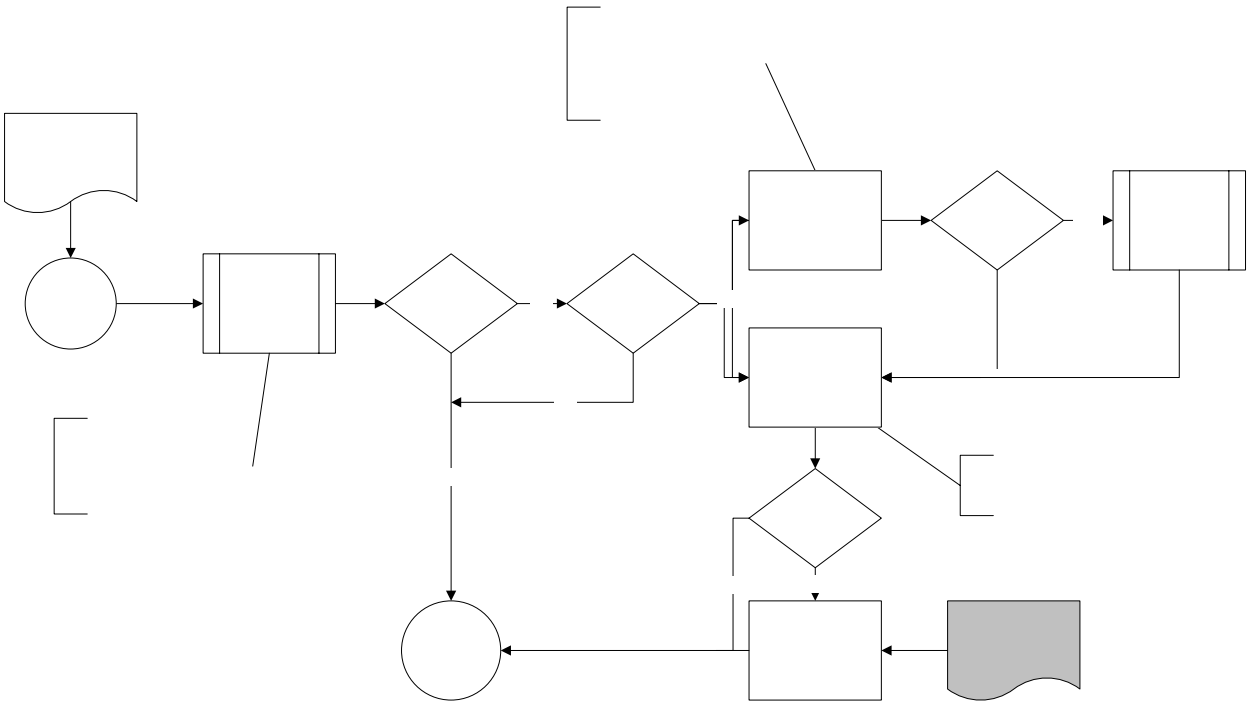
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	

OUTPUTS

What:	To:	Product/Tool?
Separated Employee	Employee Transition Evaluation Plan	YES
Transitioned Employee	Employee Evaluation Process	YES

Employee Transition: Employee Separation



This process includes the following tasks:

- Activate Layoff Process – This step entails the affected RHC finalizing the list of employees who are "at risk of layoff" and providing the list and proposed timeline to the DSHS Layoff Coordinator. A copy of this list is also provided to the DSHS HR Director. This step is more fully described in the sub-process Activate Layoff.

- Initiate Career Transition Resources – This step is for employees who do not receive a layoff option or decline their layoff option and do not have a position; either with the state system or other sector. These employees are offered career transition assistance through the career transition center, career transition workshops, and other career transition resources.

- Provide Training Opportunities – For the employees who are still searching for a job position, training opportunities are reviewed and discussed. These training opportunities may include training workshops, computer training, and funded training programs pending eligibility.

- Assist with Employee Options – Job position opportunities are posted through the career transition center, as well as through supervisors. The human resources office may the General Government Transition Pool for those employees identified as at risk for or layoff and continue to search for possible job openings during the layoff process.

- Activate Unemployment (If needed) - If a state position is not available for an employee (either through the layoff process or other position options), the employee may decide to file for unemployment. The human resources office provides the employee with information to apply for unemployment.

Sub Processes
5.1 Activate Layoff Process
5.2 Implement Training Plan

Section 5.1 Activate Layoff
The layoff process is activated when all options of retaining an employee prior to the layoff process have been fully explored. Once an employee enters the layoff process, there still remains an opportunity for the employee to be offered and accept a position with the State through the General Government Transition Pool or option with DSHS. The option (if there is one) for those who are members of a union includes an assessment of seniority and required/specialized skills and abilities. For those who are not members of a union, the option includes an assessment of competencies and other position requirements, whether the position is comparable, and whether the employee has the lowest employment retention rating.

Specifically for members of the SEIU 1199 union (unless policy requires it for all), once the Layoff Coordinator receives notification of a proposed layoff the coordinator notifies the union and the DSHS Diversity Affairs Office (DAO). DAO does an analysis of the impact on protected group members and if adverse impact occurs, the layoff process is pended until the RHC Superintendent submits written justification for the layoff to DAO and receives approval to continue. The Layoff Coordinator explores options. Management will provide each employee with an official layoff letter at least 15 calendar days in advance of the layoff effective date or as specified in the collective bargaining agreements. This letter will include the effective date of the

layoff, the option(s) (if any), and appeal rights. The HR Office will finalize a confirmation letter if the employee accepts an option. Employees who accept an option are transferred/demoted to the new position on the day following the effective date of the layoff. Employees who have no options or decline their option(s) will be separated close of business on the effective date of the layoff. All employees will have layoff appeal rights; however, the appeal process does not place the layoff effective date on hold.

This Section Applies to WHOM:

Task	Responsible Position
1. Receive Notification From RHC	DSHS HR Director
2. Provide Layoff Orientation	RHC HR and/or Layoff Coordinator
3. Notify Union for those employees who are members of a union or represented by a union	Layoff Coordinator
4. Notify DSHS DAO	Layoff Coordinator
5. If Adverse Impact, Layoff Pended for Justification	RHC Superintendent
6. Explore Options	Layoff Coordinator and RHC HR
7. Send Confirmation Letter	RHC HR
8. Transfer Employee	RHC HR

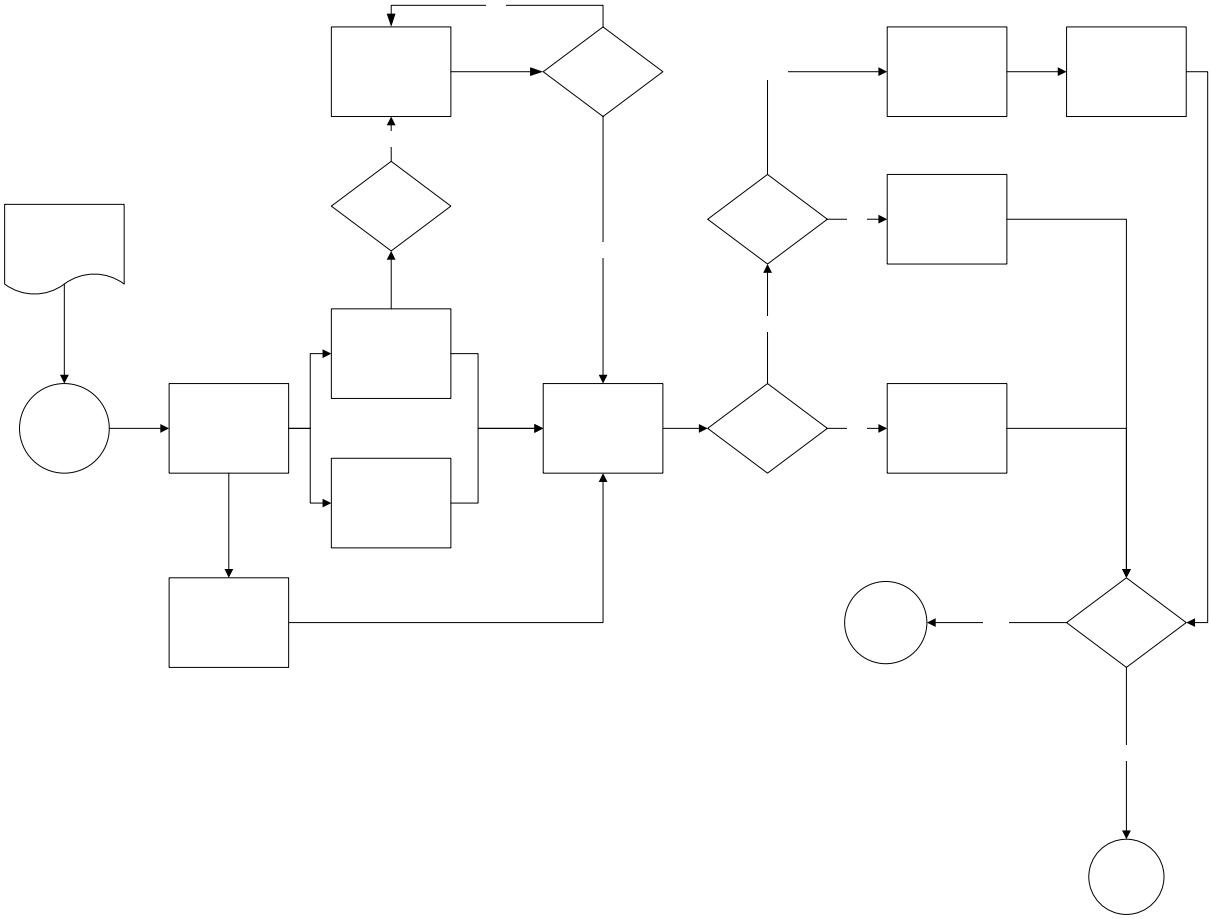
INPUTS

What:	From:	Product/Tool?
Layoff Notification List	RHC HR Manager	YES

OUTPUTS

What:	To:	Product/Tool?
Separated Employee	RHC HR	
Transferred Employee	RHC HR	
Employee Appeal	Appeal Process	

Activate Layoff Process



This process includes the following steps:

- Receive Notification From RHC – This process begins with the affected RHC Human Resource Office providing the list of employees who are identified for layoff to the DSHS Human Resources Director.

- Provide Layoff Orientation – A layoff orientation may be scheduled and provided to those employees identified to be "at risk of layoff". This orientation provides information about the layoff process, the Layoff, Layoff Registers, and the General Government Transition Pool.

Risk of Layoff Notification

- Notify Union – Pursuant to the terms of the collective bargaining agreements, the DSHS Layoff Coordinator informs the appropriate union(s) of the list of employees "at risk of Layoff" who are members of a union or represented by a union.

- Notify DSHS Diversity Affairs Office (DAO) – The DSHS Layoff Coordinator informs the DAO section of the employees on the "at risk of Layoff list".

From Employee

Receive Notification

- Layoff Pending – If DAO determines there is adverse impact on protected group members, Layoff is pended.

- Explore Options – The DSHS Layoff Coordinator determines options (if any exist) that are either vacant or filled (bumping process) by county, region, or statewide.

- Send Confirmation Letter – A confirmation letter is sent to the employee by the Human Resources Office detailing the selected option chosen by the employee.

- Transfer/Voluntary Demote Employee – Employees who accept their formal or informal option are prepared for transfer/demotion to the receiving site.

Section 5.2 Initiate Employee Training

This training process is the same process described in the retention section, with the exception of a major difference. Employees who are interested and eligible for training in this process are those employees who have been notified they are "at risk of Layoff." This training would need to focus on more short-term training options, given there is a defined separation date for each employee. For more information on this process, see Section 7.0: Employee Training of this chapter.

6.0 Employee Communication

One of the most critical elements of an employee transition process is employee communication. Establishing a predictable, systematic, and structured communication process for information exchange across the institution keeps employees informed of the downsizing and closure planning efforts, and also minimizes ambiguity and anxiety. The Employee Transition Work Team identified several elements of an effective employee communication plan. Identified elements include:

- A feedback loop with two-way communication between employees and leadership/management;
- Multiple levels such as interpersonal, group, work unit, and institutional;
- Multiple modes such as electronic, in-person, written, newsletter, letters;
- Building and maintaining trust;
- Leading change by addressing the specific aspects of the change AND managing transitions by acknowledging employees response to change;
- Responsiveness; and
- Timeliness.

The employee focus group sessions in February 2004 identified communication as a critical employee need during downsizing. Employees expressed the need for an effective communication plan that included:

- Reliable information;
- Predictable intervals for employees across DDD;
- Multiple communication methods including web-based, 1-800 phone line, departmental meetings, hardcopy materials, and access to the HR Office;

- Formal and informal communication;
- Trust based;
- Recognizes the importance of management and union communication;
- Provides access to information about the Layoff;
- Management of external information (responsive/proactive); and
- An emphasis on the changing nature of the environment.

Employees were very interested in a reliable information source that describes (a) what is changing, (b) why it is changing, (c) how it is changing, and (d) according to whom. Employees also expressed interest in management training around strategies and effective ways to communicate with employees during downsizing. Overall, employees desired enhanced communication efforts (reliable, timely, and predictable). Employee comments on communication issues, concerns, and needs accounted for approximately 25 percent of all focus group narrative comments combined.

In response to the importance of communication in helping employees transition to downsizing, the potential for closure, and change in general, an Employee Communication Task Force was formed. This task force included representatives of local labor, the ADSA Communications Manager, a DDD HQ Chief, a representative from the regional SOLA, the Employee Transition Coordinator, and a Project Support Staff. The task force was charged with reviewing the information collected from employees and drafting a communications plan addressing employee communication preferences and concerns.

The following process details the steps involved in the development of a communications plan for Employee Transition. This process was developed in the midst of downsizing Fircrest School by four cottages. Therefore, the process is described from a future perspective, even though many of the tasks were implemented during the 2003-05 Biennium.

The employee communication process should begin with the initial announcement of downsizing and closure planning and continue until all objectives of the project have been completed. After the initial announcement of downsizing or closure, a review of the institutional, employee, and union needs, along with a review of rules and regulations should occur. An assessment of employee and institutional needs will tailor the communication strategy and messages to more closely align with identified needs. Communication options are then explored and evaluated to develop an employee communication matrix. Selected strategies, tactics, and methods will feed into the development of an employee communication plan.

This Section Applies to WHOM:

Task	Responsible Position
1. Review Institutional Needs	RHC Superintendent, Management Team and HRM
2. Review Employee Needs	RHC Management Team
3. Consider Labor Concerns	RHC Superintendent , Management Team and HRM
4. Review Rules & Regulations	RHC HRM
5. Develop Communication Options	RHC Superintendent, Management Team and HRM ADSA Communication Manager/ETC

6. Modify Resources	RHC Superintendent, Management Team and HRM
7. Develop Communication Plan	RHC Superintendent, Management Team, ADSA Communication Manager//ETC/RHC HRM
8. Implement Communication Plan	DSHS Headquarters/ETC/RHC HRM/Management Team

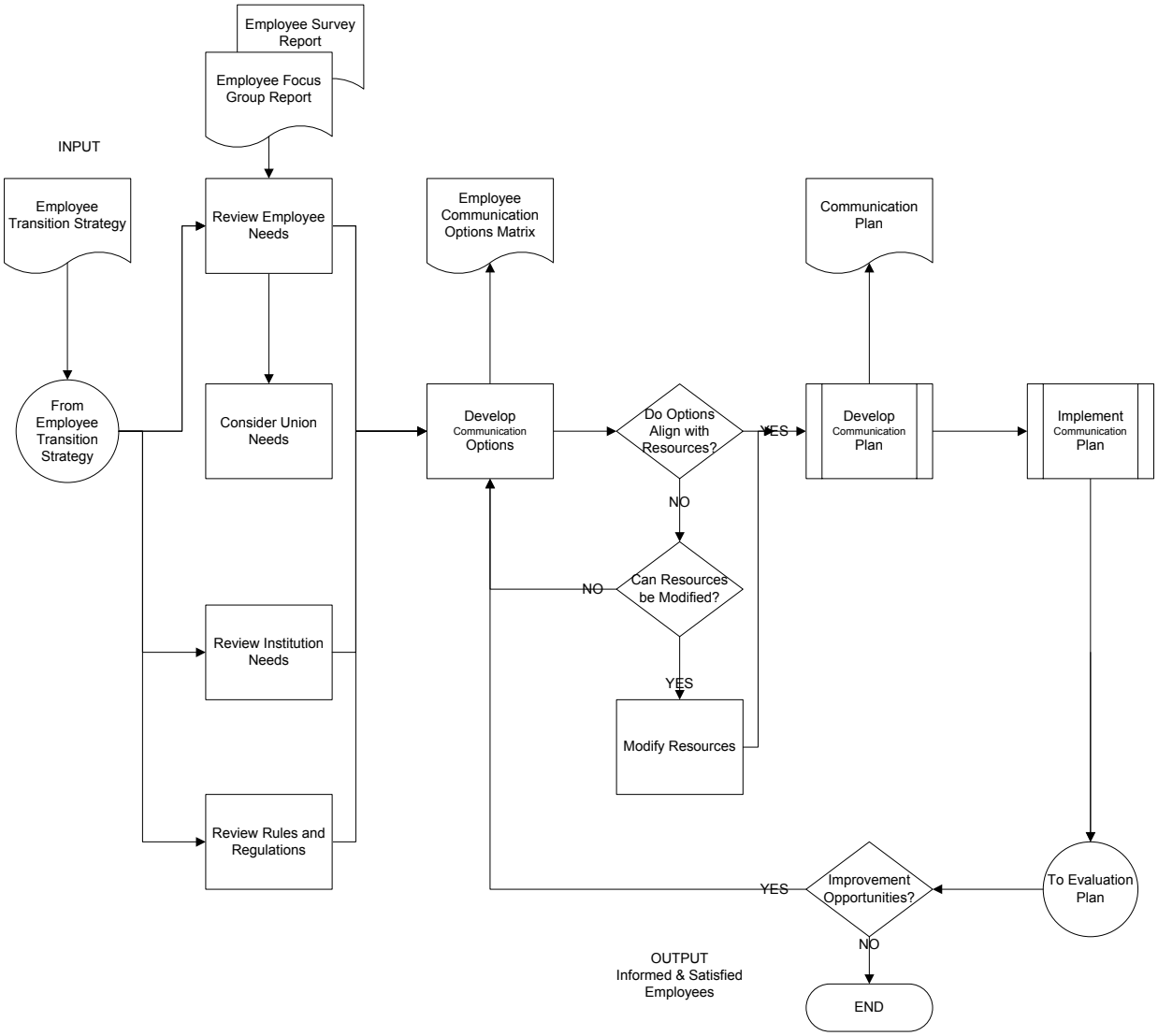
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	
Employee Focus Group Data	Employee Focus Group Report	YES
Employee Survey Data	Employee Survey Report	YES

OUTPUTS

What:	To:	Product/Tool?
Employee Communication Matrix	RHC HR Manager/Career Transition Coordinator/DDD HQ	YES
Employee Communication Plan	RHC HR Manager/Career Transition Coordinator/DDD HQ	YES
Communication Implementation Plan	Employee Transition Evaluation Plan	

Employee Communication



This process includes the following tasks:

- Review Institutional Needs – During this step, the affected institution communication needs are assessed to determine what information needs to be communicated, the appropriate communication channel(s), and target audience(s).

- Review Employee Needs – Employee communication needs are addressed in the employee input processes (employee strategy process), through survey, focus groups, observation, or feedback processes.

- Consider Labor Needs - Pursuant to the terms of the collective bargaining agreements, Labor needs are also considered through discussion with labor representatives and employees. During the 2003-05 Biennium, local labor representatives were part of the employee

communication work group charged with defining a long-term communication plan for Fircrest downsizing.

- Review Rules & Regulations – A review of the rules and regulations is completed to better understand the environmental constraints and opportunities.

- Develop Communication Options – Based upon input from the employee and institution needs review, as well as consideration of labor needs and existing rules/regulations, communication options are developed.

- Modify Resources – This step determines if communication options align with available resources. If there is not alignment, resources, are modified if applicable. If resources are not modifiable, the process would cycle back to develop communication options that do align with current resources.

- Develop Communication Plan – Upon modification of resources and finalization of communication options, the communication plan is developed. This plan details the purpose of the communication plan, the plan requirements, key messages, appropriate communication channels, and a proposed timeline. This plan should be responsive to employee input, institution input, and labor input. A communication plan was developed for FY 2005 and is included as Appendix 2.5.C.

- Implement Communication Plan – This step is the actual initiation of the communication plan. It entails actualization of the communication process steps by providing communication and training to employees and other stakeholders about the plan, the process, and the expected communication methods. This step is the catalyst point for on-going communication related to downsizing or potential closure of an RHC.

Section 6.1 Develop Communication Plan

The process for developing a communication plan is detailed below. This process is applicable for a high-level communication plan in the strategic phase, as well as a tactical plan for specific communication topics, events, or activities.

This Section Applies to WHOM:

Task	Responsible Position
1. Determine What Needs to be Communicated	DDD HQ/RHC Superintendent
2. Define Target Employee Audience	DDD HQ/RHC Superintendent
3. Determine Communication Method	DDD HQ/RHC Superintendent
4. Draft Communication Materials	ADSA/DSHS Communication Manager/DDD HQ
5. Review by Communication Team	ADSA Communication Manager/DDD HQ
6. Expedited Review	ADSA/DSHS Communication Manager/DDD HQ
7. Distribute Communication	ADSA/DSHS Communication Manager/DDD HQ

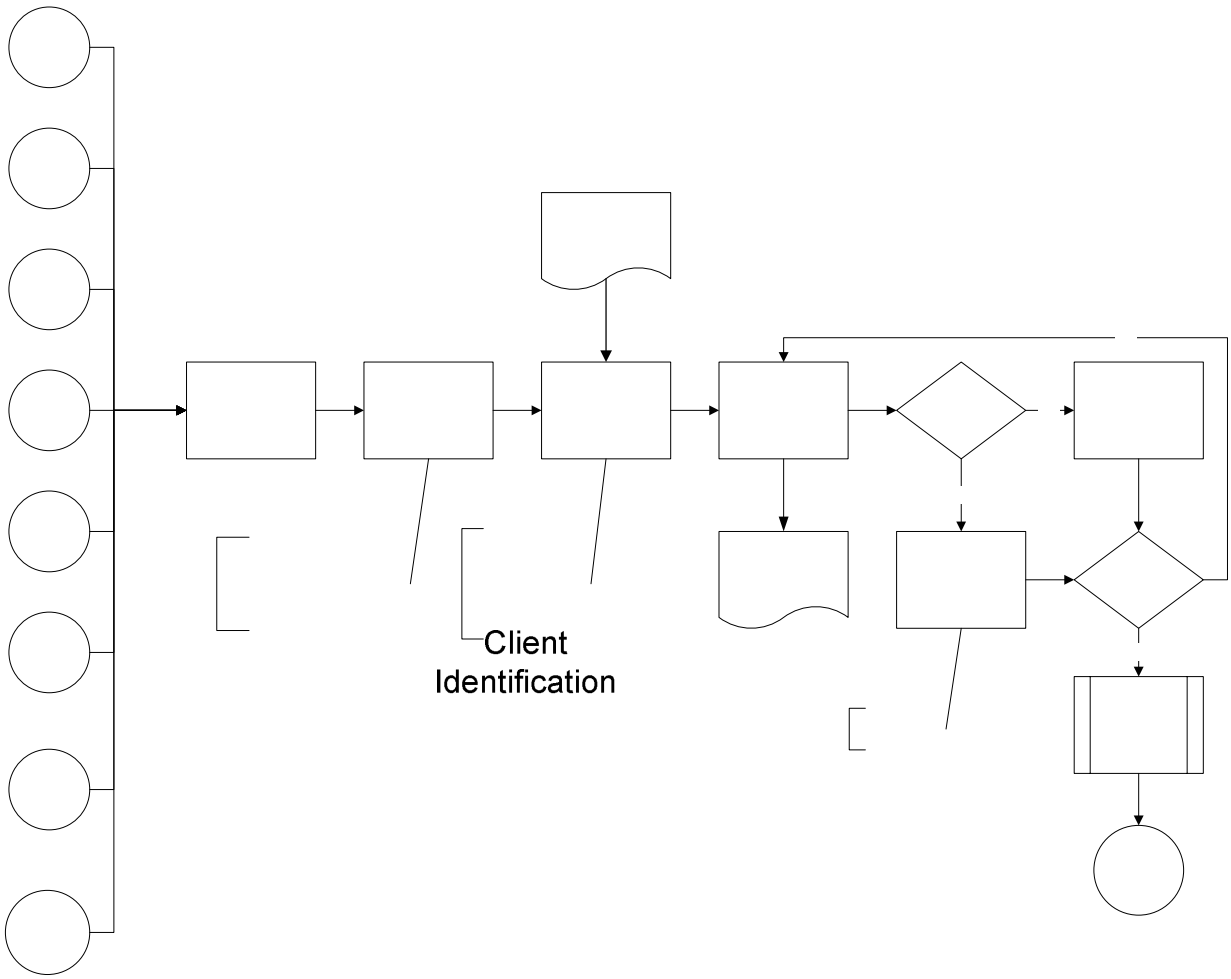
INPUTS

What:	From:	Product/Tool?
Client Identification	Client Identification Process	
Resource Development	Resource Development Process	
Capital & Facilities	Capital & Facilities Process	
Employee Transition	Employee Transition Process	
Client Transition	Client Transition Process	
Quality Assurance	Quality Assurance Process	
Licensed Professional Services	Licensed Professional Services Process	
Communication	Communication Team	
Communication Plan	Communication Plan	YES

OUTPUTS

What:	To:	Product/Tool?
Employee Communication Document	Distribution Process	YES

Develop Communication Plan



The process includes the following steps:

- Determine What Needs to Be Communicated to Employees – For a high-level communication plan, this step includes a review of employee and management input to determine what needs to be communicated. For example, one of the areas employees wanted more information on was the layoff process. This process step would also include identifying key messages or the "what needs to be communicated" regarding an event, issue, activity, or process.

- Define Target Audience – The target audience for the overall communication plan would be defined at this step for the high-level process. At the tactical level, this step would include defining the target audience pertinent to the "what needs to be communicated." Example audiences include external stakeholders, DSHS, ADSA, DDD, RHC, classification of employees.

- Determine Communication Method – At a high-level, this step includes a review and selection of the ideal communication method(s) to meet the needs of the process. Example methods include electronic, hard copy, web, and face-to-face.

- Draft Communication Materials – This step includes the development of specific communications materials. Two examples of high-level communication materials include the "What's Happening" and the "Employee Update" documents. These documents are distributed to DDD employees on a monthly basis, coinciding with pay periods (allowing employees to pick up the material with their paychecks). In the event of specific communication, draft materials would be developed at this stage for review.

- Review by Communication Team – All communication material that is part of the Fircrest Downsizing and RHC Consolidation process must be reviewed prior to distribution. A communications team has been formed to provide such a review. This team includes but is not limited to program representatives, project support unit representatives, and communication specialists. For more information on this process, please refer to Chapter 8: Communication.

- Expedite Review – In the event there is a need to distribute the information in an urgent manner, an expedited review process has been established. This step includes the communication contact working with the program (DDD) and the Attorney General's office to provide timely, accurate, and appropriate information. For more information on this process, please refer to Chapter 6: Communication.

- Distribute Communication - Once the information has been reviewed, either by the Communication Team or by the expedited review process, the information is ready for distribution to intended audiences. The following processes document the distribution process for DDD, as well as the RHC.

Section 6.1.1 Distribute Employee Communication – DDD/RHC

The next process defines the employee communication distribution process for DDD and Fircrest School. The major steps in each process is similar, however, depending on target audience (DDD or RHC), there are slight modifications. In addition, there are slight variations in the communication methods, as noted by the two boxes providing examples of communication methods.

This Section Applies to WHOM:

Task	Responsible Position
1. Receive Communication Material	DDD HQ/RHC Superintendent
2. Confirm Approval by Director/RHC Superintendent	DDD HQ/RHC Superintendent
3. Modify Communication Material (If Necessary)	DDD HQ/RHC Superintendent
4. Confirm Modifications with Sender (If Needed)	DDD HQ/RHC Superintendent
5. Determine Target Audience (If Necessary)	DDD HQ/RHC Superintendent
6. Determine Communication Method (If Necessary)	DDD HQ/RHC Superintendent
7. Develop Receipt Requested Process (If Needed)	DDD HQ/RHC Superintendent
8. Distribute Communication	DDD HQ/RHC Superintendent

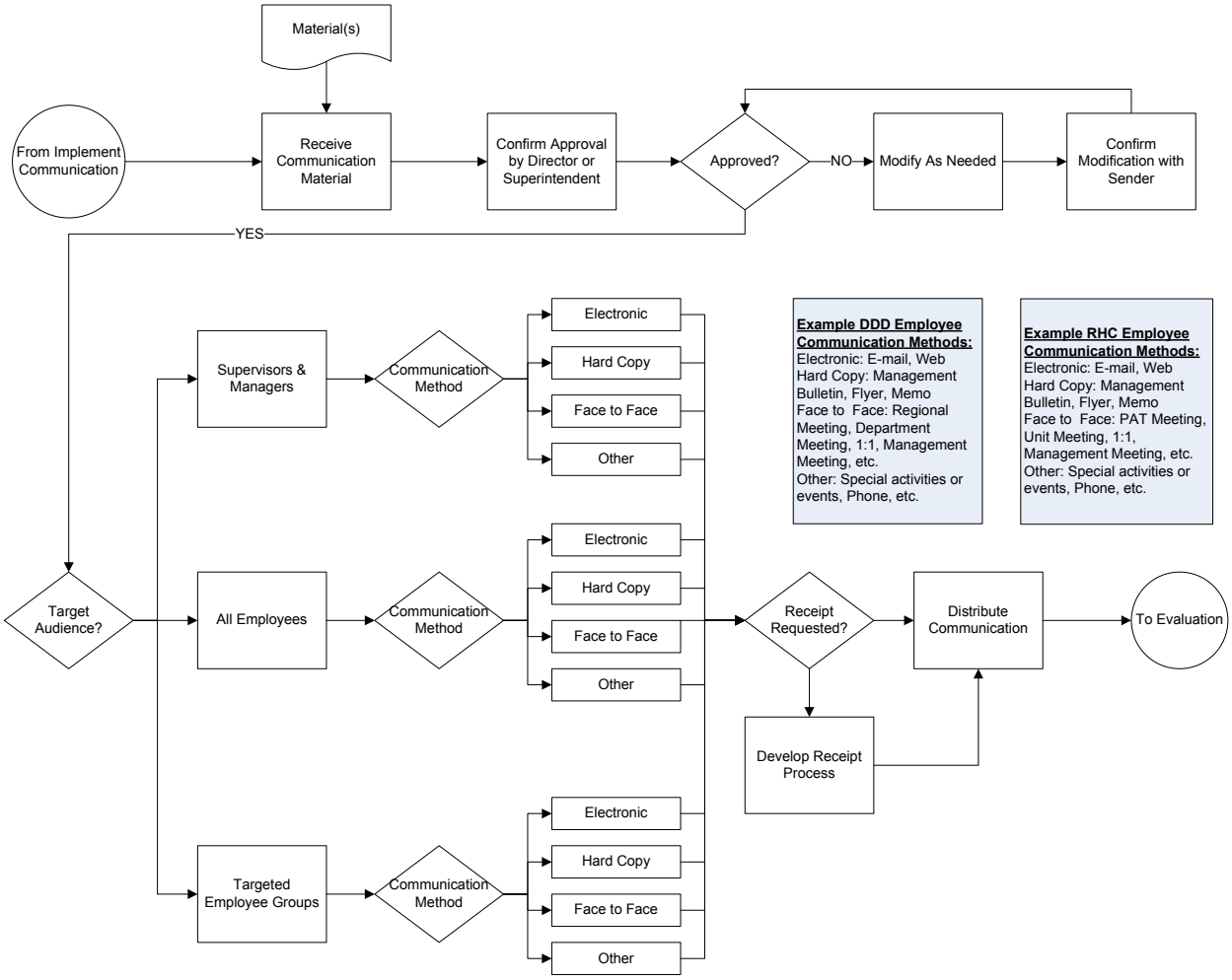
INPUTS

What:	From:	Product/Tool?
Employee Communication Materials	Communication Plan	YES

OUTPUTS

What:	To:	Product/Tool?
NA		

Distribute Employee Communication



- Receive Communication Material – This process begins with DDD or the RHC receiving employee communication materials from the sender. This input comes into the process from the Implement Employee Communication Process.

- Confirm Approval by director/RHC superintendent – Upon arrival, the DDD director or the RHC superintendent must approve the employee communication document/material.

- Modify as Needed – If changes are required, the employee communication document/material must be modified for approval.

- Confirm Modifications with Sender (If needed) – If the employee communication document/material required modification, the final modifications must be confirmed with the sender.

- Determine Target Audience – The site or division can best determine the most appropriate audience for the information. While it is important to communicate as much as possible during downsizing, it is also important to avoid overloading the communication channels

with information that is not pertinent to the receiver. Overloaded communication channels that are filled with information that is not targeted to employees can reinforce employee behavior to delete or not read materials pertaining to a subject area. Example target audiences include: managers and supervisors, all employees, and selected employee groups/classifications.

- Determine Communication Method – The site or division should select communication methods that are most effective within their area. This includes electronic, hard copy, or face to face methods, as well as tools such as the management bulletin.

- Develop Receipt Requested Process (If Necessary) – In certain instances, it may be important to ensure that all employees receive specific information. For example, when the funded employee training program was implemented, it was important that all employees were informed of this program in a timely and equitable manner. When deemed appropriate, a receipt requested process can be devised. This may include several levels of accuracy, such as simply attaching the information to paychecks and having employees sign for the paychecks received or manually handing out information and having employees sign specifically for the information.

- Distribute Communication – After completion of the above described steps, the employee communication material/document is distributed.

Section 6.2 Implement Employee Communication

The implementation process for employee communication includes providing information to appropriate individuals about the communication process and plan, as well as training the employees on the process to follow. The documented communication plan and processes included in this section are only effective if they are used. This process provides some level of assurance that the plan and process will be used. This will provide a more strategic approach to communication than an incremental, reactionary approach for communicating with employees.

This Section Applies to WHOM:

Task	Responsible Position
1. Define Target Audience for Communication and Training	DDD HQ/RHC Superintendent
2. Inform Target Audience about Communication Plan and Process	DDD HQ/RHC Superintendent
3. Train Target Audience to use Communication Plan and Process	DDD HQ/RHC Superintendent
4. Oversight of Employee Communication	ADSA/DSHS Communication Manager/DDD HQ
5. Evaluate Communication Plan and Process	ADSA Communication Manager/DDD HQ

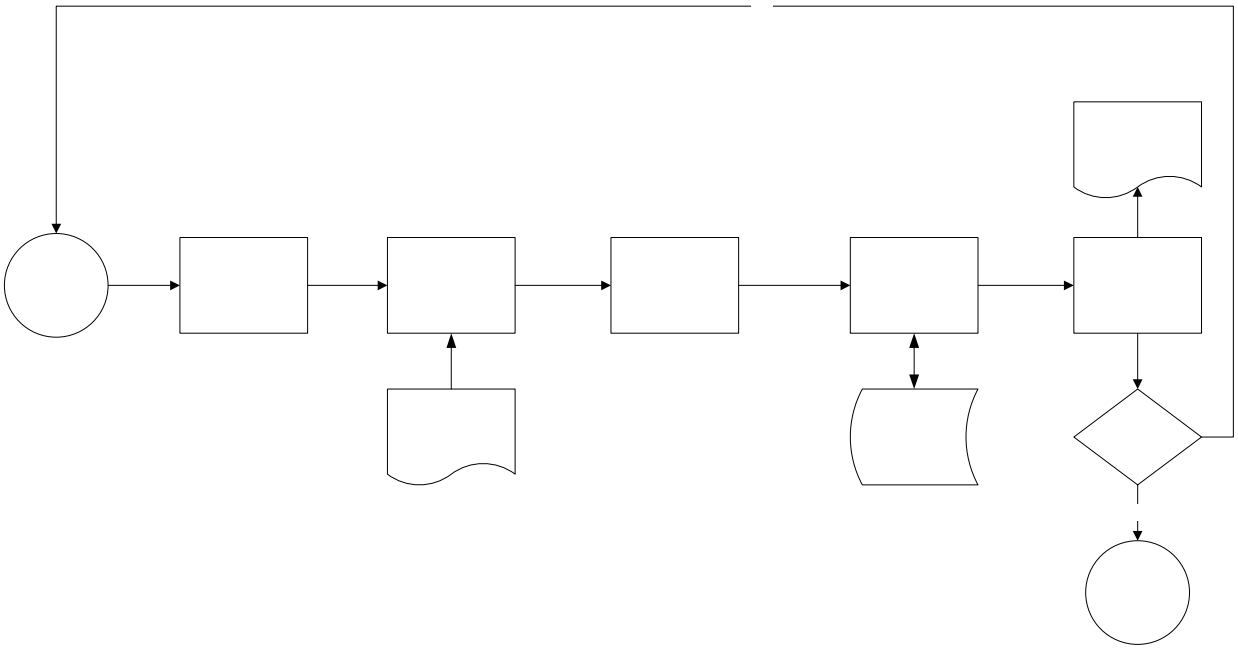
INPUTS

What:	From:	Product/Tool?
Communication Plan	ADSA Communication Manager	YES
Communication Log	Career Transition Coordinator	YES

OUTPUTS

What:	To:	Product/Tool?
Employee Communication Log	Oversight of Employee Communication	YES

Implement Employee Communication



The steps involved in this process include:

- Define Target Audience for Communication and Training – Defining the appropriate audience for understanding the communication plan and the process will be important in leveraging the work in this section. Employees have described a need for predictable and reliable information in a timely manner. This step is critical to accurately define those individuals across the system that will impact the flow of information to employees.

- Inform Target Audience about Communication Plan and Process – After determining the appropriate employees to involve, the communication must be distributed to these individuals, informing them of the employee communication plan and process.

- Train Target Audience about Communication Plan and Process – A brief training session should be held with key individuals in the communication flow process to be sure each individual understands the process, is comfortable with their role in the process, and has the opportunity to provide feedback on the process and plan.

- Oversight of Employee Communication – A designated individual must be responsible for maintaining the communication log, assessing the effectiveness and efficiency of the

employee communication processes and material, and modifying the processes when appropriate.

- Evaluate Communication Plan and Process – This step includes a periodic review of the communication plan and process implementation. This could include a form of communication audit at an RHC unit, interviews, observations, or survey of focus group feedback. It will be important to monitor this step, in order to be certain employees are receiving timely, reliable, and predictable information from the plan and process.\

7.0 Employee Training

When directing the downsizing of Fircrest School and the development of a transition plan for potential closure, the Legislature also provided funding for employee transition, training, and retraining. This section depicts the overall training acquisition process for RHC employees at a downsizing site. Assumptions of this process include the following:

- Legislature provided funding for employee transition, training, and retraining.
- The inclusion of targeted and general training: Targeted training identifies high need career areas for Washington State, such as nursing and education specialists. General training programs include various training programs specifically identified by an individual employee.
- While training options include support training such as group classes on resume writing, identifying transferable skills, and understanding change and transition, these training programs are considered workshops offered through the Career Transition Center and are referenced in the overall employee transition process, as well as the employee support process previously described. The focus of the training in this plan is based upon individual and employee initiated training programs for career development, job skill development, and retention.
- Training programs include degree, certificate, vocational, licensure, and other options.
- The training process recognizes there will be on-going, emergent opportunities such as training partnerships, survey data, and employee expressed interest.
- The process also recognizes there will be significant variance in individual education, experience, and interest; as well as variation in program of study prerequisites, acceptance percentages, length, and cost.
- This process does not include federal or state dislocated worker programs, since those programs can only be accessed once an employee separates from the state system. Those programs are referenced in the employee separation process.

This Section Applies to WHOM:

Task	Responsible Position
1. Define Training Criteria	DDD HQ/Employee Transition Work Team/Fircrest Management Team
2. Define Training Process	DDD HQ/Employee Transition Work Team/Fircrest Management Team
3. Conduct Staff In-Service on Training Process	DDD HQ/ETC

4.	Communicate Training Opportunities to Employees	RHC Superintendent/ETC
5.	Oversee Training Process and Outcome	RHC Site Training Coordinator
6.	Evaluate Training Program	RHC Site Training Coordinator

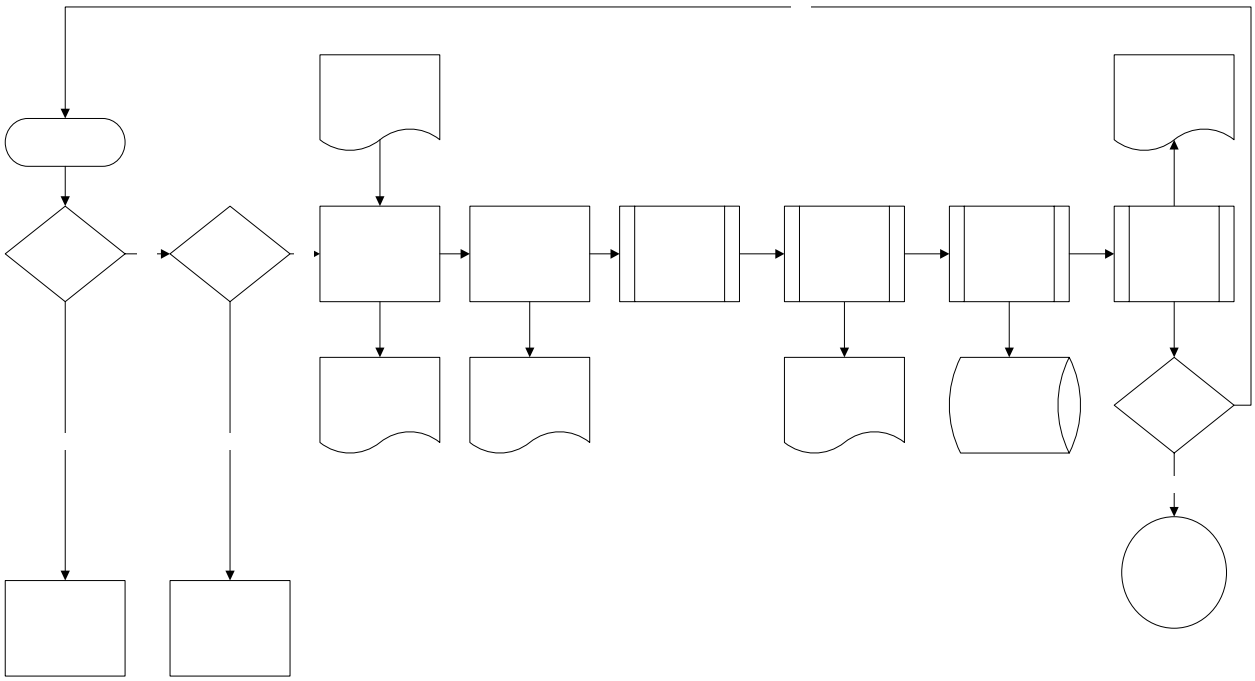
INPUTS

What:	From:	Product/Tool?
WAC 357-34 and collective bargaining agreements	Policy Direction (Internal and External)	YES

OUTPUTS

What:	To:	Product/Tool?
Training Criteria Checklist	Oversight of Training Acquisition Program	YES
Training Process Manual	Oversight of Training Acquisition Program	YES
Employee Training Tool Kit	RHC Employees	YES
Training Measurement Report	Evaluation Process	YES

Training Process



The high-level training process includes the following steps:

- Define Training Criteria - Defining criteria for training includes a review of current policy and legal considerations, as well as a review of the purpose of the funded training resources. This includes employee eligibility, program eligibility, and process criteria.

- Define Training Process – Detailing the training process provides a step-by-step procedure for actualizing the training program. This process includes development of the process and accompanying documents for a manual.

- Conduct Staff In-Service on Training Process – The in-service is provided to increase management and supervisor knowledge of the program and related processes. Those individuals are important liaisons to employees who might benefit from the training program.

- Communicate Training Opportunities to Employees – This is a crucial step, particularly if the funded training is time-limited and resource limited. Equal, fair, and reliable communication provided in a timely manner for all employees who may be eligible for this training is critical.

- Oversee Training Process and Outcomes – This oversight helps determine if there are opportunities for improvement necessary in the program, if the employees are taking advantage of the funded program, and if the program was helpful. This work will be critical to understanding how training impacts future employability, as well as assist in employee transition.

- Evaluate Training Program – The data collected during this step will provide process and outcome measures for improvement work.

Section 7.1 Conduct Staff In-Service

If appropriate, the purpose of a staff in-service is to ensure appropriate employees are aware of the training opportunity, understand the training process, and can assist employees with general questions about the training program. For the FY 2005 Employee Funded Training Program, all Fircrest School supervisors and managers were provided the opportunity for this training. Approximately 80 individuals attended the two-hour session (offered during four different time options).

This Section Applies to WHOM:

Task	Responsible Position
1. Develop In-Service Materials	Employee Transition Work Team/Coordinator
2. Identify In-Service Participants	RHC Superintendent
3. Schedule In-Service	ETC
4. Conduct In-Service	ETC
5. Evaluate In-Service	ETC

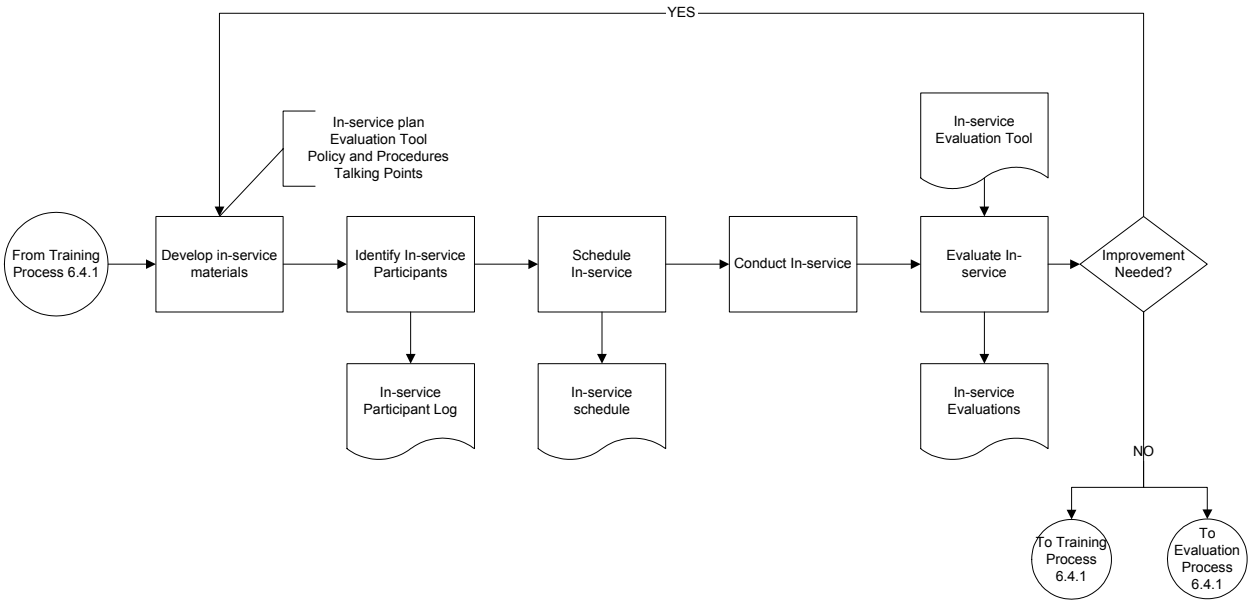
INPUTS

What:	From:	Product/Tool?
In-Service Evaluation Tool	Employee Transition Work Team	YES

OUTPUTS

What:	To:	Product/Tool?
In-Service Participant List	ETC	YES
In-Service Schedule	ETC	YES
In-Service Evaluations	ETC	YES

Conduct Staff In-Service



The steps in this process include:

- Develop In-Service Materials – In-service materials should be tailored to the audience. For the supervisor and manager training at Fircrest, training packets were provided including PowerPoint presentation handouts, a high-level process flow chart, eligibility criteria, and a document describing an informational overview of the program.

- Identify In-Service Participants – The site should identify those employees who should attend the in-services. If this program was to be expanded across all RHCs, the in-service training participants should also be expanded.

- Schedule In-Service – The individual conducting the training should coordinate dates and times with the site providing the training opportunity.

- Conduct In-Service – This step is the actual orchestration of the in-service. The initial in-service for the Fircrest School Employee Transition Funded Training Program lasted approximately two hours, including ample time for questions and discussion. During the

session, it is critical to reinforce the role of the participant (in this instance, supervisor and manager) in helping to facilitate the program for their employees.

- Evaluate In-Service – Upon completion of the in-service, those attending the session should complete an evaluation to assess necessary improvements in the session, understanding of the process, and predicted ability to assist employees in becoming aware of and accessing the program.

Section 7.2 Communicate Training Opportunities to Employees

It is critical that all employees of an RHC that is downsizing or that has been identified for potential closure have the opportunity to access the Employee Transition Funded Training Program, if available. The funds for this program will likely be limited in resources and time availability. It will be important for all employees to be able to have the opportunity to apply for the funds, pending eligibility. This process identifies a high-level communication process for informing employees of the program.

This Section Applies to WHOM:

Task	Responsible Position
1. Define Key Communication Messages	Employee Transition Work Team
2. Define Communication Methods	Employee Transition Work Group
3. Craft Communication Products	ADSA Communication Manager
4. Create Communication Tool Kit	Employee Transition Work Group/ETC
5. Distribute Communication Products	DDD HQ/RHC Superintendent
6. Evaluate Training Communication Quarterly	DDD HQ

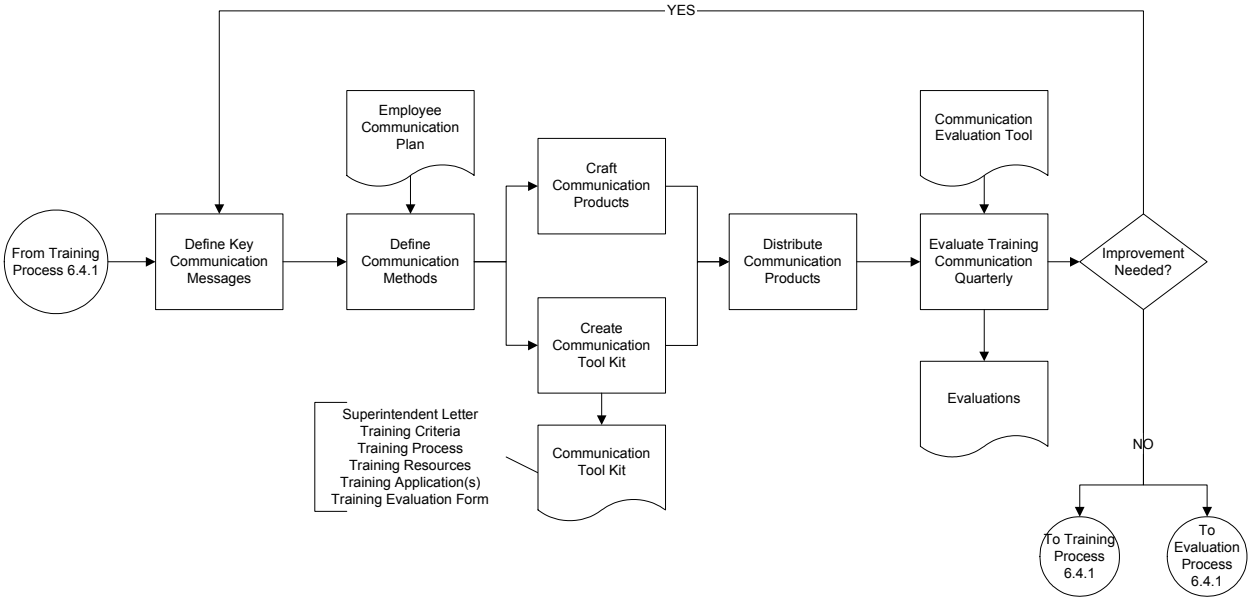
INPUTS

What:	From:	Product/Tool?
Employee Communication Plan	Employee Transition Work Group	YES
Communication Evaluation Tool	Employee Transition Work Group	YES

OUTPUTS

What:	To:	Product/Tool?
Communication Tool Kit	RHC Employees (Fircrest)	YES
Evaluations	DDD HQ	YES

Communicate Training Opportunities to Employees



The following steps in this process include:

- Define Key Communication Messages – Key communication messages should be drafted to tailor important points of the training to employees. Example key messages for the FY 2005 training included the following:

    - There are finite resources,
    - Training is for targeted job skill development,
    - There are no job guarantees,
    - It is the employee's responsibility to access the training funds, and
    - There is an explicit process that must be followed to access the training funds.

- Define Communication Methods - The communication channels should be reviewed and the most appropriate method(s) for the target audience should be selected. During FY 2005, information was distributed electronically, hard copy, and face–to-face.

- Craft Communication Products - Based upon the selected method, the products should also be tailored to the target audience. The FY 2005 program created informational products for employees through an employee update, the Messenger (Fircrest School's bimonthly newsletter), flyers across the campus, and hard copy materials provided with paycheck distribution. In addition, supervisors and managers were provided training materials packets to assist employees in the program and the process.

- Create Communication Tool Kit – This tool kit is designed to provide supervisors and managers with information to assist and support their employees with the training program and process. The tool kit was also available for interested employees.

- Distribute Communication Products – Communication materials can be distributed in a variety of ways. The following chart depicts a few of the distribution channels for the FY 2005 training program.

Distribution Channel	***Product***
Campus Email	Communication Tool Kit
Hard Copy Interoffice Mail Boxes	Communication Tool Kit
Human Resource Office	Communication Tool Kit
Career Transition Center	Communication Tool Kit
Duty Office	Communication Tool Kit
Campus Bulletin Boards	Training Flyer
In-Service	Communication Materials and Draft Tool Kit
Messenger	Training Information
"Employee Update" and "What's Happening" (electronic and hard copy) at Duty Office	Training Information

- Evaluate Training Communication Quarterly – The effectiveness of the communication strategies should be periodically reviewed to determine if the right employees are receiving the right information at the right time. This evaluation can be completed through survey, interview, observation, or focus group data collection methods. A communication audit could also occur on campus with a random review of employee awareness and interest in the program.

Section 7.3 Oversee Training Program

Oversight and monitoring of the training program is critical to ensure the funds are appropriately being allocated and that the program is meeting the needs of affected employees and management.

This Section Applies to WHOM:

Task	Responsible Position
1. Receive Employee Request for Training	RHC Site Training Coordinator
2. Review Preliminary Eligibility Criteria for Employee and Program	RHC Site Training Coordinator
3. Review Preliminary Funding and Inform Employee about Funding	RHC Site Training Coordinator
4. Assess Need for Career Counseling Session	RHC Site Training Coordinator/ETC
5. Process Training Package and Approval	RHC Site Training Coordinator
6. Process and Distribute Acceptance/Denial Letter	RHC Site Training Coordinator
7. Monitor Training RHC	Site Training Coordinator and Project Support Unit

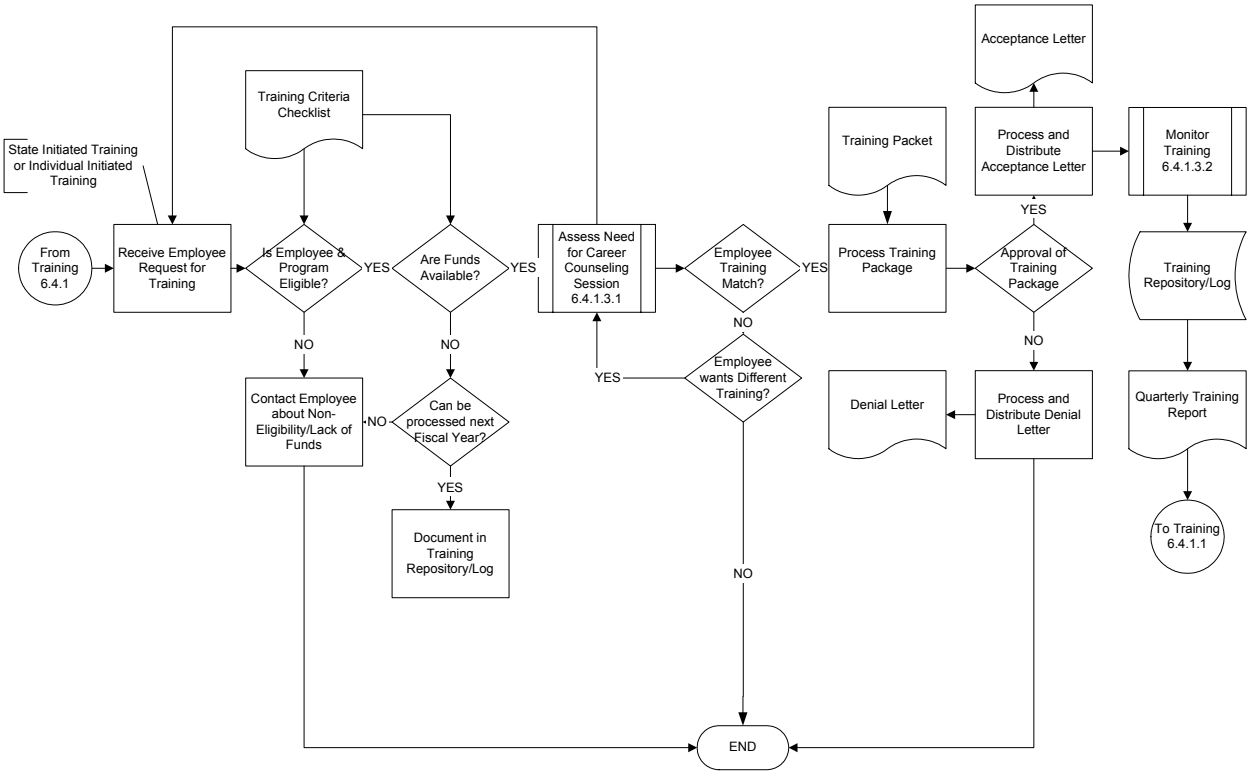
INPUTS

What:	From:	Product/Tool?
Training Acquisition Criteria Checklist	Training Plan	YES
Training Packet	Employee/RHC Training Coordinator	YES

OUTPUTS

What:	To:	Product/Tool?
Training Approval Letter	Employee	YES
Training Denial Letter	Employee	YES
Training Database	Evaluation Process	YES

Oversee Training Program



The following steps define an oversight process for this program.

- Receive Employee Request for Training – Employees provide their training application packet to the Career Transition Center or the Employee Transition Coordinator for review and processing.

- Review Preliminary Eligibility Criteria for Employee and Program – The Employee Transition Coordinator reviews the application packet to ensure all materials are included and all forms are complete.

- Review Preliminary Funding and Inform Employee about Funding – If there are no longer any funds for this program, the employee should be informed of this as soon as possible. A formal review of the application should only occur if funding is currently available.

- Assess Need for Career Counseling Session – The Employee Transition Coordinator will assess the alignment between the employee's current position/experience and the training request. Pending review, the employee may be asked to meet with the Employee Transition Coordinator or a WorkSource Career Counselor to assess the proximity of alignment.

- Process Training Package and Approve – The training package will be processed and the training committee will review the package for approval. During FY 2005, the following positions were part of the training review committee:

    - Fircrest Nursing In-service Coordinator
    - Fircrest Employee Transition Coordinator
    - Fircrest Human Resources Consultant
    - Regional Quality Assurance/Training Member
    - Project Support Unit Member

  The review process for FY 2005 has included a higher-level review (DDD HQ) if the training fund request exceeds a certain dollar amount.

- Process and Distribute Acceptance/Denial Letter – Pending outcome of the review process, a letter to the employee should be drafted. An example letter for this process is included in Appendix 2.5.D Training Implementation Plan.
- Monitor Training – This process includes the on-going monitoring of the training program and is detailed under section 7.3.3.

Section 7.3.1 Assess Need for Career Counseling Session

Funding for employee training/retraining was provided by the Legislature to assist affected employees in job skill development and career development. Throughout the training process, it will be important to help employees be successful in their training endeavors. For some employees, this may mean further development in their current career path. However, for some employees, it may result in having to select an alternative career path. For employees who are interested in funded training for a career path that is significantly different from their current work, a career counseling or coaching session may be beneficial. Employees may also be interested in this session so that they have an opportunity to fully explore viable, alternative options. Experience from FY 2005 has demonstrated employee deviation from original training plans based on interest, skills, and experience. This has resulted in employees who are more satisfied with their final training options, and will likely be a better investment in training of state employees.

This Section Applies to WHOM:

Task	Responsible Position
1. Assess Need for Career Counseling	ETC
2. Coordinate Career Counseling Session	RHC Training Coordinator
3. Review Employees Training Packet	ETC
4. Conduct Career Coaching/Counseling Session	ETC/WorkSource /DOP
5. Determine Training and Job Viability	ETC
6. Determine Training, Job, and Employee Compatibility	ETC
7. Discuss options (if needed)	ETC
8. Sign and Return Training and Skill Development Contract Form	ETC

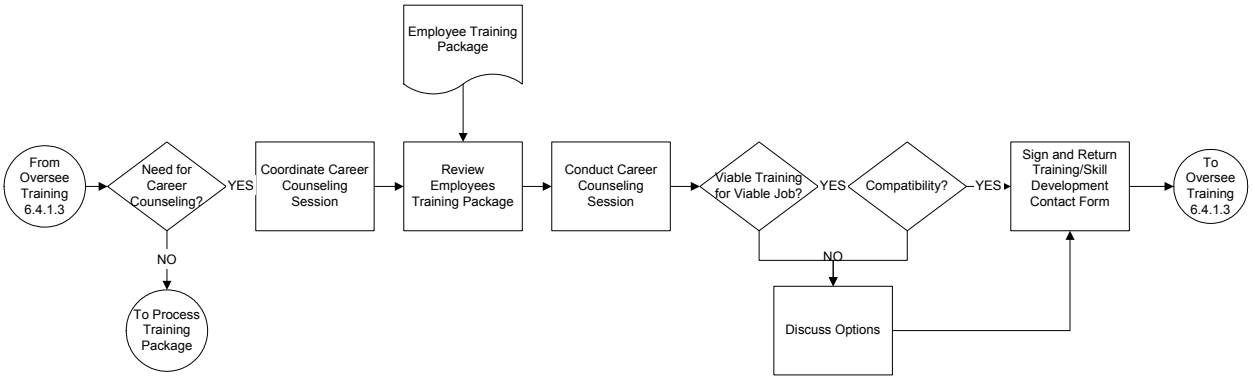
INPUTS

What:	From:	Product/Tool?
Employee Training Package	RHC Training Coordinator	YES

OUTPUTS

What:	To:	Product/Tool?
NA	NA	

Assess Need for Career Counseling Session



This process includes the following steps:

- Assess Need for Career Counseling – The Employee Transition Coordinator reviews the employee application to assess if the training option is a viable option and in alignment with the current employee's background and experience. If there is a significant variance in the degree of alignment, the Employee Transition Coordinator will further assess the match with the employee.

- Coordinate Career Counseling Session – If both parties agree that a session on Career Counseling would be beneficial, an appointment is scheduled.

- Determine Training and Job Viability – This step includes a discussion, review, or assessment of the training and related job interest, as well as the viability of the job.

- Determine Training, Job, and Employee Compatibility – This step reviews the compatibility of the training (for example, on-line training may not be a good option for a non-computer user) or the job (for example, employees who enjoy working as part of a team may not enjoy a position working alone) and the employee skills, interests, and abilities.

- Discuss Options (if needed) – If there are concerns on the part of the career coach, counselor, or employee, those concerns are discussed to assist in increasing the employee's successful completion of the program, as well as the employees satisfaction following completion of the program.

- Sign and Return – Once alignment is confirmed, the career coach or counselor signs the employee contract agreement documenting the session and discussion.

Section 7.3.2 Employee Review

If an employee has formally applied to the training program and their application is denied, it may be appropriate to develop a process where the employee may request that the denial be reviewed at a higher level. The following process describes this review at Fircrest in FY 2005.

This Section Applies to WHOM:

Task	Responsible Position
1. Denial Letter Distributed to Employee	ETC
2. Employee Sends Letter Requesting Review to Superintendent	Employee
3. Superintendent Responds to Employee With Next Steps	RHC Superintendent
4. Superintendent Sends Request to Office Chief (If needed)	RHC Superintendent
5. Office Chief Assigns Review	Office Chief
6. Schedule Review with Employee	Delegate or RHC Superintendent
7. Conduct Review	Delegate or RHC Superintendent
8. Determine Recommendation	Delegate or RHC Superintendent
9. Recommendation Provided To Office Chief	Delegate or RHC Superintendent
10. Further Discussion and Review of Recommendation (If needed)	Office Chief and Delegate or RHC Superintendent
11. Decision Confirmed	Office Chief
12. Contact Employee Regarding Decision	Office Chief

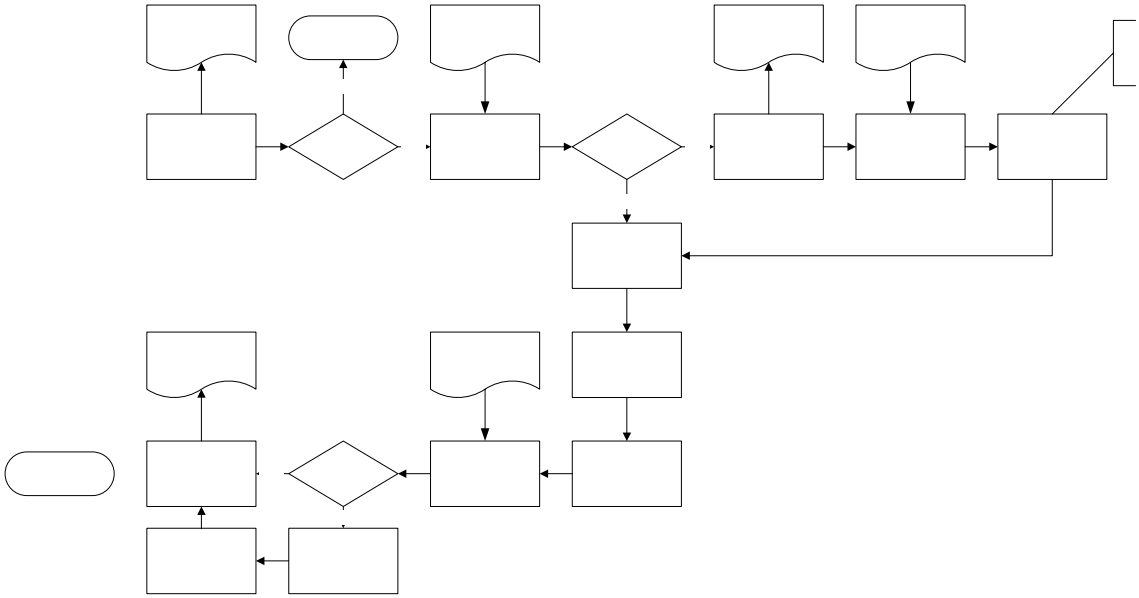
INPUTS

What:	From:	Product/Tool?
Employee Request for Review Letter	Employee	NO
Review Recommendation	RHC Superintendent, Delegate, or Office Chief	YES

OUTPUTS

What:	To:	Product/Tool?
Denial Letter	Employee	YES
Superintendent Response to Request	Employee	YES
Employee Letter with Confirmed Decision	Employee	YES

Employee Review



The following steps are included in the Employee Review process.

- Denial Letter Distributed to Employee – Once the training review committee denies an employee application, a notification letter will be sent to the employee.
- Employee Sends Letter Requesting Review to Superintendent – If the employee is interested in a review of the denied request, a letter must be provided to the RHC Superintendent clearly stating their request for a review.
- Superintendent Responds to Employee with Next Steps – The RHC Superintendent will respond to the employee request with a letter stating the review will be coordinated and scheduled locally, or the review will be forwarded to DDD Headquarters.
- Superintendent Sends Request to Office Chief (If needed) – If the review request is over $8000.00, the review request is forwarded to the Office Chief.

- Office Chief Assigns Review – Upon receipt, the Office Chief will assign the review to a delegate. This delegate could be a DDD regional representative, a DDD HQ representative, or another individual.
- Schedule Review with Employee – The review is scheduled with the employee.
- Conduct Review – The actual review is conducted. This review could occur either by phone or in person.
- Determine Recommendation - Upon completion of the review, the reviewer will determine and develop a recommendation for the training request.
- Recommendation Provided to Office Chief – This recommendation for training will be provided in writing to the Office Chief.
- Further Discussion and Review of Recommendation (If needed) – The Office Chief will review the recommendation and discuss the recommendation with the reviewer.
- Decision Confirmed – Upon completion of the previous step, the review decision will be confirmed.
- Contact Employee Regarding Decision – The Office Chief will contact the employee with the final review decision.

Section 7.3.3 Monitor Training

Monitoring training is an important process to ensure the training program/funds are being used most effectively. This includes the payment process, data collection, measurements, and action if necessary.

This Section Applies to WHOM:

Task	Responsible Position
1. Process Training Payments	RHC Site Financial Manager/RHC Site Training Coordinator
2. Collect Site Data	RHC Site Training Coordinator
3. Distribute Site Data on a Bi-monthly Basis	RHC Site Training Coordinator
4. Review Site Specific Training Data Report Bi-Monthly	ETC/Project Support Unit (Initially)
5. Compile and Monitor Training Measurement Report	ETC/Project Support Unit (Initially)
6. Take Action if Needed (See possible actions in process)	ETC/Project Support Unit (Initially)

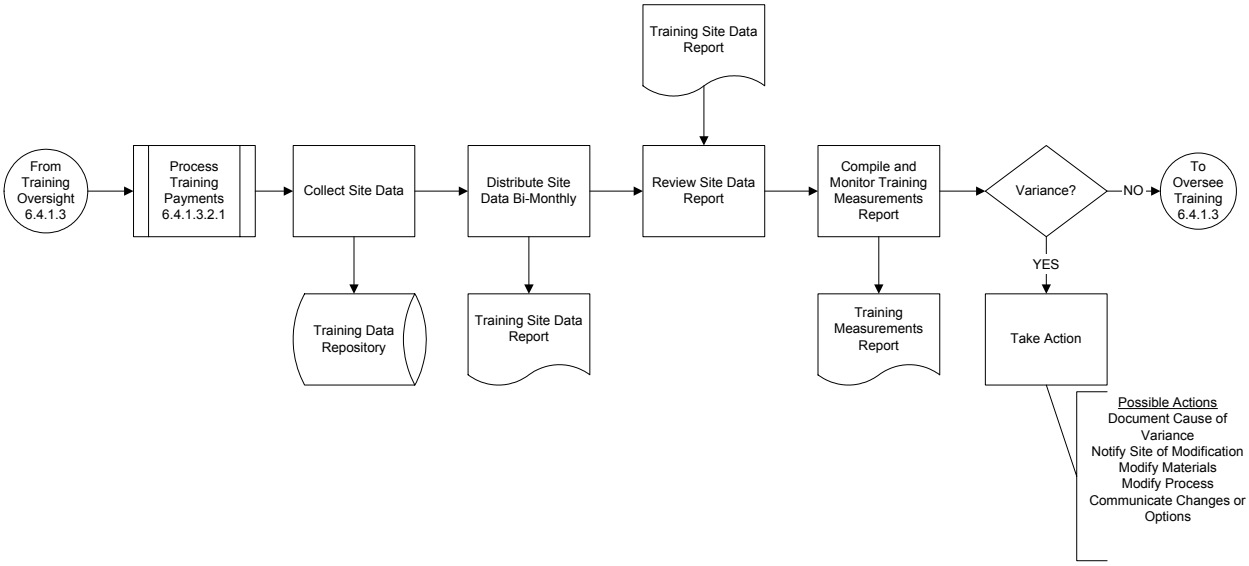
INPUTS

What:	From:	Product/Tool?
Weekly Training Site Data Report	RHC Site Training Coordinator	YES

OUTPUTS

What:	To:	Product/Tool?
Weekly Training Site Data Report	ETC/Project Support Unit (Initially)	YES
Training Measurements Report	ETC/Project Support Unit (Initially)	YES

Monitoring Training Program



The following steps are included in the Monitoring Training Program process.

- Process Training Payments – Processing payment of the training program is described more fully in the process 7.3.3.1.

- Collect Site Date – Data from the downsizing institution is collected from applicants, program participants, managers and supervisors, and other stakeholders. Data sources include survey, reports, and feedback.

- Distribute Site Data on a Monthly Basis – Site data is collected and distributed on a monthly basis. The frequency of this distribution could be altered due to the implementation phase of the program. Initial implementation of the program may require more frequent distribution of data.

- Review Site Specific Training Data Report – The site training data report is preliminarily reviewed for initial adjustments and appropriate action.

- Compile and Monitor Training Measurement Report – A more robust measurement report is compiled and reviewed to provide a fuller picture of the training program.

- Take Action if Needed (See Possible Actions in the Process) – Action may be required, pending the review of data. Possible actions may include: Modification of the process, modification of the materials, documentation and explanation of variances.

Section 7.3.3.1 Process Training Payments

Processing payments for the training program must be completed in a timely and accurate manner. The steps of this process include the following tasks:

This Section Applies to WHOM:

Task	Responsible Position
1. Receive Employee Request for Payment	RHC Site Financial Manager
2. Return Payment Request to Employee (If Needed)	RHC Site Financial Manager
3. Process Payment	RHC Site Financial Manager
4. Notify Site Training Coordinator (if needed)	RHC Site Financial Manager
5. Compile Training Payment Report	RHC Site Financial Manager
6. Distribute Training Payment Report	RHC Site Financial Manager
7. Reconcile Report (if needed)	RHC Site Financial Manager
8. Get Money Back	RHC Site Training Coordinator

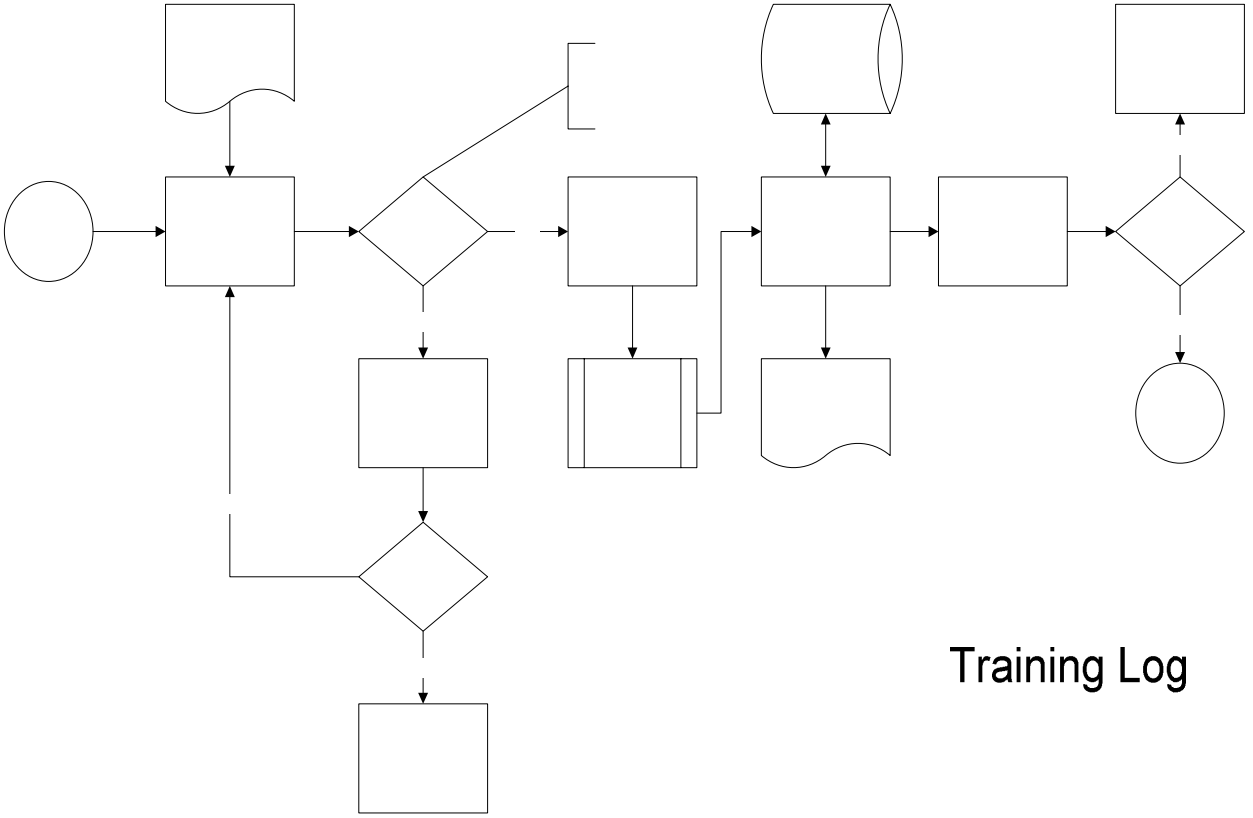
INPUTS

What:	From:	Product/Tool?
Training Log	RHC Site Training Coordinator	YES
Training Data Repository	Database	YES

OUTPUTS

What:	To:	Product/Tool?
Training Site Data Report	Project Support Unit (Initially) and Site Superintendent	YES

Process Training Payments



The following process steps are part of the training payments process.

- Receive Employee Request for Payment – The site's business office receives a request for training program payment from the employee.

- Return Request for Payment to Employee (If needed) – If the payment request is not complete or contains information that requires further clarification, the request may be returned to the employee for further modifications/information.

- Notify Site Training Coordinator (If needed) – If the employee does not complete the required modifications or request for additional information, the training coordinator is notified.

- Process Payment – Once the payment request is completed, the business office processes the payment request.

- Compile Training Payment Report – A training payment report is compiled to verify information as to the status of earmarked training funds. This includes training payments paid, as well as training payments in the process of being paid.

- Distribute Training Payment Report – A training payment report is distributed, as needed, to appropriate individuals.

- Reconcile Report (If needed) – If the training payment report does not align with the training data from other data sources, the report is reconciled as appropriate.

- In the case of an employee is unable to complete, or does not complete the training satisfactorily, it is the duty of the Employee Training Coordinator to obtain a refund according to the contract the employee signed.

Section 7.3.3.1.1 Get Money Back

In the event an employee is unable to complete, or does not complete the training satisfactorily, it is the responsibility of the Employee Training Coordinator to obtain a refund according to the contract the employee signed.

This Section Applies to WHOM:

Task	Responsible Position
1. Send Letter Requesting Reports	RHC Site Financial Manager
2. Send Second Notice Letter	RHC Site Financial Manager
3. Send Request to Provider Regarding Progress/Completion	RHC Site Financial Manager
4. Send Letter Requesting Reimbursement	RHC Site Financial Manager
5. Send Second Notice Letter for Reimbursement and Notice of Referral to OFR	RHC Site Financial Manager
6. Employee Makes Arrangements for Reimbursement	RHC Site Financial Manager
7. Turn Case Over to WS OFR	RHC Site Financial Manager

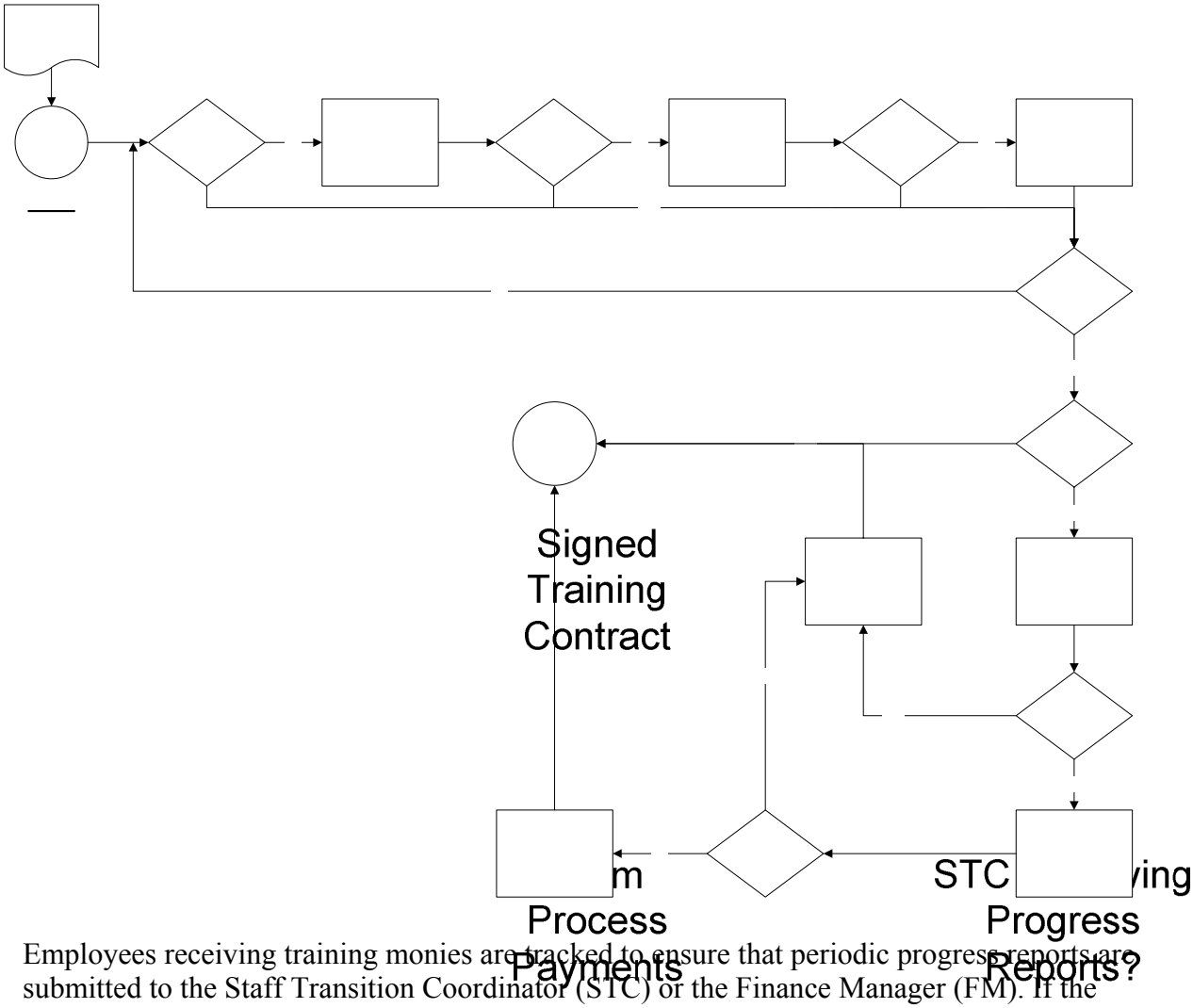
INPUTS

What:	From:	Product/Tool?
Signed Training Contract	Process Training Payments	YES
Employee Received Money for Training	Process Training Payments	

OUTPUTS

What:	To:	Product/Tool?
Reimbursement	Compile Training Payment Report	
Case Turned Over to WS OFR	Compile Training Payment Report	

Get Money Back



- Employees receiving training monies are tracked to ensure that periodic progress reports are submitted to the Staff Transition Coordinator (STC) or the Finance Manager (FM). If the employee completes the program, they must submit proof of completion, whether it is a grade, a certificate of completion or a certificate of attendance.

- When an employee does not submit the required information, the STC will send a letter (Appendix 2.5.F.) to the employee requesting the required information in an attempt to receive on going verification of their activity in the educational activity. When received a note is made of date received and what was shared.

- If there are extreme circumstances that prevented the employee from attending or completing the program the employee is encouraged to contact the training/educational institution in an attempt to extend the program or to obtain a full or partial reimbursement. The STC will assist to the extent possible the employee in this process. However, it is the employee's responsibility to pursue this course of action.

- A reasonable time is allowed (generally 2 weeks) for the employee to respond. If the employee has not responded in a timely manner a second notice/reminder (Appendix 2.5.G) is sent to the employee with a copy to the Program/Area Director and the Superintendent.

- If no information is shared by the employee, the STC/FM contacts the training or educational institution to obtain information of the status of attendance or completion. A signed Consent and Authorization for Release of Educational Records and Educational Information form (Appendix 2.5.H).must be sent to the training or educational institution for release of the pertinent information.

- When there has been no response by the employee to the letter, or it has been confirmed there is no attendance or attendance has ceased the STC/FM will send a letter to the employee (Appendix 2.5.I.) to inform them that funds recovery is necessary per the signed agreement. A time period for response is stated.

- When the employee responds, and if there is no extreme circumstances that prevented the employee from continuing and or completing there program a repayment process is negotiated with the Finance Manager.

- If, after the allotted time period has expired with no results, the Finance Manager sends a letter (Appendix 2.5.J.) giving a stated time by which to contact the Finance Office/Manager to arrange repayment. The letter states that if no contact is made by the employee the matter will be turned over to the State Office of Financial Recovery.

Section 7.4 Evaluate Training Program

Evaluation of the training program and process will be important to understand if the resources allocated to the employee support, retention, and separation option are best meeting the needs of employees and management. This process defines the training evaluation process at a high-level.

This Section Applies to WHOM:

Task	Responsible Position
1. Define Process Measures for Training (In-service, communication, etc.)	Employee Transition Work Group/Project Support Unit
2. Define Outcome Measures for Training (denials, appeals, acceptances, participants, financial variance, and retention impact, unemployment impact, etc)	Employee Transition Work Group/Project Support Unit
3. Determine Database(s) Needs	Project Support Unit
4. Identify or Develop Database(s)	Project Support Unit
5. Develop Training Measurement Report	Project Support Unit
6. Compile Training Measures	Project Support Unit (Initially)
7. Report Training Measures	Project Support Unit (Initially)

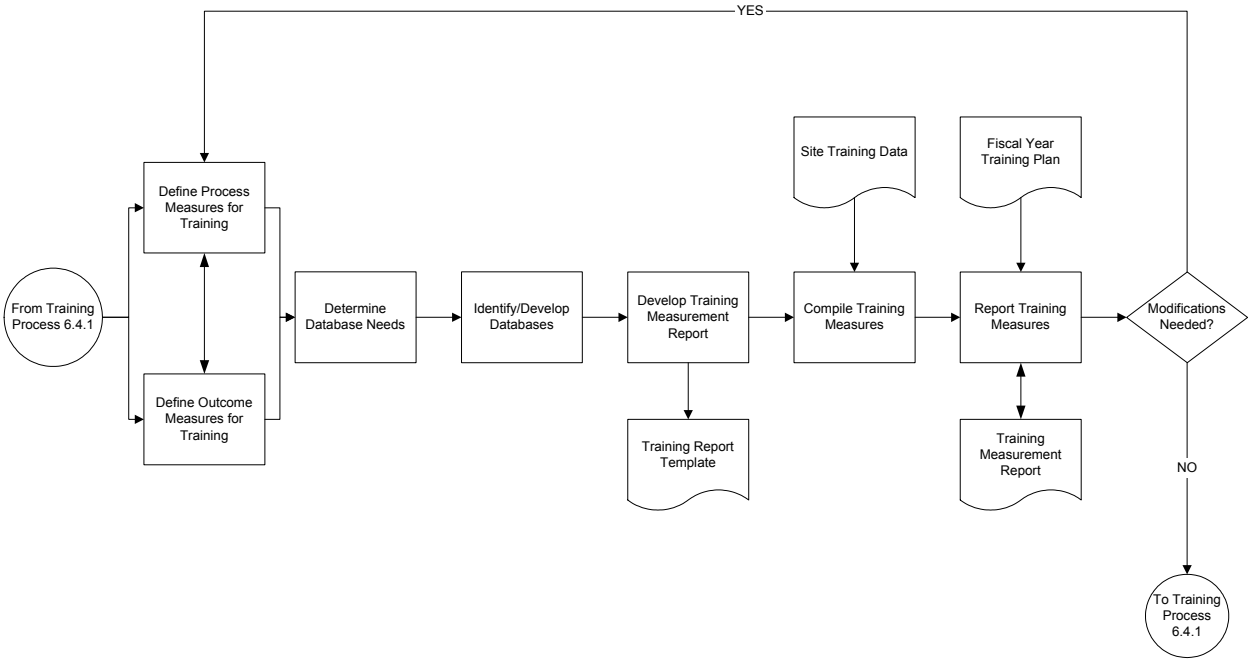
INPUTS

What:	From:	Product/Tool?
Site training data	RHC Site Training Coordinator	YES
Fiscal year training acquisition plan	Project Support Unit	YES

OUTPUTS

What:	To:	Product/Tool?
Training Report Template	Project Support Unit	YES
Training Measurement Report	Project Support Unit (Initially)	YES

Evaluate Training Program Process



The steps in this process include:

- Define Training Process Measures – Measurements and definitions are determined that describe how well the processes are working for employees, for management, and for the project overall. Examples include number of employees who apply for training funds, number of employees attending computer training, and number of employees accessing job skill development coaching.

- Define Training Outcome Measures – Measurements and definitions are determined that describe the employee training outcomes. Example measures include the number of employees who have received training support and are employed in comparison to unemployment.

- Determine Database Needs – Measures should be collected in an efficient and reliable manner. This step includes determining the requirements for the data collection process.

- Identify/Develop Database Needs – Where e, existing databases should be used for measures. This step includes determining the most appropriate data source for collection. In areas where a database does not exist, basic data collection processes should be initiated.

- Develop Measurement Report – Once the database has been determined (or developed), a measurement report should be developed. This report should parallel other project related reports with the same "look and feel" for project identity.

- Compile Measures – Measures should be collected and compiled at predetermined intervals: monthly, quarterly, etc.

- Report Numbers – Employee transition training evaluation measures should be reported on a predictable interval, as well as be available upon request. Select measures should be located on the project website for easy access and project updates. These numbers and processes should be reviewed by ADSA Decision Support to ensure accuracy, reliability, and validity.

- Communicate Modifications Based Upon Measures – The training program should be responsive to the evaluation results. Trends and patterns in the data could warrant further modifications in the training program or process.

8.0 Employee Transition Evaluation

An evaluative component of this plan will regularly assess the outcomes for employee support, employee retention, employee separation, employee training, and employee communication. The Employee Transition Work Team has identified numerous preliminary process and outcome measures and methods for review such as exit interviews, data tracking, survey assessment, and group sessions. These measures can be found in Appendix 2.5.E: Performance Measures.

This Section Applies to WHOM:

Task	Responsible Position
1. Define Process Measures	DDD HQ/RHC HRM
2. Define Outcomes Measures	DDD HQ/RHC HRM
3. Determine Database Needs	DDD HQ/RHC HRM
4. Identify/Develop Databases	DDD HQ/RHC HRM
5. Develop Measurement Report	DDD HQ/RHC HRM
6. Compile Measures	DDD HQ/RHC HRM
7. Report Measures	DDD HQ/RHC HRM

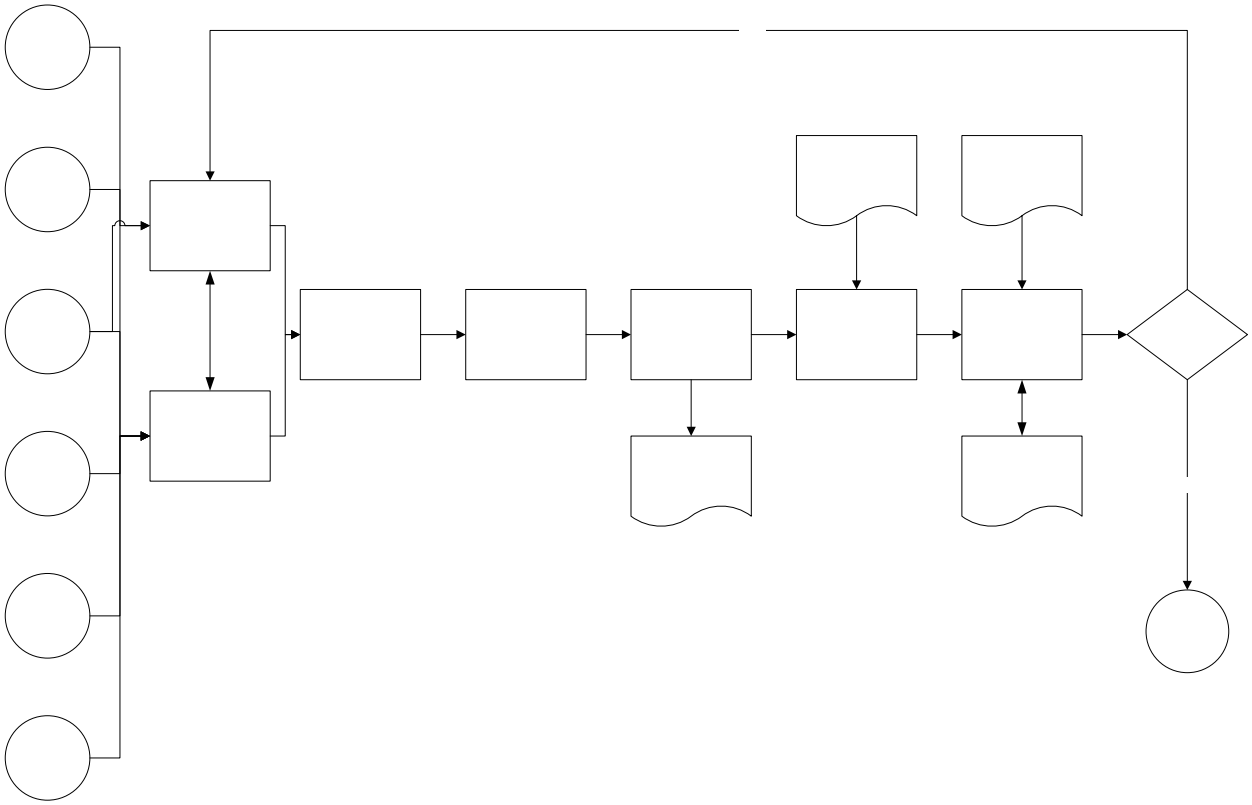
INPUTS

What:	From:	Product/Tool?
Employee Transition Strategy	Employee Transition Strategy	
Employee Support Plan	Employee Support	YES
Employee Retention Plan	Employee Retention	YES
Employee Separation Plan	Employee Separation	YES
Employee Training Plan	Employee Training	YES
Employee Communication Plan	Employee Communication	YES
Site Data	RHC HRM	
Fiscal Year Training Plan	ETC	YES
Measurement Report	DDD HQ	YES

OUTPUTS

What:	To:	Product/Tool?
Report Template	DDD HQ/RHC HR Manager/Decision Support	
Measurement Report	DDD HQ/ADSA/Web page	

Employee Transition Evaluation Process



The following steps are defined as follows:

- Define Process Measures – Measurements and definitions are determined that describe how well the processes are working for employees, for management, and for the project overall. Examples include number of employees who apply for training funds, number of employees attending computer training, and number of employees accessing job skill development coaching.

- Define Outcome Measures – Measurements and definitions are determined that describe the employee transition outcomes. Example measures include budget variance, retention of FTEs as needed, number of employees on unemployment.

- Determine Database Needs – Measures should be collected in an efficient and reliable manner. This step includes determining the requirements for the data collection process.

- Identify/Develop Database Needs – Where applicable, existing databases should be used for measures. This step includes determining the most appropriate data source for collection. In areas where a database does not exist, basic data collection processes should be initiated.

- Develop Measurement Report – Once the database has been determined (or developed), a measurement report should be developed. This report should parallel other project related reports with the same "look and feel" for project identity.

- Compile Measures – Measures should be collected and compiled at predetermined intervals: monthly, quarterly, incident based, etc.

- Report Numbers – Employee transition evaluation measures should be reported on a predictable interval, as well as be available upon request. Select measures should be located on the project web site for easy access and project updates. These numbers and process should be reviewed by ADSA Decision Support to ensure accuracy, reliability, and validity.

Employee Transition Risk Assessment

The employee transition process as outlined in this chapter will help to promote the following:

1. Maximize the potential for a positive employee response resulting in appropriate financial outcomes, minimal schedule delays, and maintaining services to clients.
2. Enhanced commitment from employees, positively impacting employee morale, employee performance, and client health and safety.
3. Supported employees who are able to focus on their jobs, increasing the likelihood of quality client care and client outcomes.
4. Retention of quality, dedicated, and seasoned employees who could benefit other divisions, agencies, or departments within the state system.
5. Development of an employee transition process that targets the needs of the institutional employees.
6. Appropriate overall staffing capacity and performance across the institution, ensuring client health and safety, as well as institutional certification.

The processes in this chapter were developed by an Employee Transition Work Team. This team was comprised of subject matter experts, regional employees, labor representatives, and human resources/employee transition practitioners. Modifications in the processes detailed in this chapter could negatively impact risk.

Chapter 7: Communication

The goal of communication is to provide current, consistent, and accurate information about a downsizing or closure project to project stakeholders, individuals who may be affected by the project outcome, and the general public. A separate chapter on communication was not submitted as part of the Preliminary Transition Plan dated January 15, 2004. However, since that time it quickly became apparent that a communication team would be integral to effectively carrying out this type of project. Timely and accurate information about planning and implementation of each of the high level processes, cottage closures, and related milestones was critical.

Process Requirements

Effective communication required identification of all the target audiences, design of a process to produce both urgent and non-urgent communications, assignment of a person to take the lead in communications, and establishment of a team to develop and review communication products and tools on an on-going basis.

In addition, information from the employee focus groups described the importance for employees to receive reliable information in a predictable manner. Communication was found to be one of the top needs and preferences for employee transition during downsizing. This information leveraged the importance of the current work in project communication and created some preliminary tension for improvement opportunities.

Responsibility for Communication

A communication team was assembled to (a) respond to the need for consistent and timely distribution of important information, and (b) manage the volume of communication materials created. The team was charged with systematically assessing the communication needs of the project, development of project related communication materials, and finally, reviewing all communication resulting from RHC downsizing, consolidation, and potential closure. Membership of the team, which received legal advice from the Attorney General's Office, included representatives from the following areas:

- DSHS Communication Team
- ADSA Communication Team
- Project Support Unit
- DDD Headquarters Implementation Staff
- DDD Communications

The ADSA communications manager took responsibility for convening bi-weekly meetings and generating agendas and minutes for the meetings. All communication related to the project went through a review process coordinated by this team.

From a strategic perspective, the communication team defined target audiences, identified avenues of communication, and developed communication planning and implementation strategies. Each of these areas is discussed in the next section.

From a tactical perspective, the team met bi-weekly to review on-going communication efforts, determine communication needs, and assign action steps.

Target Audiences Defined

The issues related to downsizing or potential closure of an RHC are sensitive and decisions are numerous; therefore, the communication plan was developed to assure rapid and uniform information be distributed to those who may be affected by the outcome or need to follow its progress. These parties include the following groups or individuals:

Clients and Families

- RHC residents, their parents, families, and guardians

DSHS Employees (advised by the Attorney General's Office)

- Managers and employees at the effected RHC
- Managers and employees of other DSHS-operated facilities for persons with developmental disabilities
- DSHS employees, managers, and administrators within ADSA
- Members of the DSHS Cabinet and the Extended Management Team
- Staff internally assigned with central budget responsibilities and legislative relations

Policy Makers

- Key decision makers at the Governor's Office and the state Office of Financial Management
- Members of the Washington State Legislature serving on key committees, and their staff
- Members of U.S. Congress and staff who serve as part of the Washington State delegation and may be called upon to make legal or fiscal recommendations concerning potential RHC closure

Unions

- State and local union representatives and bargaining officials

Co-Located Programs and Regulatory Authorities

- Academic or research institutions that co-support the facility through grants or other funding
- State agencies that may own the land and/or buildings, or conduct operations from the RHC,
- Private/not-for-profit entities, which reside on or near the campus
- Community groups using the gymnasium, swimming pool facility, and gardens
- Agencies with regulatory authority over state-run institutions for the developmentally disabled
- Federal authorities at the Centers for Medicare and Medicaid Services that are in a fiscal or regulatory oversight/monitoring capacity

Statewide Organizations and Local Communities

- The local community, including city and county governments, the local Chamber of Commerce, and interested business groups
- Other stakeholder interests who – at their request – identify themselves as an audience for these communications

The Media

- The media, primarily in the local county, the nearby communities, and the capitol city of Olympia

Identified Avenues of Communication

Maximizing Pre-Established Pathways

As much as possible, communication efforts use pre-existing channels of communication across DSHS, ADSA, DDD, and the RHC. Information moved from the executive-level to senior-level managers and supervisors in memo, verbal, or E-mail format. Several implementation teams met regularly to share information either by face-to-face communication or by teleconference calls. Simultaneous communications were subsequently delivered to line staff and external audiences via the web, written correspondence, news releases, and newsletters or in informational meetings. At the RHC, communication efforts include updates from the Superintendent in the internal newsletter, along with regular memos also from the Superintendent.

All ADSA employees were updated through articles in the *Inside ADSA*, the Assistant Secretary's monthly electronic newsletter. DSHS employees were provided information through the *Inside DSHS* newsletter, a weekly electronic newsletter. Media and press statements were released as the situation warranted. The communication team worked with the central DSHS Media Relations Office to produce these materials collaboratively. E-mails from the Assistant Secretary regularly provided updated information to the Governor's office, legislators and legislative staff.

Developing New Pathways

To enhance pre-established communication pathways, two new monthly newsletters were created for the Fircrest Downsizing and RHC Consolidation project. These newsletters included:

1. *What's Happening* - Targeted to Fircrest Downsizing and RHC Consolidation stakeholders in general, and
2. *Employee Update* - Targeted to DDD staff, and in particular staff at Fircrest, the other RHCs, and King County DDD employees.

The newsletters were released to coincide with employee paydays, so they could be distributed along with pay stubs. In addition, an online list serve was created and promoted in all communications. All major communications such as newsletters, news releases, and reports were e-mailed to everyone who signed up on the list serve. List serve members were also notified when updates were provided on the website.

Communication Process

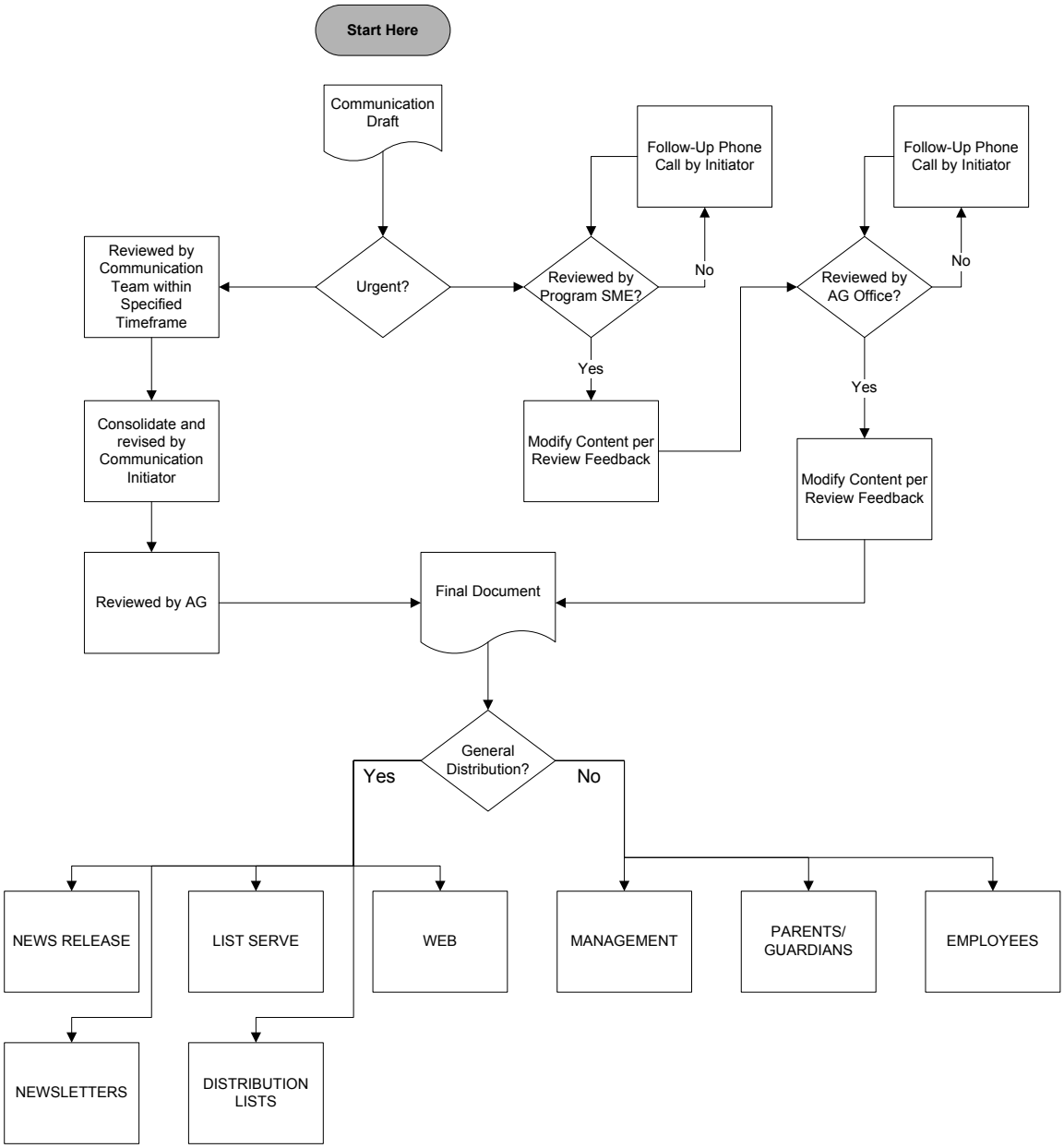
Communication efforts include both strategically planned distributions of communication materials and messages, as well as communication efforts responsive to emergent needs. A process was developed to more effectively manage these two general types of communication: planned communication and urgent communication.

1. **Planned Communication:** Throughout the project, numerous communication materials were targeted for timely distribution. Many of these materials resulted from project milestones, while others were planned for on-going communication efforts. Planned communications typically began with the development of a news release. Once reviewed and approved by the entire communications team, other communications were created, based on the content of news release.

2. **Urgent Communication:** To ensure urgent communications were expedited in a timely manner, a modified review process was created. This review process included a smaller number of people, minimally including a program expert and an assistant attorney general.

The Communications Process used is identified below. To ensure that all appropriate audiences were addressed, a Communications Task List was developed. This form includes the categories of potentially affected parties, the person responsible for communications to that group, and the major activities and situations that required communication. The Communications Task List format is in Appendix 2.6.A.

RHC Consolidation and Fircrest Downsizing Communication Process



Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

Chapter 3-1: Client Identification Implementation Plan

1.0 Process Description

Section 1.1 The High-Level Process

The client identification process includes the activities and documentation involved in identifying Residential Habilitation Center (RHC) resources for clients of the Division of Developmental Disabilities (DDD) who choose to live in one of the state's RHCs after moving from an RHC to be closed. Moving to an alternative placement is a consequence of the closure of an RHC and the need to consolidate RHC vacancies across the state generally. The process in this chapter is critical if more clients choose to move to an RHC than there is capacity to meet their choices. The process also considers aligning supports with overall client needs along with the preferences of the client's parents/guardians.

This process is a high priority area for review due to the following:

- Clients are to continue receiving the supports necessary to provide for their health and safety.
- Clients, their families, and their legal representatives are kept informed of the planning efforts and have the opportunity for input about individual placement decisions.
- Clients to be administratively moved are to be identified in an equitable, fair, and objective manner.

The scope of this process includes the documentation and decision-making protocol for determining the destination of a client who wishes to remain in the state RHC system after moving from a closing facility. When RHC capacity is not equal to the requests, this process defines how decisions are made about who receives the RHC resource. The development and application of criteria to determine the impact on a client of moving to a facility is a major part of this process. The desired outcome is for alignment between the client's and/or parent/guardian's preferences with available capacity based on these impact criteria.

The client identification process is one of the beginning processes in the overall closure process. It describes:

1. How to obtain clients' preferences regarding where they would like to move.
2. Determining Intermediate Care Facility for the Mentally Retarded (ICF/MR) eligibility for potential moves to other RHCs.

3. Matching clients to available RHC resources that align with their support needs and preferences.

This process matches clients with their preferred choice of residence whenever possible. However, in the situation where there is not capacity to accommodate all client preferences; an equitable, fair and consistent process will provide all residents with an opportunity for available vacancies.

Below is a description of the process tasks, the staff responsible for those tasks and the flowchart that visually describes the process.

This Section Applies to WHOM:

Task	Responsible Position
1. Parent/Guardian Choice Survey	Transition Coordinator or designee
2. Determine ICF/MR Eligibility	Inter-Disciplinary Team (IDT) or Receiving Facility
3. Complete Placement Resolution Form	IDT
4. State Review Team Process	Division of Developmental Disabilities Headquarters (DDDHQ)
5. Communicate to Family/Guardian	State Review Team
6. Inform Family of Current Options	Transition Coordinator or designee
7. Administrative Review or Appeal	DDDHQ
8. ICF/MR Appeal Process	DDDHQ

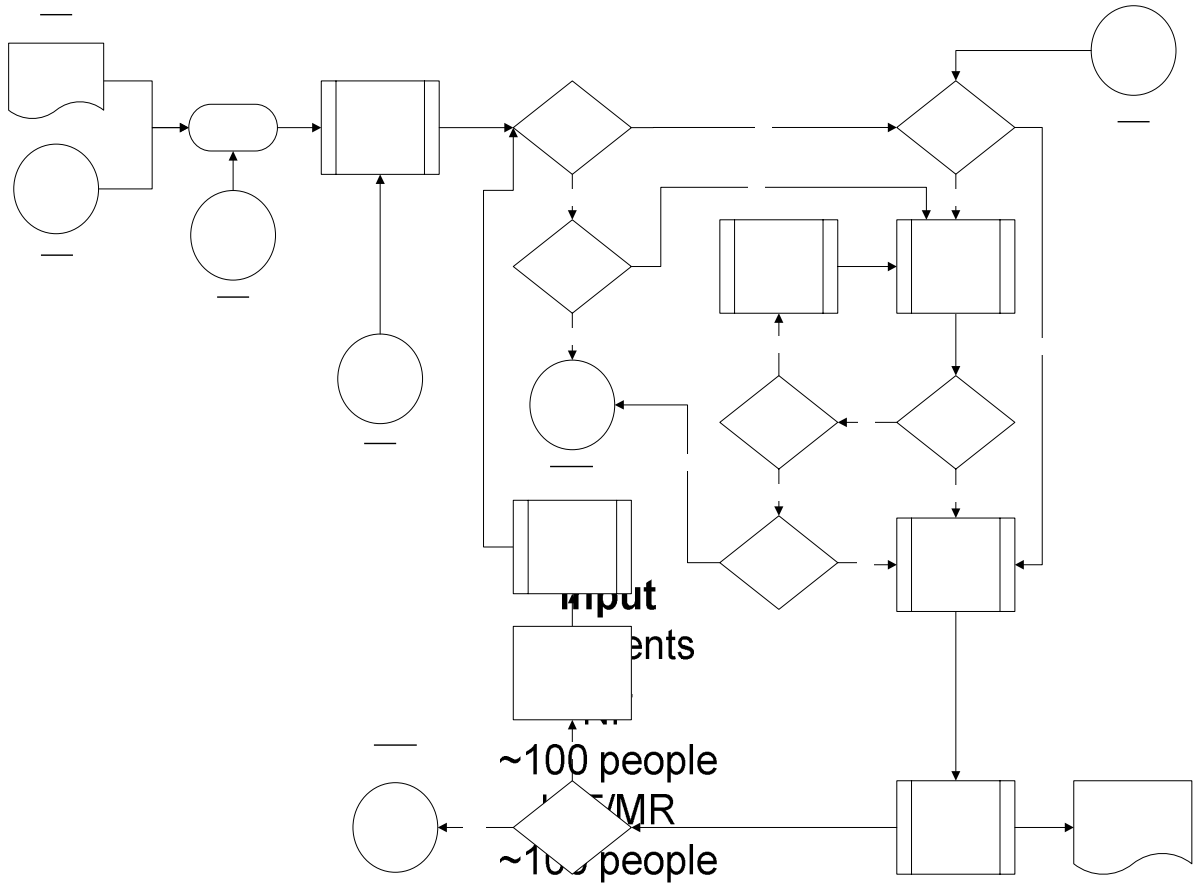
INPUTS

What:	From:	Product/Tool?
All Clients	Facility Census Data/Vacancy Report	
Informed Stakeholder	Resource Development Process	
New Destination Needed	Client Transition Process	
No Identified Community Resource	Resource Development Process	
Unable to Choose a Resource	Resource Development Process	
Identified RHC Client	Resource Development Process	

OUTPUTS

What:	To:	Product/Tool?
Identified Client	Resource Development Process	
Identified Client	Client Transition Process	
Identified Resource	Client Transition Process	

1.0 The High Level Process



2.0 Second Level Process Description

Start

The second level processes are more detailed descriptions of the high-level flowchart. The Client Identification high-level flowchart includes the following processes: Parent/Guardian Choice Survey, Determine ICF/MR Eligibility, Complete Placement Resolution Form, State Review Team Process, Communication to Guardian/Family, Inform Family of Current Options, Administrative Review or Appeal and ICF/MR Appeal Process. These processes are listed below (along with their respective sub-processes) and are discussed in more detail in the next sections.

From Resource Development

From Client Transition

The second level processes include the following sub-process tasks:

Input
Informed Stakeholder

Input
New Destination Needed

Parent/Guardian Choice Survey

- Design Survey
- Develop Script
- Train Interviewers
- Notify Parents/Guardians of Survey
- Establish Timelines
- Perform Survey
- Generate/Update Preference List

Determine ICF/MR Eligibility
Current DDD Policy 3.04 (ICF/MR-Admissions Protocol) describes how this is accomplished.

Complete Placement Resolution Form

- Habilitation Plan Administrator (HPA) interviews IDT members for recent changes in client status
- HPA obtains supplemental information to complete Placement Resolution Form (PRF)
- IDT meets to complete PRF
- Superintendent or Designee review
- HPA sends completed form to State Review Team (SRT)

State Review Team Process (SRT)

- Make copies of PRF for all SRT Members
- Team Members review PRF independently and notes questions for HPA/Patient Care Coordinator (PCC)
- SRT Chair sends questions to HPA/PCC
- HPA/PCC attends SRT meeting to present resident information to SRT
- SRT members independently complete the Impact Analysis Grid
- SRT discusses Impact Analysis Grid and reasons for ratings
- SRT discusses any differences and works to obtain consensus
- SRT Chair enters client's information on SRT Recommendation Form
- SRT Chair completes SRT Summary Sheet
- SRT Chair communicates decision to the transition coordinator or HPA
- Revise SRT Recommendation Form

Team Communicates Decision to Family

- This process step has no sub-processes related to it.

Inform Family of Options

- This process step has no sub-processes related to it.

Administrative Review

- Guardian Request for Review
- Recommend Delay
- Recommend Moving
- Create Recommendation based on Criteria
- Refer to 71A.10.050, 71A.20.080 & WAC 388-825-120
- DSHS makes decision on recommendation
- Deliver decision to Guardian
- Recommend moving after situation is resolved

ICF/MR Appeal Process

- Appeal rights follow standard DDD procedures based on WAC 388-825-170

Section 2.1 Parent/Guardian Choice Survey

In keeping with DDD's mission statement, individual client and parent/guardian choice is considered throughout the process. For this reason, prior to any facility downsizing/closure, DDD will survey all guardians and parents to determine their preferred residential options; not including the current facility as an option. DDD will design a survey that will ask parents and/or guardians for their first, second, and third preferences. The rationale for selecting each preference will also be noted when provided. The survey will assist in determining what is important to the families and guardians of clients who will move and to reiterate the available options for alternative placements. Realizing that clients, parents or guardians may change their choices over time, accommodations are made in the process for multiple surveys.

This Section Applies to WHOM:

Task	Responsible Position
1. Design Survey	DDD HQ
2. Develop Script	DDD HQ
3. Train Interviewers	Regional Administration
4. Notify Parents/Guardians of Survey	Transition Coordinator Designee
5. Establish Timelines	DDD HQ
6. Perform Survey	Placement Coordinator or Resource Developer
7. Generate/Update Preference List	Placement Coordinator or Resource Developer

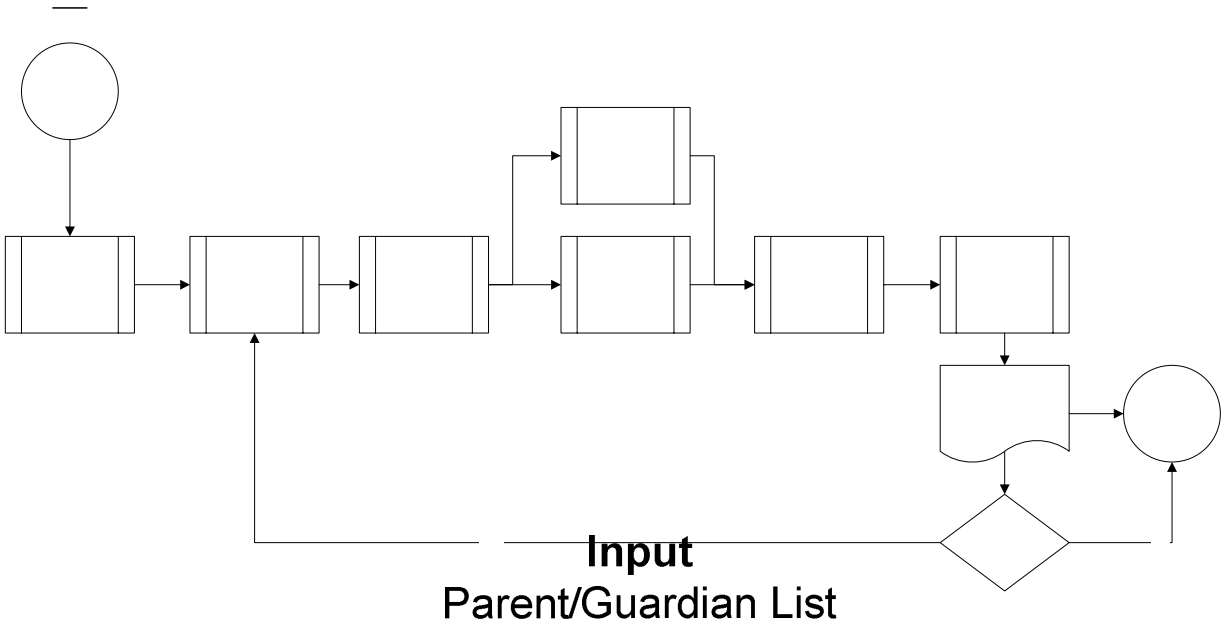
INPUTS

What:	From:	Product/Tool?
Parent/Guardian List	Resource Development	

OUTPUTS

What:	To:	Product/Tool?
Preference List	Community Moves? (decision point in process "A")	

Parent/Guardian Choice Survey



Design Survey

This process step is to design a survey that can be used for multiple administrations to the same audience or a subset of the initial audience, recognizing that choices may change over time. While the goal of the survey is to determine what parents and/or guardians' preferences are regarding their son/daughter or wards placement options, it is imperative that the process also be flexible. Parents or guardians may change their preferences as they research and become more familiar with alternative placement options. The survey will include all the current placement options, as well as identify the next steps. The survey is intended to be delivered via phone interview.

Develop Script

A script will be developed to help interviewers consistently collect information relevant to the survey purpose from all interviewees. The script will incorporate information gathered previously about choices and reasons for the choices.

Train Interviewers

Training will be provided to interviewers to give direction on how to use and interpret the script, and how to handle emotional respondents (or those who might refuse to provide information). The interviewer training will also cover important information to help parents and guardians make these difficult decisions related to their son/daughter or ward.

Notify Parents/Guardians of Survey

Parents/guardians will receive advance notification of the survey administration, along with the survey time frame, the purpose, and what to expect from the interviewers. The notification will be timed so that the actual survey administration will occur within a reasonable amount of time following this notification.

Establish Timelines
When notification has been made, DDD will set time frames for survey completion.

Perform Survey
In this step, the interviewers will be calling and/or meeting with families/guardians to gather their preference information.

Generate/Update Preference List
When the survey is completed, a listing of the preferences for all families and guardians will be created. The list will be updated every time a new survey is conducted or other preference data are obtained. This list will help DDD determine where and how to expend resources in helping clients move to the types of placement options that they prefer.

Section 2.2 Determine ICF/MR Eligibility
ICF/MR eligibility is determined by the receiving facility, and when this is not known, the current IDT will aid in making a preliminary determination based on current DDD policy and procedures for ICF/MR eligibility.

Section 2.3 Complete Placement Resolution Form
The Placement Resolution Form (PRF) is a new form designed for this process (see Appendices 3.1.A for the PRF and 3.1.B for Instructions for Completion of the Placement Resolution Form). The Placement Resolution Form is filled out by the IDT based on current information for each client. It is a reference for the State Review Team in determining which facility is most appropriate for a given client. The form provides information on relevant client characteristics and how he/she relates to his/her surroundings.

This Section Applies to WHOM:

Task	Responsible Position
1. HPA Interviews IDT members for recent changes in client status	HPA/PCC or Designee
2. HPA obtains supplemental information (as needed) to complete PRF	HPA/PCC or Designee
3. IDT meets to complete Placement Resolution Form	IDT
4. Superintendent Review	Superintendent or Designee
5. HPA sends completed form (and other documentation as needed) to SRT	HPA/PCC or Designee

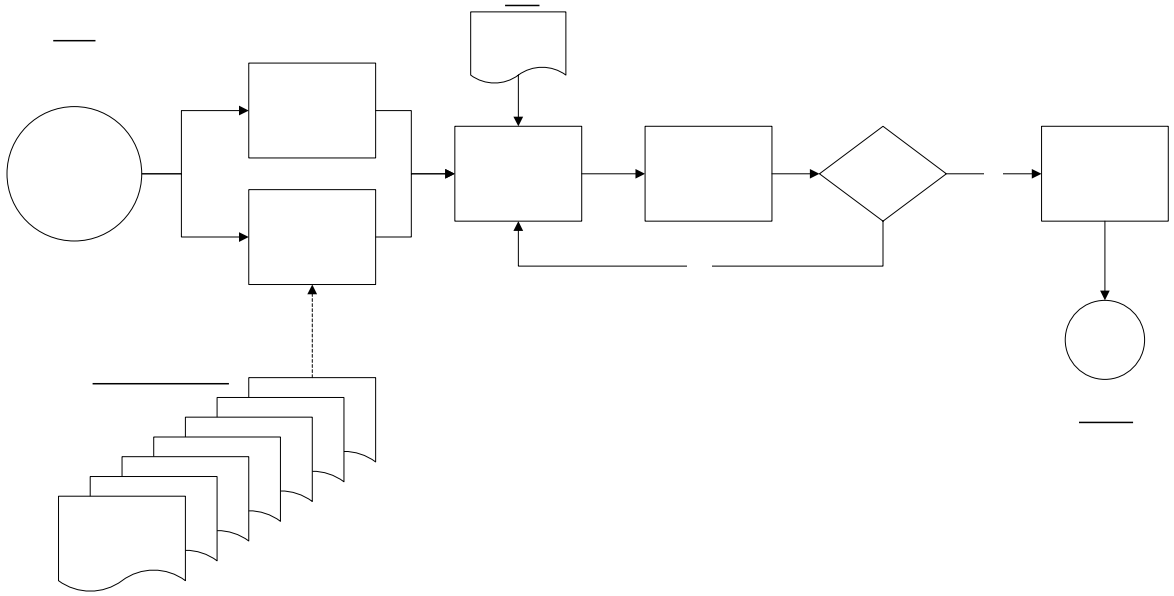
INPUTS

What:	From:	Product/Tool?
IHP	Client Records	
Vocational Assessments	Client Records	
Face Sheet	Client Records	
Visitor Log	Client Records	
QMRP-Notes	Client Records	
Behavior Support Plan	Client Records	
Support Needs Assessment	Client Records	
Placement Resolution Form	IDT	YES
Yes decision	ICF/MR Eligible decision point	
No decision	Community Move decision point	
No decision	Choose ICF/MR decision point	

OUTPUTS

What:	To:	Product/Tool?
Placement Resolution Form	State Review Team Process	YES

Complete Placement Resolution Form



HPA interviews IDT members for recent changes in client status
Each client's HPA or PCC will interview the IDT members and gather current client status information focusing on any changes since the last Individual Habilitation Plan (IHP). This information will be used during the IDT meeting to complete the PRF.

HPA obtains supplemental information to complete the PRF
The HPA or PCC should also gather as the form documentation to be used during the meeting to complete the PRF. The PRF identifies a number of documents to be submitted with the form. The HPA is responsible to have those documents available.

IDT meets to complete PRF
The IDT members will meet and complete the PRF as a team, making sure that all members are in attendance. If all cannot be present, written input is to be provided so as to not delay this process. If the input is not in agreement with the IDT information, the written input can be attached to the PRF as supplemental information. The IDT must be diligent about having accurate and up-to-date information and be in agreement about what goes into the form. Dissenting opinions will be documented and consensus is not required.

Superintendent or Designee Review
The RHC superintendent (or designee) will review the documents to make sure the process has been followed and the form is completed correctly.

HPA sends completed form to SRT
The HPA will send the completed form to the State Review Team Chair for review.

Section 2.4 State Review Team Process

The purpose of the SRT process is to review clients requesting to continue living in an RHC. The SRT looks at the RHC system statewide, considers all residents that want to continue RHC services, and finds an appropriate placement for a given client based on the information contained in the PRF. The SRT uses the following tools to help them with this task: Impact Analysis Grid Form (Appendix 3.1.C), the SRT Recommendation Form (Appendix 3.1.D) and an SRT Summary Sheet (Appendix 3.1.E).

This Section Applies to WHOM:

Task	Responsible Position
1. Make copies of PRF for all team members	SRT Chair
2. Team members review PRF independently and notes any questions for HPA/PCC	SRT Team members
3. Send questions to HPA/PCC	SRT Chair
4. HPA/PCC attends SRT meeting to present resident information	HPA/PCC
5. Team members independently complete Impact Analysis Grid	SRT Team members
6. Team discusses Impact Analysis Grid and reasons for ratings	SRT Team members
7. Team discusses differences and works to obtain consensus	SRT Team members
8. Team Chair enters consensus on SRT Recommendation form	SRT Chair
9. Complete SRT Summary Sheet	SRT Chair
10. Revise SRT Recommendation Form as needed	SRT Chair
11. Team communicates placement location to transition coordinator/HPA	SRT Chair
12. Communication to family	Transition Coordinator or HPA

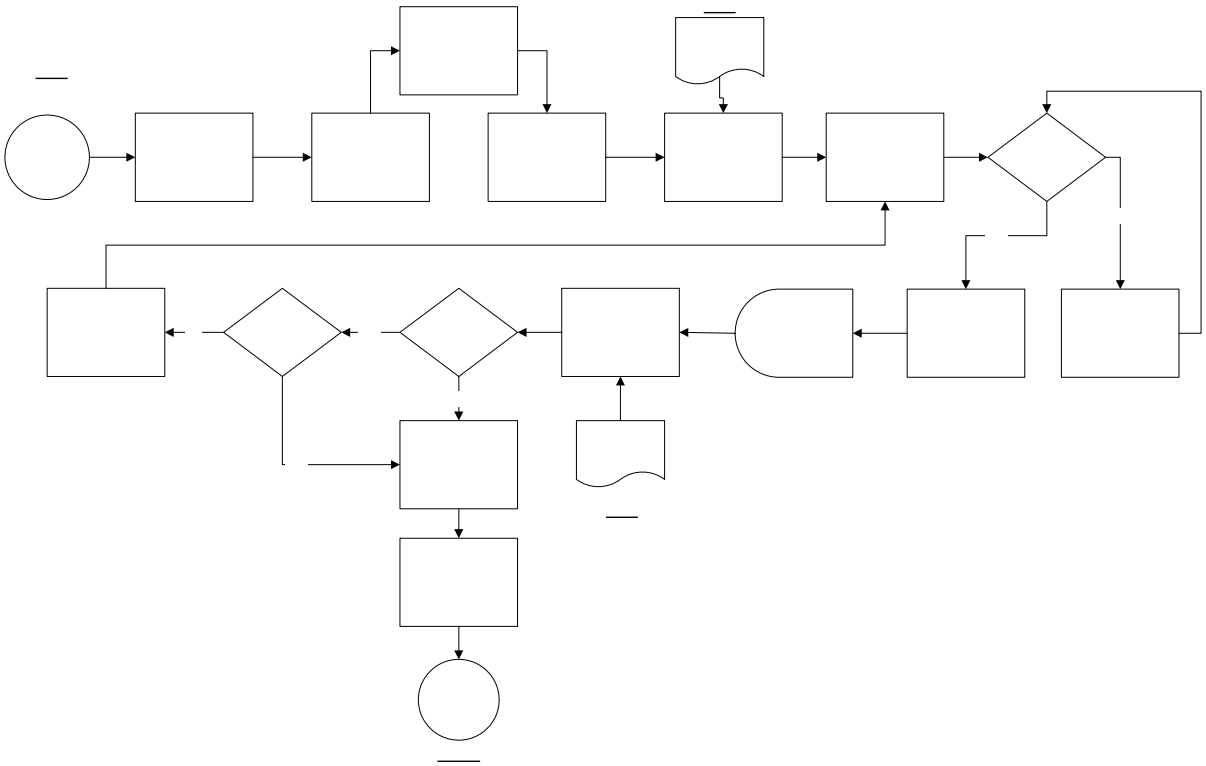
INPUTS

What:	From:	Product/Tool?
Completed Placement Resolution Form	IDT	YES
Impact Analysis Grid		YES
Vacancy Report		YES

OUTPUTS

What:	To:	Product/Tool?
SRT Decision	Family OK with Decision?	

State Review Team Process



Make Copies of PRF for all Team Members
The process begins when the PRF is forwarded to the SRT. Copies of the PRF are made for each team member by the team chair, or designee.

Team Members review PRF independently and note questions for HPA/PCC concerning the client and the information on the PRF
This step allows team members to identify additional questions that may be needed to clarify what has been written on the PRF.

Send Questions to HPA/PCC
Questions from the previous step are collected from all members and are forwarded to the HPA/PCC of the client in question for review. The HPA/PCC collects the information needed to prepare the answers for the questions prior to meeting with the SRT.

HPA/PCC presents resident information
The HPA/PCC is scheduled to meet with the SRT and answers questions the SRT has forwarded and/or other questions that the SRT may have concerning the client.

Team members independently complete the Impact Analysis Grid
After meeting with the HPA/PCC, SRT members review the PRF information for each client and individually rate the impact of moving to each of the RHCs according to the data provided on the PRF and answers from the HPA/PCC.

Team Discusses Impact Analysis Grid and reasons for ratings
The team then convenes and each team member discusses the ratings they marked and the reasons for those ratings for the individual client.

Team discusses differences works to obtain consensus
A consensus rating is arrived at from the discussions about the ratings. Each team member is given an opportunity to talk about their rating and the reasons for the rating. The process continues until all reasons and ratings have been discussed. Team consensus is required on which RHC is the best fit for that client.

Team Chair enters the resident on the SRT Recommendation Form
An SRT Recommendation Form is completed for each client and is maintained until all clients desiring an RHC placement have been reviewed.

Complete SRT Summary Sheet
The team chair enters the recommendations for all clients desiring an RHC Placement on the SRT Summary Sheet. The vacancy report is reviewed and if there are enough vacancies to place all clients desiring an RHC placement.

Communicate decision to HPA or Transition Coordinator
The SRT chair communicates the placement decisions to the transition coordinator or HPA.

Revise SRT Recommendation Form as needed
If there are more clients wanting an RHC placement than there are vacancies available, the SRT must decide which client(s) will be placed in the available vacancies and the team re-convenes to discuss all options to optimize placement for all clients.

The SRT Recommendation Form is revised to reflect the final recommendations of the SRT based on all criteria and clients in aggregate.

Inform Family of Current Choices
The HPA or Transition Coordinator communicates to the family or guardian the decision of the SRT.

Section 2.5 Administrative Review or Appeal
The administrative review is set forth in Washington Administrative code and the appeal process is described in statute. These processes allow the guardian or family of the client the opportunity to argue or present additional information regarding a client's move.

In the case of the administrative review process, DSHS will hire an educated outside observer to conduct the reviews and make a recommendation to the department on delaying the move. In the

case of an institutional closure, staying in the institution is not an option and therefore, the decision is made on when a client will move, not whether or not he/she will move. The administrative review is only used in cases where a client is moving from one institution to another, not moves to the community. Family and guardians are allowed to present information and/or material that were not considered previously by the clients IDT. The reviewer will consider this information, and the reviewer will then make a recommendation to the department on the clients move status.

Moves to the community are handled with the normal appeal process, which is described in statute. It is not described here.

This Section Applies to WHOM:

Task	Responsible Position
1. Guardian Requests Review	Transition Coordinator or Designee
2. Create Recommendation based on Criteria	Reviewer
3. Recommend Delay	Reviewer
4. Recommend Moving	Reviewer
5. DSHS Makes Decision on Recommendation	Assistant Secretary
6. Deliver Decision to Guardian	DDDHQ
7. Refer to 71A.10.050, 71A.20.080 & WAC 388-825-120	Transition Coordinator or Designee
8. Recommend Moving after Situation is Resolved	Reviewer

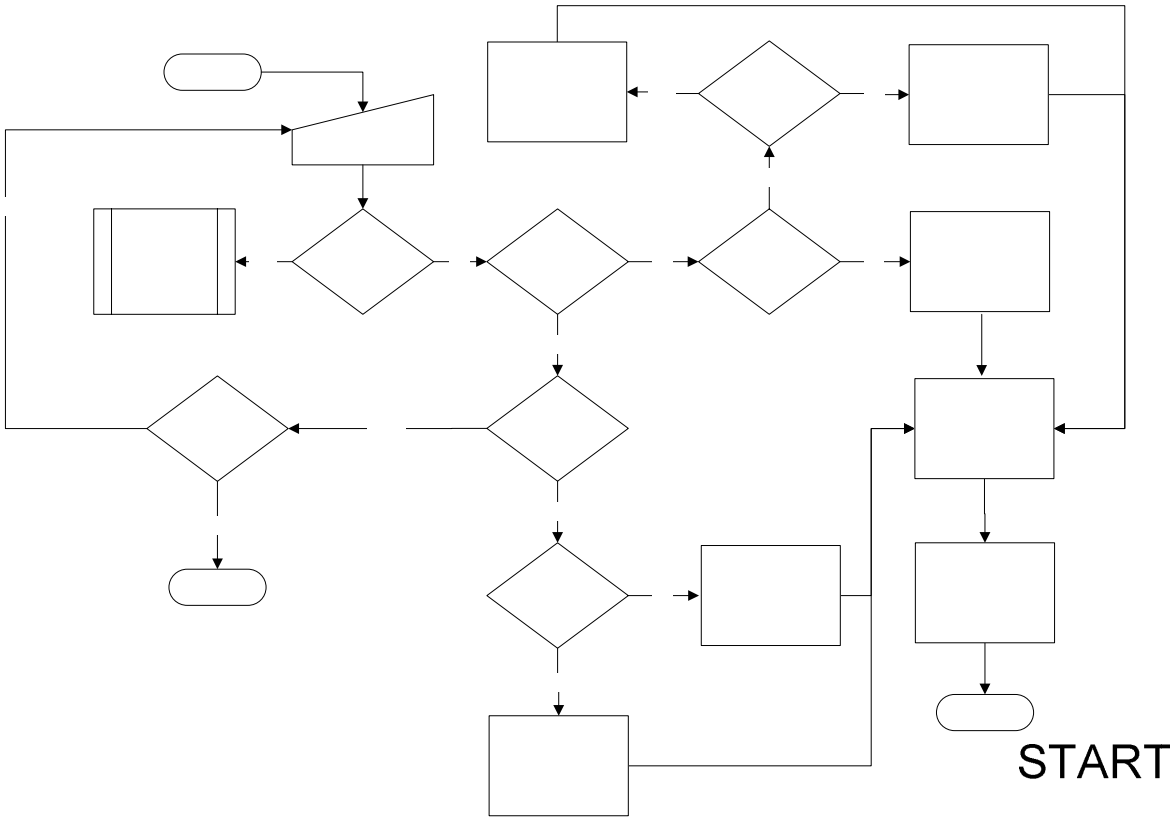
INPUTS

What:	From:	Product/Tool?
Family Informed Client will move	Inform Family of Options	NO

OUTPUTS

What:	To:	Product/Tool?
Administrative Review Decision	Are there Community Moves?	

Administrative Review or Appeal Process



Guardian Requests Review
When a client's family or guardian has been informed of their options concerning a client's move, depending upon the move type (RHC to RHC or RHC to Community) the guardian may have administrative review and/or appeal rights. Appropriate notice of appeal rights, if any, will be provided to guardians, who must pursue available appeals in a timely manner if they want to seek intervention regarding planned moves**.**

Gu

Recommend Delay
After evaluating any new material provided by guardians or client representatives that was not presented in the IDT, the reviewer may decide it is appropriate for the client to move after some delay. This is the recommendation of delay. This does not mean the client will not move, it simply means that based on the information and/or material presented, that a delay of some time is warranted.

Yes

Refer to 71A.10.050, 71A.20.080, & WAC 388-825-120

Yes

Recommend Moving
After evaluating any new material provided by guardians or client representatives that was not presented in the IDT, the reviewer may decide it is appropriate for the client to move as scheduled. This is the recommendation of moving without delay.

Are there more

Create Recommendation based on Criteria
This is the written summary to the department on what the reviewer is recommending. The reviewer will listen to the presentation of the clients' representatives and make a decision based on the criteria that he/she has been given. This recommendation is in written form and given to the assistant secretary for final disposition.

DSHS makes Decision on Recommendation
The assistant secretary makes a decision based on the reviewer's recommendation. This is either an agreement or disagreement decision. The assistant secretary's decision is final.

Recommend Moving after situation is resolved
If the IDT recommended a delay based on some transient condition, the review may choose to delay the move based on that situation, but when the transient situation is resolved, the client will move.

Deliver Decision to Guardian
After the decision is made by the assistant secretary on the reviewer's recommendation, this decision is delivered to the guardian. Since this is an informal administrative review, there is no appeal on the assistant secretary's decision.

Refer to 71A.10.050, 71A.20.080 & WAC 388-825-120
In the case of a community move, the above RCWs and WAC apply. The process contained with these statutes and rules will not be interpreted or explained here; please refer to the statute or rule.

Section 2.8 ICF/MR Appeal Process

Appeal rights for ICF/MR eligibility will follow standard DDD procedures based on WAC 388-825-170. This will not be discussed or interpreted here; please refer to the rule.

Chapter 3.2: Retention of Licensed Professional Services

Executive Summary

The purpose of this paper is to present a recommendation for the transition of some licensed professional services currently offered at the Fircrest School to the community. This proposal was developed in anticipation of a possible decision by the 2005 Legislature to close Fircrest School during the 2005-2007 Biennium as provided for in the budget submitted by former Governor Gary Locke in December 2004.

A work team was convened in the fall of 2003 to develop a recommendation for the transition of licensed professionals should Fircrest close. The work team was comprised of staff of the Division of Developmental Disabilities (DDD) and included licensed professionals from Fircrest and Rainier Schools and members of the Fircrest Downsizing Project Support Unit. This team developed several options and made a recommendation that was later modified to be aligned with Governor Gary Locke's budget. The requirements for this proposal were to first assess demand for licensed professional services in the community and then to base the proposal on the findings on the following desired outcomes:

1. provide outreach and consulting services
2. maximize statewide access
3. assist with building community resources for licensed professional services
4. provide some level of direct care.

In assessing demand, several gaps in services were found for dental services, assistive technology (especially for augmented communication and environmental control), mobility (especially wheelchair adaptation and modification), and behavior management. This proposal is consistent with the assessment of demand except for the behavioral component that is being addressed separately by DDD.

The proposal is to provide consultative services emphasizing outreach, access, and consulting while providing direct care for dental, assistive technology, and wheelchair services. The focus for the proposal is to build skills in community service providers (both professional and residential) and provide access to relevant specialized information as a means to improve both service access and levels of care to individuals with developmental disabilities. Consultative services would be comprised of a team of nine professionals and staff at a biennial budget of $2.1 million. This staff would provide both in-house and mobile direct care to approximately 3400 DDD clients annually in furtherance of its mission of educating and building community resources.

Introduction

Legislative Authority

The 2003 Legislature asked DSHS to "Provide a preliminary transition plan to the fiscal and policy committees ...The transition plan shall include recommendations on ways to continue to provide some of the licensed professional services offered at Fircrest School to clients being served in community settings" Chapter 211(e), Laws of 2003, 1st Special Session (2003-05 operating budget). The purpose of the licensed professional services offered at Fircrest School is to provide medical, dental, behavioral, therapies and other professional services to its residents. Appendix 3.2.A contains the operating budget language specific to licensed professional services.

Purpose

The purpose of this document is to provide recommendations to transition some of the licensed professional services at Fircrest School to serve clients in community settings. This paper includes a recommendation for the retention of selected services, along with alternatives. Financial parameters for the recommendation were not initially provided with the legislative language. Therefore, it was assumed that any proposed recommendation would need to be carefully reviewed and modified to appropriately align with budget constraints.

The original recommendation and alternatives provided in this document precede the announcement of Governor Gregoire's budget proposal for the 2005-07 Biennium. As required by law, Governor Gregoire's budget proposal will replace the budget proposal submitted by former Governor Locke, released on December 16, 2004. Given the time constraints related to releasing a budget for the 2005-07 Biennium and the potential impact on licensed professional services, a modified proposal that meets the parameters provided in Governor Locke's budget was developed. When the budget proposal for the 2005-07 Biennium is released by Governor Gregoire, this proposal should be reviewed and modified as appropriate.

Background

Nationwide, the number of individuals with developmental disabilities living in state-operated institutions has declined steadily since the 1970's. From 1990-2002, the number of residents of public and private institutions declined 39%, from 176,036 to 106,893 persons.[1] Most of this change was accounted for by public institutions which declined from 84,818 to 44,252 persons, a 48% decrease. The numbers of private institutional residents in facilities for sixteen or more persons declined 30%, while the number of nursing facility residents declined by 31%.

Fircrest School in Seattle followed the national trend, expanding in the decade of the 1960s and then reducing its population during the decade of the seventies and subsequent decades. Like

[1] Mary C. Rizzolo, Richard Hemp, David Braddock, Amy Pomeranz-Essley, *The State Of The States Developmental Disabilities,* Department of Psychiatry and Coleman Institute for Cognitive Disabilities, The University of Colorado, American Association on Mental Retardation, Washington, D. C. , 2004

other residential habilitation centers (RHCs), Fircrest provides residents with three basic types of services: 1) residential support services e.g., direct care staff to assist with activities of daily living, housing and food preparation; 2) vocational support services e.g., adapted work activities and job coaching; and 3) professional services e.g., services of physicians, dentists, nurses, speech pathologists, therapists, and others.

Historically, clients leaving Fircrest School and other RHCs were more often those who were the least impaired and did not require special services. In many cases, these clients only required vocational services. Existing facilities in the community, such as sheltered workshops, expanded and entirely new agencies were created to meet the growing vocational service needs. The typical goal of vocational agencies today is to develop job sites that are integrated into community settings such as restaurants, hotels, offices and industrial sites.

As individuals left Fircrest and other institutions, the need for community-based services increased. Initially these needs were met by contracted residential service agencies operating group homes in residential neighborhoods. Now these services are more often provided in individualized settings such as apartments and homes that are more integrated with the local community. Today the majority of individuals with developmental disabilities are supported in the family home or in other integrated community settings. However as documented in this proposal, some professional services can be more difficult to access in the community and at times must be met in other ways, such as more costly emergency room visits or hospital stays. Utilization of these more expensive services is understandable in instances where emergencies arise, but it is a cause for concern if such utilization is regularly attributable to difficulties in accessing preventive care.

Accessing Services in the Community

One potential obstacle to accessing services in the community is the increasing practice among some providers to limit the number of Medicaid clients they will serve. A recent survey of medical assistance providers in this state found that 70% of dentists, 50% of primary care providers, and 32% of specialty care providers restricted the number of Medicaid clients they served[2]. Moreover, these percentages reflected responses from current Medicaid providers and did not include providers who refuse to take Medicaid clients under any circumstance or current providers who are intending to begin limiting services.

A lack of qualified service providers is also a significant obstacle to the delivery of services to people with co-existing conditions[3]. A recent study[4], using national data, took a more detailed look at (a) long term support, (b) program planning and case management, (c) clinical consultation and treatment, (d) psychiatric or medication management, (e) crisis intervention, (f) short term inpatient psychiatric care, and (g) trained staff. This study concluded that an insufficient number of qualified service providers in any of these areas can significantly impair service delivery. Moreover, when state directors of developmental disabilities and mental health

[2] Raiha, N. K. July, 2004 *Medical Assistance Provider Study*, Washington State Department of Social and Health Services, Research and Data Analysis Fact Sheet Number 11, 108h.

[3] Co–existing conditions are when a client has two or more simultaneous diagnoses.

[4] Prouty, R. W., Smith, G. & Lakin, K. C. (Eds.) (2004). Executive Summary. Residential services for persons with developmental disabilities: Status and trends through 2003. Minneapolis: University of Minnesota, Research and Training Center on community Living, Institute on Community Integration.

agencies were then asked to rank order obstacles to supporting individuals with co-existing conditions, they identified the following:

1. Not enough providers
2. Provider unwillingness
3. Lack of coordination
4. System structure
5. Lack of targeted funds

In Western Washington there are organizations which do provide some services to individuals with developmental disabilities. These include Provail, a former affiliate of United Cerebral Palsy, hospitals such as the University of Washington Medical Center and some private practices. However, many other providers lack the capacity to meet the complicated needs of these individuals. Several facilities see people only for acute needs and only on a limited basis. They are unable to meet the ongoing changing equipment; staff training, behavioral and physical needs of persons with DD. In addition, persons with developmental disabilities often require a much longer period of rehabilitation and often are discharged before completing rehab because they don't meet standards of progress, or have behavior that is unacceptable in the setting. Also many professionals lack skills of interaction with individuals with developmental disabilities or communication challenges and are uncomfortable serving them.

Medicaid reimbursement rates are low, providers are often difficult to find, and third party payers almost never pay for care coordination activities that are crucial to providing adequate care to persons with developmental disabilities. Knowing they cannot ensure that their patients with developmental disabilities receive the coordinated intervention from several professional disciplines they need for adequate care, many providers avoid serving patients whose developmental disabilities cause them to have complex medical problems or greatly impaired verbal skills.

Nationally, individuals who continue to live in the institutions are, for the most part, those with co-existing conditions in addition to mental retardation. At least 47% of current institutional residents have two or more sensory, neurological or behavior conditions and 37% are unable to walk without assistance (see footnote 4 below). Thus as deinstitutionalization trends continue, there will be a growing number of individuals with developmental disabilities requiring specialized community-based services for sensory, neurological, behavioral and orthopedic conditions. That is not to say that individuals in the community do not share these same co-existing conditions. As institutions have downsized, there are fewer differences between those living in RHCs and those living in the community.

The Impact on Individuals with Developmental Disabilities of Licensed Professional Services in the Community

Access to medical services for individuals with developmental disabilities will continue to be an issue for the foreseeable future, just as it will for other groups of people who do not have developmental disabilities. In most cases adult individuals with developmental disabilities or their guardians are eligible for and are enrolled in Medicaid. Most can find needed services although communication, behavioral and mobility challenges add a level of complexity to both

finding and receiving services for some. The current shortage of providers who are skilled in treating individuals with co-existing conditions and who are willing and able to coordinate these services complicates access to care.

At the 2002 Surgeon General's Conference[5], the most pressing needs of people with mental retardation were identified. There were six areas of focus identified on a national level that are directly relevant to the needs of individuals living in the community in the State of Washington. These areas include:

GOAL 1: Integrate health promotion into community environments of people with mental retardation

GOAL 2: Increase knowledge and understanding of health and mental retardation, ensuring that knowledge is made practical and easy to use

GOAL 3: Improve the Quality of health care for people with mental retardation

GOAL 4: Train health care providers in the care of adults and children with mental retardation

GOAL 5: Ensure that health care financing produces good health outcomes for adults and children with mental retardation

GOAL 6: Increase sources of health care services for adults, adolescents, and children with mental retardation, ensuring that health care is easily accessible for them

Approach

In the fall of 2003 a team of professionals from Fircrest School and from DSHS' Aging and Disability Services Administration (ADSA) was formed to consider how to retain some of the highly specialized and licensed professional services located at Fircrest School to serve the needs of persons with developmental disabilities in the community, and to identify steps to accomplish this goal. Current licensed professional services at Fircrest School include dental services, medical and nursing services, psychology and behavioral services, and rehabilitative services (including assistive technology, speech pathology, audiology, physical therapy, occupational therapy, and wheelchair repair/adaptation) all of which now provide a modest level of services to persons living in the community. The focus of the team was to determine which if any of the licensed professional services that are part of Fircrest School can be maintained in the future as services that can be provided in the community.

The approach the team used was to gather information from a variety of sources to examine successes and lessons learned from other states (literature review and telephone interviews), as

[5] CLOSING THE GAP: *A National Blueprint to Improve the Health of Persons with Mental Retardation, 2002,* Report of the Surgeon General's Conference on Health Disparities and Mental Retardation

well as collect data from local stakeholders (interviews and other invited input), from relevant state databases, and the experiences from licensed professionals who are currently providing these services.

The diverse base of stakeholders for this work included the following groups and individuals:

1. Individuals with developmental disabilities – individuals currently living in the community who have developmental disabilities.
2. Community providers – professionals in the community who currently provide or have an interest in developing the knowledge and skills to effectively provide services to DDD clients.
3. Academic institutions and professionals in training – graduate students in programs with internship agreements
4. Residential providers – community residential provider contractors
5. Advocate groups – groups of individuals with a common shared interest in people with developmental disabilities including families and parents
6. Government agencies and service providers – federal, state, and county service providers and funding sources

The approach included development and documentation of the following sections.

- Defining demand
- Proposal
- Comparisons between models

Defining Demand

For purposes of this study, demand was operationally defined as need *minus* capacity. Demand was not directly measured for this proposal since neither need nor capacity could be reliably assessed at this time. Instead, demand was estimated from several sources including:

1. National Core Indicator Study (NCIS)
2. Medical Assistance Administration (MAA) data
3. Supports Intensity Scale (SIS) Data
4. Invited input sessions
5. Other patterns based on best practices

National Core Indicator Study (NCIS)[6]

Method: Questions about medical care provided to community residents were added to the 2004 National Core Indicator Study conducted by the State of Washington. These items addressed whether specific services were needed for the DDD clients in the survey, whether the client was

[6] "The National Core Indicators is collaboration among participating NASDDDS member state agencies and HSRI, with the goal of developing a systematic approach to performance and outcome measurement. Through the collaboration, participating states pool their resources and knowledge to create performance monitoring systems, identify common performance indicators, work out comparable data collection strategies, and share results." http://www.hsri.org/nci/

receiving services (and if not why), whether the services were adequate, whether the professional was knowledgeable, and whether the professionals communicate with each other. Two surveys were administered[7]:

1. Adult Family Survey – The State of Washington administered the Adult Family Survey by selecting a random sample of 1,520 families who: a) have an adult family member with developmental disabilities *living at home*, and b) receive service coordination and at least one additional "direct" service or support. Adults were defined as individuals with disabilities age 18 or older. Approximately 3500 families met the selection criteria. Of the 1,520 surveys sent, 580 usable surveys were received.

2. Family and Guardian Survey – The State of Washington administered the Family Guardian Survey by selecting a random sample of 1,505 families who: a) have an adult family member with developmental disabilities *living outside of the family home*, and b) receive service coordination and at least one additional "direct" service or support. Adults were defined as individuals with disabilities age 18 or older. Approximately 8600 families met the selection criteria. Of the 1,505 surveys sent, 662 usable surveys were received.

The data were summarized overall in terms of level of need across clients regardless of their residence. Comparisons were then made between clients residing in their family home or in the community and by target population.

Results: In the State of Washington, 63% of DDD clients live at home[8]. Across the board, those responding to the Family and Guardian Survey (clients living in the community) perceived their medical care more positively than those responding to the Adult Family Survey (clients living in parental or relatives home). This result was likewise found in the larger (national) study and may be explained by the real and perceived differences in funding between these two programs as well as the more enhanced quality assurance programs addressing community providers that monitor and require more regular medical oversight.

Overall, survey respondents for individuals living at home said they had a regular doctor and dentist significantly less frequently than respondents for individuals living outside the home. The help received was also viewed as somewhat less adequate for dental services for individuals living in their family home. Both doctors and dentists were also viewed as less knowledgeable about working with individuals with developmental disabilities by those responding to the Adult Family Survey (see Figure 1 below). As a basis of comparison, the 2003 national survey results from the American Dental Association shows that 82.2% of the general population has a regular dentist; in comparison, 69% of DDD clients living in the family home and 91.5% living outside the family home reported they had a regular dentist[9].

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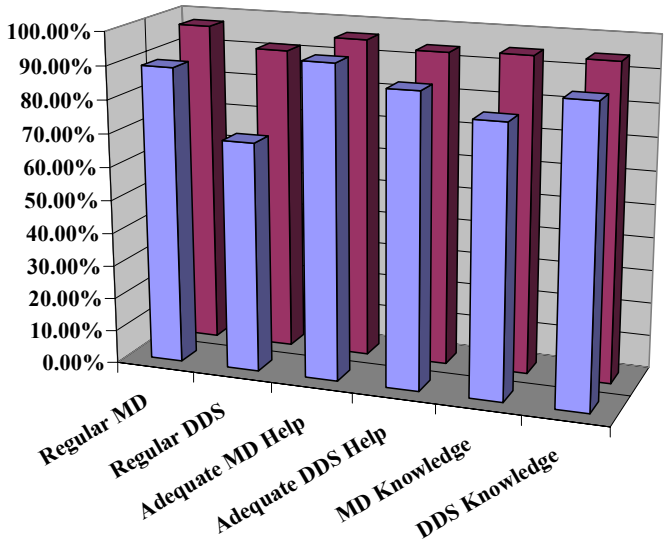
[7] For a more complete explanation of the survey methodology or copy of the report, contact Lisa Weber, PhD, senior researcher, (360) 725-3411, or weberla@dshs.wa.gov

[8] Data extracted from CCDB residential summary Nov 2004 by combining people living at parent's home and relative's home (19,141 living in parents home; 1,425 living in relative's home for a total of 20,566). and divide by the total number of clients (20,566/32,647 = 63%).

[9] http://www2.cdc.gov/nohss/ListV.asp?qkey=2

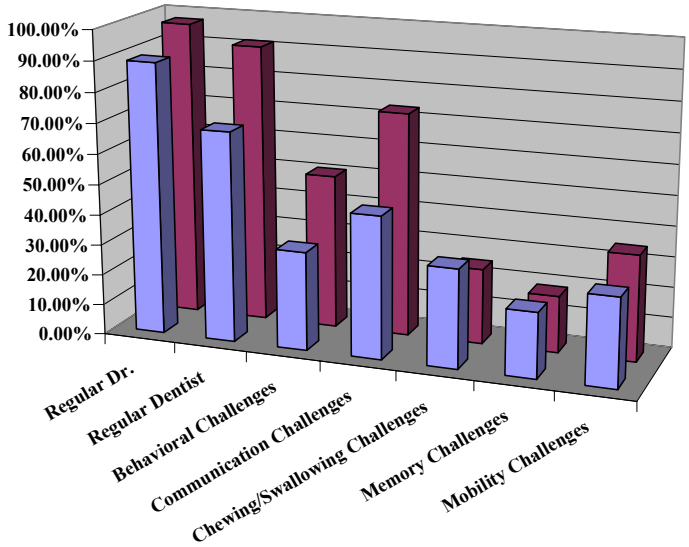
Medical services for behavior, communication, chewing/swallowing, memory and mobility challenges were also examined. Overall, communication challenges were the most frequently mentioned, followed by behavioral, chewing/swallowing, mobility, and memory challenges. Significantly fewer individuals living in their family home were reported to have behavioral or communication challenges even though these were issues of concern overall. The reverse was true for chewing/swallowing, where significantly more issues were reported for those living in the family home. These results are shown in Figure 2 on the next page.

Figure 1
Medical and Dental Services



	Regular MD	Regular DDS	Adequate MD Help	Adequate DDS Help	MD Knowledge	DDS Knowledge
Living in Family Home	89.30%	69.00%	93.84%	87.69%	80.90%	88.50%
Living Outside Family Home	97.33%	91.49%	96.26%	94.11%	94.80%	94.72%

Figure 2
All Medical Services



	Regular Dr.	Regular Dentist	Behavioral Challenges	Communication Challenges	Chewing/Swallowing Challenges	Memory Challenges	Mobility Challenges
Living in Family Home	89.30%	69.00%	32.38%	46.63%	32.38%	21.40%	29.05%
Living Outside Family Home	97.33%	91.49%	50.69%	73.39%	24.75%	18.65%	34.78%

A final analysis of individuals most closely resembling the target population was also conducted. These groupings were determined by responses to associated demographic items in the NCIS Surveys. The three groupings most closely representing the target population included:

1. Individuals who were identified as either severely or profoundly mentally retarded.
2. Those who reported being diagnosed as mentally retarded and/or autistic.
3. Individuals who require either onsite or line-of-sight care.

The data in Table 1 below shows a similar pattern to the overall survey results discussed above. There are significant differences between family and community residents for all special populations reporting for:

1. having a regular dentist (higher for community residents)
2. having behavioral challenges (higher for community residents)
3. having care coordinated between professionals (higher for community residents)
4. having communication problems for individuals with either severe or profound mental retardation (higher for community residents)

Table 1
Services and Challenges for Target Populations

	TARGET POPULATIONS					
	Severe/Profound		***MR/Autism***		***Onsite/Line-of-Sight***	
	Family N= 107	**Community N=228**	**Family N=145**	**Community N=174**	**Family N=197**	**Community N=318**
Regular Dr.	96.00%	98.09%	94.70%	96.97%	94.68%	98.29%
Regular Dentist	*69.70%*	*92.12%*	*74.05%*	*90.18%*	*75.14%*	*91.58%*
Medical Challenges						
Behavioral	*30.21%*	*59.11%*	*50.76%*	*77.64%*	*38.67%*	*58.89%*
Communication	*69.70%*	*87.63%*	73.08%	75.16%	73.74%	82.50%
Chewing/Swallowing	40.20%	41.90%	26.24%	18.56%	38.86%	34.45%
Memory	24.42%	27.17%	25.76%	24.00%	27.44%	26.85%
Mobility	50.98%	56.65%	19.86%	25.30%	50.53%	54.01%
Professionals Coordinate Care	*57.14%*	*89.67%*	*43.28%*	*79.75%*	*50.28%*	*84.75%*

Note: Italicized services indicate significant differences between clients living at home and those living in the community.

Although a high percentage of clients in both parental home and community residences responded that they had behavioral or communication challenges, when asked if they were receiving help, those living at home responded that they were receiving less help than those living outside the family home (see Table 2).

Table 2
Respondents Receiving Help

	RECEIVING HELP			
	Living in Family Home		**Living Outside Family Home**	
	# People	**Percentage**	**# People**	**Percentage**
Behavioral Challenges	91	*41.74%*	247	*78.41%*
Communication Challenges	88	*15.17%*	261	*65.41%*
Chewing/Swallowing Challenges	91	*41.74%*	85	*61.59%*
Memory Challenges	30	*23.81%*	63	*52.07%*
Mobility Challenges	64	*36.78%*	187	*87.38%*

Note: Italicized services indicate significant differences between clients living at home and those living in the community.

This same pattern is likewise shown regarding whether the help was adequate and whether the professional was perceived as knowledgeable (See Table 3). In Table 3, both medical and dental help were generally perceived as adequate and the professional as knowledgeable. When asked the same questions about behavior, communication, chewing/swallowing, memory and mobility challenges, most respondents (76-81%) felt the help they were receiving was adequate. Although there were significant differences between those living in their family home and those living in a community residence, the family home respondents were consistently less satisfied with services.

Table 3
Respondents Perception of Adequacy of Help and Knowledgeable Professionals

	HELP ADEQUATE				KNOWLEDGEABLE PROFESSIONAL			
	Living in Family Home		Living Outside Family Home		Living in Family Home		Living Outside Family Home	
	# People	Percent Agreeing	# People	Percent Agreeing	# People	Percent Agreeing	# People	Percent Agreeing
Regular Dr.	472	94%	541	96%	432	81%	510	95%
Regular Dentist	413	88%	495	94%	400	88%	466	95%
Behavioral Challenges	125	*80%*	262	*93%*	117	*84%*	256	*96%*
Communication Challenges	124	*78%*	294	*90%*	111	*69%*	270	*96%*
Chewing/Swallowing Challenges	65	*79%*	128	*93%*	53	*74%*	118	*94%*
Memory Challenges	51	*76%*	87	*89%*	46	*75%*	84	*93%*
Mobility Challenges	90	*81%*	199	*96%*	78	*83%*	173	*93%*

Medical Assistance Administration (MAA) Data

Methods:

1. High Use Clients – This study group includes DDD clients aged 21+ who did not receive RHC services and either (1) received ADSA nursing home services or (2) had total expenditures on ADSA in-home services + DDD personal care services in the top 10th percentile. The 90th percentile annual expenditure for ADSA in-home Services + DDD personal care services was $17,042.
2. 2001-2003 MAA data - This data represents a summary of all the medical services paid by MAA during calendar years 2001-2003 for adult DDD community clients in the catchment area (Snohomish, King, and Pierce counties). These counties were included since they represent approximately 48% of the total number of DDD clients statewide and would also be within reasonable (one hour) commuting distance to potential sites for a clinic. Current Procedural Terminology[10] (CPT) codes representing the medical procedures to be offered in the integrated model were identified by the team members and used to focus the search.

Results:

1. Table 4 below shows state medical services provided to the high use clients in these three counties. Medical services data is shown for: Division of Developmental Disabilities (DDD), Division of Vocational Rehabilitation (DVR), and Medical Assistance Administration (MAA). The DDD, DVR, MAA totals represent all DDD clients who match the criteria for this population (defined above) and the number and per cent served indicate the actual utilization of these services during this three year period. Definitions for each of the services are shown in Appendix 3.2.B. These data indicate that from 2001-2003, 96-97% of these high use clients were funded for prescription drugs, 83-86% were funded for other services (these include durable medical equipment and home health care

[10] CPT codes are five-digit numbers used to represent the universe of medical and psychiatric services given to patients

among other services), 74-79% were funded for physician's services, and 55-59% were funded for personal care (which includes semi-skilled maintenance and supportive services).

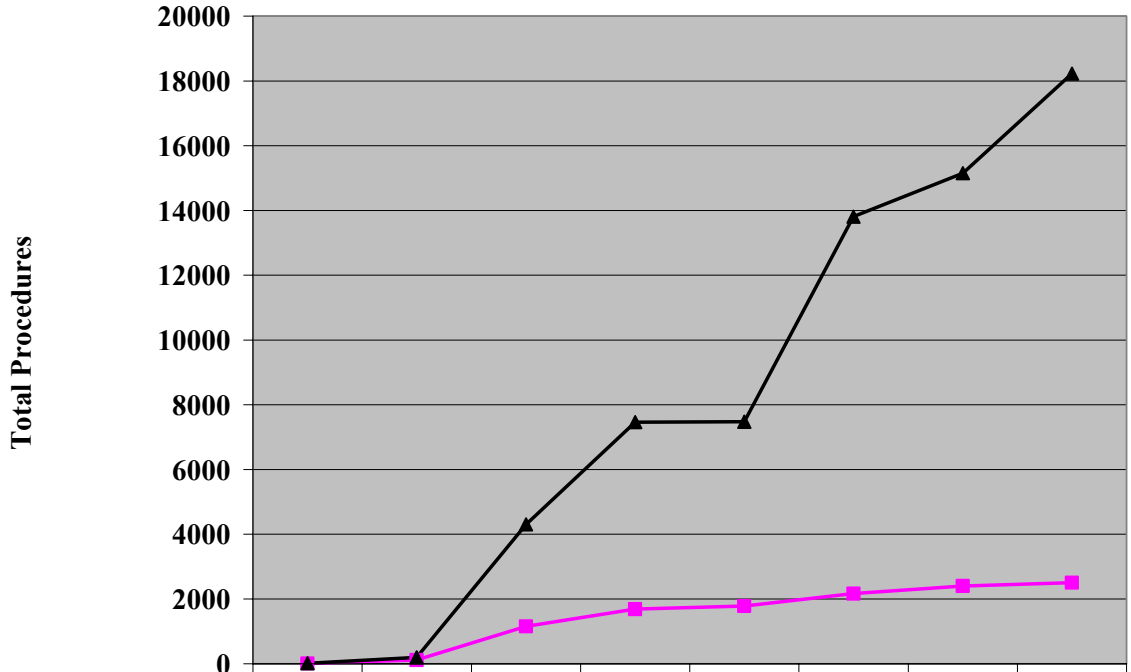
Table 4
State Services Provided to DDD Clients in Snohomish, King, and Pierce Counties
2001-2003

	2001			2002			2003		
	# Served	% Served	Tot Spent	# Served	% Served	Tot Spent	# Served	% Served	Tot Spent
DDD Total	**1,110**	**100.0%**	**$17,704,242**	**1,146**	**100.0%**	**$20,478,529**	**1,194**	**100.0%**	**$22,544,867**
Personal Care	609	54.9%	$10,770,628	670	58.5%	$12,966,652	703	58.9%	$14,193,182
Professional Support Service	264	23.8%	$85,509	260	22.7%	$94,404	281	23.5%	$94,759
DVR Total	**85**	**7.7%**	**$196,429**	**79**	**6.9%**	**$186,566**	**78**	**6.5%**	**$213,196**
Medical/Psychological Service	12	1.1%	$19,254	8	0.7%	$9,453	8	0.7%	$20,636
MAA Total	**1,107**	**99.7%**	**$8,322,393**	**1,142**	**99.7%**	**$9,695,933**	**1,193**	**99.9%**	**$9,539,229**
Dental Services	436	39.3%	$108,178	439	38.3%	$92,832	501	42.0%	$110,090
Hospital Inpatient	207	18.6%	$1,945,884	218	19.0%	$2,169,500	229	19.2%	$1,373,644
Hospital Outpatient	530	47.7%	$425,999	548	47.8%	$390,305	583	48.8%	$449,140
Other Services	922	83.1%	$2,461,637	993	86.6%	$3,027,488	1,033	86.5%	$3,342,112
Physicians Service	881	79.4%	$319,094	909	79.3%	$386,084	882	73.9%	$264,665
Prescription Drugs	1,069	96.3%	$3,061,600	1,108	96.7%	$3,627,427	1,163	97.4%	$3,997,056

2. Service utilization is another estimate of demand. The following MAA data that follows provides an overview of actual utilization of services that were reimbursed during calendar years 2001-2003. Figure 3 below shows the total number of procedures and adult clients served from 1996-2003 in the three county catchment area. Three years of data from calendar years 2001-2003 were included in all subsequent results due to changes in reimbursements for dental services beginning in 2001. Overall, these data show annual increases in both the number of clients served and number of procedures performed.

   Figure 4 below shows that for the 2884 total unique clients for this three year period and 47183 total procedures, clients averaged 5.5 procedures per year with a range from 1 procedure to 92 procedures annually. The breakdown of medical service utilization for the top 95% of procedures shown in Table 5 indicates that the most frequently accessed services were dental and medical followed by psychology, physical therapy and speech therapy. Appendix 3.2.C data shows the frequency of procedures during 2001-2003 for the top 80%, 90%, and 95% of procedures performed.

Figure 3
MAA Data of Number of Procedures and Clients Served
Adults in Snohomish, King, and Pierce counties
1996-2003



	1996	1997	1998	1999	2000	2001	2002	2003
# Unique Clients	9	118	1152	1683	1782	2168	2401	2502
Total Procedures	14	195	4302	7461	7477	13807	15149	18227

Figure 4
Frequency of Procedures by Client
2001-2003

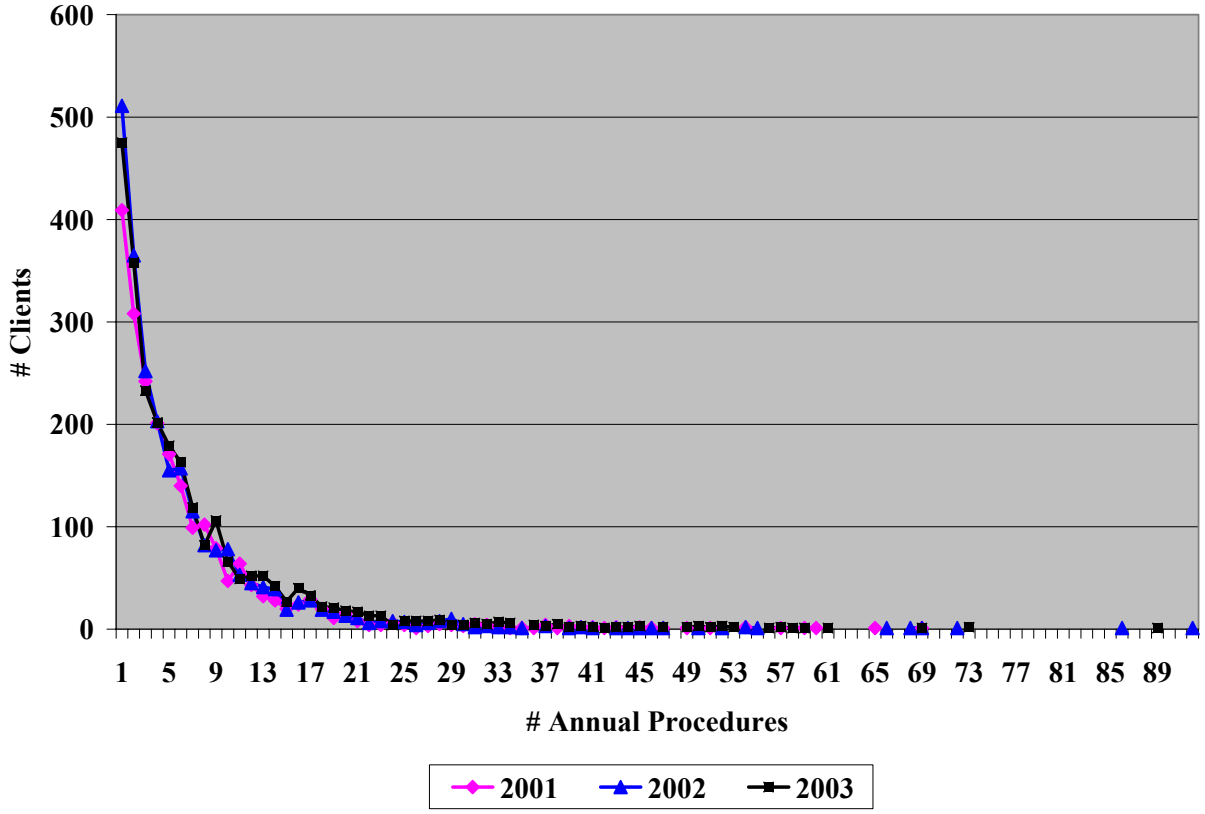


Table 5
Most Frequent Procedure Types – Top 95% of All Procedures
2001-2003

Type of Medical Service	Frequency among the Top 95% of Procedures	Percent of Total* Procedures
Dental	19618	42%
Medical	18186	39%
Psychology	3747	8%
Physical Therapy	3212	7%
Speech Therapy	1174	2%

*These percentages do not sum to 95% due to rounding.

Supports Intensity Scale (SIS) Data

Method: In June of 2004 the Assistive Technology and Treatment Center (ATTC) at Fircrest School had approximately 200 active community clients. Of these, twenty were chosen randomly to be described with the Supports Intensity Scale (SIS). The SIS was administered via a telephone interview with the client's current caregiver. This was seen as the most efficient way of describing the ATTC client population as a whole.

The SIS scores produced two distinct groups. The first group had fifteen members, and was made up exclusively of clients who had been referred to receive adaptive equipment or for management of swallowing disorders. The second group had four members and was referred for the evaluation and treatment of age related impairments such as Alzheimer's dementia. The first group was slightly above average on all scales. This means that they need more support services than is typical of clients that are eligible for DDD services. The second group was far below average on all scales, meaning that they tend to need much less in the way of support services than typical clients. Finally, over 80% of all of the clients had above average needs for special medical or behavioral support services.

Result: The results of this description of ATTC clients suggest why they were unable to receive services from other providers. First, the majority had complex medical or behavioral needs that tend to require the expertise of interdisciplinary teams that are typically not available elsewhere. Next, the first group had greater support needs. They tend to need highly specialized assistive technology and adaptive equipment. In addition, other studies have found that clients with greater needs face more barriers to health care than more typical clients. Finally, the second group presented problems stemming from the combination of age related impairments and developmental disabilities. Most providers have little or no experience with this combination of disorders.

Invited Input Sessions

Method: The Fircrest Downsizing/RHC Consolidation Project Support Unit conducted invited input sessions in conjunction with DDD Region 4. Participating in the invited input sessions were people with developmental disabilities, DDD case resource managers, parents and guardians, advocate groups, residential providers, employment venders, university and hospital representatives, and King County service providers. In addition, several retention of licensed professional services team members also attended each session to answer specific technical questions.

Results: The participants in the invited input sessions provided valuable feedback about community services. Several general themes concerning obstacles to access were consistent across groups and individuals. This included a lack of knowledge about how to serve people with developmental disabilities and limited number of providers who accept Medicaid.

With regard to specific services, behavioral support and mental health providers were perceived to be in extreme demand due to large turnover rates and an increased load of clients in the community. Case resource managers reported that some clients must show very significant acute symptoms of mental illness or challenging behaviors before mental health professionals will treat them. Perhaps the largest area of expressed need was for wheelchair providers. There is a large

demand indicated for maintenance, repairs, or new orders for wheelchairs. Current wheelchair providers are unable to fulfill the demand in a timely and appropriate manner. The same is true of PT/OT therapists, nutritionists, doctors, and dentists.

These participants also believed that community services could be improved with additional education of health care providers and improved reimbursement rates.

Other Patterns based on Best Practices

The utilization data for demand has limitations. It is only a part of the picture, showing what is authorized, but not what is needed. Another way to look at demand is the community's ability to provide what would be considered standard or best practice services to existing community residents. For example, it is an accepted dental practice standard that all patients have routine cleanings twice a year. Routine cleanings indicate that the patient has a relatively healthy mouth. If this is not the case and the patient has periodontal disease, then more extensive procedures are required such as root planing followed by 3-4 additional procedures annually. If patients with developmental disabilities are assumed to have healthy mouths (in fact this population has a much higher incidence of periodontal disease) then they would be expected to have two cleanings a year. There are approximately 8,000 adults with developmental disabilities in the three county catchment area so if they were getting the standard of care the utilization data should show 16,000 cleanings each year.

The actual MAA numbers for routine cleanings for adults with developmental disabilities during a three year period were 1482 and for the more extensive procedures (root planing) was 4506. While comparative information for all other adult MAA clients in the catchment is not currently available, these numbers for developmental disabilities clients are low. This information when combined with perceptions of need and barriers to service show a more complete picture. Clearly there is a gap between dental health services delivery for people with developmental disabilities, and the demand for services even taking into account that some procedures are paid through DDD, private insurance and other sources.

Summary of Findings on Demand

Each of the studies above examined demand for services using different methods. Conclusions about this data can be drawn by looking for common themes and explaining results by combining several studies. For example, the NCIS study and the invited input sessions used different methods (survey vs. group input), but had similar type of respondents. Both the NCIS survey and invited input sessions obtained data from parents/guardians. The common theme is that families have a more difficult time accessing medical care for their adult children. In relative terms, the services that are most in demand were communication, behavioral, and mobility services. For those participating in the invited input sessions, the services most needed were behavioral support and wheelchair repair/adaptation. A common theme for parents was the lack of access to services where providers accept Medicaid and where reimbursement rates were an issue. In both studies another common theme was the relative dissatisfaction with the coordination of care between providers for the parents of clients living at home and lack of knowledge of how to serve people with developmental disabilities when compared to individuals living in the community. When considering that 63% of DDD clients reside in the family home, these represent significant issues.

Target population data also yielded common themes. The target populations in the NCIS survey showed over 70% of respondents had communication challenges and from 30 - 77% had behavioral challenges. Similar to the results above, those living in the community reported higher proportions. About half of the severe/profound individuals and those requiring line-of-sight supervision had mobility challenges. Utilization of MAA services for high use clients were about 40% for dental and 75% for medical over a three year period. Finally, the small Supports Intensity Scale study indicates somewhat above average support needs overall for clients referred to the ATTC. The analysis of these target populations shows a multiple pattern of needs requiring careful coordination of services.

While demand information can help with showing the relative frequency of medical conditions, it is also important to examine the relative impact on these clients. With respect to communication challenges, there is evidence that approximately 40% of individuals with developmental disabilities have hearing impairment, a condition that directly inhibits their ability to communicate[11]. Wheelchair repair and customization is another example of a high impact service where approximately 30% of respondents in the NCIS study indicated mobility challenges. A reduction in mobility limits an individual's ability to access medical care, employment, and all aspects of activities for daily living.

Proposal

This proposal was based primarily upon the input of the retention of licensed professional services team whose direction was to develop and document a plan for the retention of some licensed professional services in the community should there be a decision to close Fircrest School. This proposal is an option based on input from the retention of licensed professional services work team, from staff of the Division of Developmental Disabilities, and from the Fircrest Downsizing/RHC Consolidation Project Support Unit.

The consultative model that follows provides selective licensed professional services within the developmental disabilities community, while building capacity for the community to provide additional specialized services for a vulnerable population. Scaled to align with Governor Locke's budget of December 2004, this model is a modified version of the original chapter on Licensed professional services. Other alternatives were developed prior to the publication of Governor Locke's proposed budget. These proposals are found in Appendix 3.2.D.

Consultative Model

The consultative model provides both direct and indirect services to clients with developmental disabilities. It would provide direct care for clients with dental, assistive technology, and wheelchair needs based on the findings from the demand portion of this report. Indirect services would include consulting, outreach, and building community resources. The focus of this model

[11] Findings of a study at the Fircrest School, 2005. Audiologists examined medical records for current Fircrest School residents (N = 194), former residents now living in the community (N = 369), and community residents who had services at the Fircrest School (N = 80). Findings of this limited sample showed that 40% of Fircrest residents, 37% of former residents, and 50% of community referrals have hearing impairments. By comparison, approximately 10% of the general population has hearing impairment.

is to maximize statewide exposure and improve the quality of services to clients of DDD through consulting and outreach activities. A high level overview of this model is shown below in Table 6:

Table 6
High Level Overview of Consultative Model

MODEL	Direct Care Services*	FTE	Annual Number Served**	Biennial Cost	Annual Total Revenue**
Consultative	57%	9.0	3400	2.1 MM	0.25 MM

*Estimates of direct care for the Consultative model are for dental (80%), assistive technology (100%), and wheelchair (100%). Physician services, speech pathology, and occupational therapy are all approximately 20% direct care services.
**Descriptions of how estimates for Annual Number Served and Annual total Revenue are found in Appendices 3.2.E and 3.2.F, respectively. Total Annual Revenue is based on Medicaid reimbursement of which 50% is comprised of federal funding and the other 50% is state funding.

Description of Consultative Services

Direct Care

This proposal recommends the provision of direct care services in four areas: dental services, assistive technology, wheelchair adaptation and repair, and physician services. All clinical services would be overseen by the medical director who would also provide some medical care to clients and prescribe medications. Dental services would be provided in partnership with Dental Education in the Care of Persons with Disabilities (DECOD) and include both on-site and mobile services. The speech/language pathologist and occupational therapist would partner with the assistive technologist to provide augmentative communication solutions for clients. The occupational therapist would partner with the wheelchair technician to adapt and modify wheelchairs for seating and mobility positioning to improve client functioning.

A summary of the direct care services provided under the consultative model are as follows:

- Primary care
  - Assessment
  - Prescription
  - Referral
  - Home visits
- Dentistry
  - Emergent
  - General
  - Preventative
  - Sedation as needed
- Assistive Technology (AT)
  - Perform AT assessment
  - Identify appropriate devices

    - Assist with device acquisition
    - Train client and family in the use and programming of devices as needed
- Wheelchair
    - Repair
    - Modification and adaptation of equipment for individuals

Outreach and Building Community Resources

The major focus of this model is to improve the quality and access to services throughout Washington State. One approach is to identify providers throughout the state with an interest in serving individuals with developmental disabilities and to provide training and certification assistance. Another is to assist those who are currently providing those services (e.g., clinical, DDD case managers, and residential staff) by improving skills and access to resources that would help in providing services. A significant role for the professionals in this team would be to partner with existing programs in colleges and universities to educate professionals-in training about the special issues in treating individuals with developmental disabilities. Existing relationships with, for example, the University of Washington DECOD, family practice, internal medicine, Center for Human Development and Disability, and Center for Technology and Disability Studies are valuable sites for recruiting, developing residencies and internships. In addition, partnerships with community colleges such as Shoreline Community College who also have programs for dental hygiene and speech language pathology assistants are another potential way to build resources in the community.

The following is an overview of the outreach services for this model:

- Clinics and on-site coaching with professionals
    - Podiatry
    - Consultation and referral
    - Clinical Rx/Medication management
    - Vision
    - Psychiatric
    - Counseling
    - Behavior management
    - Nutrition
    - Communication
    - Adaptive Technology
    - Etc.
- Seminars, in-service presentations, workshops for families, DDD case managers and residential staff
- Recruitment of physicians, dentists, therapists and other providers
- Certification assistance for professionals in the care of individuals with developmental disabilities
- Mobile/on-site services
- Maintain a library of high and low tech augmentative communication and environmental control devices for training and evaluation purposes
- Build and maintain partnerships with the following:
    - Universities and colleges
    - Center on Human Development and Disability (CHDD)

- Dental Education in the Care of Persons with Disabilities (DECOD)
- Community clinics
- Community mental health
- Developmental disabilities councils
- Residential providers
- Advocacy groups
- Institutions

Consulting and Statewide Access

Statewide access to these specialized services is provided through developing a network throughout the state, an operational website for resources and frequently asked questions, a listing of providers who are state certified to provide services to individuals with developmental disabilities, and a toll-free 1-800 number for questions. In addition, the providers would have mobile services to visit all regions of the state. Mobile services, clinics, demonstrations, and presentations would be coordinated by regional administrators with local service and residential providers in order to maximize impact. Statewide access to specialized information and consulting services would include the following:

- Consulting
  - Clinical providers in the community
  - Families
  - Residential providers
  - DDD Field Services staff
- 1-800 number assistance
- Website assistance
- Website resources links

Consultative Services Operations

The medical director would manage the operations, lead physician recruiting, and be integrally involved in recruiting other professionals. It would be the director's role to develop and support a plan to increase the capacity/willingness of medical providers to accept people with developmental disabilities living in the community. The director would be supported by an administrative assistant who would be responsible for the following:

- Maintaining clinical records
- Managing outsourced services
  - Medical transcription
  - Billing
  - Audiology
  - Physical therapy
  - Website management
- Producing training and education materials
- Scheduling staff
- Scheduling clinic appointments
- Maintaining client records

Comparison of Models

Table 7 below compares the proposal and four alternative models that were considered in this document based on the percentage of direct care, total staffing, estimates of the number of clients served, annual cost and annual revenue. Appendix 3.2.I contains a detailed description of the staffing differences between the models described in this document. When comparing these models, the compositions of the staff, staff roles, types of services, service reimbursement rates, and amount of outreach for staff members directly impact the number of DDD clients served and the estimated revenue. For example, the university affiliation model is different from the consultative services model in that the model assumes a leaderless team with an emphasis on dental, assistive technology and wheelchair services. Differences in staffing for consultative services is one fewer dental assistant and 2.5 fewer FTEs for speech/language pathology, while adding a clinical director and support staff. The staffing differences between these models account for the major differences between the models.

Table 7
Comparison of All Models After Start-Up

MODEL	Direct Care Services*	FTE	Annual Number Served**	Annual Cost	Annual Total Revenue***
Consultative Services	57%	9.0	3400	1.1 MM	0.25 MM
Integrated	64%	28.2	4862	2.2 MM	0.8 MM
Reduced Client Services	76%	17.6	2756	1.6 MM	0.5 MM
Gap-Based	73%	22.1	3454	1.8 MM	0.6 MM
University Affiliation	56%	10.5	2067	.9 MM	0.4 MM

*Estimates for direct care are based on the total hours of direct care divided by the total hours available including support staff hours.
**These estimates show the number of unique clients based on projected number of procedures divided by an average of 7.3 procedures annually for each client except for the consultative model where estimates for dental, assistive technology and wheelchair were additive in that this is not an integrated service model.
***Total Annual Revenue is based on estimated Medicaid reimbursement; 50% is comprised of federal funding and the other 50% is State funding.

Other Comments

The comments below are directed toward issues elated to the implementation of this proposal should the legislature direct the closure of the Fircrest School. Under a decision to close the Fircrest School, the implementation of this proposal has assumed the following:

1. Consultive services staff would have the use of current Fircrest facilities through June 2007.
2. New facilities would be leased and staff moved beginning FY 2008.
3. Consultative services and collection of Medicare/Medicaid reimbursement would begin in January 2006.
4. Fircrest assistive technology, wheelchair, and dental equipment would be available for use by the licensed professionals. If equipment is not available, additional costs of

$125,000 for dental, $50,000 for assistive technology, and $20,000 for wheelchair, and $7500 for physician would be required for start up.

5. Contracted services for medical transcription, billing, audiology, and physical therapy would require $80,000 annually.

Requirements

The goals issuing from the requirements are long-range in nature and the complete accomplishment of these cannot be expected within a biennium. Consideration must be given to a staged implementation over several years with outcomes identified for each stage in order to meet all the goals. A more complete plan for the staged implementation of the proposal will present recommendations for their accomplishment. See the section on performance measures below for more information about potential outcome measures.

Direct Care

Billing Processes – Whether the billing is done internally or outsourced, internal processes would need to be developed to capture both diagnoses and treatment codes. This typically entails process development, staff training, and process monitoring. The proposal has made an assumption that Medicare/Medicaid reimbursements would begin to be collected in January of 2006. This would allow six months to develop internal processes and identify a billing vendor. A provision is made in the budget for software that would allow for either internal or external electronic billing.

Provider Certification – Providers would need to become Medicaid/Medicare certified in order to receive reimbursement. This process typically takes over two months to process the application and obtain a Medicare billing number. Provider identification for the consultative services team and certification would be conducted between July and December 2005.

Location and Space – There are many possibilities for the physical location for this team of professionals. The proposal has made an assumption that consultative services would be located at Fircrest School over the next biennium so that the licensed professional staff would be able to continue providing services to the Fircrest School residents while also providing services to community clients. Identifying clinic space and location to maximize access (multiple locations have been suggested by parents of individuals with developmental disabilities).

Client Screening – Clear guidelines would need to be developed for direct care access. Given limited direct care services, decisions concerning prioritization of access to these services would be crucial.

Coordination of Care – Provision is made for electronic medical records in order to most easily share client medical records with other community providers. The coordination of care was identified as a significant issue for clients in the demand assessment.

Consulting and Outreach

Consulting and outreach activities are a key element of the proposed model and is the primary method of recruiting and skill enhancement of community providers (both medical and

residential). Effective consulting and outreach assumes that skill enhancement and easy access to information to help DDD clients would positively impact provider access. Issues regarding provider limits on Medicaid patients and reimbursement rates remain.

Performance Measures

A draft of potential outcome measures for implementation is found in Appendix 3.2.H. As mentioned previously, it is important to have clear measures of performance for each of the phases of implementation. Some suggestions for global performance measures include:

Phase 1 – Start-Up (Calendar Year 2006)

Budget – projected vs. actual

Revenue – projected vs. actual

Consulting and Outreach – number of professionals trained, site visits, and remote consults

Website – number of people visiting site

Establish baseline – providers serving DDD clients by region

Phase 2 – Transition (Calendar Year 2007-continuation of previous measures)

Consulting and Outreach – number of new providers by region, number of DDD providers certified

Client Quality of Life – identify or develop index

Client Satisfaction – identify or develop index

Phase 3 – Operational (Calendar Year 2008-continuation of previous measures)

Consulting and Outreach – professionals-in-training, fellowships, internships

Grants – dollar amount of grants

Appendices

Appendix 1.1: Operating Budget Language

The language directing the downsizing of Fircrest School is shown below in full. The dollar amounts shown here are for the costs of managing the project, the cost associated with employee transition, and the costs of transporting clients from Fircrest School to their alternative placement. There are other sums included in the operating budget that are associated with downsizing Fircrest School in Section 205, Chapter 25, Laws of 2003, 1st Special Session for reduction in costs in the RHCs, community placements, and nursing programs.

> Sec. 211, Chapter 25, Laws of 2003, 1st Special Session. FOR THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES – ADMINISTRATION AND SUPPORTING SERVICES PROGRAM
>
> General Fund-State Appropriation (FY 2004).....$35,926,000
> General Fund-State Appropriation (FY 2005).....$25,968,000
> General Fund-Federal Appropriation.....$45,752,000
> General Fund-Private/Local Appropriation $810,000
> TOTAL APPROPRIATION.....$108,456,000
>
> The appropriations in this section are subject to the following conditions and limitations:
> (1) $467,000 of the general fund-state appropriation for fiscal year 2004, $769,000 of the general fund-state appropriation for fiscal year 2005, and $1,236,000 of the general fund-federal appropriation are provided solely for transition costs associated with the downsizing effort at Fircrest school. The department shall organize the downsizing effort so as to minimize disruption to clients, employees, and the developmental disabilities program. The employees responsible for the downsizing effort shall report to the assistant secretary of the aging and disability services administration. Within the funds provided in this subsection, the department shall:
> (a) Determine appropriate ways to maximize federal reimbursement during the downsizing process;
> (b) Meet and confer with representatives of affected employees on how to assist employees who need help to relocate to other state jobs or to transition to private sector positions;
> (c) Review opportunities for state employees to continue caring for clients by assisting them in developing privately operated community residential alternatives. In conducting the review, the department will examine efforts in this area pursued by other states as part of institutional downsizing efforts;
> (d) Keep appropriate committees of the legislature apprised, through regular reports and periodic e-mail updates, of the development of and revisions to the work plan regarding this downsizing effort; and
> (e) Provide a preliminary transition plan to the fiscal and policy committees of the legislature by January 1, 2004. The transition plan shall include recommendations on ways to continue to provide some of the licensed professional services offered at Fircrest school to clients being served in community settings.

Appendix 1.2: Capital Budget Language

The following table shows capital budget allocations by RHC and project. In addition it provides the scope, projected completion date, and the estimated cost for each of these projects

RHC and Project	Scope	Projected Completion Date	03-05 Biennium Estimated Costs
Rainier School			
Emergency Power Improvements		7/1/2005	1,500,000
Boiler Improvements		7/1/2005	700,000
Chinook Cottage Renovation	Fire sprinklers, kitchen improvements, interior repairs, and storage room addition	5/1/2004	185,000
Cascade, Columbia and Crystal Renovation	Fire sprinklers, kitchen, interior repairs, storage room additions, and new roofing on two cottages	7/1/2004	550,000
1030, 2005 and 2015 Cottage Improvements	Bathrooms and kitchens repairs and storage room additions	11/8/2004	1,100,000
			$4,035,000
Yakima Valley School			
Cottage 403-404 Renovation	Bathing improvements, harden interior finishes, siding and roofing repairs, and HVAC and sump pump improvements	5/1/2005 (most optimistic date)	125,000
			$125,000
Frances Haddon Morgan Center			
3423-3425 Burwell Cottage	Kitchen and Dining Remodel	12/1/2004	280,000
			$280,000
Lakeland Village			
Harvest Cottage Renovation (ICF/MR to SNF)	Foundation, crawl space and flooring repairs, accessibility and nursing improvements, toilet and shower room repairs, and code improvements	11/1/2004	435,000
Hillside and Evergreen Cottage Renovation (ICF/MR to SNF)	Foundation, crawl space and flooring repairs, accessibility and nursing improvements, toilet and shower room repairs, and code improvements	12/1/2004	800,000
Tamarack Cottage Renovation (SNF)	Foundation, crawl space and flooring repairs, accessibility and nursing improvements, toilet and shower room repairs, and code improvements	6/1/2005	325,000
			$1,560,000
TOTAL			**$6,000,000**

Appendix 1.3: What Isn't Included in the Project Scope?

When identifying the project scope, it is also important to recognize what is NOT included. A number of items are considered out of the project scope; however, these items will need to be considered by policy makers for planning purposes beyond the tenure of this project.

Items considered to be outside the project scope include, but are not limited to:

1. The impact on other occupants of the property.
2. The continued use of the Fircrest School Community Recreational Services.
3. Development of the property for use by the private sector, or possible sale of the land.
4. Policy changes affecting the current Division of Developmental Disabilities operations.

Other Occupants

Three other governmental or not-for-profit entities provide services on the property. These include:

- The state Department of Health testing laboratory (DOH has requested additional capital funding for expansion on the site in the past).
- The Food Lifeline, which warehouses and distributes food to food banks for the needy. The current property may require some modifications to improve truck access to the warehouse.
- The Firlands Workshop, which provides employment to individuals with development disabilities who reside in the community.

Each one of these occupants is dependent to one degree or another on the utilities maintained by the staff of Fircrest School. Some of these utilities, such as steam heating and the electrical supply system, are already unreliable or not well suited for independent use by these occupants. If Fircrest School is closed, these occupants may need to be relocated or other improvements to existing infrastructure will need to be reviewed and considered.

Fircrest School Community Recreational Services

Fircrest School operates a swimming pool/gymnasium complex that is also available on a limited basis to the Shoreline community. If Fircrest School is closed, this facility will no longer be available to the community.

Commercial Development

Beyond the scope of this plan, the State Investment Board has been charged with identifying options for the surplus property. Specifically, the Board is directed to ". . . identify an investment strategy that will produce a long-term investment return on the property, without sale of land." A report of the State Investment Board was submitted to the legislature on December 5, 2003.

Policy Changes

The current goals and operations of the RHCs operated by the Division of Developmental Disabilities have been under review on a number of fronts. The issues and potential policy changes have been considered or reviewed in numerous reports either produced by the division at the direction of the legislature or by the legislature itself. Policy changes that arise from such reviews or the development of any other policy for consideration are outside of the scope of this plan.

Appendix 1.4: Review Process

Washington State
Department of Social & Health Services
ADSA Aging & Disability Services Administration

Work Team Review Process

DDD/HCS TECHNICAL REVIEW: INTERNAL REVIEW

The purpose of the internal review is to ensure that the processes documented by the work teams are complete and represent what should be accomplished. This is not an approval review but rather an advisory step that would clarify what might be missing and what the risk is of not addressing what is missing.

This review can be accomplished either in a group(s) setting or as a set of individuals who each will have received the process documentation. Their comments would be compiled and attached to any process for subsequent higher review or, if required, corrective action by the work team.

Even though this is displayed as 'DDD internal review', DDD staff may not conduct all reviews. In certain instances such as personnel procedure or issues associated with facilities, subject matter specialists may solely conduct the technical reviews.

- COMMUNICATION TRIAGE -

An in between or parallel process for this review would include a communication triage point. This step requires distribution of the document, deliverable, or product to the ADSA Communication Manager. The role of the communication manager would be to review the document, provide feedback if appropriate, distribute to the DSHS/DL/DDD/PSU Communication Team if appropriate, and assess the need for communication materials (news release, web inclusion, talking points, etc). This step would not preclude proceeding with a formal review; however, it would ensure a more robust review of documents that will eventually become available to a diverse and global audience and that may require additional communication efforts.

FORMAL REVIEW: EXTERNAL REVIEW

The external review is designed to ensure that advisory or regulatory entities have an opportunity to review the processes from their perspective. The desired outcome is that the processes that are developed are properly aligned with both statutory and regulatory requirements – those requirements that 'must' be addressed.

This review however is not meant to co-opt either party by requiring regulators to 'approve' a process prior to implementation or to require a change to a process where there is valid room for interpretation. The input that is desired at this stage is the identification of clear conflict with existing law ('your own rules don't let you do that') or regulation or where some level of adjustment to a process may make it more acceptable ('it would be desirable to give parents/guardians more than 30 days notification of a change').

This will not be a team review since the individuals who will be doing the review will be from external divisions or agencies. Their comments would be compiled and attached to any process for subsequent higher review or, if required, corrective action by the work team. If the process needs to be reworked, then further technical review would be necessary.

FINAL REVIEW: EXECUTIVE REVIEW:

This is the final approval step. In general, if the other steps have been completed and changes that have been requested at that level have been addressed, approval should be pro forma. However, as with all levels of review, this review may warrant further modification and adjustment prior to final approval. Upon Approval from the Assistant Secretary, process implementation will occur.

Work Team Review Process

Work Team:
Product/Deliverable:

Step	Review Phase	Date Provided	Requested Response	Request Received	Requested Action
1	***WORK TEAM REVIEW***				
	Work Team Members				
2	***TECHNICAL REVIEW***				
	DDD Implementation Team				
	COMMUNICATION TRIAGE				
	ADSA Communication				
3	***FORMAL REVIEW***				
	AG Review				
	Other:				

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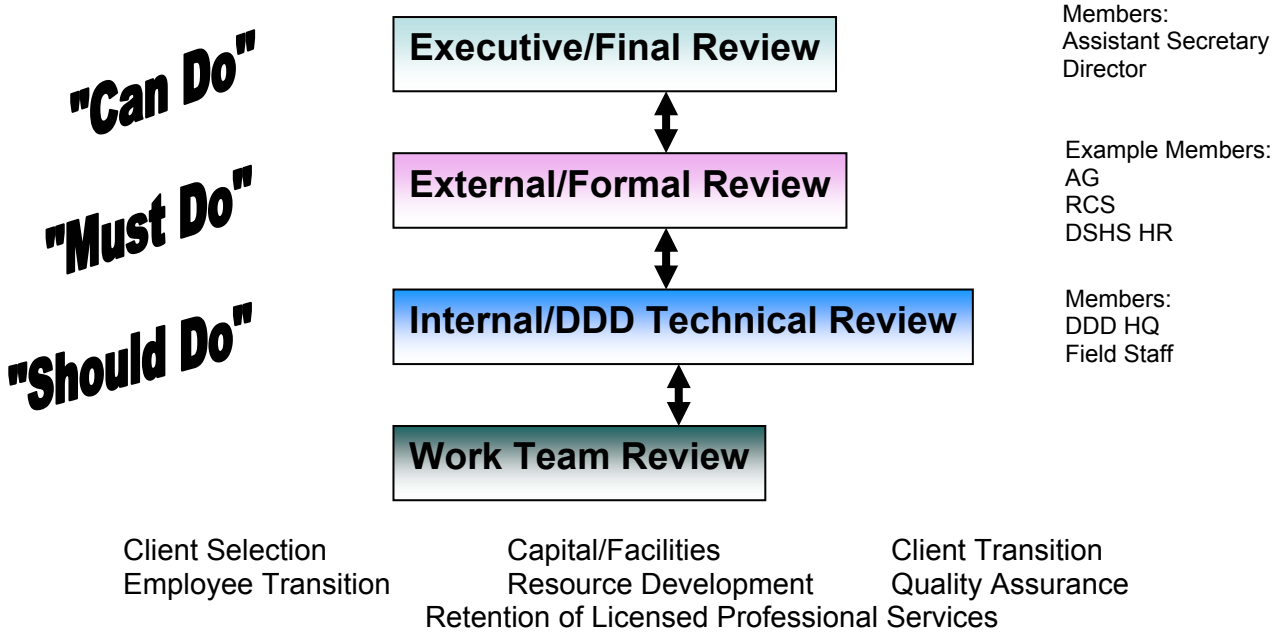
4	***FINAL REVIEW***				
	Linda				
	Kathy				
	Comments				

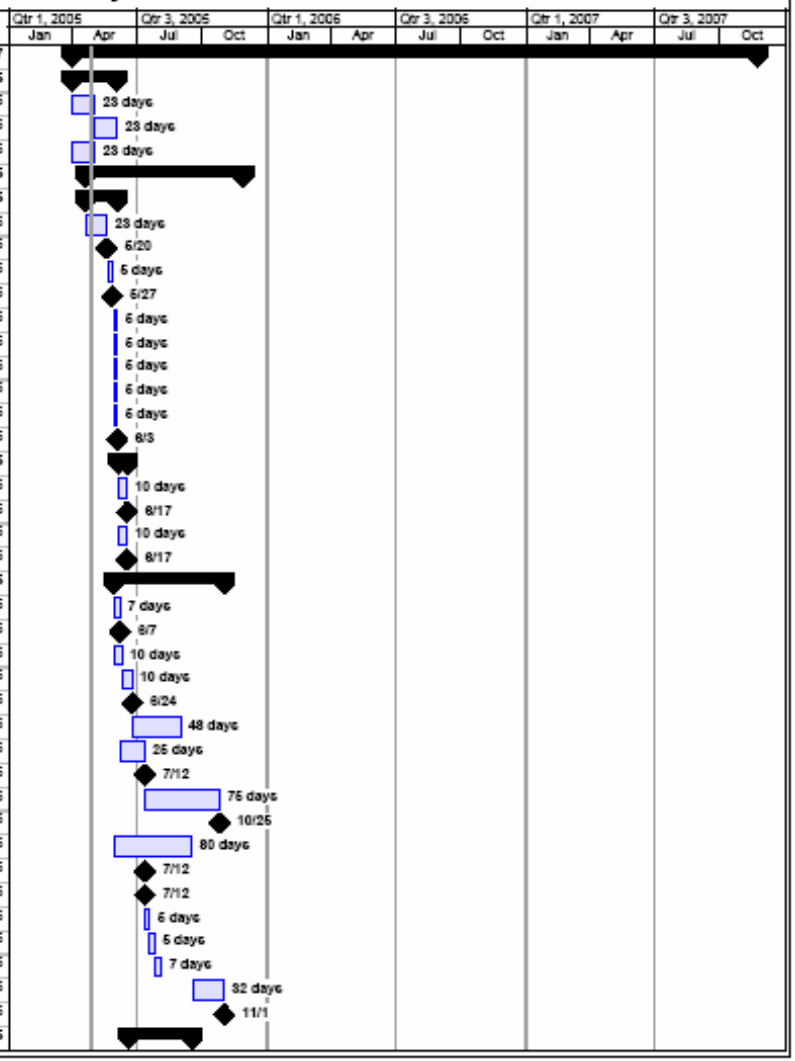
Work Team Review Process



Appendix 1.5: Complete Project Plan

RHC Closure Project Plan

ID	Task Name	Start	Finish
32	RHC Closure Plan	4/1/05	11/22/07
33	Labor Relations	4/1/05	8/3/06
34	Present Statewide Plan to Labor	4/1/05	5/3/05
35	Communicate Impacts to each Facility	5/4/05	6/3/05
36	Project Planning and Kickoff	4/1/05	5/3/05
37	Close Cottage #1	4/20/05	11/28/06
38	Cottage/Client Selection	4/20/05	8/3/06
39	Identify Statewide RHC Capacity	4/20/05	5/20/05
40	<<Statewide Capacity Available	5/20/05	5/20/05
41	Select Cottage for Closure/Cottage Opening	5/23/05	5/27/05
42	<<Cottage Selected for Closure/Opening	5/27/05	5/27/05
43	Notify Labor of Cottage Selection	5/30/05	6/3/05
44	Notify Parents/Guardians of Selection	5/30/05	6/3/05
45	Notify Employees Fircrest	5/30/05	6/3/05
46	Notify Employees Other RHC	5/30/05	6/3/05
47	Notify Media and External Stakeholders	5/30/05	6/3/05
48	<<Stakeholders Notified of Cottage Selection	6/3/05	6/3/05
49	Operational Planning (Sending and Receiving)	6/6/05	8/17/06
50	Organizational Planning	6/6/05	6/17/05
51	<<Preliminary Organizational Plan Developed	6/17/05	6/17/05
52	Infrastructure Planning	6/6/05	6/17/05
53	<<Preliminary Infrastructure Plan Developed	6/17/05	6/17/05
54	Client Transition	6/30/05	11/1/06
55	Begin Preparation of Referral Packets	5/30/05	6/7/05
56	<<Referral Packets Complete	6/7/05	6/7/05
57	Notify Parents/Guardians of Resources	5/30/05	6/10/05
58	Identify Parent/Guardian Placement Options	6/13/05	6/24/05
59	<<Parent/Guardian Placement Options Identified	6/24/05	6/24/05
60	Send Referral Packets to Community	6/27/05	8/31/05
61	Perform Transition Planning	6/8/05	7/12/05
62	<<Transition Planning Complete	7/12/05	7/12/05
63	Perform Discharge Planning	7/13/05	10/25/05
64	<<Discharge Planning Complete	10/25/05	10/25/05
65	Resource Development	5/30/05	9/16/05
66	Equipment Ordering Deadline	7/12/05	7/12/05
67	Decision Deadline for Community Moves	7/12/05	7/12/05
68	Update RHC Capacity	7/13/05	7/19/05
69	Client Selection for Administrative Moves	7/20/05	7/26/05
70	Send Referral Packet to RHC's	7/27/05	8/4/05
71	Perform Community Moves	9/19/05	11/1/05
72	<<Community Moves Completed	11/1/05	11/1/05
73	Employee Relations	8/20/05	9/16/06



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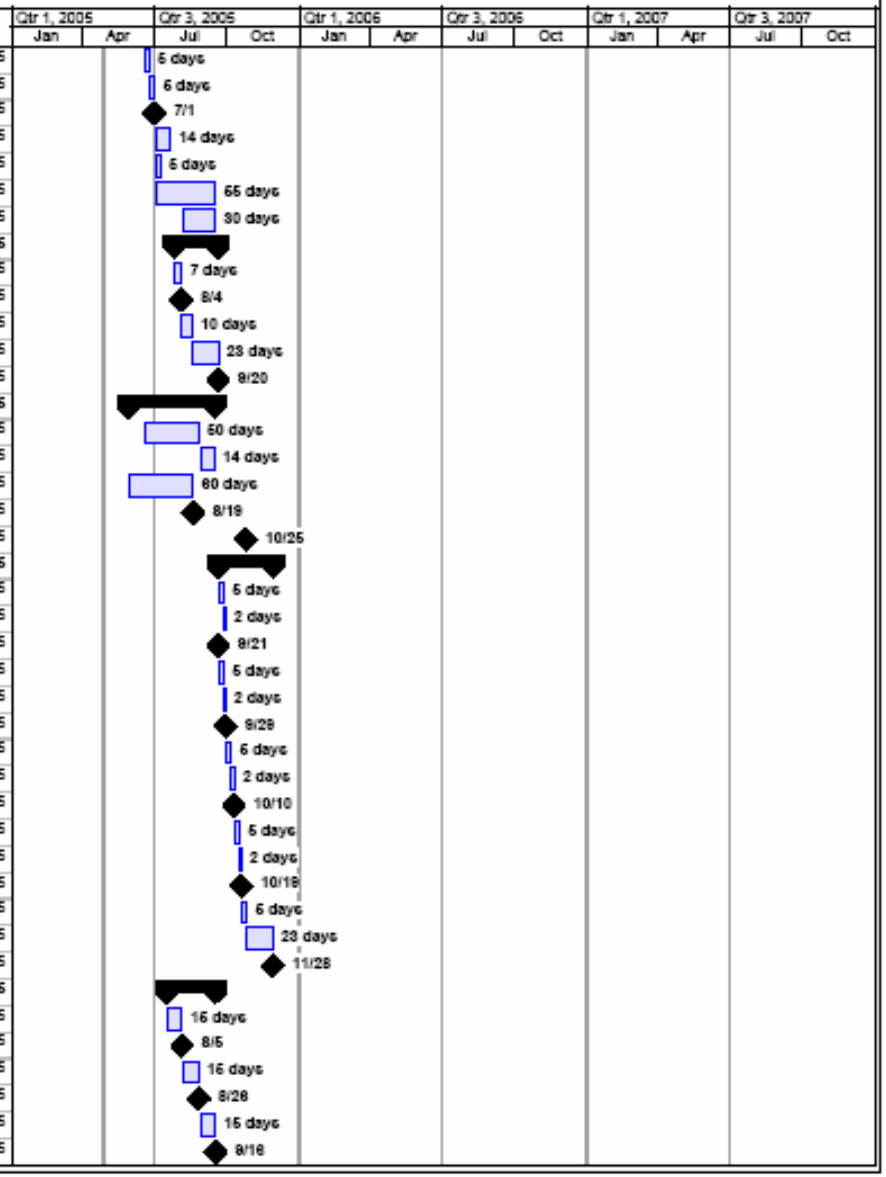
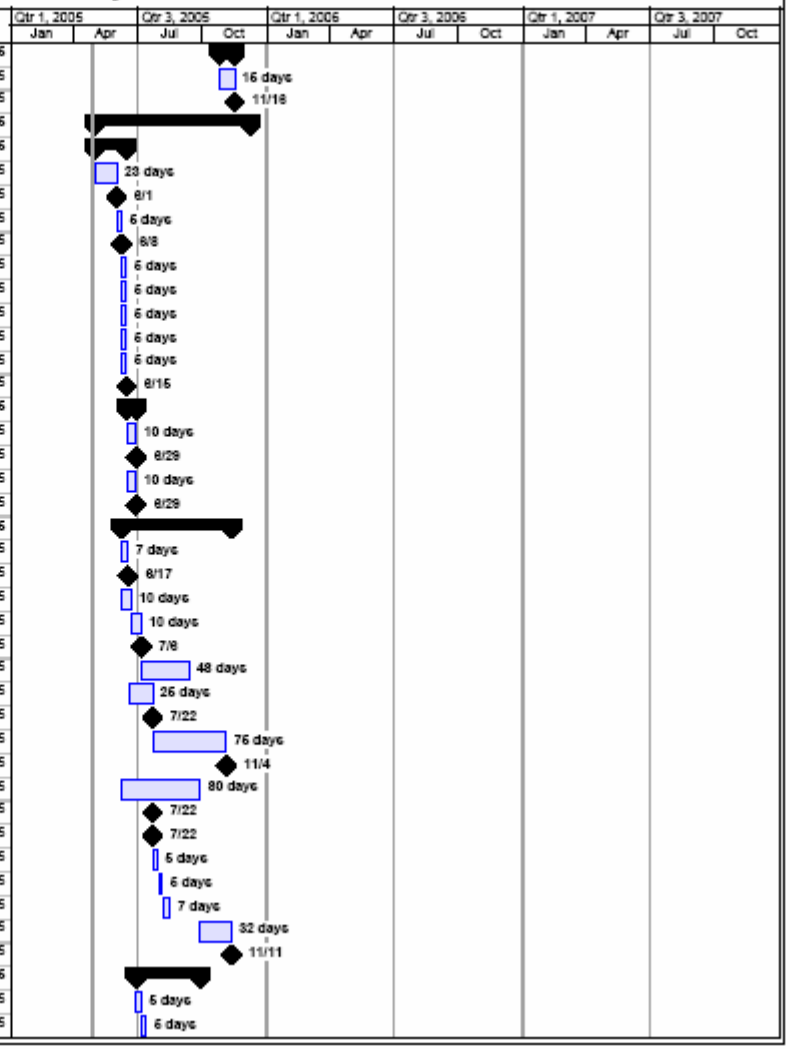
RHC Closure Project Plan

ID	Task Name	Start	Finish
74	Notify Employees at Risk of RIF	6/20/05	6/24/05
75	Notify Department of Impacts	6/27/05	7/1/05
76	<<Employees Notified of RIF Impacts	7/1/05	7/1/05
77	Conduct Employee Preference Poll	7/4/05	7/21/05
78	Conduct RIF Orientation	7/4/05	7/8/05
79	Develop Formal Options for Employees at Risk	7/4/05	9/15/05
80	Develop Informal Options for Employees at Risk	8/8/05	9/15/05
81	Informal Reviews	7/27/05	9/20/06
82	Notify Parents/Guardians of Client Move Dates	7/27/05	8/4/05
83	<<Parents/Guardians Notified of Client Move Dates	8/4/05	8/4/05
84	Schedule Informal Reviews	8/5/05	8/18/05
85	Perform Informal Reviews	8/19/05	9/20/05
86	<<Informal Reviews Complete	9/20/05	9/20/05
87	Hire and Train Start Up Employees	6/30/05	8/15/06
88	Hire and Train 1st Half Opening Cottage	6/20/05	8/26/05
89	Hire and Train 2nd Half Opening Cottage	8/29/05	9/15/05
90	Prepare Cottage for Opening	5/30/05	8/19/05
91	<<Receive Opening Cottage	8/19/05	8/19/05
92	<<Discharge Plans Complete	10/25/05	10/25/05
93	Client Moves	9/21/05	11/28/06
94	Prepare Clients	9/21/05	9/27/05
95	Move Clients	9/28/05	9/29/05
96	<<4 Client Moves Complete	9/21/05	9/21/05
97	Prepare Clients	9/21/05	9/27/05
98	Move Clients	9/28/05	9/29/05
99	<<8 Client Moves Complete	9/29/05	9/29/05
100	Prepare Clients	9/30/05	10/6/05
101	Move Clients	10/7/05	10/10/05
102	<<12 Client Moves Complete	10/10/05	10/10/05
103	Prepare Clients	10/11/05	10/17/05
104	Move Clients	10/18/05	10/19/05
105	<<16 Client Moves Complete	10/19/05	10/19/05
106	Client/Employee Transition	10/20/05	10/26/05
107	Perform Client Follow-ups	10/27/05	11/28/05
108	<<Client Followups Complete	11/28/05	11/28/05
109	Employee Release	7/18/05	8/16/06
110	Deliver RIF Letters	7/18/05	8/5/05
111	<<RIF Letters Delivered	8/5/05	8/5/05
112	1st RIF Waiting Period	8/8/05	8/26/05
113	<<Release Employees for Half Closing Cottage	8/26/05	8/26/05
114	2nd RIF Waiting Period	8/29/05	9/16/05
115	<<Release Remaining Cottage Employees	9/16/05	9/16/05



RHC Closure Project Plan

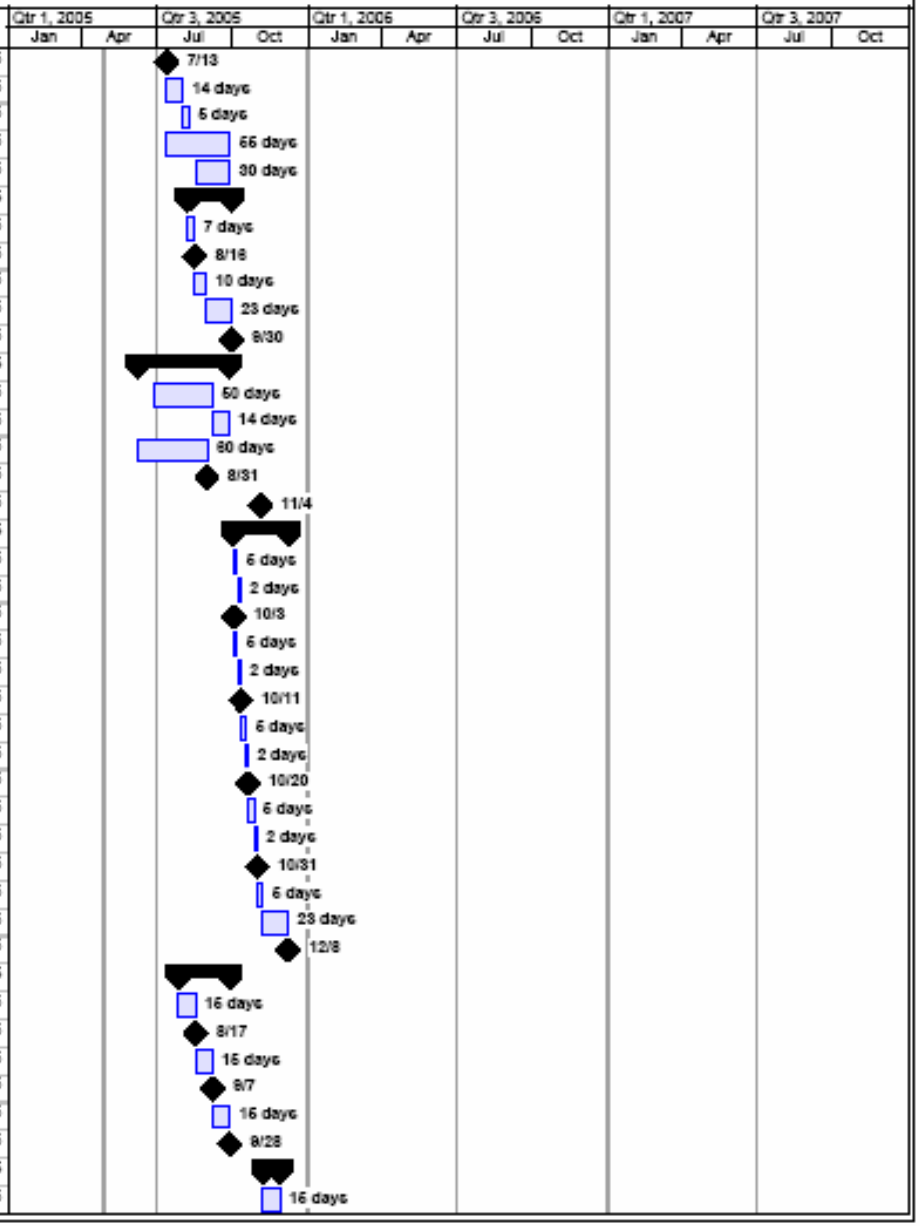
ID	Task Name	Start	Finish
116	**Close Cottage**	10/27/05	11/16/06
117	Complete Mothballing of Closed Cottage	10/27/05	11/16/05
118	<<Cottage Closure Complete	11/16/05	11/16/05
119	**Close Cottage #2**	6/2/05	12/8/06
120	**Cottage/Client Selection**	6/2/05	8/16/06
121	Identify Statewide RHC Capacity	5/2/05	6/1/05
122	<<Statewide Capacity Available	6/1/05	6/1/05
123	Select Cottage for Closure/Cottage Opening	6/2/05	6/8/05
124	<<Cottage Selected for Closure/Opening	6/8/05	6/8/05
125	Notify Labor of Cottage Selection	6/9/05	6/15/05
126	Notify Parents/Guardians of Selection	6/9/05	6/15/05
127	Notify Employees Fircrest	6/9/05	6/15/05
128	Notify Employees Other RHC	6/9/05	6/15/05
129	Notify Media and External Stakeholders	6/9/05	6/15/05
130	<<Stakeholders Notified of Cottage Selection	6/15/05	6/15/05
131	**Operational Planning (Sending and Receiving)**	6/16/05	6/29/06
132	Organizational Planning	6/16/05	6/29/05
133	<<Preliminary Organizational Plan Developed	6/29/05	6/29/05
134	Infrastructure Planning	6/16/05	6/29/05
135	<<Preliminary Infrastructure Plan Developed	6/29/05	6/29/05
136	**Client Transition**	6/9/05	11/11/06
137	Begin Preparation of Referral Packets	6/9/05	6/17/05
138	<<Referral Packets Complete	6/17/05	6/17/05
139	Notify Parents/Guardians of Resources	6/9/05	6/22/05
140	Identify Parent/Guardian Placement Options	6/23/05	7/6/05
141	<<Parent/Guardian Placement Options Identified	7/6/05	7/6/05
142	Send Referral Packets to Community	7/7/05	9/12/05
143	Perform Transition Planning	6/20/05	7/22/05
144	<<Transition Planning Complete	7/22/05	7/22/05
145	Perform Discharge Planning	7/25/05	11/4/05
146	<<Discharge Planning Complete	11/4/05	11/4/05
147	Resource Development	6/9/05	9/28/05
148	Equipment Ordering Deadline	7/22/05	7/22/05
149	Decision Deadline for Community Moves	7/22/05	7/22/05
150	Update RHC Capacity	7/25/05	7/29/05
151	Client Selection for Administrative Moves	8/1/05	8/5/05
152	Send Referral Packet to RHC's	8/8/05	8/16/05
153	Perform Community Moves	9/29/05	11/11/05
154	<<Community Moves Completed	11/11/05	11/11/05
155	**Employee Relations**	6/30/05	8/28/06
156	Notify Employees at Risk of RIF	6/30/05	7/6/05
157	Notify Department of Impacts	7/7/05	7/13/05



Appendix 11

RHC Closure Project Plan

ID	Task Name	Start	Finish
158	<<Employees Notified of RIF Impacts	7/13/05	7/13/05
159	Conduct Employee Preference Poll	7/14/05	8/2/05
160	Conduct RIF Orientation	8/3/05	8/9/05
161	Develop Formal Options for Employees at Risk	7/14/05	9/28/05
162	Develop Informal Options for Employees at Risk	8/18/05	9/28/05
163	Informal Reviews	8/8/05	8/30/06
164	Notify Parents/Guardians of Client Move Dates	8/8/05	8/16/05
165	<<Parents/Guardians Notified of Client Move Dates	8/16/05	8/16/05
166	Schedule Informal Reviews	8/17/05	8/30/05
167	Perform Informal Reviews	8/31/05	9/30/05
168	<<Informal Reviews Complete	9/30/05	9/30/05
169	Hire and Train Start Up Employees	6/8/05	8/27/06
170	Hire and Train 1st Half Opening Cottage	6/30/05	9/7/05
171	Hire and Train 2nd Half Opening Cottage	9/8/05	9/27/05
172	Prepare Cottage for Opening	6/9/05	8/31/05
173	<<Receive Opening Cottage	8/31/05	8/31/05
174	<<Discharge Plans Complete	11/4/05	11/4/05
175	Client Moves	10/3/05	12/8/06
176	Prepare Clients	10/3/05	10/7/05
177	Move Clients	10/10/05	10/11/05
178	<<4 Client Moves Complete	10/3/05	10/3/05
179	Prepare Clients	10/3/05	10/7/05
180	Move Clients	10/10/05	10/11/05
181	<<8 Client Moves Complete	10/11/05	10/11/05
182	Prepare Clients	10/12/05	10/18/05
183	Move Clients	10/19/05	10/20/05
184	<<12 Client Moves Complete	10/20/05	10/20/05
185	Prepare Clients	10/21/05	10/27/05
186	Move Clients	10/28/05	10/31/05
187	<<16 Client Moves Complete	10/31/05	10/31/05
188	Client/Employee Transition	11/1/05	11/7/05
189	Perform Client Follow-ups	11/8/05	12/8/05
190	<<Client Followups Complete	12/8/05	12/8/05
191	Employee Release	7/28/05	8/28/06
192	Deliver RIF Letters	7/28/05	8/17/05
193	<<RIF Letters Delivered	8/17/05	8/17/05
194	1st RIF Waiting Period	8/18/05	9/7/05
195	<<Release Employees for Half Closing Cottage	9/7/05	9/7/05
196	2nd RIF Waiting Period	9/8/05	9/28/05
197	<<Release Remaining Employees for Closing Cottage	9/28/05	9/28/05
198	Close Cottage	11/8/05	11/28/06
199	Complete Mothballing of Closed Cottage	11/8/05	11/28/05



Washington State
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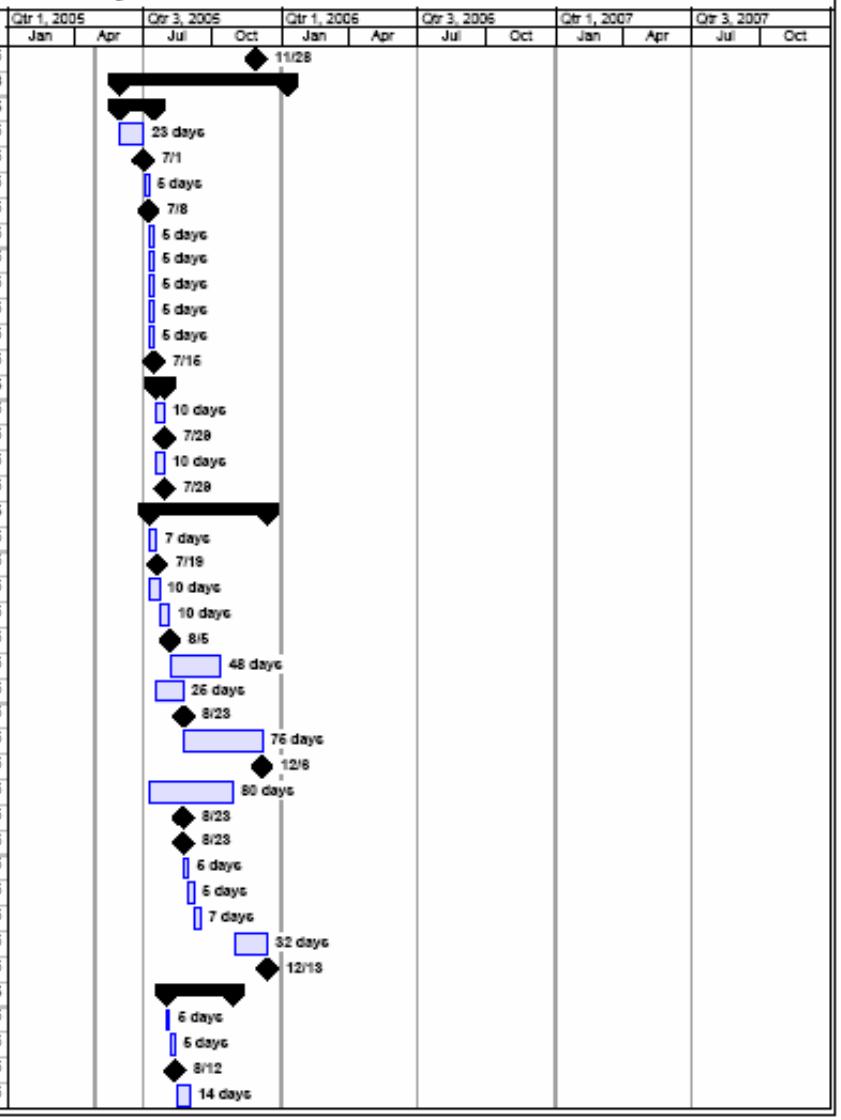
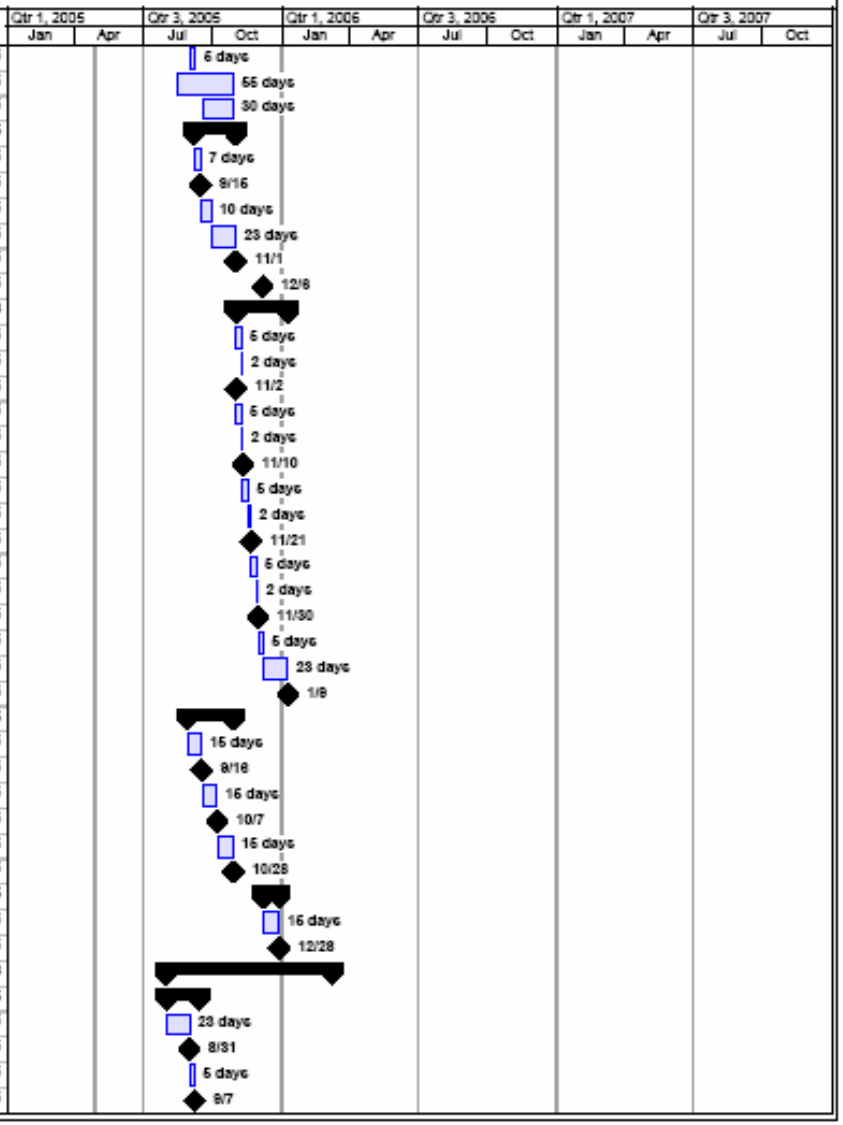
RHC Closure Project Plan

ID	Task Name	Start	Finish
200	<<Cottage Closure Complete	11/28/05	11/28/05
201	**Close Cottage #3**	**6/1/05**	**1/8/06**
202	**Cottage/Client Selection**	**6/1/05**	**7/16/06**
203	Identify Statewide RHC Capacity	6/1/05	7/1/05
204	<<Statewide Capacity Available	7/1/05	7/1/05
205	Select Cottage for Closure/Cottage Opening	7/4/05	7/8/05
206	<<Cottage Selected for Closure/Opening	7/8/05	7/8/05
207	Notify Labor of Cottage Selection	7/11/05	7/15/05
208	Notify Parents/Guardians of Selection	7/11/05	7/15/05
209	Notify Employees Fircrest	7/11/05	7/15/05
210	Notify Employees Other RHC	7/11/05	7/15/05
211	Notify Media and External Stakeholders	7/11/05	7/15/05
212	<<Stakeholders Notified of Cottage Selection	7/15/05	7/15/05
213	**Operational Planning (Sending and Receiving)**	**7/18/05**	**7/29/06**
214	Organizational Planning	7/18/05	7/29/05
215	<<Preliminary Organizational Plan Developed	7/29/05	7/29/05
216	Infrastructure Planning	7/18/05	7/29/05
217	<<Preliminary Infrastructure Plan Developed	7/29/05	7/29/05
218	**Client Transition**	**7/11/05**	**12/13/06**
219	Begin Preparation of Referral Packets	7/11/05	7/19/05
220	<<Referral Packets Complete	7/19/05	7/19/05
221	Notify Parents/Guardians of Resources	7/11/05	7/22/05
222	Identify Parent/Guardian Placement Options	7/25/05	8/5/05
223	<<Parent/Guardian Placement Options Identified	8/5/05	8/5/05
224	Send Referral Packets to Community	8/8/05	10/12/05
225	Perform Transition Planning	7/20/05	8/23/05
226	<<Transition Planning Complete	8/23/05	8/23/05
227	Perform Discharge Planning	8/24/05	12/6/05
228	<<Discharge Planning Complete	12/6/05	12/6/05
229	Resource Development	7/11/05	10/28/05
230	Equipment Ordering Deadline	8/23/05	8/23/05
231	Decision Deadline for Community Moves	8/23/05	8/23/05
232	Update RHC Capacity	8/24/05	8/30/05
233	Client Selection for Administrative Moves	8/31/05	9/6/05
234	Send Referral Packet to RHC's	9/7/05	9/15/05
235	Perform Community Moves	10/31/05	12/13/05
236	<<Community Moves Completed	12/13/05	12/13/05
237	**Employee Relations**	**8/1/05**	**10/28/06**
238	Notify Employees at Risk of RIF	8/1/05	8/5/05
239	Notify Department of Impacts	8/8/05	8/12/05
240	<<Employees Notified of RIF Impacts	8/12/05	8/12/05
241	Conduct Employee Preference Poll	8/15/05	9/1/05



RHC Closure Project Plan

ID	Task Name	Start	Finish
242	Conduct RIF Orientation	9/2/05	9/8/05
243	Develop Formal Options for Employees at Risk	8/15/05	10/28/05
244	Develop Informal Options for Employees at Risk	9/19/05	10/28/05
245	**Informal Reviews**	**9/7/05**	**11/1/05**
246	Notify Parents/Guardians of Client Move Dates	9/7/05	9/15/05
247	<<Parents/Guardians Notified of Client Move Dates	9/15/05	9/15/05
248	Schedule Informal Reviews	9/16/05	9/29/05
249	Perform Informal Reviews	9/30/05	11/1/05
250	<<Informal Reviews Complete	11/1/05	11/1/05
251	<<Discharge Plans Complete	12/6/05	12/6/05
252	**Client Moves**	**11/2/05**	**1/9/06**
253	Prepare Clients	11/2/05	11/8/05
254	Move Clients	11/9/05	11/10/05
255	<<4 Client Moves Complete	11/2/05	11/2/05
256	Prepare Clients	11/2/05	11/8/05
257	Move Clients	11/9/05	11/10/05
258	<<8 Client Moves Complete	11/10/05	11/10/05
259	Prepare Clients	11/11/05	11/17/05
260	Move Clients	11/18/05	11/21/05
261	<<12 Client Moves Complete	11/21/05	11/21/05
262	Prepare Clients	11/22/05	11/28/05
263	Move Clients	11/29/05	11/30/05
264	<<16 Client Moves Complete	11/30/05	11/30/05
265	Client/Employee Transition	12/1/05	12/7/05
266	Perform Client Follow-ups	12/8/05	1/9/06
267	<<Client Followups Complete	1/9/06	1/9/06
268	**Employee Release**	**8/29/05**	**10/28/06**
269	Deliver RIF Letters	8/29/05	9/16/05
270	<<RIF Letters Delivered	9/16/05	9/16/05
271	1st RIF Waiting Period	9/19/05	10/7/05
272	<<Release Employees for Half Closing Cottage	10/7/05	10/7/05
273	2nd RIF Waiting Period	10/10/05	10/28/05
274	<<Release Remaining Employees for Closing Cottage	10/28/05	10/28/05
275	**Close Cottage**	**12/8/05**	**12/28/06**
276	Complete Mothballing of Closed Cottage	12/8/05	12/28/05
277	<<Cottage Closure Complete	12/28/05	12/28/05
278	**Close Cottage #4**	**8/1/05**	**3/6/08**
279	**Cottage/Client Selection**	**8/1/05**	**8/14/06**
280	Identify Statewide RHC Capacity	8/1/05	8/31/05
281	<<Statewide Capacity Available	8/31/05	8/31/05
282	Select Cottage for Closure/Cottage Opening	9/1/05	9/7/05
283	<<Cottage Selected for Closure/Opening	9/7/05	9/7/05



Washington State
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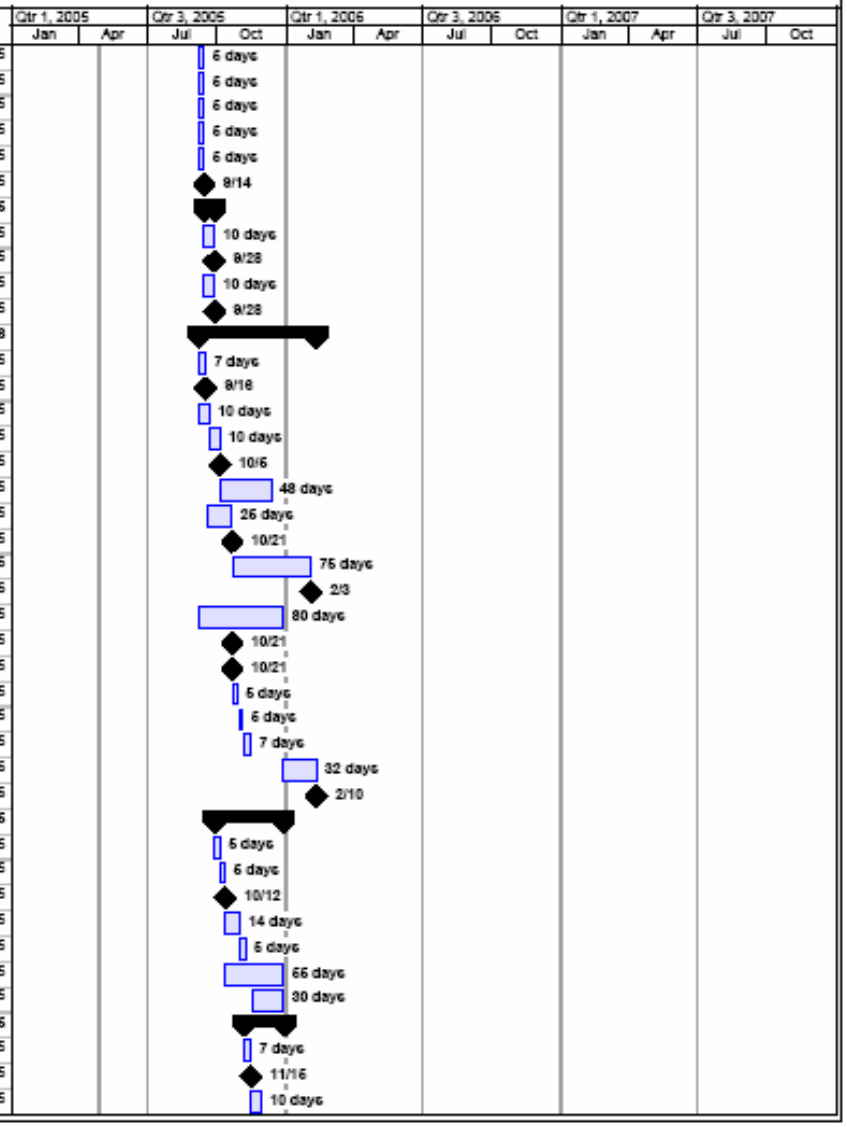
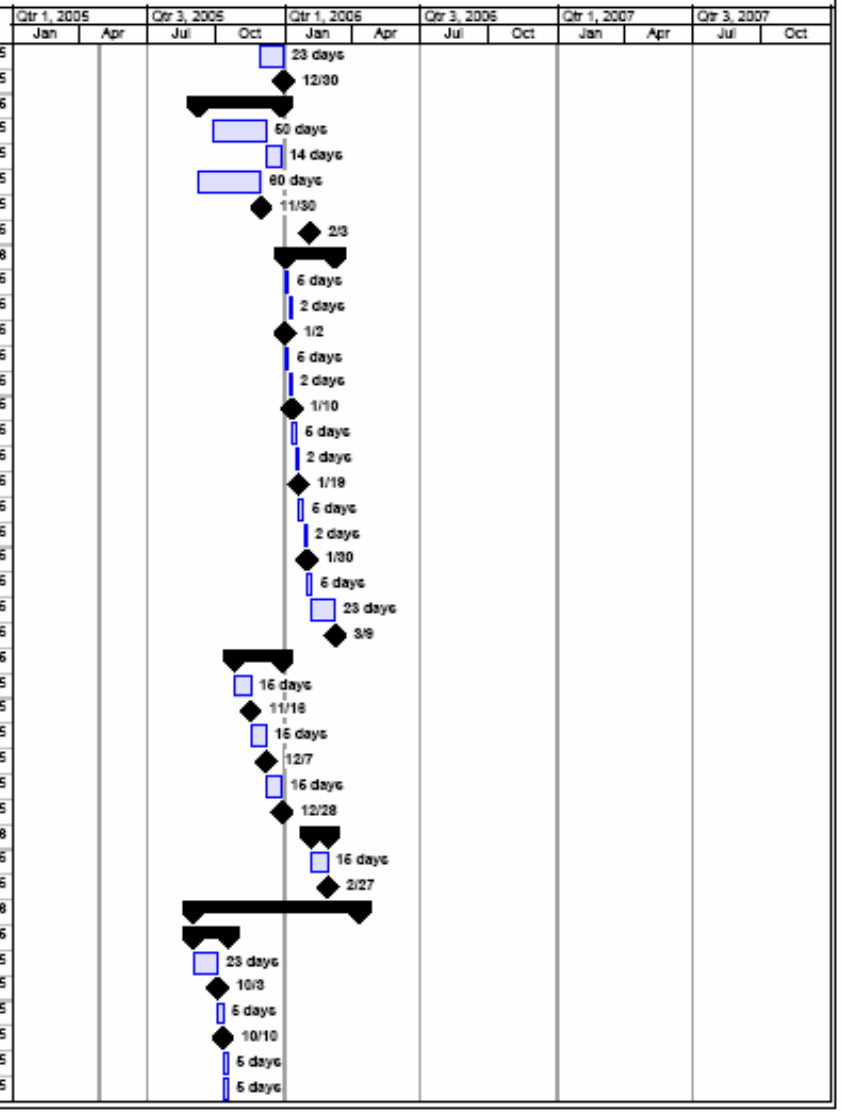
RHC Closure Project Plan

ID	Task Name	Start	Finish
284	Notify Labor of Cottage Selection	9/8/05	9/14/05
285	Notify Parents/Guardians of Selection	9/8/05	9/14/05
286	Notify Employees Fircrest	9/8/05	9/14/05
287	Notify Employees Other RHC	9/8/05	9/14/05
288	Notify Media and External Stakeholders	9/8/05	9/14/05
289	<<Stakeholders Notified of Cottage Selection	9/14/05	9/14/05
290	**Operational Planning (Sending and Receiving)**	**9/15/05**	**9/28/06**
291	Organizational Planning	9/15/05	9/28/05
292	<<Preliminary Organizational Plan Developed	9/28/05	9/28/05
293	Infrastructure Planning	9/15/05	9/28/05
294	<<Preliminary Infrastructure Plan Developed	9/28/05	9/28/05
295	**Client Transition**	**9/8/05**	**2/10/08**
296	Begin Preparation of Referral Packets	9/8/05	9/15/05
297	<<Referral Packets Complete	9/16/05	9/16/05
298	Notify Parents/Guardians of Resources	9/8/05	9/21/05
299	Identify Parent/Guardian Placement Options	9/22/05	10/5/05
300	<<Parent/Guardian Placement Options Identified	10/5/05	10/5/05
301	Send Referral Packets to Community	10/6/05	12/12/05
302	Perform Transition Planning	9/19/05	10/21/05
303	<<Transition Planning Complete	10/21/05	10/21/05
304	Perform Discharge Planning	10/24/05	2/3/06
305	<<Discharge Planning Complete	2/3/06	2/3/06
306	Resource Development	9/8/05	12/28/05
307	Equipment Ordering Deadline	10/21/05	10/21/05
308	Decision Deadline for Community Moves	10/21/05	10/21/05
309	Update RHC Capacity	10/24/05	10/28/05
310	Client Selection for Administrative Moves	10/31/05	11/4/05
311	Send Referral Packet to RHC's	11/7/05	11/15/05
312	Perform Community Moves	12/29/05	2/10/06
313	<<Community Moves Completed	2/10/06	2/10/06
314	**Employee Relations**	**9/29/05**	**12/28/06**
315	Notify Employees at Risk of RIF	9/29/05	10/5/05
316	Notify Department of Impacts	10/6/05	10/12/05
317	<<Employees Notified of RIF Impacts	10/12/05	10/12/05
318	Conduct Employee Preference Poll	10/13/05	11/1/05
319	Conduct RIF Orientation	11/2/05	11/8/05
320	Develop Formal Options for Employees at Risk	10/13/05	12/28/05
321	Develop Informal Options for Employees at Risk	11/17/05	12/28/05
322	**Informal Reviews**	**11/7/05**	**12/30/06**
323	Notify Parents/Guardians of Client Move Dates	11/7/05	11/15/05
324	<<Parents/Guardians Notified of Client Move Dates	11/15/05	11/15/05
325	Schedule Informal Reviews	11/16/05	11/29/05



RHC Closure Project Plan

ID	Task Name	Start	Finish
326	Perform Informal Reviews	11/30/05	12/30/05
327	<<Informal Reviews Complete	12/30/05	12/30/05
328	**Hire and Train Start Up Employees**	**8/8/05**	**12/27/06**
329	Hire and Train 1st Half Opening Cottage	9/29/05	12/7/05
330	Hire and Train 2nd Half Opening Cottage	12/8/05	12/27/05
331	Prepare Cottage for Opening	9/8/05	11/30/05
332	<<Receive Opening Cottage	11/30/05	11/30/05
333	<<Discharge Plans Complete	2/3/06	2/3/06
334	**Client Moves**	**1/2/06**	**3/9/06**
335	Prepare Clients	1/2/06	1/5/06
336	Move Clients	1/9/06	1/10/06
337	<<4 Client Moves Complete	1/2/06	1/2/06
338	Prepare Clients	1/2/06	1/5/06
339	Move Clients	1/9/06	1/10/06
340	<<8 Client Moves Complete	1/10/06	1/10/06
341	Prepare Clients	1/11/06	1/17/06
342	Move Clients	1/18/06	1/19/06
343	<<12 Client Moves Complete	1/19/06	1/19/06
344	Prepare Clients	1/20/06	1/26/06
345	Move Clients	1/27/06	1/30/06
346	<<16 Client Moves Complete	1/30/06	1/30/06
347	Client/Employee Transition	1/31/06	2/6/06
348	Perform Client Follow-ups	2/7/06	3/9/06
349	<<Client Followups Complete	3/9/06	3/9/06
350	**Employee Release**	**10/27/05**	**12/28/06**
351	Deliver RIF Letters	10/27/05	11/16/05
352	<<RIF Letters Delivered	11/16/05	11/16/05
353	1st RIF Waiting Period	11/17/05	12/7/05
354	<<Release Employees for Half Closing Cottage	12/7/05	12/7/05
355	2nd RIF Waiting Period	12/8/05	12/28/05
356	<<Release Remaining Employees for Closing Cottage	12/28/05	12/28/05
357	**Close Cottage**	**2/7/06**	**2/27/06**
358	Complete Mothballing of Closed Cottage	2/7/06	2/27/06
359	<<Cottage Closure Complete	2/27/06	2/27/06
360	**Close Cottage #6**	**8/1/05**	**4/11/06**
361	**Cottage/Client Selection**	**8/1/05**	**10/17/06**
362	Identify Statewide RHC Capacity	9/1/05	10/3/05
363	<<Statewide Capacity Available	10/3/05	10/3/05
364	Select Cottage for Closure/Cottage Opening	10/4/05	10/10/05
365	<<Cottage Selected for Closure/Opening	10/10/05	10/10/05
366	Notify Labor of Cottage Selection	10/11/05	10/17/05
367	Notify Parents/Guardians of Selection	10/11/05	10/17/05

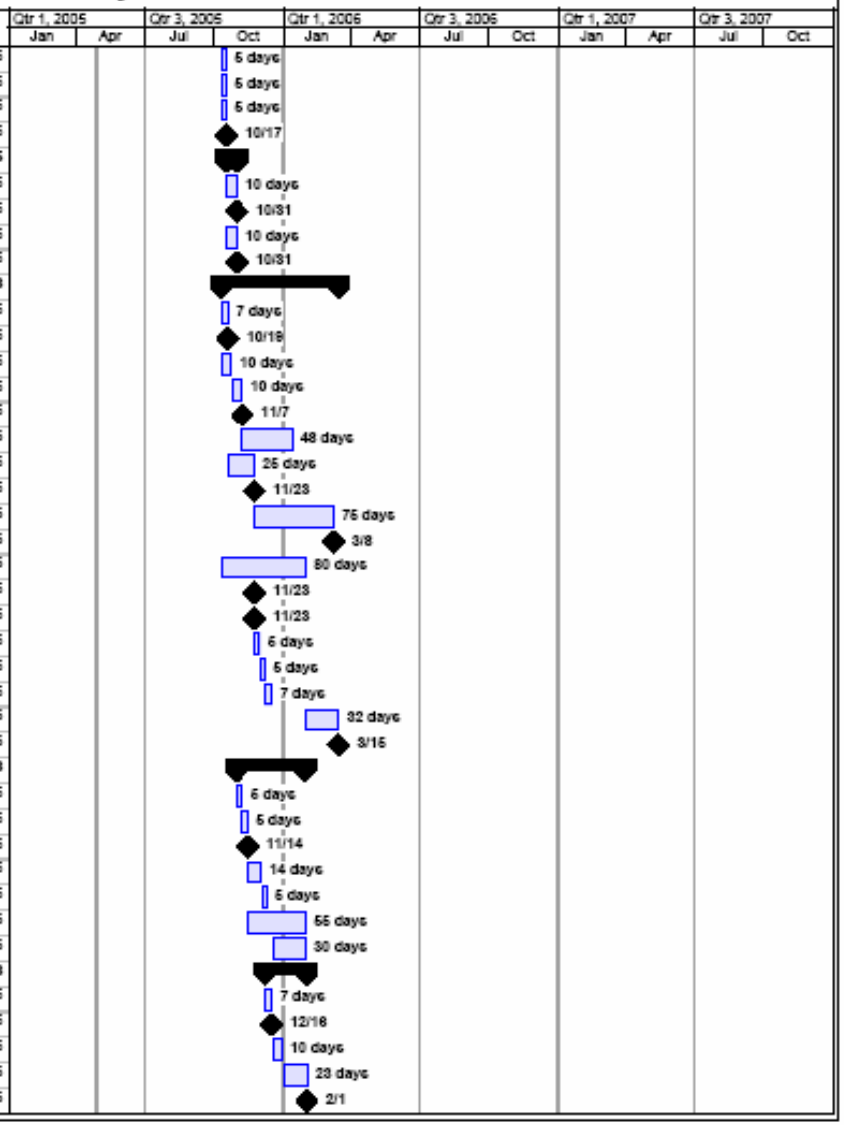


Washington State
Department of Social & Health Services

ADSA Aging & Disability Services Administration

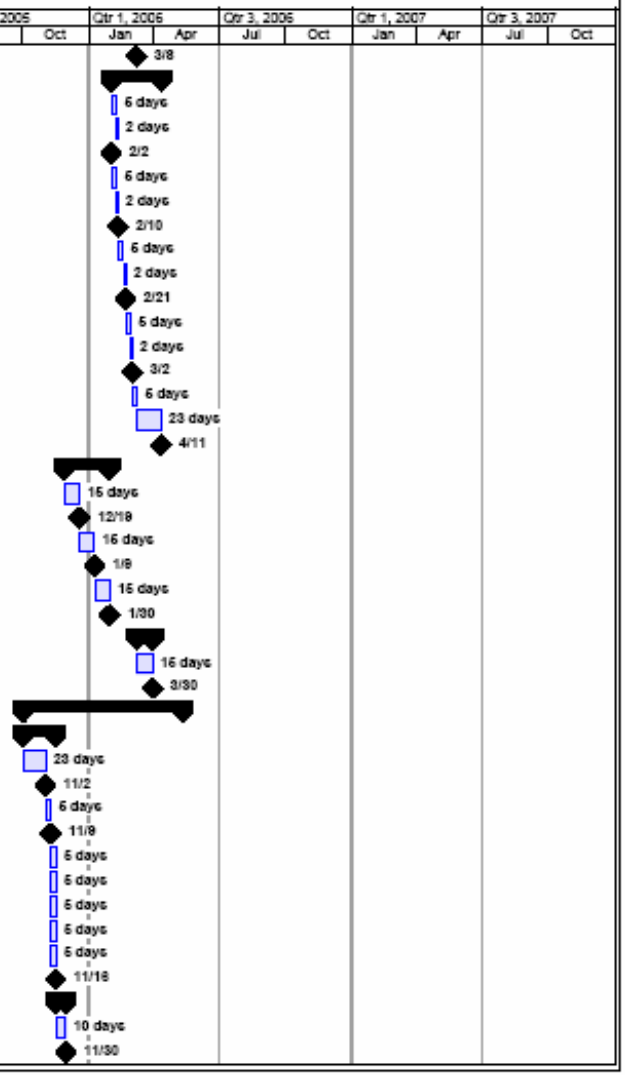
RHC Closure Project Plan

ID	Task Name	Start	Finish
368	Notify Employees Fircrest	10/11/05	10/17/05
369	Notify Employees Other RHC	10/11/05	10/17/05
370	Notify Media and External Stakeholders	10/11/05	10/17/05
371	<<Stakeholders Notified of Cottage Selection	10/17/05	10/17/05
372	**Operational Planning (Sending and Receiving)**	**10/18/05**	**10/31/06**
373	Organizational Planning	10/18/05	10/31/05
374	<<Preliminary Organizational Plan Developed	10/31/05	10/31/05
375	Infrastructure Planning	10/18/05	10/31/05
376	<<Preliminary Infrastructure Plan Developed	10/31/05	10/31/05
377	**Client Transition**	**10/11/05**	**3/15/06**
378	Begin Preparation of Referral Packets	10/11/05	10/19/05
379	<<Referral Packets Complete	10/19/05	10/19/05
380	Notify Parents/Guardians of Resources	10/11/05	10/24/05
381	Identify Parent/Guardian Placement Options	10/25/05	11/7/05
382	<<Parent/Guardian Placement Options Identified	11/7/05	11/7/05
383	Send Referral Packets to Community	11/8/05	1/12/06
384	Perform Transition Planning	10/20/05	11/23/05
385	<<Transition Planning Complete	11/23/05	11/23/05
386	Perform Discharge Planning	11/24/05	3/8/06
387	<<Discharge Planning Complete	3/8/06	3/8/06
388	Resource Development	10/11/05	1/30/06
389	Equipment Ordering Deadline	11/23/05	11/23/05
390	Decision Deadline for Community Moves	11/23/05	11/23/05
391	Update RHC Capacity	11/24/05	11/30/05
392	Client Selection for Administrative Moves	12/1/05	12/7/05
393	Send Referral Packet to RHC's	12/8/05	12/15/05
394	Perform Community Moves	1/31/06	3/15/06
395	<<Community Moves Completed	3/15/06	3/15/06
396	**Employee Relations**	**11/1/05**	**1/30/06**
397	Notify Employees at Risk of RIF	11/1/05	11/7/05
398	Notify Department of Impacts	11/8/05	11/14/05
399	<<Employees Notified of RIF Impacts	11/14/05	11/14/05
400	Conduct Employee Preference Poll	11/15/05	12/2/05
401	Conduct RIF Orientation	12/5/05	12/9/05
402	Develop Formal Options for Employees at Risk	11/15/05	1/30/06
403	Develop Informal Options for Employees at Risk	12/20/05	1/30/06
404	**Informal Reviews**	**12/8/05**	**2/1/06**
405	Notify Parents/Guardians of Client Move Dates	12/8/05	12/15/05
406	<<Parents/Guardians Notified of Client Move Dates	12/16/05	12/16/05
407	Schedule Informal Reviews	12/19/05	12/30/05
408	Perform Informal Reviews	1/2/06	2/1/06
409	<<Informal Reviews Complete	2/1/06	2/1/06



RHC Closure Project Plan

ID	Task Name	Start	Finish
410	<<Discharge Plans Complete	3/8/06	3/8/06
411	Client Moves	2/2/06	4/11/06
412	Prepare Clients	2/2/06	2/6/06
413	Move Clients	2/9/06	2/10/06
414	<<4 Client Moves Complete	2/2/06	2/2/06
415	Prepare Clients	2/2/06	2/6/06
416	Move Clients	2/9/06	2/10/06
417	<<8 Client Moves Complete	2/10/06	2/10/06
418	Prepare Clients	2/13/06	2/17/06
419	Move Clients	2/20/06	2/21/06
420	<<12 Client Moves Complete	2/21/06	2/21/06
421	Prepare Clients	2/22/06	2/28/06
422	Move Clients	3/1/06	3/2/06
423	<<16 Client Moves Complete	3/2/06	3/2/06
424	Client/Employee Transition	3/3/06	3/9/06
425	Perform Client Follow-ups	3/10/06	4/11/06
426	<<Client Followups Complete	4/11/06	4/11/06
427	Employee Release	11/29/05	1/30/06
428	Deliver RIF Letters	11/29/05	12/19/05
429	<<RIF Letters Delivered	12/19/05	12/19/05
430	1st RIF Waiting Period	12/20/05	1/9/06
431	<<Release Employees for Half Closing Cottage	1/9/06	1/9/06
432	2nd RIF Waiting Period	1/10/06	1/30/06
433	<<Release Remaining Employees for Closing Cottage	1/30/06	1/30/06
434	Close Cottage	3/10/06	3/30/06
435	Complete Mothballing of Closed Cottage	3/10/06	3/30/06
436	<<Cottage Closure Complete	3/30/06	3/30/06
437	Close Cottage #8	10/3/05	6/11/06
438	Cottage/Client Selection	10/3/05	11/16/05
439	Identify Statewide RHC Capacity	10/3/05	11/2/05
440	<<Statewide Capacity Available	11/2/05	11/2/05
441	Select Cottage for Closure/Cottage Opening	11/3/05	11/9/05
442	<<Cottage Selected for Closure/Opening	11/9/05	11/9/05
443	Notify Labor of Cottage Selection	11/10/05	11/16/05
444	Notify Parents/Guardians of Selection	11/10/05	11/16/05
445	Notify Employees Fircrest	11/10/05	11/16/05
446	Notify Employees Other RHC	11/10/05	11/16/05
447	Notify Media and External Stakeholders	11/10/05	11/16/05
448	<<Stakeholders Notified of Cottage Selection	11/16/05	11/16/05
449	Operational Planning (Sending and Receiving)	11/17/05	11/30/05
450	Organizational Planning	11/17/05	11/30/05
451	<<Preliminary Organizational Plan Developed	11/30/05	11/30/05



Washington State
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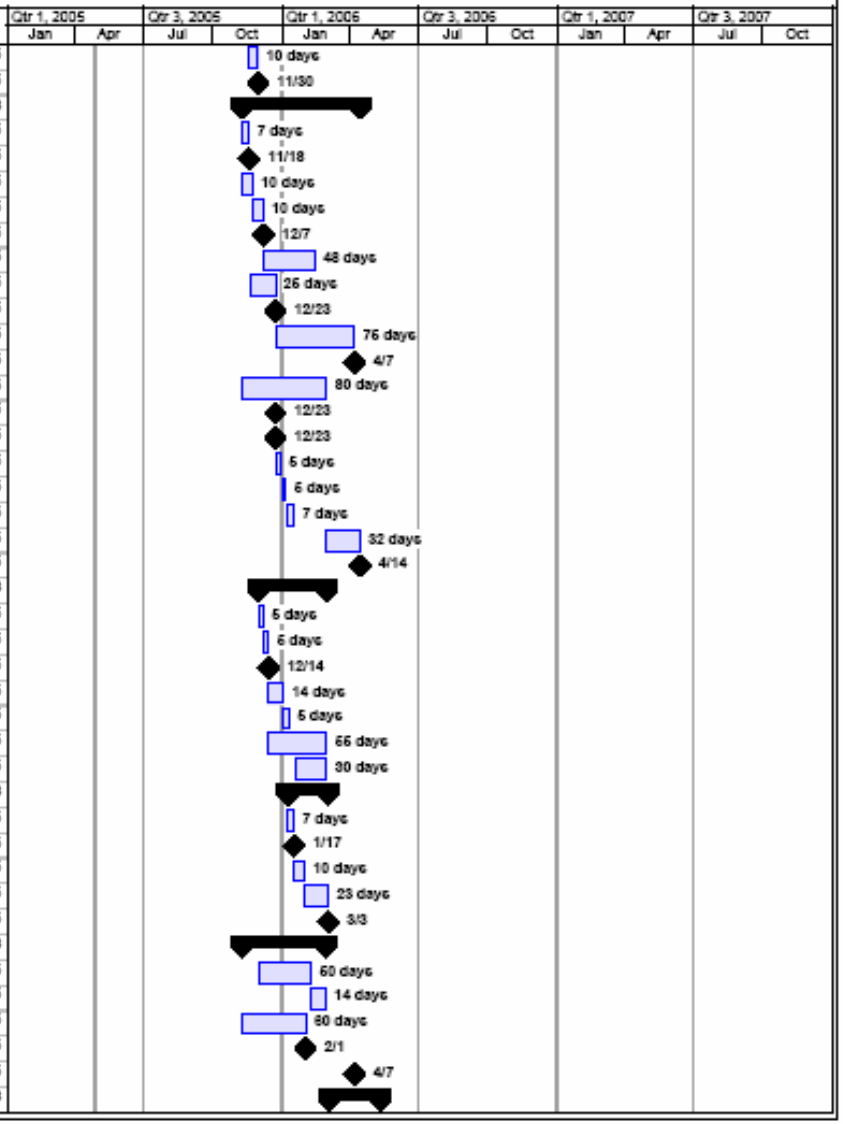
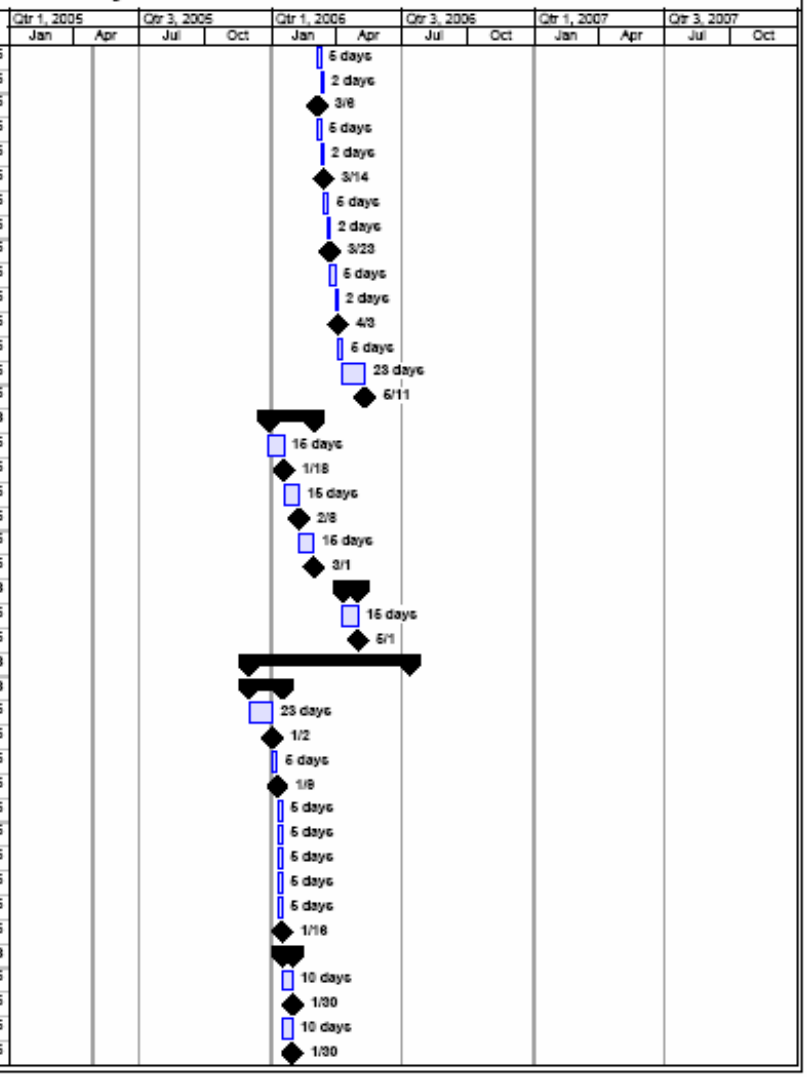
RHC Closure Project Plan

ID	Task Name	Start	Finish
452	Infrastructure Planning	11/17/05	11/30/05
453	<<Preliminary Infrastructure Plan Developed	11/30/05	11/30/05
454	**Client Transition**	**11/10/05**	**4/14/06**
455	Begin Preparation of Referral Packets	11/10/05	11/18/05
456	<<Referral Packets Complete	11/18/05	11/18/05
457	Notify Parents/Guardians of Resources	11/10/05	11/23/05
458	Identify Parent/Guardian Placement Options	11/24/05	12/7/05
459	<<Parent/Guardian Placement Options Identified	12/7/05	12/7/05
460	Send Referral Packets to Community	12/8/05	2/13/06
461	Perform Transition Planning	11/21/05	12/23/05
462	<<Transition Planning Complete	12/23/05	12/23/05
463	Perform Discharge Planning	12/26/05	4/7/06
464	<<Discharge Planning Complete	4/7/06	4/7/06
465	Resource Development	11/10/05	3/1/06
466	Equipment Ordering Deadline	12/23/05	12/23/05
467	Decision Deadline for Community Moves	12/23/05	12/23/05
468	Update RHC Capacity	12/26/05	12/30/05
469	Client Selection for Administrative Moves	1/2/06	1/6/06
470	Send Referral Packet to RHC's	1/9/06	1/17/06
471	Perform Community Moves	3/2/06	4/14/06
472	<<Community Moves Completed	4/14/06	4/14/06
473	**Employee Relations**	**12/1/05**	**3/1/06**
474	Notify Employees at Risk of RIF	12/1/05	12/7/05
475	Notify Department of Impacts	12/8/05	12/14/05
476	<<Employees Notified of RIF Impacts	12/14/05	12/14/05
477	Conduct Employee Preference Poll	12/15/05	1/3/06
478	Conduct RIF Orientation	1/4/06	1/10/06
479	Develop Formal Options for Employees at Risk	12/15/05	3/1/06
480	Develop Informal Options for Employees at Risk	1/19/06	3/1/06
481	**Informal Reviews**	**1/9/06**	**3/3/06**
482	Notify Parents/Guardians of Client Move Dates	1/9/06	1/17/06
483	<<Parents/Guardians Notified of Client Move Dates	1/17/06	1/17/06
484	Schedule Informal Reviews	1/18/06	1/31/06
485	Perform Informal Reviews	2/1/06	3/3/06
486	<<Informal Reviews Complete	3/3/06	3/3/06
487	**Hire and Train Start Up Employees**	**11/10/05**	**2/28/06**
488	Hire and Train 1st Half Opening Cottage	12/1/05	2/8/06
489	Hire and Train 2nd Half Opening Cottage	2/9/06	2/28/06
490	Prepare Cottage for Opening	11/10/05	2/1/06
491	<<Receive Opening Cottage	2/1/06	2/1/06
492	<<Discharge Plans Complete	4/7/06	4/7/06
493	**Client Moves**	**3/6/06**	**6/11/06**



RHC Closure Project Plan

ID	Task Name	Start	Finish
494	Prepare Clients	3/6/06	3/10/06
495	Move Clients	3/13/06	3/14/06
496	<<4 Client Moves Complete	3/6/06	3/6/06
497	Prepare Clients	3/6/06	3/10/06
498	Move Clients	3/13/06	3/14/06
499	<<8 Client Moves Complete	3/14/06	3/14/06
500	Prepare Clients	3/15/06	3/21/06
501	Move Clients	3/22/06	3/23/06
502	<<12 Client Moves Complete	3/23/06	3/23/06
503	Prepare Clients	3/24/06	3/30/06
504	Move Clients	3/31/06	4/3/06
505	<<16 Client Moves Complete	4/3/06	4/3/06
506	Client/Employee Transition	4/4/06	4/10/06
507	Perform Client Follow-ups	4/11/06	5/11/06
508	<<Client Followups Complete	5/11/06	5/11/06
509	**Employee Release**	12/29/05	3/1/06
510	Deliver RIF Letters	12/29/05	1/18/06
511	<<RIF Letters Delivered	1/18/06	1/18/06
512	1st RIF Waiting Period	1/19/06	2/8/06
513	<<Release Employees for Half Closing Cottage	2/8/06	2/8/06
514	2nd RIF Waiting Period	2/9/06	3/1/06
515	<<Release Remaining Employees for Closing Cottage	3/1/06	3/1/06
516	**Close Cottage**	4/11/06	6/1/06
517	Complete Mothballing of Closed Cottage	4/11/06	5/1/06
518	<<Cottage Closure Complete	5/1/06	5/1/06
519	**Close Cottage #7**	12/1/05	7/11/06
520	**Cottage/Client Selection**	12/1/05	1/16/06
521	Identify Statewide RHC Capacity	12/1/05	1/2/06
522	<<Statewide Capacity Available	1/2/06	1/2/06
523	Select Cottage for Closure/Cottage Opening	1/3/06	1/9/06
524	<<Cottage Selected for Closure/Opening	1/9/06	1/9/06
525	Notify Labor of Cottage Selection	1/10/06	1/16/06
526	Notify Parents/Guardians of Selection	1/10/06	1/16/06
527	Notify Employees Fircrest	1/10/06	1/16/06
528	Notify Employees Other RHC	1/10/06	1/16/06
529	Notify Media and External Stakeholders	1/10/06	1/16/06
530	<<Stakeholders Notified of Cottage Selection	1/16/06	1/16/06
531	**Operational Planning (Sending and Receiving)**	1/17/06	1/30/06
532	Organizational Planning	1/17/06	1/30/06
533	<<Preliminary Organizational Plan Developed	1/30/06	1/30/06
534	Infrastructure Planning	1/17/06	1/30/06
535	<<Preliminary Infrastructure Plan Developed	1/30/06	1/30/06



Washington State
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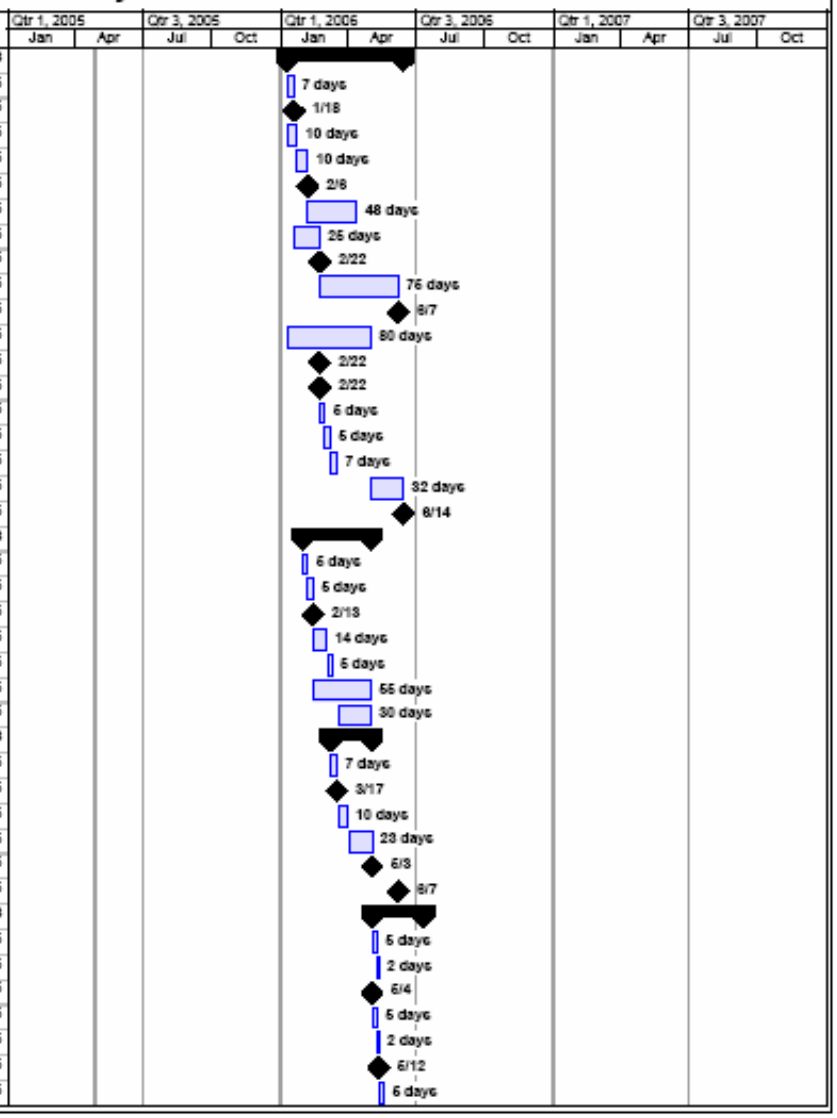
ADSA Aging & Disability Services Administration

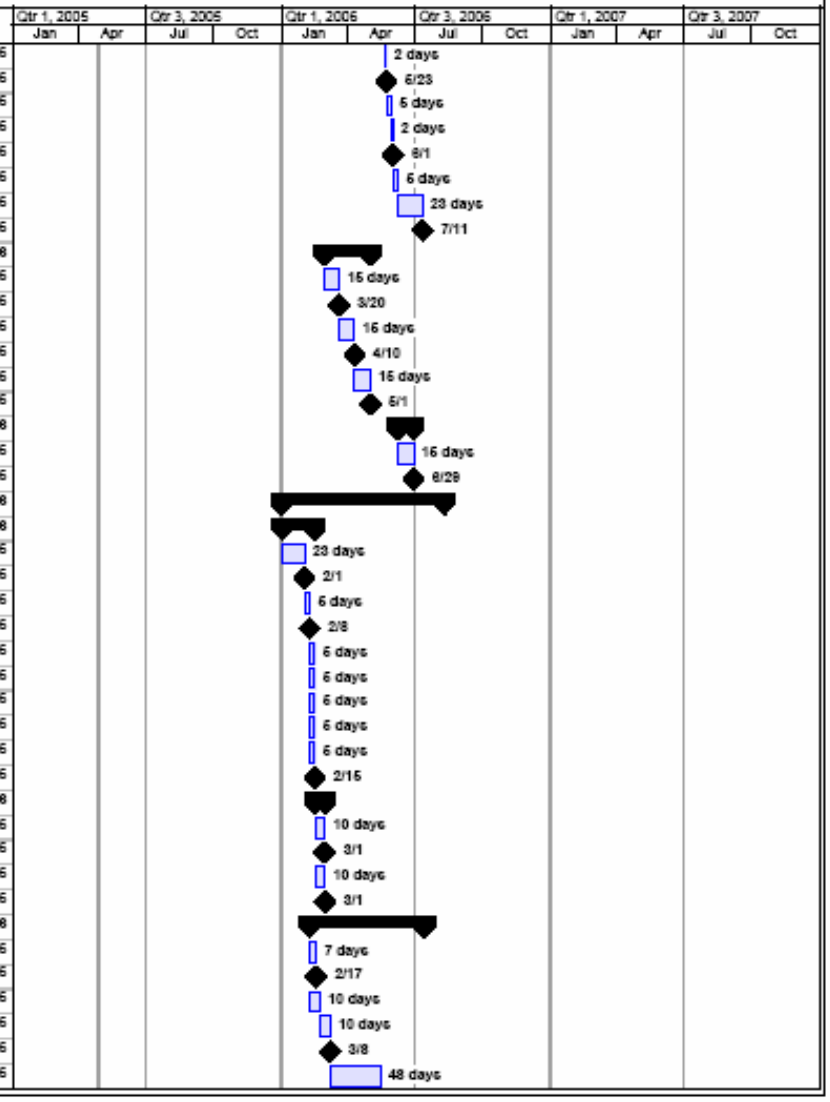
RHC Closure Project Plan

ID	Task Name	Start	Finish
536	**Client Transition**	**1/10/06**	**6/14/06**
537	Begin Preparation of Referral Packets	1/10/06	1/18/06
538	<<Referral Packets Complete	1/18/06	1/18/06
539	Notify Parents/Guardians of Resources	1/10/06	1/23/06
540	Identify Parent/Guardian Placement Options	1/24/06	2/6/06
541	<<Parent/Guardian Placement Options Identified	2/6/06	2/6/06
542	Send Referral Packets to Community	2/7/06	4/13/06
543	Perform Transition Planning	1/19/06	2/22/06
544	<<Transition Planning Complete	2/22/06	2/22/06
545	Perform Discharge Planning	2/23/06	6/7/06
546	<<Discharge Planning Complete	6/7/06	6/7/06
547	Resource Development	1/10/06	5/1/06
548	Equipment Ordering Deadline	2/22/06	2/22/06
549	Decision Deadline for Community Moves	2/22/06	2/22/06
550	Update RHC Capacity	2/23/06	3/1/06
551	Client Selection for Administrative Moves	3/2/06	3/8/06
552	Send Referral Packet to RHC's	3/9/06	3/17/06
553	Perform Community Moves	5/2/06	6/14/06
554	<<Community Moves Completed	6/14/06	6/14/06
555	**Employee Relations**	**1/31/06**	**6/1/06**
556	Notify Employees at Risk of RIF	1/31/06	2/6/06
557	Notify Department of Impacts	2/7/06	2/13/06
558	<<Employees Notified of RIF Impacts	2/13/06	2/13/06
559	Conduct Employee Preference Poll	2/14/06	3/3/06
560	Conduct RIF Orientation	3/6/06	3/10/06
561	Develop Formal Options for Employees at Risk	2/14/06	5/1/06
562	Develop Informal Options for Employees at Risk	3/21/06	5/1/06
563	**Informal Reviews**	**3/9/06**	**6/3/06**
564	Notify Parents/Guardians of Client Move Dates	3/9/06	3/17/06
565	<<Parents/Guardians Notified of Client Move Dates	3/17/06	3/17/06
566	Schedule Informal Reviews	3/20/06	3/31/06
567	Perform Informal Reviews	4/3/06	5/3/06
568	<<Informal Reviews Complete	5/3/06	5/3/06
569	<<Discharge Plans Complete	6/7/06	6/7/06
570	**Client Moves**	**5/4/06**	**7/11/06**
571	Prepare Clients	5/4/06	5/10/06
572	Move Clients	5/11/06	5/12/06
573	<<4 Client Moves Complete	5/4/06	5/4/06
574	Prepare Clients	5/4/06	5/10/06
575	Move Clients	5/11/06	5/12/06
576	<<8 Client Moves Complete	5/12/06	5/12/06
577	Prepare Clients	5/15/06	5/19/06



RHC Closure Project Plan

ID	Task Name	Start	Finish
578	Move Clients	5/22/06	5/23/06
579	<<12 Client Moves Complete	5/23/06	5/23/06
580	Prepare Clients	5/24/06	5/30/06
581	Move Clients	5/31/06	6/1/06
582	<<16 Client Moves Complete	6/1/06	6/1/06
583	Client/Employee Transition	6/2/06	6/9/06
584	Perform Client Follow-ups	6/9/06	7/11/06
585	<<Client Followups Complete	7/11/06	7/11/06
586	Employee Release	2/28/06	6/1/06
587	Deliver RIF Letters	2/28/06	3/20/06
588	<<RIF Letters Delivered	3/20/06	3/20/06
589	1st RIF Waiting Period	3/21/06	4/10/06
590	<<Release Employees for Half Closing Cottage	4/10/06	4/10/06
591	2nd RIF Waiting Period	4/11/06	5/1/06
592	<<Release Remaining Employees for Closing Cottage	5/1/06	5/1/06
593	Close Cottage	6/9/06	6/29/06
594	Complete Mothballing of Closed Cottage	6/9/06	6/29/06
595	<<Cottage Closure Complete	6/29/06	6/29/06
596	Close Cottage #8	1/2/06	8/10/06
597	Cottage/Client Selection	1/2/06	2/15/06
598	Identify Statewide RHC Capacity	1/2/06	2/1/06
599	<<Statewide Capacity Available	2/1/06	2/1/06
600	Select Cottage for Closure/Cottage Opening	2/2/06	2/8/06
601	<<Cottage Selected for Closure/Opening	2/8/06	2/8/06
602	Notify Labor of Cottage Selection	2/9/06	2/15/06
603	Notify Parents/Guardians of Selection	2/9/06	2/15/06
604	Notify Employees Fircrest	2/9/06	2/15/06
605	Notify Employees Other RHC	2/9/06	2/15/06
606	Notify Media and External Stakeholders	2/9/06	2/15/06
607	<<Stakeholders Notified of Cottage Selection	2/15/06	2/15/06
608	Operational Planning (Sending and Receiving)	2/16/06	3/1/06
609	Organizational Planning	2/16/06	3/1/06
610	<<Preliminary Organizational Plan Developed	3/1/06	3/1/06
611	Infrastructure Planning	2/16/06	3/1/06
612	<<Preliminary Infrastructure Plan Developed	3/1/06	3/1/06
613	Client Transition	2/9/06	7/14/06
614	Begin Preparation of Referral Packets	2/9/06	2/17/06
615	<<Referral Packets Complete	2/17/06	2/17/06
616	Notify Parents/Guardians of Resources	2/9/06	2/22/06
617	Identify Parent/Guardian Placement Options	2/23/06	3/8/06
618	<<Parent/Guardian Placement Options Identified	3/8/06	3/8/06
619	Send Referral Packets to Community	3/9/06	5/15/06

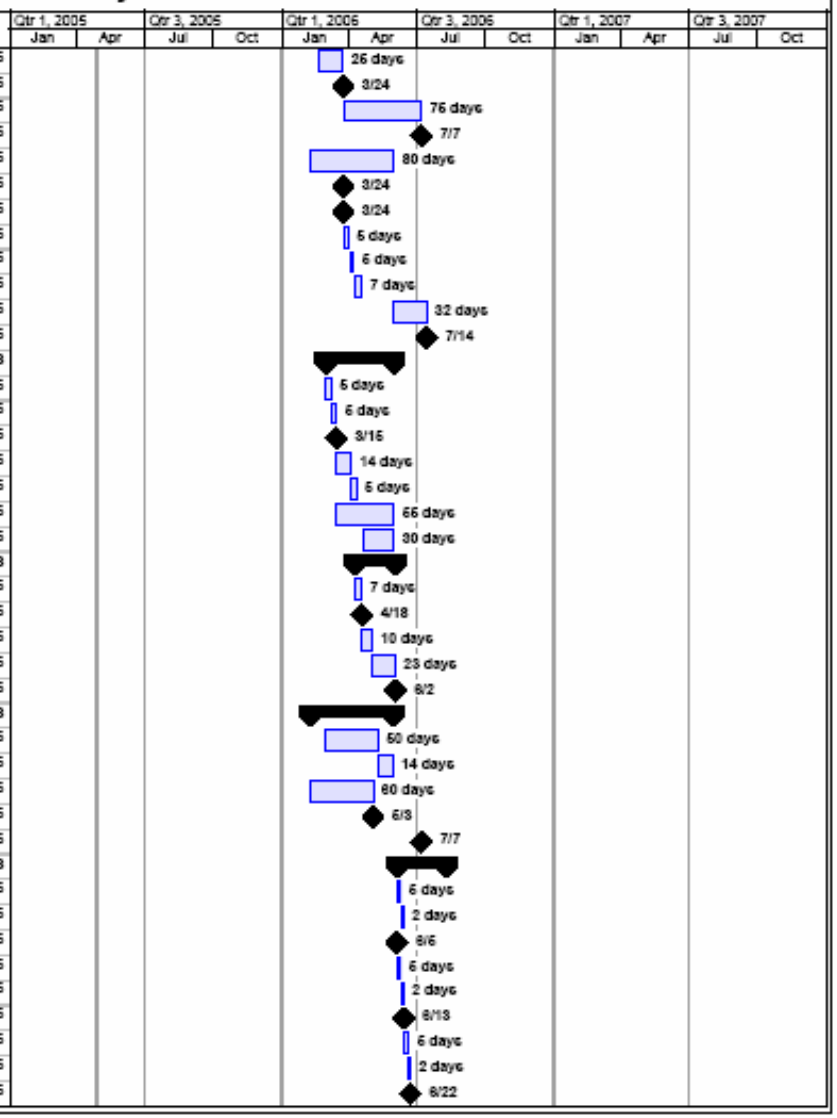


Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

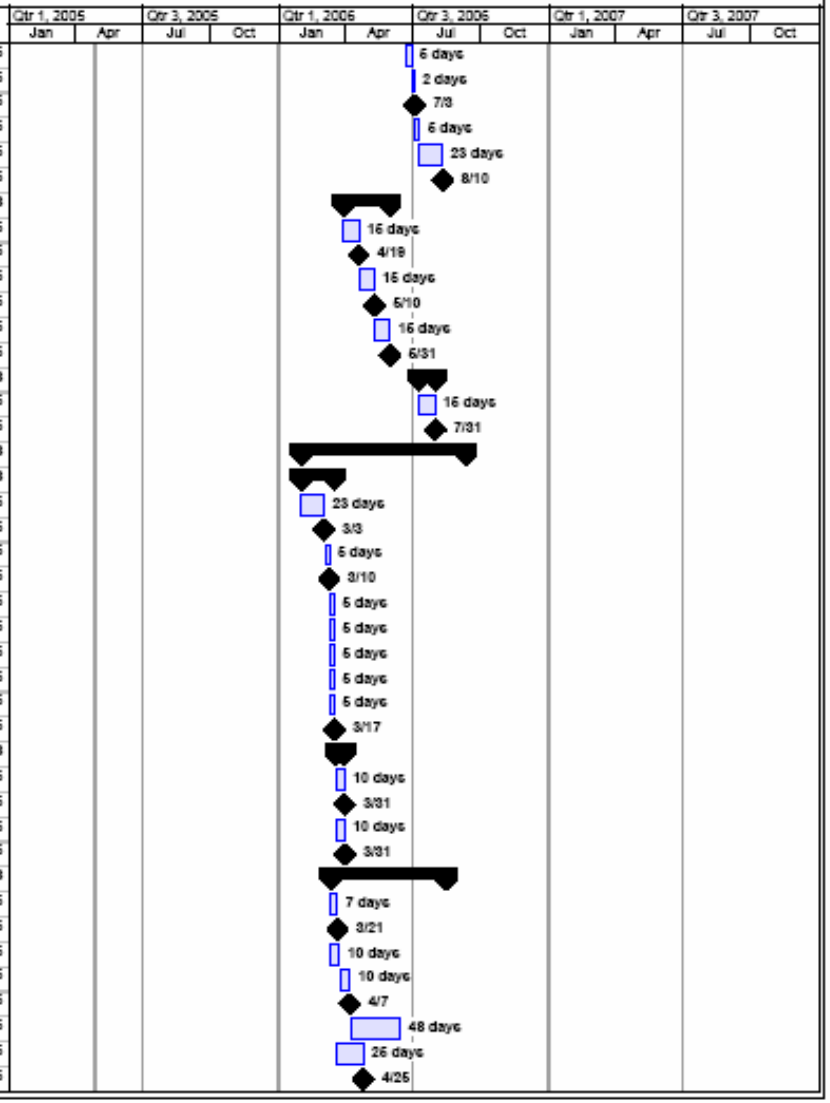
RHC Closure Project Plan

ID	Task Name	Start	Finish
620	Perform Transition Planning	2/20/06	3/24/06
621	<<Transition Planning Complete	3/24/06	3/24/06
622	Perform Discharge Planning	3/27/06	7/7/06
623	<<Discharge Planning Complete	7/7/06	7/7/06
624	Resource Development	2/9/06	5/31/06
625	Equipment Ordering Deadline	3/24/06	3/24/06
626	Decision Deadline for Community Moves	3/24/06	3/24/06
627	Update RHC Capacity	3/27/06	3/31/06
628	Client Selection for Administrative Moves	4/3/06	4/7/06
629	Send Referral Packet to RHC's	4/10/06	4/18/06
630	Perform Community Moves	6/1/06	7/14/06
631	<<Community Moves Completed	7/14/06	7/14/06
632	Employee Relations	3/2/06	6/31/06
633	Notify Employees at Risk of RIF	3/2/06	3/8/06
634	Notify Department of Impacts	3/9/06	3/15/06
635	<<Employees Notified of RIF Impacts	3/15/06	3/15/06
636	Conduct Employee Preference Poll	3/16/06	4/4/06
637	Conduct RIF Orientation	4/5/06	4/11/06
638	Develop Formal Options for Employees at Risk	3/16/06	5/31/06
639	Develop Informal Options for Employees at Risk	4/20/06	5/31/06
640	Informal Reviews	4/10/06	6/2/06
641	Notify Parents/Guardians of Client Move Dates	4/10/06	4/18/06
642	<<Parents/Guardians Notified of Client Move Dates	4/18/06	4/18/06
643	Schedule Informal Reviews	4/19/06	5/2/06
644	Perform Informal Reviews	5/3/06	6/2/06
645	<<Informal Reviews Complete	6/2/06	6/2/06
646	Hire and Train Start Up Employees	2/9/06	6/30/06
647	Hire and Train 1st Half Opening Cottage	3/2/06	5/10/06
648	Hire and Train 2nd Half Opening Cottage	5/11/06	5/30/06
649	Prepare Cottage for Opening	2/9/06	5/3/06
650	<<Receive Opening Cottage	5/3/06	5/3/06
651	<<Discharge Plans Complete	7/7/06	7/7/06
652	Client Moves	6/5/06	8/10/06
653	Prepare Clients	6/5/06	6/9/06
654	Move Clients	6/12/06	6/13/06
655	<<4 Client Moves Complete	6/5/06	6/5/06
656	Prepare Clients	6/5/06	6/9/06
657	Move Clients	6/12/06	6/13/06
658	<<8 Client Moves Complete	6/13/06	6/13/06
659	Prepare Clients	6/14/06	6/20/06
660	Move Clients	6/21/06	6/22/06
661	<<12 Client Moves Complete	6/22/06	6/22/06



RHC Closure Project Plan

ID	Task Name	Start	Finish
652	Prepare Clients	6/23/06	6/29/06
653	Move Clients	6/30/06	7/3/06
654	<<16 Client Moves Complete	7/3/06	7/3/06
655	Client/Employee Transition	7/4/06	7/10/06
656	Perform Client Follow-ups	7/11/06	8/10/06
657	<<Client Followups Complete	8/10/06	8/10/06
658	**Employee Release**	**3/30/06**	**6/31/06**
659	Deliver RIF Letters	3/30/06	4/19/06
670	<<RIF Letters Delivered	4/19/06	4/19/06
671	1st RIF Waiting Period	4/20/06	5/10/06
672	<<Release Employees for Half Closing Cottage	5/10/06	5/10/06
673	2nd RIF Waiting Period	5/11/06	5/31/06
674	<<Release Remaining Employees for Closing Cottage	5/31/06	5/31/06
675	**Close Cottage**	**7/11/06**	**7/31/06**
676	Complete Mothballing of Closed Cottage	7/11/06	7/31/06
677	<<Cottage Closure Complete	7/31/06	7/31/06
678	**Close Cottage #9**	**2/1/06**	**8/11/06**
679	**Cottage/Client Selection**	**2/1/06**	**3/17/06**
680	Identify Statewide RHC Capacity	2/1/06	3/3/06
681	<<Statewide Capacity Available	3/3/06	3/3/06
682	Select Cottage for Closure/Cottage Opening	3/6/06	3/10/06
683	<<Cottage Selected for Closure/Opening	3/10/06	3/10/06
684	Notify Labor of Cottage Selection	3/13/06	3/17/06
685	Notify Parents/Guardians of Selection	3/13/06	3/17/06
686	Notify Employees Fircrest	3/13/06	3/17/06
687	Notify Employees Other RHC	3/13/06	3/17/06
688	Notify Media and External Stakeholders	3/13/06	3/17/06
689	<<Stakeholders Notified of Cottage Selection	3/17/06	3/17/06
690	**Operational Planning (Sending and Receiving)**	**3/20/06**	**8/31/06**
691	Organizational Planning	3/20/06	3/31/06
692	<<Preliminary Organizational Plan Developed	3/31/06	3/31/06
693	Infrastructure Planning	3/20/06	3/31/06
694	<<Preliminary Infrastructure Plan Developed	3/31/06	3/31/06
695	**Client Transition**	**3/13/06**	**8/16/06**
696	Begin Preparation of Referral Packets	3/13/06	3/21/06
697	<<Referral Packets Complete	3/21/06	3/21/06
698	Notify Parents/Guardians of Resources	3/13/06	3/24/06
699	Identify Parent/Guardian Placement Options	3/27/06	4/7/06
700	<<Parent/Guardian Placement Options Identified	4/7/06	4/7/06
701	Send Referral Packets to Community	4/10/06	6/14/06
702	Perform Transition Planning	3/22/06	4/25/06
703	<<Transition Planning Complete	4/25/06	4/25/06

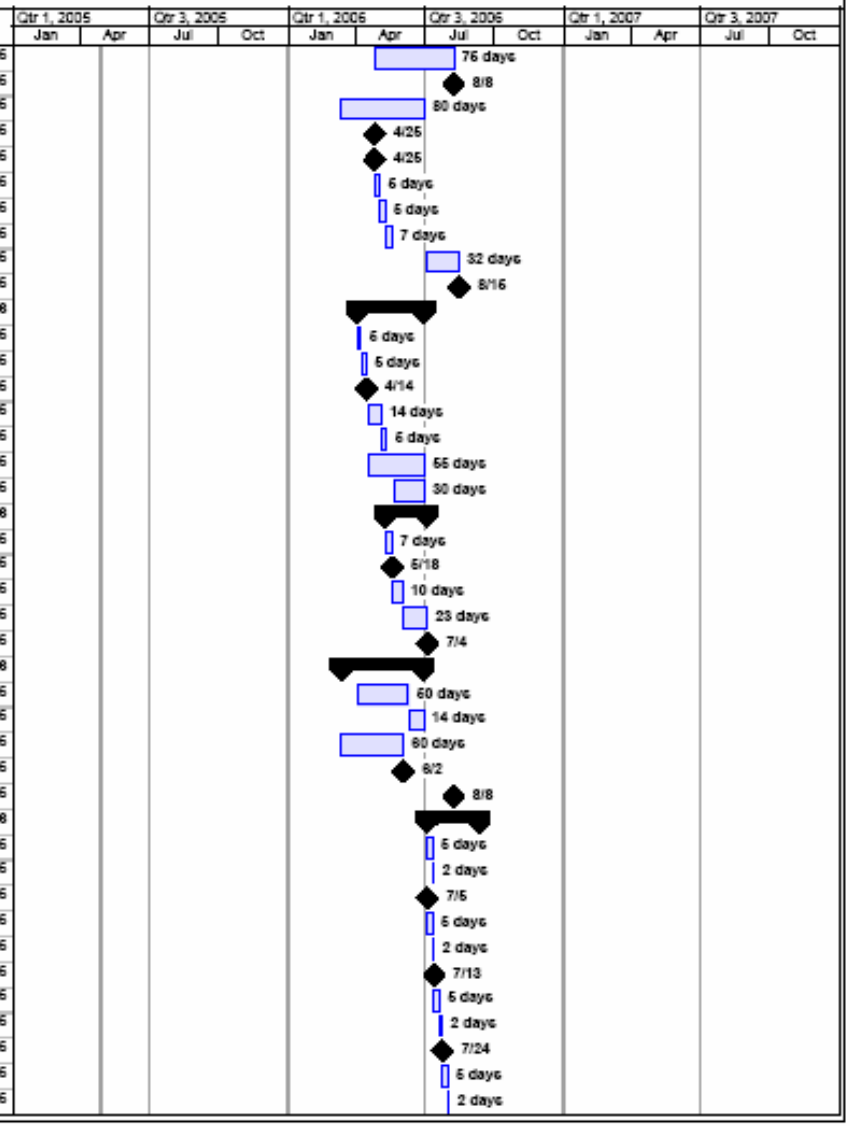


Washington State
Department of Social & Health Services

ADSA Aging & Disability Services Administration

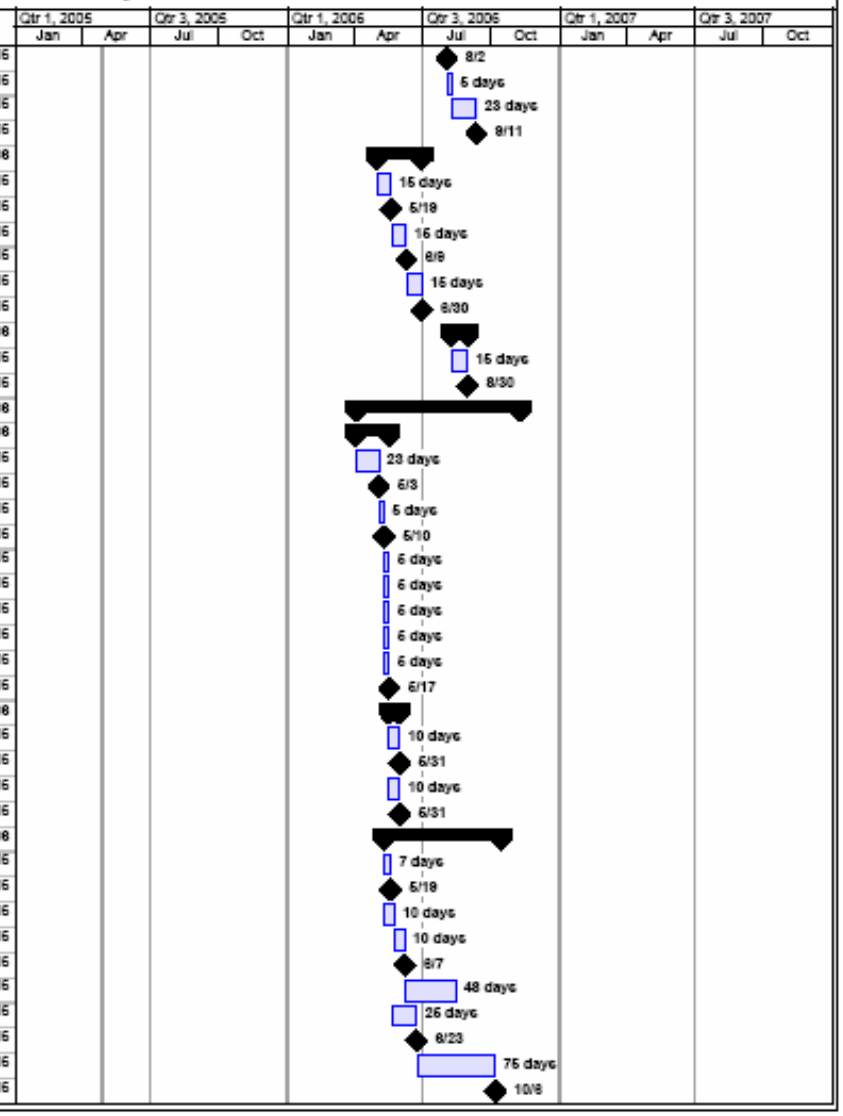
RHC Closure Project Plan

ID	Task Name	Start	Finish
704	Perform Discharge Planning	4/26/06	8/8/06
705	<<Discharge Planning Complete	8/8/06	8/8/06
706	Resource Development	3/13/06	6/30/06
707	Equipment Ordering Deadline	4/25/06	4/25/06
708	Decision Deadline for Community Moves	4/25/06	4/25/06
709	Update RHC Capacity	4/26/06	5/2/06
710	Client Selection for Administrative Moves	5/3/06	5/9/06
711	Send Referral Packet to RHC's	5/10/06	5/18/06
712	Perform Community Moves	7/3/06	8/15/06
713	<<Community Moves Completed	8/15/06	8/15/06
714	**Employee Relations**	**4/3/06**	**6/30/06**
715	Notify Employees at Risk of RIF	4/3/06	4/7/06
716	Notify Department of Impacts	4/10/06	4/14/06
717	<<Employees Notified of RIF Impacts	4/14/06	4/14/06
718	Conduct Employee Preference Poll	4/17/06	5/4/06
719	Conduct RIF Orientation	5/5/06	5/11/06
720	Develop Formal Options for Employees at Risk	4/17/06	6/30/06
721	Develop Informal Options for Employees at Risk	5/22/06	6/30/06
722	**Informal Reviews**	**5/10/06**	**7/4/06**
723	Notify Parents/Guardians of Client Move Dates	5/10/06	5/18/06
724	<<Parents/Guardians Notified of Client Move Dates	5/18/06	5/18/06
725	Schedule Informal Reviews	5/19/06	6/1/06
726	Perform Informal Reviews	6/2/06	7/4/06
727	<<Informal Reviews Complete	7/4/06	7/4/06
728	**Hire and Train Start Up Employees**	**3/13/06**	**6/29/06**
729	Hire and Train 1st Half Opening Cottage	4/3/06	6/9/06
730	Hire and Train 2nd Half Opening Cottage	6/12/06	6/29/06
731	Prepare Cottage for Opening	3/13/06	6/2/06
732	<<Receive Opening Cottage	6/2/06	6/2/06
733	<<Discharge Plans Complete	8/8/06	8/8/06
734	**Client Moves**	**7/5/06**	**8/11/06**
735	Prepare Clients	7/5/06	7/11/06
736	Move Clients	7/12/06	7/13/06
737	<<4 Client Moves Complete	7/5/06	7/5/06
738	Prepare Clients	7/5/06	7/11/06
739	Move Clients	7/12/06	7/13/06
740	<<8 Client Moves Complete	7/13/06	7/13/06
741	Prepare Clients	7/14/06	7/20/06
742	Move Clients	7/21/06	7/24/06
743	<<12 Client Moves Complete	7/24/06	7/24/06
744	Prepare Clients	7/25/06	7/31/06
745	Move Clients	8/1/06	8/2/06



RHC Closure Project Plan

ID	Task Name	Start	Finish
746	<<16 Client Moves Complete	8/2/06	8/2/06
747	Client/Employee Transition	8/3/06	8/9/06
748	Perform Client Follow-ups	8/10/06	9/11/06
749	<<Client Followups Complete	9/11/06	9/11/06
750	**Employee Release**	**5/1/06**	**8/30/06**
751	Deliver RIF Letters	5/1/06	5/19/06
752	<<RIF Letters Delivered	5/19/06	5/19/06
753	1st RIF Waiting Period	5/22/06	6/9/06
754	<<Release Employees for Half Closing Cottage	6/9/06	6/9/06
755	2nd RIF Waiting Period	6/12/06	6/30/06
756	<<Release Remaining Employees for Closing Cottage	6/30/06	6/30/06
757	**Close Cottage**	**8/10/06**	**8/30/06**
758	Complete Mothballing of Closed Cottage	8/10/06	8/30/06
759	<<Cottage Closure Complete	8/30/06	8/30/06
760	**Close Cottage #10**	**4/3/06**	**11/9/06**
761	**Cottage/Client Selection**	**4/3/06**	**6/17/06**
762	Identify Statewide RHC Capacity	4/3/06	5/3/06
763	<<Statewide Capacity Available	5/3/06	5/3/06
764	Select Cottage for Closure/Cottage Opening	5/4/06	5/10/06
765	<<Cottage Selected for Closure/Opening	5/10/06	5/10/06
766	Notify Labor of Cottage Selection	5/11/06	5/17/06
767	Notify Parents/Guardians of Selection	5/11/06	5/17/06
768	Notify Employees Fircrest	5/11/06	5/17/06
769	Notify Employees Other RHC	5/11/06	5/17/06
770	Notify Media and External Stakeholders	5/11/06	5/17/06
771	<<Stakeholders Notified of Cottage Selection	5/17/06	5/17/06
772	**Operational Planning (Sending and Receiving)**	**6/18/06**	**6/31/06**
773	Organizational Planning	5/18/06	5/31/06
774	<<Preliminary Organizational Plan Developed	5/31/06	5/31/06
775	Infrastructure Planning	5/18/06	5/31/06
776	<<Preliminary Infrastructure Plan Developed	5/31/06	5/31/06
777	**Client Transition**	**6/11/06**	**10/13/06**
778	Begin Preparation of Referral Packets	5/11/06	5/19/06
779	<<Referral Packets Complete	5/19/06	5/19/06
780	Notify Parents/Guardians of Resources	5/11/06	5/24/06
781	Identify Parent/Guardian Placement Options	5/25/06	6/7/06
782	<<Parent/Guardian Placement Options Identified	6/7/06	6/7/06
783	Send Referral Packets to Community	6/8/06	8/14/06
784	Perform Transition Planning	5/22/06	6/23/06
785	<<Transition Planning Complete	6/23/06	6/23/06
786	Perform Discharge Planning	6/26/06	10/6/06
787	<<Discharge Planning Complete	10/6/06	10/6/06

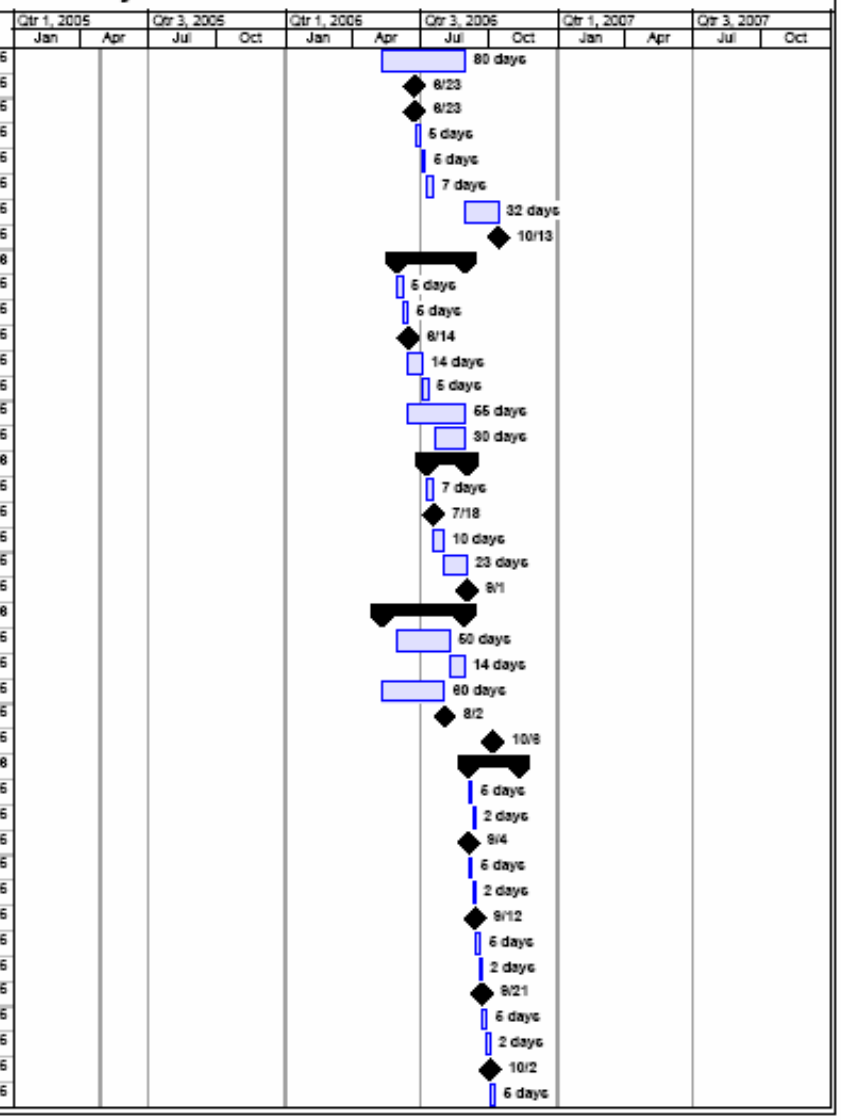


Washington State
Department of Social & Health Services

ADSA Aging & Disability Services Administration

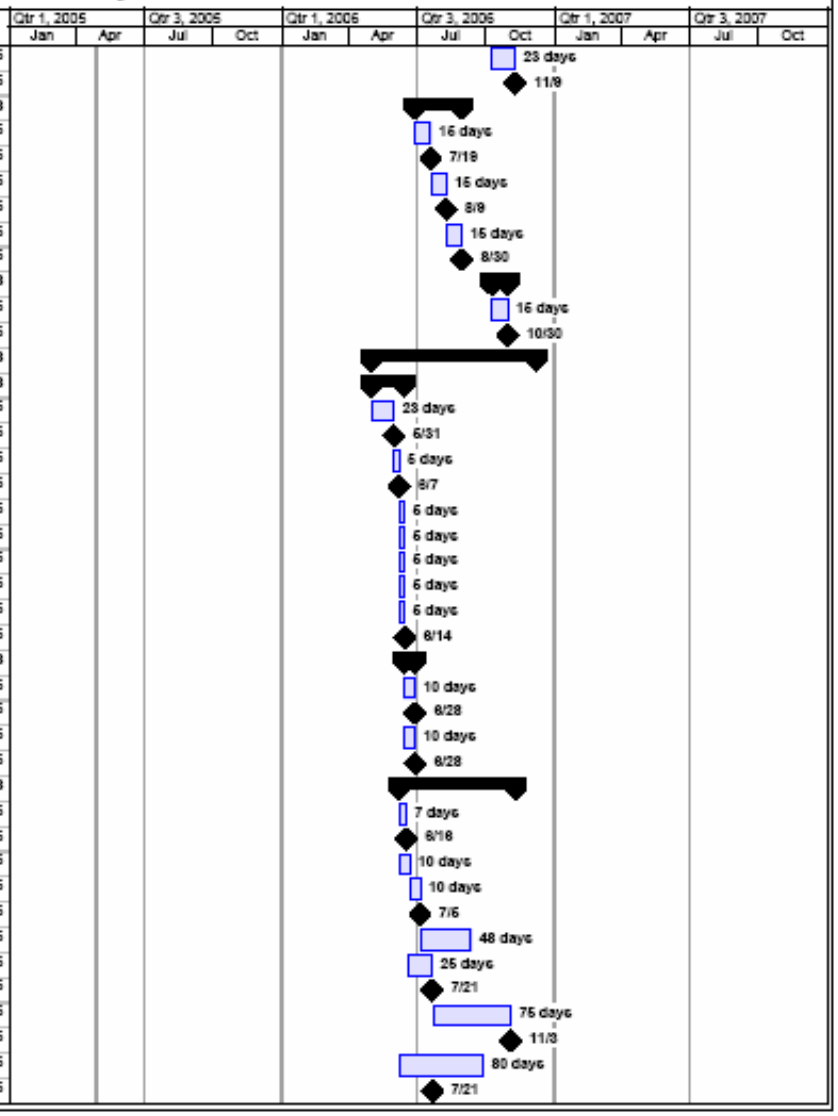
RHC Closure Project Plan

ID	Task Name	Start	Finish
788	Resource Development	5/11/06	8/30/06
789	Equipment Ordering Deadline	6/23/06	6/23/06
790	Decision Deadline for Community Moves	6/23/06	6/23/06
791	Update RHC Capacity	6/26/06	6/30/06
792	Client Selection for Administrative Moves	7/3/06	7/7/06
793	Send Referral Packet to RHC's	7/10/06	7/18/06
794	Perform Community Moves	8/31/06	10/13/06
795	<<Community Moves Completed	10/13/06	10/13/06
796	**Employee Relations**	**6/1/06**	**8/30/06**
797	Notify Employees at Risk of RIF	6/1/06	6/7/06
798	Notify Department of Impacts	6/8/06	6/14/06
799	<<Employees Notified of RIF Impacts	6/14/06	6/14/06
800	Conduct Employee Preference Poll	6/15/06	7/4/06
801	Conduct RIF Orientation	7/5/06	7/11/06
802	Develop Formal Options for Employees at Risk	6/15/06	8/30/06
803	Develop Informal Options for Employees at Risk	7/20/06	8/30/06
804	**Informal Reviews**	**7/10/06**	**9/1/06**
805	Notify Parents/Guardians of Client Move Dates	7/10/06	7/18/06
806	<<Parents/Guardians Notified of Client Move Dates	7/18/06	7/18/06
807	Schedule Informal Reviews	7/19/06	8/1/06
808	Perform Informal Reviews	8/2/06	9/1/06
809	<<Informal Reviews Complete	9/1/06	9/1/06
810	**Hire and Train Start Up Employees**	**6/11/06**	**8/29/06**
811	Hire and Train 1st Half Opening Cottage	6/1/06	8/9/06
812	Hire and Train 2nd Half Opening Cottage	8/10/06	8/29/06
813	Prepare Cottage for Opening	5/11/06	8/2/06
814	<<Receive Opening Cottage	8/2/06	8/2/06
815	<<Discharge Plans Complete	10/6/06	10/6/06
816	**Client Moves**	**9/4/06**	**11/9/06**
817	Prepare Clients	9/4/06	9/8/06
818	Move Clients	9/11/06	9/12/06
819	<<4 Client Moves Complete	9/4/06	9/4/06
820	Prepare Clients	9/4/06	9/8/06
821	Move Clients	9/11/06	9/12/06
822	<<8 Client Moves Complete	9/12/06	9/12/06
823	Prepare Clients	9/13/06	9/19/06
824	Move Clients	9/20/06	9/21/06
825	<<12 Client Moves Complete	9/21/06	9/21/06
826	Prepare Clients	9/22/06	9/28/06
827	Move Clients	9/29/06	10/2/06
828	<<16 Client Moves Complete	10/2/06	10/2/06
829	Client/Employee Transition	10/3/06	10/9/06



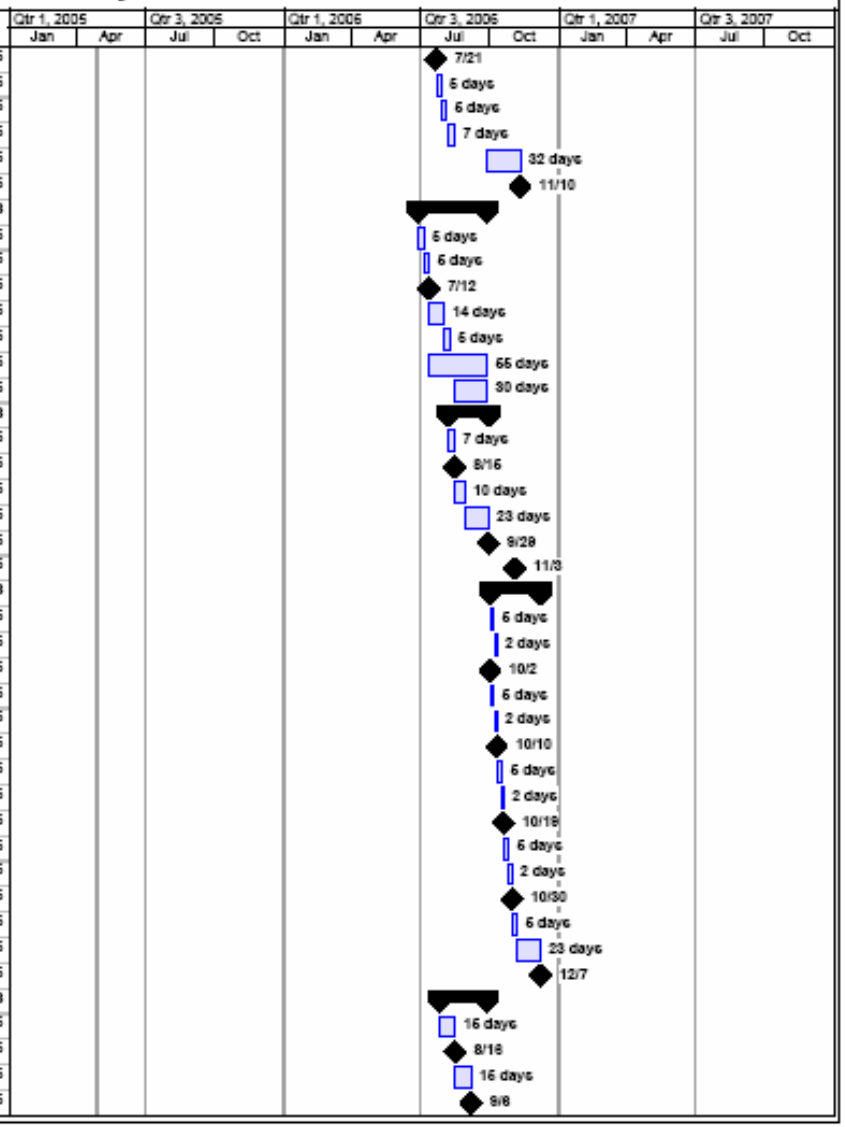
RHC Closure Project Plan

ID	Task Name	Start	Finish
830	Perform Client Follow-ups	10/10/06	11/9/06
831	<<Client Followups Complete	11/9/06	11/9/06
832	**Employee Release**	**6/29/06**	**8/30/06**
833	Deliver RIF Letters	6/29/06	7/19/06
834	<<RIF Letters Delivered	7/19/06	7/19/06
835	1st RIF Waiting Period	7/20/06	8/9/06
836	<<Release Employees for Half Closing Cottage	8/9/06	8/9/06
837	2nd RIF Waiting Period	8/10/06	8/30/06
838	<<Release Remaining Employees for Closing Cottage	8/30/06	8/30/06
839	**Close Cottage**	**10/10/06**	**10/30/06**
840	Complete Mothballing of Closed Cottage	10/10/06	10/30/06
841	<<Cottage Closure Complete	10/30/06	10/30/06
842	**Close Cottage #11**	**5/1/06**	**12/7/06**
843	**Cottage/Client Selection**	**5/1/06**	**6/14/06**
844	Identify Statewide RHC Capacity	5/1/06	5/31/06
845	<<Statewide Capacity Available	5/31/06	5/31/06
846	Select Cottage for Closure/Cottage Opening	6/1/06	6/7/06
847	<<Cottage Selected for Closure/Opening	6/7/06	6/7/06
848	Notify Labor of Cottage Selection	6/8/06	6/14/06
849	Notify Parents/Guardians of Selection	6/8/06	6/14/06
850	Notify Employees Fircrest	6/8/06	6/14/06
851	Notify Employees Other RHC	6/8/06	6/14/06
852	Notify Media and External Stakeholders	6/8/06	6/14/06
853	<<Stakeholders Notified of Cottage Selection	6/14/06	6/14/06
854	**Operational Planning (Sending and Receiving)**	**6/15/06**	**6/28/06**
855	Organizational Planning	6/15/06	6/28/06
856	<<Preliminary Organizational Plan Developed	6/28/06	6/28/06
857	Infrastructure Planning	6/15/06	6/28/06
858	<<Preliminary Infrastructure Plan Developed	6/28/06	6/28/06
859	**Client Transition**	**6/8/06**	**11/10/06**
860	Begin Preparation of Referral Packets	6/8/06	6/16/06
861	<<Referral Packets Complete	6/16/06	6/16/06
862	Notify Parents/Guardians of Resources	6/8/06	6/21/06
863	Identify Parent/Guardian Placement Options	6/22/06	7/5/06
864	<<Parent/Guardian Placement Options Identified	7/5/06	7/5/06
865	Send Referral Packets to Community	7/6/06	9/11/06
866	Perform Transition Planning	6/19/06	7/21/06
867	<<Transition Planning Complete	7/21/06	7/21/06
868	Perform Discharge Planning	7/24/06	11/3/06
869	<<Discharge Planning Complete	11/3/06	11/3/06
870	Resource Development	6/8/06	9/27/06
871	Equipment Ordering Deadline	7/21/06	7/21/06



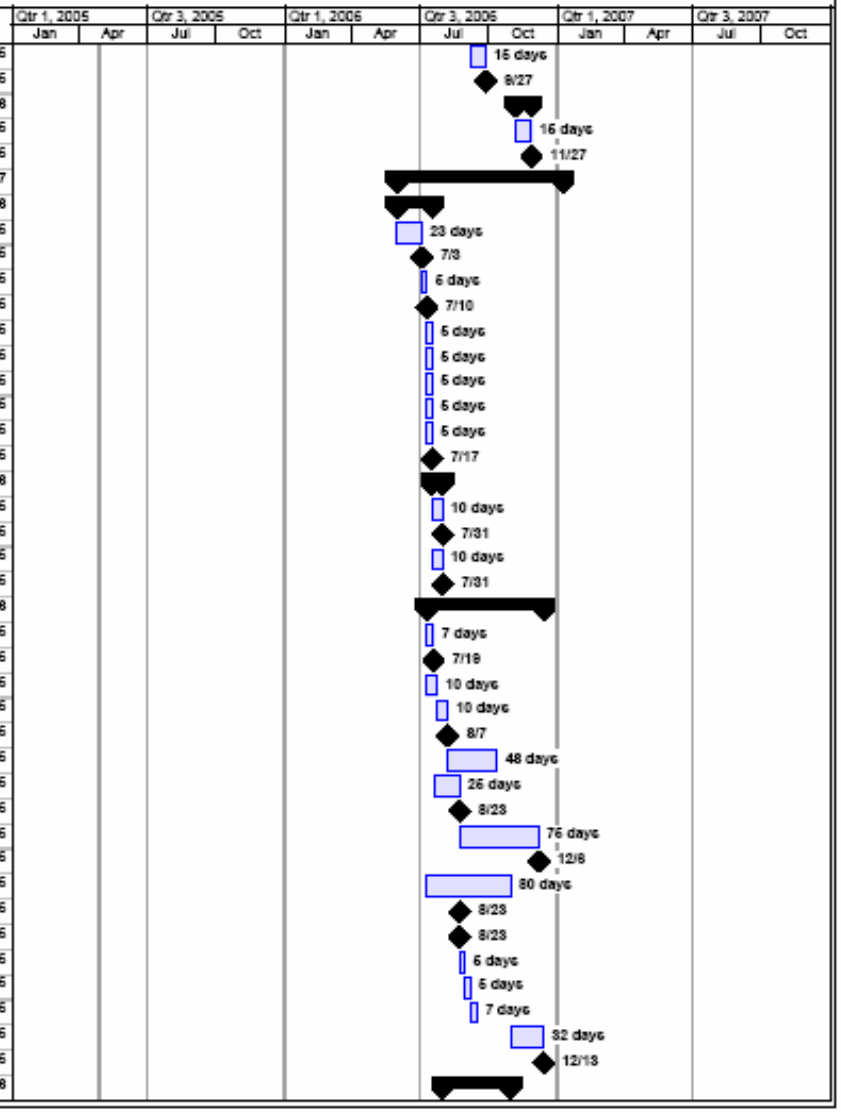
RHC Closure Project Plan

ID	Task Name	Start	Finish
872	Decision Deadline for Community Moves	7/21/06	7/21/06
873	Update RHC Capacity	7/24/06	7/28/06
874	Client Selection for Administrative Moves	7/31/06	8/4/06
875	Send Referral Packet to RHC's	8/7/06	8/15/06
876	Perform Community Moves	9/28/06	11/10/06
877	<<Community Moves Completed	11/10/06	11/10/06
878	**Employee Relations**	**6/29/06**	**9/27/06**
879	Notify Employees at Risk of RIF	6/29/06	7/5/06
880	Notify Department of Impacts	7/6/06	7/12/06
881	<<Employees Notified of RIF Impacts	7/12/06	7/12/06
882	Conduct Employee Preference Poll	7/13/06	8/1/06
883	Conduct RIF Orientation	8/2/06	8/8/06
884	Develop Formal Options for Employees at Risk	7/13/06	9/27/06
885	Develop Informal Options for Employees at Risk	8/17/06	9/27/06
886	**Informal Reviews**	**8/7/06**	**9/29/06**
887	Notify Parents/Guardians of Client Move Dates	8/7/06	8/15/06
888	<<Parents/Guardians Notified of Client Move Dates	8/15/06	8/15/06
889	Schedule Informal Reviews	8/16/06	8/29/06
890	Perform Informal Reviews	8/30/06	9/29/06
891	<<Informal Reviews Complete	9/29/06	9/29/06
892	<<Discharge Plans Complete	11/3/06	11/3/06
893	**Client Moves**	**10/2/06**	**12/7/06**
894	Prepare Clients	10/2/06	10/6/06
895	Move Clients	10/9/06	10/10/06
896	<<4 Client Moves Complete	10/2/06	10/2/06
897	Prepare Clients	10/2/06	10/6/06
898	Move Clients	10/9/06	10/10/06
899	<<8 Client Moves Complete	10/10/06	10/10/06
900	Prepare Clients	10/11/06	10/17/06
901	Move Clients	10/18/06	10/19/06
902	<<12 Client Moves Complete	10/19/06	10/19/06
903	Prepare Clients	10/20/06	10/26/06
904	Move Clients	10/27/06	10/30/06
905	<<16 Client Moves Complete	10/30/06	10/30/06
906	Client/Employee Transition	10/31/06	11/6/06
907	Perform Client Follow-ups	11/7/06	12/7/06
908	<<Client Followups Complete	12/7/06	12/7/06
909	**Employee Release**	**7/27/06**	**9/27/06**
910	Deliver RIF Letters	7/27/06	8/15/06
911	<<RIF Letters Delivered	8/16/06	8/16/06
912	1st RIF Waiting Period	8/17/06	9/6/06
913	<<Release Employees for Half Closing Cottage	9/6/06	9/6/06



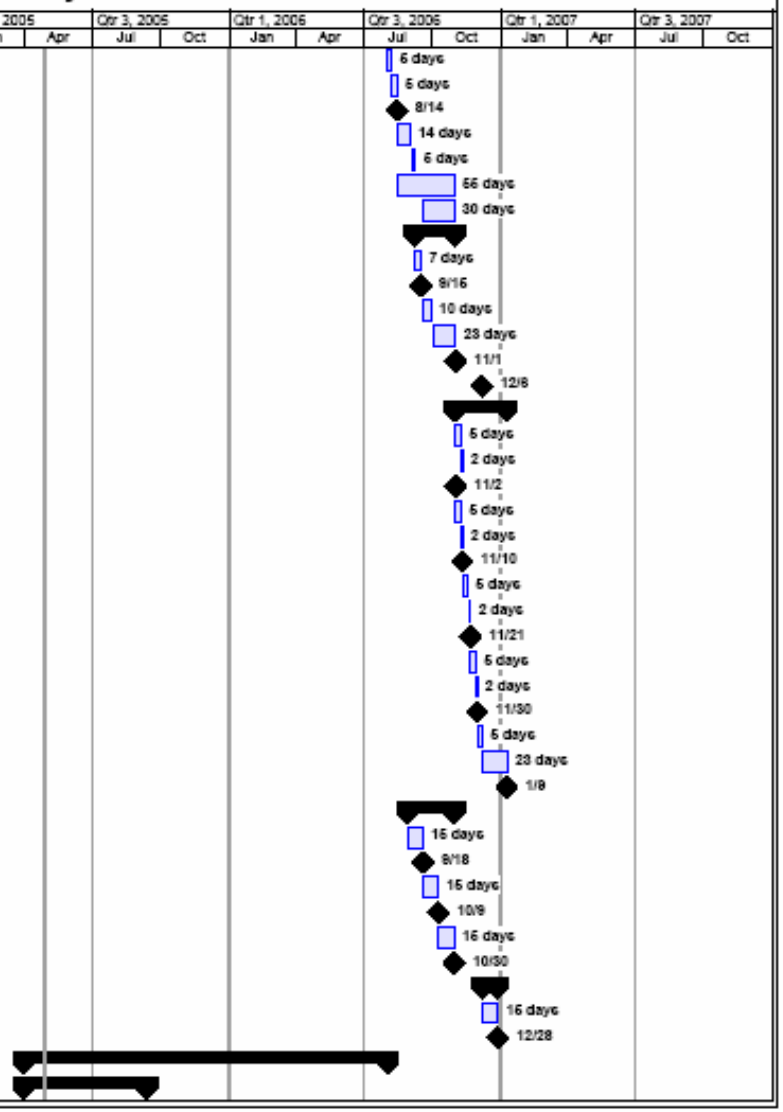
RHC Closure Project Plan

ID	Task Name	Start	Finish
914	2nd RIF Waiting Period	9/7/06	9/27/06
915	<<Release Remaining Employees for Closing Cottage	9/27/06	9/27/06
916	**Close Cottage**	11/7/06	11/27/06
917	Complete Mothballing of Closed Cottage	11/7/06	11/27/06
918	<<Cottage Closure Complete	11/27/06	11/27/06
919	**Close Cottage #12**	6/1/06	1/8/07
920	**Cottage/Client Selection**	6/1/06	7/17/06
921	Identify Statewide RHC Capacity	6/1/06	7/3/06
922	<<Statewide Capacity Available	7/3/06	7/3/06
923	Select Cottage for Closure/Cottage Opening	7/4/06	7/10/06
924	<<Cottage Selected for Closure/Opening	7/10/06	7/10/06
925	Notify Labor of Cottage Selection	7/11/06	7/17/06
926	Notify Parents/Guardians of Selection	7/11/06	7/17/06
927	Notify Employees Fircrest	7/11/06	7/17/06
928	Notify Employees Other RHC	7/11/06	7/17/06
929	Notify Media and External Stakeholders	7/11/06	7/17/06
930	<<Stakeholders Notified of Cottage Selection	7/17/06	7/17/06
931	**Operational Planning (Sending and Receiving)**	7/18/06	7/31/06
932	Organizational Planning	7/18/06	7/31/06
933	<<Preliminary Organizational Plan Developed	7/31/06	7/31/06
934	Infrastructure Planning	7/18/06	7/31/06
935	<<Preliminary Infrastructure Plan Developed	7/31/06	7/31/06
936	**Client Transition**	7/11/06	12/13/06
937	Begin Preparation of Referral Packets	7/11/06	7/19/06
938	<<Referral Packets Complete	7/19/06	7/19/06
939	Notify Parents/Guardians of Resources	7/11/06	7/24/06
940	Identify Parent/Guardian Placement Options	7/25/06	8/7/06
941	<<Parent/Guardian Placement Options Identified	8/7/06	8/7/06
942	Send Referral Packets to Community	8/8/06	10/12/06
943	Perform Transition Planning	7/20/06	8/23/06
944	<<Transition Planning Complete	8/23/06	8/23/06
945	Perform Discharge Planning	8/24/06	12/6/06
946	<<Discharge Planning Complete	12/6/06	12/6/06
947	Resource Development	7/11/06	10/30/06
948	Equipment Ordering Deadline	8/23/06	8/23/06
949	Decision Deadline for Community Moves	8/23/06	8/23/06
950	Update RHC Capacity	8/24/06	8/30/06
951	Client Selection for Administrative Moves	8/31/06	9/6/06
952	Send Referral Packet to R-HC's	9/7/06	9/15/06
953	Perform Community Moves	10/31/06	12/13/06
954	<<Community Moves Completed	12/13/06	12/13/06
955	**Employee Relations**	8/1/06	10/30/06



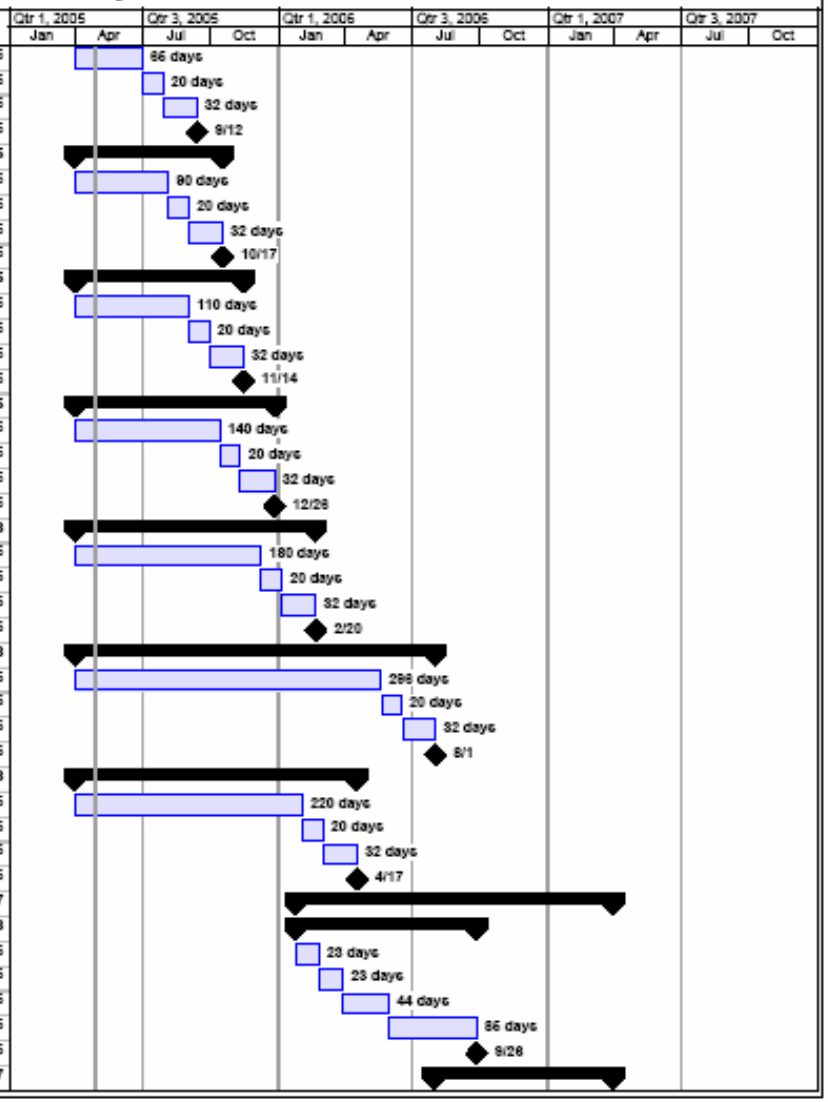
RHC Closure Project Plan

ID	Task Name	Start	Finish
956	Notify Employees at Risk of RIF	8/1/06	8/7/06
957	Notify Department of Impacts	8/8/06	8/14/06
958	<<Employees Notified of RIF Impacts	8/14/06	8/14/06
959	Conduct Employee Preference Poll	8/15/06	9/1/06
960	Conduct RIF Orientation	9/4/06	9/8/06
961	Develop Formal Options for Employees at Risk	8/15/06	10/30/06
962	Develop Informal Options for Employees at Risk	9/19/06	10/30/06
963	Informal Reviews	9/7/06	11/1/06
964	Notify Parents/Guardians of Client Move Dates	9/7/06	9/15/06
965	<<Parents/Guardians Notified of Client Move Dates	9/15/06	9/15/06
966	Schedule Informal Reviews	9/18/06	9/29/06
967	Perform Informal Reviews	10/2/06	11/1/06
968	<<Informal Reviews Complete	11/1/06	11/1/06
969	<<Discharge Plans Complete	12/6/06	12/6/06
970	Client Moves	11/2/06	1/9/07
971	Prepare Clients	11/2/06	11/8/06
972	Move Clients	11/9/06	11/10/06
973	<<4 Client Moves Complete	11/2/06	11/2/06
974	Prepare Clients	11/2/06	11/8/06
975	Move Clients	11/9/06	11/10/06
976	<<8 Client Moves Complete	11/10/06	11/10/06
977	Prepare Clients	11/13/06	11/17/06
978	Move Clients	11/20/06	11/21/06
979	<<12 Client Moves Complete	11/21/06	11/21/06
980	Prepare Clients	11/22/06	11/28/06
981	Move Clients	11/29/06	11/30/06
982	<<16 Client Moves Complete	11/30/06	11/30/06
983	Client/Employee Transition	12/1/06	12/7/06
984	Perform Client Follow-ups	12/8/06	1/9/07
985	<<Client Followups Complete	1/9/07	1/9/07
986	Employee Release	8/29/06	10/30/06
987	Deliver RIF Letters	8/29/06	9/18/06
988	<<RIF Letters Delivered	9/18/06	9/18/06
989	1st RIF Waiting Period	9/19/06	10/9/06
990	<<Release Employees for Half Closing Cottage	10/9/06	10/9/06
991	2nd RIF Waiting Period	10/10/06	10/30/06
992	<<Release Remaining Employees for Closing Cottage	10/30/06	10/30/06
993	Close Cottage	12/8/06	12/28/06
994	Complete Mothballing of Closed Cottage	12/8/06	12/28/06
995	<<Cottage Closure Complete	12/28/06	12/28/06
996	Opening of Cottages	4/1/05	8/1/08
997	Rainier Cottage #1	4/1/05	8/12/06



RHC Closure Project Plan

ID	Task Name	Start	Finish
998	Clean Cottage	4/1/05	6/30/05
999	Furnish Cottage	7/1/05	7/28/05
1000	Stock Cottage	7/29/05	9/12/05
1001	<<Rainier Cottage #1 Online	9/12/05	9/12/05
1002	Rainier Cottage #2	4/1/05	10/17/05
1003	Clean Cottage	4/1/05	8/4/05
1004	Furnish Cottage	8/5/05	9/1/05
1005	Stock Cottage	9/2/05	10/17/05
1006	<<Rainier Cottage #1 Online	10/17/05	10/17/05
1007	Rainier Cottage #3	4/1/05	11/14/05
1008	Clean Cottage	4/1/05	9/1/05
1009	Furnish Cottage	9/2/05	9/29/05
1010	Stock Cottage	9/30/05	11/14/05
1011	<<Rainier Cottage #2 Online	11/14/05	11/14/05
1012	Yakima Cottage #1	4/1/05	12/26/05
1013	Clean Cottage	4/1/05	10/13/05
1014	Furnish Cottage	10/14/05	11/10/05
1015	Stock Cottage	11/11/05	12/26/05
1016	<<Yakima Cottage #1 Online	12/26/05	12/26/05
1017	Lakeland Cottage #1	4/1/05	2/20/06
1018	Clean Cottage	4/1/05	12/8/05
1019	Furnish Cottage	12/9/05	1/5/06
1020	Stock Cottage	1/6/06	2/20/06
1021	<<Lakeland Cottage #1 Online	2/20/06	2/20/06
1022	Lakeland Cottage #2	4/1/05	8/1/06
1023	Clean Cottage	4/1/05	5/19/06
1024	Furnish Cottage	5/22/06	6/16/06
1025	Stock Cottage	6/19/06	8/1/06
1026	<<Lakeland Cottage #2 Online	8/1/06	8/1/06
1027	Lakeland Cottage #3	4/1/05	4/17/06
1028	Clean Cottage	4/1/05	2/2/06
1029	Furnish Cottage	2/3/06	3/2/06
1030	Stock Cottage	3/3/06	4/17/06
1031	<<Lakeland Cottage #3 Online	4/17/06	4/17/06
1032	Facility Closure	1/25/06	3/30/07
1033	Pool	1/25/06	9/26/06
1034	Analyze Assets	1/25/06	2/24/06
1035	Develop Timelines	2/27/06	3/29/06
1036	Address Closing Asset	3/30/06	5/30/06
1037	Implement Closure Plan	5/31/06	9/26/06
1038	<<Asset Offline	9/26/06	9/26/06
1039	Pharmacy	7/31/06	3/30/07

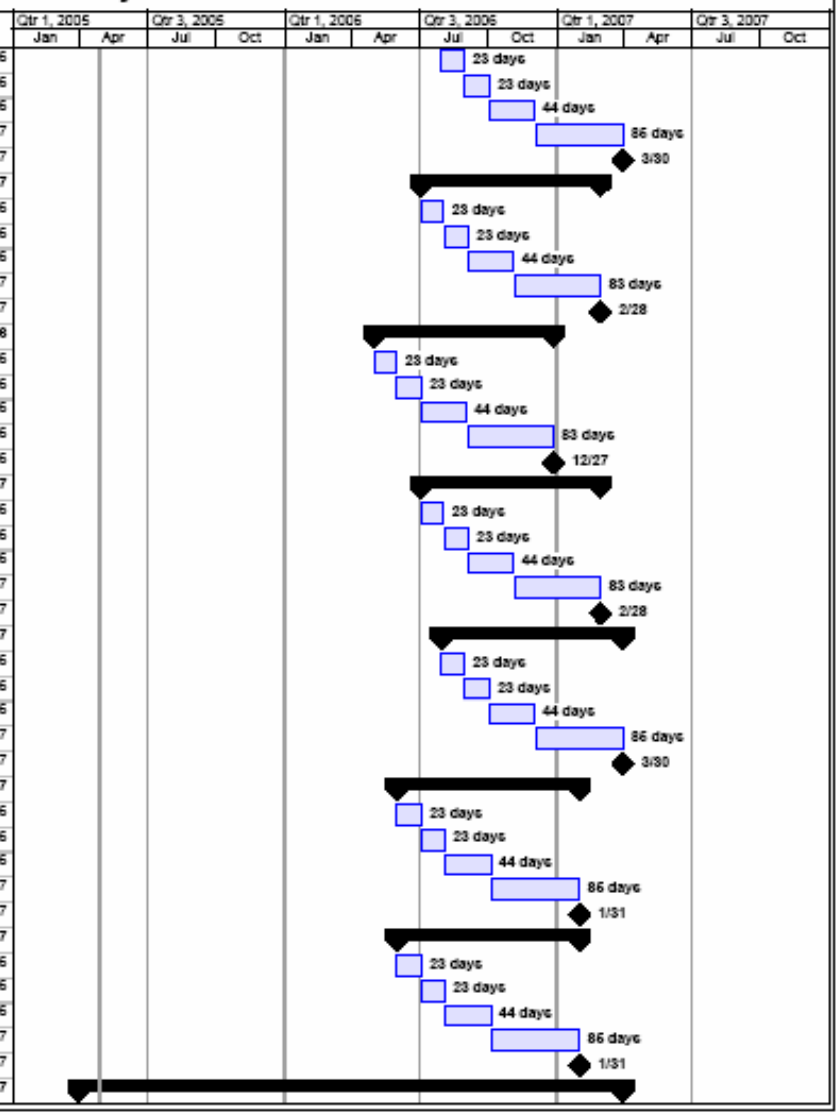


Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

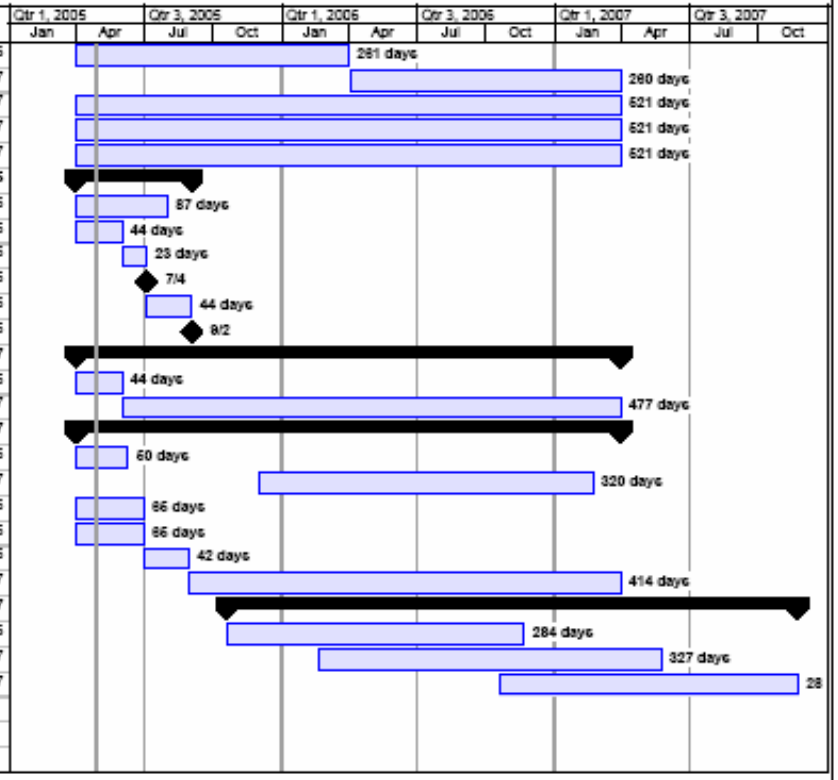
RHC Closure Project Plan

ID	Task Name	Start	Finish
1040	Analyze Assets	7/31/06	8/30/06
1041	Develop Timelines	8/31/06	10/2/06
1042	Address Closing Asset	10/3/06	12/1/06
1043	Implement Closure Plan	12/4/06	3/30/07
1044	<<Asset Offline	3/30/07	3/30/07
1045	Kitchen	7/3/06	2/28/07
1046	Analyze Assets	7/3/06	8/2/06
1047	Develop Timelines	8/3/06	9/4/06
1048	Address Closing Asset	9/5/06	11/3/06
1049	Implement Closure Plan	11/6/06	2/28/07
1050	<<Asset Offline	2/28/07	2/28/07
1051	Admin Bldg	6/1/06	12/27/06
1052	Analyze Assets	6/1/06	6/31/06
1053	Develop Timelines	6/1/06	7/3/06
1054	Address Closing Asset	7/4/06	9/1/06
1055	Implement Closure Plan	9/4/06	12/27/06
1056	<<Asset Offline	12/27/06	12/27/06
1057	ATP	7/3/06	2/28/07
1058	Analyze Assets	7/3/06	8/2/06
1059	Develop Timelines	8/3/06	9/4/06
1060	Address Closing Asset	9/5/06	11/3/06
1061	Implement Closure Plan	11/6/06	2/28/07
1062	<<Asset Offline	2/28/07	2/28/07
1063	ATC	7/31/06	3/30/07
1064	Analyze Assets	7/31/06	8/30/06
1065	Develop Timelines	8/31/06	10/2/06
1066	Address Closing Asset	10/3/06	12/1/06
1067	Implement Closure Plan	12/4/06	3/30/07
1068	<<Asset Offline	3/30/07	3/30/07
1069	Infirmary	6/1/06	1/31/07
1070	Analyze Assets	6/1/06	7/3/06
1071	Develop Timelines	7/4/06	8/3/06
1072	Address Closing Asset	8/4/06	10/4/06
1073	Implement Closure Plan	10/5/06	1/31/07
1074	<<Asset Offline	1/31/07	1/31/07
1075	Other Outbuildings	6/1/06	1/31/07
1076	Analyze Assets	6/1/06	7/3/06
1077	Develop Timelines	7/4/06	8/3/06
1078	Address Closing Asset	8/4/06	10/4/06
1079	Implement Closure Plan	10/5/06	1/31/07
1080	<<Asset Offline	1/31/07	1/31/07
1081	Employee Transition Implementation	4/1/06	3/30/07



RHC Closure Project Plan

ID	Task Name	Start	Finish
1082	Employee Training Program Kickoff FY 06	4/1/05	3/31/06
1083	Employee Training Program Kickoff FY 07	4/3/06	3/30/07
1084	Early Retirement Program Activation	4/1/05	3/30/07
1085	Extended Medical Benefits Program Activation	4/1/05	3/30/07
1086	Pay to Stay Program Activation	4/1/05	3/30/07
1087	**Client Identification Process Implementation**	4/1/05	8/2/05
1088	Client Assessments (IHP)	4/1/05	8/1/05
1089	Parent/Guardian Preference Identification	4/1/05	6/1/05
1090	Match Assessment and Preferences	5/2/05	7/4/05
1091	<<List of Clients for Potential Administrative Moves	7/4/05	7/4/05
1092	Client Selections for Administrative Moves	7/5/05	9/2/05
1093	<<Administrative Movers Identified	9/2/05	9/2/05
1094	**Retention of Licensed Professional Services**	4/1/05	3/30/07
1095	Finalize Implementation Plan	4/1/05	6/1/05
1096	Implement Plan	5/2/05	3/30/07
1097	**Miscellaneous Tasks**	4/1/05	3/30/07
1098	Hiring of Transition Staff	4/1/05	6/9/05
1099	Administrative Staff RIF	12/1/05	2/21/07
1100	Develop Inventory Control System	4/1/05	6/30/05
1101	Inventory of Facility	4/1/05	6/30/05
1102	Implement Asset Control Process	7/1/05	8/29/05
1103	Disposal and Surplus of Equipment	8/30/05	3/30/07
1104	**QA Followup on All Clients**	10/20/05	11/22/07
1105	30 Day Follow-ups	10/20/05	11/21/06
1106	3-6 Month Follow-Ups	2/21/06	5/23/07
1107	Annual Follow-Ups	10/20/06	11/22/07
1108			
1109			
1110			



Appendix 1.6: Sample Performance Measures

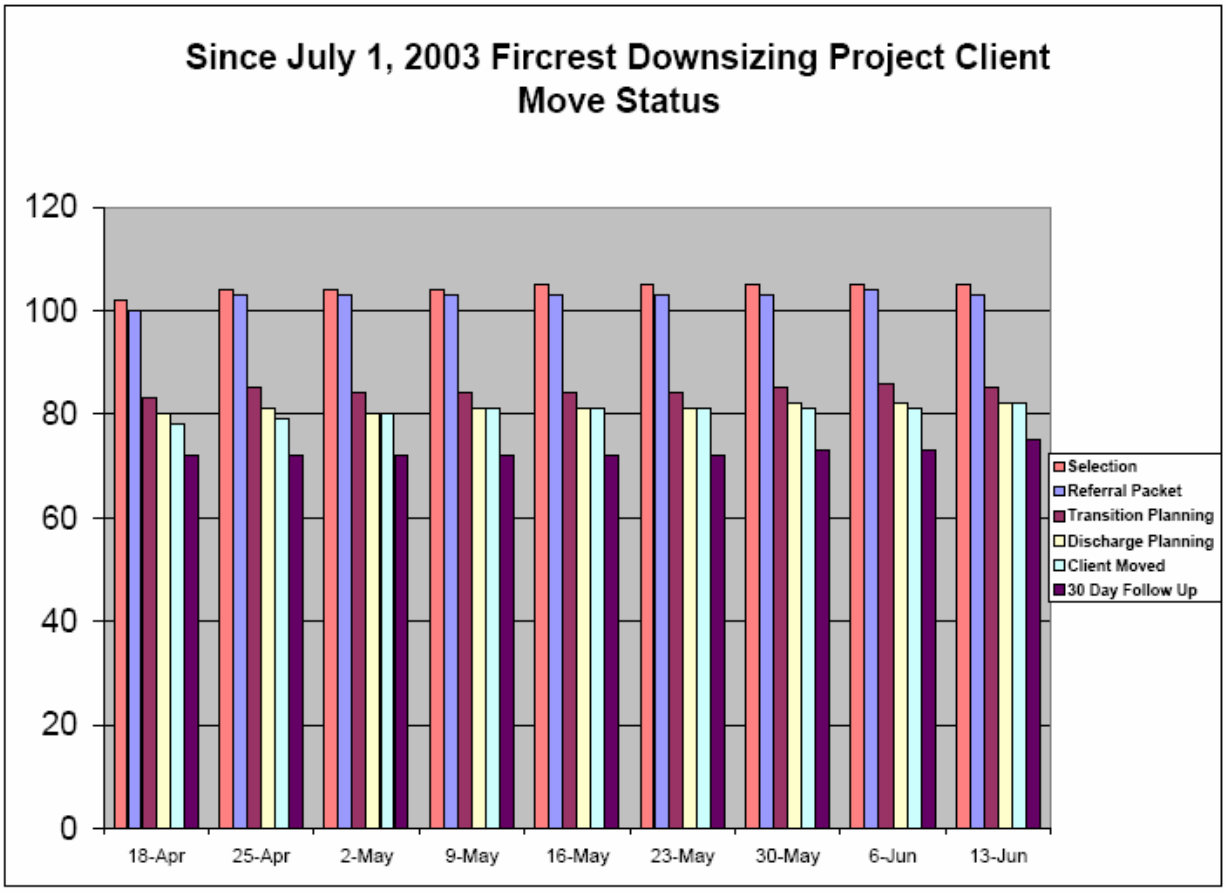
Fircrest Downsizing and RHC Consolidation

From July 1, 2003 to 6/14/2005

To	From Rainier	FHMC	Lakeland	Yakima	Fircrest	Total To
Rainier	X	0	0	0	34	34
FHMC	0	X	0	0	1	1
Lakeland	0	0	X	0	3	3
Yakima	0	0	0	X	1	1
Fircrest	0	0	0	0	X	0
Total						
Comm Placement	16	0	0	2	18	36
SOLA	2	0	0	0	0	2
Nursing Facility	0	0	0	0	5	5
Total From	18	0	0	2	62	82
Region 1						
Comm Placement	0	0	0	0	0	0
SOLA	0	0	0	0	0	0
NF	0	0	0	0	0	0
Region 2						
Comm Placement	0	0	0	2	1	3
SOLA	0	0	0	0	0	0
NF	0	0	0	0	0	0
Region 3						
Comm Placement	0	0	0	0	3	3
SOLA	0	0	0	0	0	0
NF	0	0	0	0	2	2
Region 4						
Comm Placement	9	0	0	0	12	21
SOLA	1	0	0	0	0	1
NF	0	0	0	0	1	1
Region 5						
Comm Placement	5	0	0	0	1	6
SOLA	1	0	0	0	0	1
NF	0	0	0	0	2	2
Region 6						
Comm Placement	2	0	0	0	1	3
SOLA	0	0	0	0	0	0
NF	0	0	0	0	0	0
Total From	18	0	0	2	62	82
Total Community						43

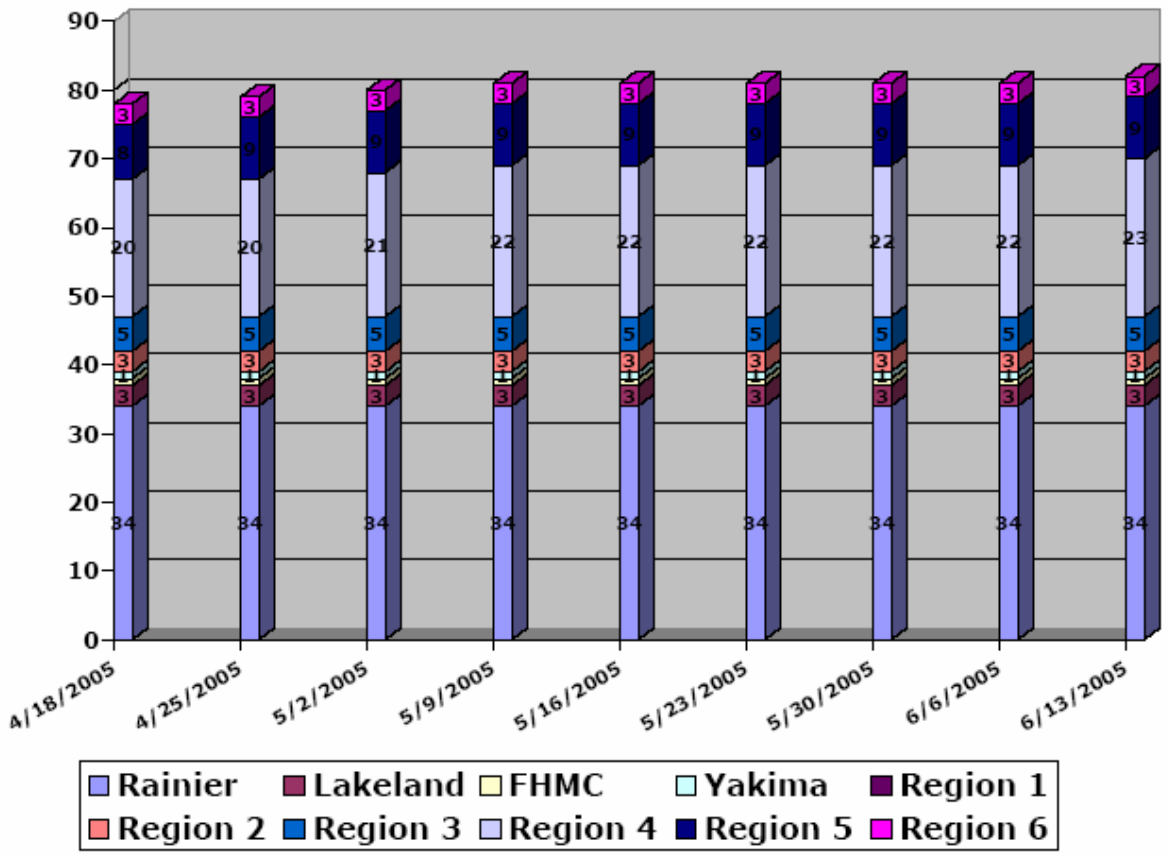
Total SL Moves	36
Total SOLA Moves	2
Total NF Moves	5
Total Community Moves	43

Fircrest to Supportive Living	18
Fircrest to SOLA	0
Fircrest to Nursing Facility	5
Rainier to Supportive Living	16
Rainier to SOLA	2
Rainier to Nursing Facility	0
FHMC to Supportive Living	0
FHMC to SOLA	0
FHMC to Nursing Facility	0
Lakeland to Supportive Living	0
Lakeland to SOLA	0
Lakeland to Nursing Facility	0
Yakima to Supportive Living	2
Yakima to SOLA	0
Yakima to Nursing Facility	0

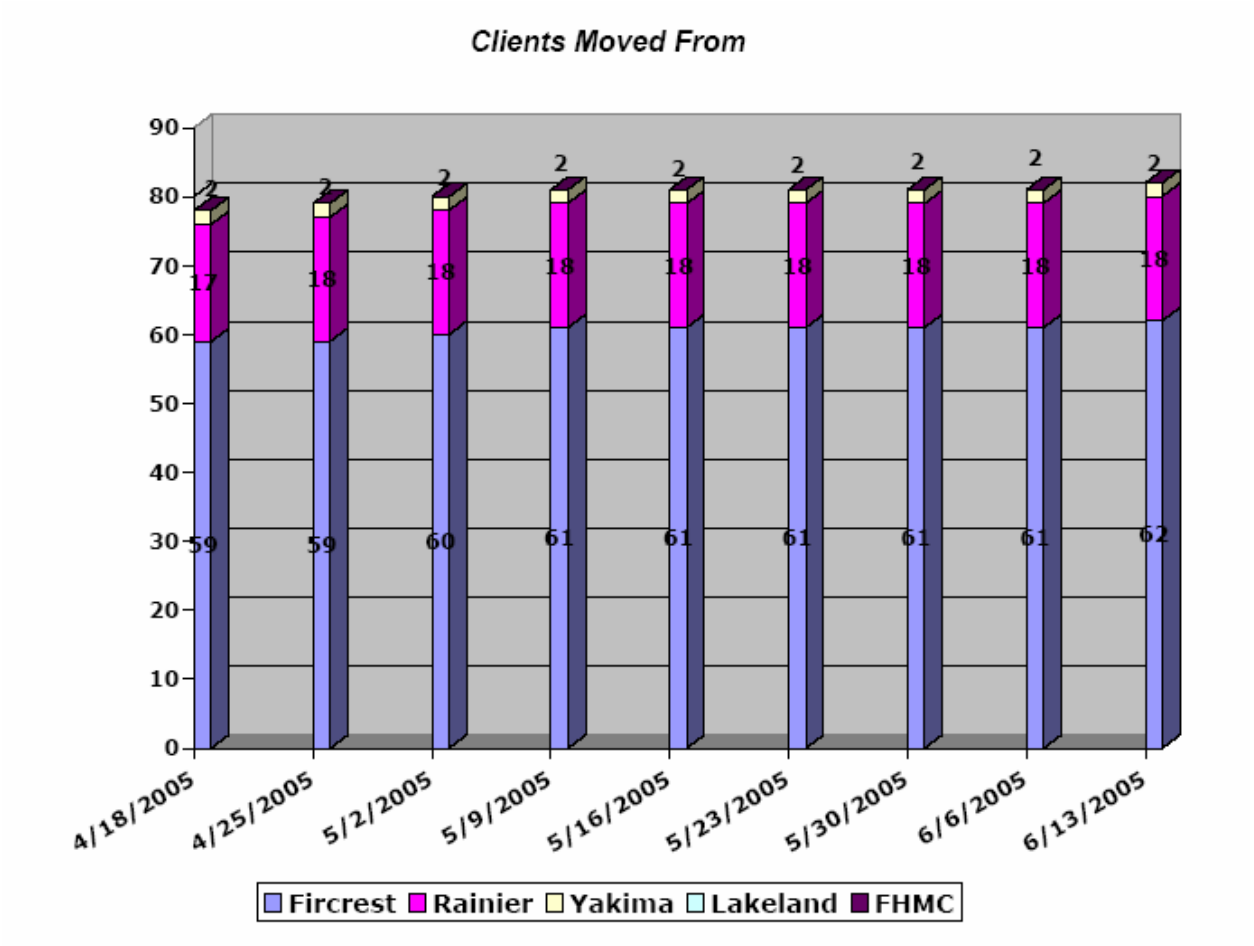

Since July 1, 2003 Fircrest Downsizing Project Client Move Status
120
100
80
60
40
20
0
18-Apr
25-Apr
2-May
9-May
16-May
23-May
30-May
6-Jun
13-Jun
Selection
Referral Packet
Transition Planning
Discharge Planning
Client Moved
30 Day Follow Up

6/14/2005

Clients Moved To



Client Move Analysis 6-14-05


Clients Moved From
90
80
70
60
50
40
30
20
10
0
2
17
59
2
18
59
2
18
60
2
18
61
2
18
61
2
18
61
2
18
61
2
18
61
2
18
62
4/18/2005
4/25/2005
5/2/2005
5/9/2005
5/16/2005
5/23/2005
5/30/2005
6/6/2005
6/13/2005
Fircrest
Rainier
Yakima
Lakeland
FHMC

Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

Section	Current Month					Year To Date					
	Unit Cost	28-Jun-2005 Volume	Approved $	Pending $	Earmarked $	Volume	Approved$	Pending $	Earmarked $	Allotted $	Remaining Fun
Employee Transition Training											
1. SupportTraining and Services											
• Change and Transition Workshops		0			$0	104	500		500	NA	
• Career Transition Training	0	0			0	132			0	NA	
• Employee Advisory Services	0	0			0	0			0	NA	
• Other	0				0	0			0	NA	
Total Support Training					$0	236	500			NA	
2. Career Development Training and Education											
• Computer		0			$0	188	25183.07		25,183.07	NA	
• General Training					$0	181	329,714.67		329,714.67	NA	
• *Total Retention/Separation Training*					$0	369			354,897.74	NA	
Other					$0				0	NA	
Total					$0	605			$355,397.74	550,000	194,602

3.	***Process Measures***				
	• Total Applications		0		181
	• Applications approved		0		163
	• Applications denied		0		6
	• Employees applied for training		0		122
	• Withdrawn by employee/or returned by CTC		1		12
	• Number of Reimbursements/Refunds		1		5
	• Pending		0		0
	• Training completed		7		89
	• ETC consultations		NA		337
	• Employee Satisfaction Score		NA		NA

Appendix 2.1A: Information for Initial Referral Packet

Supplemental Information for Initial Referral Packet

This packet is used when a provider is considering providing support. Note: additional copies are made and retained.

Identification and Summary Sheet
Summary of Characteristics (NF)
Alert or profile
Current IHP
Current Care Plan (NF)
Annual MDS/RAD (NF)
QMRP quarterly reviews/narrative notes (90 days)
Positive Behavior Support Plans or any restrictive programs (if any)
Current Annual Medical Review
Current 90 Day Med Review
Current Functional ADL and Mobility Screening (IMR)
Current Diet Order
Current OT/PT assessment

Full Packet

If a provider is interested in providing support, the following items are sent. Note: additional copies are made and retained.

Speech Assessment
Psychiatric Assessment
Vocational Assessment
Dental assessment
Consults: Ophthalmology, Dermatology, Cardiology, Dental,
Height, weight, menses record, BM monitoring, sleep charts,
Medication administration records
Tube feeding records (if needed)
Immunization record
Physician orders
Dietary orders, swallow studies
Recent Lab & X-Ray, Bone Density, Hepatitis Profile, PAP, Mammogram
Nursing notes (1 year)
Physician notes (1 year)
Last 6 months of health monitoring sheets, behavior sheets
Care Assessment

Final Packet

At Discharge the following are sent (along with any additional copies of the above)

MD and Nurse Discharge Note
Coupon and Medicare Card
Birth Certificate
Guardianship papers
Social Security Card
Any updated assessment
Washington State ID
SSA or SSI Award Letter
Any available client photographs

Appendix 2.3A: Discharge Plan Review Meeting Members

Discharge Plan Review Meeting Participation List

Meeting Owner/Facilitator:
Habilitation Plan Administrator/NPCC

Required Attendees/Invitees:
Client
Family/Guardian
IDT Members (Based ON Current Supports)
Placement Coordinator
Transition Coordinator
Key Staff of the Receiving Agency* (i.e. residential, vocational, MH provider)
Regional DDD Case Manager
Quality Assurance Manager
Regional AFH/QI
County Day Program/Count DDD Coordinator

Optional Attendees:
Other Representatives of the Provider
Professional Consultants (Community)
Anyone that has a genuine interest in the person is welcome to attend and participate

*The HPA should make sure that appropriate staff from the receiving facility are invited to attend the meeting and should encourage their attendance.

Add Client Name
Discharge Plan Review Meeting Agenda

Review and Discussion of (CFA) and or Care Plan:

- **Health, Safety and Nutrition – including medication needs and any dietary restrictions**
- **Communication skills/Sensory impairments,**
- **Mobility,**
- **ADLs,**
- **Social/Psychological status – including need for environmental modifications**
- **Positive Behavior Support Plan/Cross System Crisis Plan (as indicated)**
- **Sleep routine**
- **Personal preferences and interests (including leisure)**
- **Routines that are important to maintain**
- **Restrictions and Consents**

Discharge Planning Activities
***The HPA/PCC should refer to the Client Discharge Checklist**

- **Specialized Equipment Needs**
- **Roommate Compatibility issues (If Applicable)**
- **Employment/Day program needs**
- **Nurse Delegation Assessment**
- Review of activities and planning to date by the receiving residential provider
- **Staff Cross - Training**
- **Recommendations for helping client adjust to his/her new environment.**
- **Facilitation of family contacts**
- **Quality Assurance follow-up and role of Field Service case management**
- **Logistics**
  - Transfer of personal possessions, including personal funds
  - Transfer of necessary records, including Medicaid coupon
  - Confirm moving date and time

- **Other issues as identified in the meeting**

Planning and coordination with reinstating benefits such as SSI and food stamps; notification of CSO of RHC discharge to ensure review of Medicaid status.

DDD Client Discharge Checklist

Client Name: _____ Date:_____

Task	Assigned To	Completed	Initial
Before Starting:			
14-012 Consent to Exchange Confidential Information for Services Coordination, AL			
Team to Team and Regional Coordination:			
Have Receiving Staff Visited Client?			
Has Client Visited Destination?			
Is the Moving Date/Time Confirmed?			
Has the Regional QA Manager Notified?	Placement Coordinator		
Has the assignment of a CRM been verified?	Placement Coordinator		
Is an Employee(s) assigned to follow up within 24 hours**?**			
Has the Pending Discharge Notification **been Sent?**			
Is there a Destination Contact Identified**?**			
Legal, Benefits and Financial Documentation:			
Guardianship papers/Parental Custody			
Social Security Card			
Washington State ID Card (Picture)			
Birth Certificate			
Burial Documents			
Medical/Dental Insurance Information			
Medical Card/Coupons			
Waiver Documentation	Case/Resource Manager		
Verification of social security benefits and amounts upon discharge			
Notification to CSO of discharge			
Notification to Family/Guardian on Discharge Date			
Client Records:			
Discharge medical/physical summary			
Discharge MD Notes			
Discharge Nursing Assessment			
Most recent OT/PT summaries/Speech			
Current Psychological summary/Positive Behavior Support Plans			
Other Assessments (when available)			
Specific medical/physical care Recommendations			
Current Health Monitoring Flow sheets/Flow Logs			
Current Resident Assessment Document (RAD) Care Plan (NF Only) and PASSR			
Current Individual Habilitation Plan (IHP)			

Task	Assigned To	Completed	Initial
Alerts/Client Profile/Client Preferences			
Health/Hygiene Notes			
Dietary Supplements			
QMRP Notes/Reviews			
Acute/Chronic Nursing Care Plans			
Dining Card/Dietary Recommendations/Eating Protocol			
Slept/Awake Logs			
Minimum Data Set (MDS) (NF Only)			
Current Dental Records			
Update/Transfer CCDB			
Nurse Delegation			
Consents			
Restrictions			
Incident Reports			

Prior to Arrival –Receiving Team/Case Manager

14-012	Consent to Exchange Confidential Information for Services Coordination, AL

Has Equipment & Household items been ordered	
Confirm Legal Documents and Certificates are all in place	
Transfer Agreement Forms Signed (Comm. Only)	Case/Resource Manager
Medications for _____days ordered	
30 (14) day Follow-Up assessment scheduled	
Receiving accommodations are ready	
Day Programs/Employment arranged	Case/Resource Manager
Mental Health Care arranged	Case/Resource Manager
In-Home Nursing/Nurse Delegation arranged	Case/Resource Manager
Medical Provider Arranged	
Possession Inventory Completed	

Update Client Records Appropriately

Discharge Day Checklist

Confirm all records are up-to-date and in transfer packet (**NOTE:** Final Packet Qty. 2 for Community Move; 1 to Placement Coordinator, 1 with Client)
Notification of Discharge (CSO's, Soc Sec, etc.) sent
Notice of Action Submitted
Clothes/personal items/adaptive equipment Packed **along with a written inventory**
Personal Care Supplies (Attends/Wipes/Dietary etc.) Packed
RHC account (Purchase Request In Advance, Cash In Coffee Shop Card) Closed
Pharmaceutical Supplies Picked Up
Parent/Guardian/Significant Other Notified of Discharge

Notification of Discharge (Internal, per distribution list) sent
Pickup RHC Account Check

Task	Assigned To	Completed	Initial
Pickup Medical Coupons			
Legal Documents are packed			
Client Arrived at Destination			
Client Chart Sent to Records (If not RHC Move)			

Washington State
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Services Administration

Instructions for Client Discharge Checklist

The Consent for Release of Information needs to be completed and signed prior to starting the checklist (Community Moves Only); the date goes at the top of the form.

All line items need to be considered, however, not all line items are required for every client, so if it is not required, simply put N/A in the "Completed" column.

The HPA/Social Worker/Plan Administrator should be the owner of the checklist.

Most line items will be completed by the HPA/Social Worker/Plan Administrator, but if the HPA/Social Worker/Plan Administrator assigns out a line item, the assigned to column should be filled out with that persons name as a reminder. The checklist should be reviewed at the Discharge Plan Review Meeting to ensure that all line items are being worked and to get a status on all line items. If different staff is using multiple copies of the checklist, time needs to be set aside to reconcile all line items. This can be done at the Discharge Plan Review Meeting, or before, but it needs to be done.

Update Client Records to reflect all completed tasks as necessary

All line items that are required must have a completion date and initials by the assigned team member before the move can occur.

The "Move Day" Checklist will be filled out on the day of the move, or the day before. These items should not be completed prior to that.

At the bottom of the page is the date the checklist is printed. There should only be one version of this for each client. If more versions are found, consolidation and confirmation of all line items needs to be reconciled.

Particular attention needs to be paid to the headings of each section indicating the responsible teams involved.

This is a working document and should be used as such. Notes, comments and dates can be written in the margins, additional line items can be added as appropriate to the individual client, the checklist can be completed on the computer or printed and used as hard copy.

Upon completion of the checklist, it should be sent to the Transition Coordinator of the sending facility for filing.

Client Name: DSHS/DDD #: Current Address: Telephone:	**Facility Name Here** **ADMISSION CHECKLIST**

ADMISSION CONFIRMATION:

DATE: **TIME:**

CONTACT PERSON: **PLEASE REPORT TO:**

MAIL the information checked below to _____; at least two (2) weeks prior to any scheduled admission.

	Completed by Health Information Staff			
	Received	**Date**	**Comments**	**Initial**
[ ] Current photograph	[]			
[ ] Copy of birth certificate	[]			
[ ] Copy of Social Security card	[]			
[ ] Medicaid number or	[]			
[ ] Copy of ACES screen with social security, SSI, and Medicaid benefit information	[]			
[ ] Unearned income i.e. SSI, SSA, other as client participation needs to be determined and the client informed.	[]			
[ ] Copy of CSO and/Social Security office communication informing them of client admission to RHC	[]			
[ ] Proof of medical/health insurance	[]			
[ ] Current medication orders	[]			
[ ] Hepatitis B screening	[]			
[ ] TB skin test (within 12 months)	[]			
[ ] List of known allergies	[]			
[ ] Recent communicable disease exposure(within 30 days)	[]			
[ ] Immunization Record	[]			
[ ] Most recent dental examination	[]			
[ ] Most recent medical examination	[]			
[ ] Most recent psychological/psychiatric assessment	[]			
[ ] Most recent therapies assessments	[]			
[ ] Current IEP from school	[]			
[ ] Current ISP or POC (Waiver Plan of Care) from DDD	[]			
[ ] CARE summary [assessment available online]				
[ ] Guardianship/Custody Documents				
[ ] Name and contact information of representative or significant other if there is no legal guardian				
[ ] Pertinent Legal Documents				
[ ] Names addresses and phone numbers of previous Doctors, Dentists, etc.				
[ ] Other:				

Complete and return the enclosed information.

Washington State Department of Social & Health Services

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	Received	Date	Comments	Initial
[ ] Preadmission Assessment	[]			
[ ]Consent update form	[]			
[ ] Release/exchange of information for: DDD	[]			
[ ] Release/exchange of information for: FHMC	[]			
[ ] Consent Forms	[]			
[ ] Privacy Notice	[]			
[ ] Other	[]			

Bring these items with you on the day of admission

	Received	Date	Initial
[ ] Current medical coupon	[]		
[ ] Sufficient supply of clothing and personal items for admission days (at least 7 days) *Mark all with permanent laundry marker*	[]		
[ ] Sufficient supply of prescribed medications for admission days; (*Prescriptions must be in original containers with pharmacy labels*)	[]		
[ ] Sufficient supply of personal hygiene products for admission days; (*Feminine pads, bladder protection, e.g., Attends, etc.)*	[]		
[ ] Copy of any new assessments and/or examinations	[]		
[ ] Copy of any new/updated IEP or ISP or POC and/or CARE	[]		
[ ] Any important personal items (blanket, toy, tapes, videos, pictures, jewelry) from home	[]		
[ ] $_____spending money or (spending money, depending on client's needs)	[]		
[ ] Inventory of Personal Items with the client	[]		
[ ] Discharge Plan (If applicable)	[]		
[ ] Other:	[]		

Notification of Discharge Distribution List

These areas should be notified before discharge and will need to provide a service or feedback.

Vocational site
Audiology
Dietary
Dental
Duty Office
Laundry
PT/OT
W/C Repair
Placement Coordinator
Transportation
Speech Therapist
Resident Accounts
Pharmacy
Recreation
HPA/Social Worker
Clinic
Infirmary/Physician
Resident Records – Update CCDB
Medical/Lab
Health Care Coordinator/Nursing
AC Manager
Psychologist
Regional Field Service QA Program Manager
Regional Case/Resource Managers

These areas should be notified of a discharge, for FYI only.

Vocational Director's
Maintenance Head
Housekeeping Head
Laundry Head
Commissary Head
Resident Records Coordinator
Resident Accounts
QI Director
Data Entry
AFH/QI
Superintendent
Assistant Superintendent
DDHQ
RHC Program Manager
Chapel
Olmstead Coordinator
PAT Director
Admissions
Resource Developer
County and/or vocational provider
Medical Providers (as needed)

If the client is moving to a community residential program - the assigned Field Service Case Manager should attend discharge planning meetings.

EMPLOYEE TRANSITION FOCUS GROUP REPORT

Understanding Employee Needs

Final Report
June 1, 2004

Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

Employee Transition Focus Groups

For Supporting Employees Through the Downsizing of Fircrest and the Consolidation of the State's Residential Habilitation Centers – Institutions for Persons with Developmental Disabilities

June 1, 2004

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Executive Summary

In adopting the state's 2003-05 Omnibus Operating Budget, the Legislature directed DSHS to downsize the RHC program at Fircrest School by four cottages during the 2003-05 Biennium, and develop a transition plan for the facility. A Preliminary Transition Plan was submitted to the legislature in January 2004 and identified seven major areas or processes directly involved with downsizing including client identification resource development, capital and facilities, client transition, quality assurance, retention of licensed professional services and employee transition.

Fircrest School employees provide essential services for the facility's residents, providing residential programs, health care, and administrative services to protect the health and safety of vulnerable residents and keep the institution running. To support Fircrest School employees, an Employee Transition Work Team was formed to develop the requirements and document the processes for programs designed to transition employees through downsizing.

To better understand the needs of employees involved in a downsizing activity, the Fircrest Downsizing and RHC Consolidation Project Support Unit conducted 11 employee focus groups with RHC employees, as well as a sampling of Case Managers and SOLA staff. The objectives for the focus groups included determining what resources and services employees believe are most important to support employees through a downsizing process, to help retain employees, to assist employees facing separation, and to enhance communication with employees.

Employee feedback from the focus groups was reviewed and categorized by statewide preferences, site-specific preferences, and by narrative data. Based on the employee feedback, a Technical Advisory Work Group developed recommendations addressing employee preferences. These recommendations included a communication plan; career transition resources; training; and identification of policy and resource needs for three areas -- post-separation medical coverage, voluntary and early retirement, and internal agency position holds.

The next steps for the employee transition focus group recommendations include:

- Evaluation of the feasibility of implementing the recommendations
- Implementation of select employee transition recommendations within local authority and budget constraints
- Identification of resource needs for selected recommendations and review current resources
- Completion of a detailed plan of services for employees who may be affected by the downsizing, to be available by the end of July 2004
- Submission of budget impact items for the supplemental (if needed) and 2005-07 biennial budget process

Specific recommendations and accomplishments toward those recommendations as of the publication of this report are provided on pages 15-16.

Purpose and Objectives

In adopting the state's 2003-05 Omnibus Operating Budget, the Legislature directed DSHS to downsize the RHC program at Fircrest by four cottages during the 2003-05 Biennium, and develop a transition plan for the facility. A Preliminary Transition Plan was submitted to the legislature in January 2004 and identified seven major areas or processes directly involved with downsizing including client identification resource development, capital and facilities, client transition, quality assurance, retention of licensed professional services and employee transition.

The employees of a Residential Habilitation Center provide essential services to residents 24 hours a day, seven days a week. Approximately 700 employees provide direct and indirect services to the residents of Fircrest School. These employees collectively represent a diverse workforce that provides program support, health care, and administrative services to maintain or enhance client health and safety, as well as facility operations. While downsizing, Fircrest School needs to maintain two critical objectives:

1. Continue to appropriately protect client's health and safety.
2. Maintain institutional certification to prevent negative financial impacts and maintain public confidence.

Accomplishing each of these objectives is contingent upon a committed and engaged workforce. The Employee Transition Work Team was formed to develop the requirements and document the processes for programs designed to transition employees through downsizing. Areas of interest include retention of employees, retraining of employees, relocation of employees to other employment opportunities, development of opportunities for employees to continue providing resources to clients, and Reduction-in-Force (RIF) processes and support. A framework for a high-level employee transition process has been drafted and includes:

- ***Employee Support*** to assist all employees through the downsizing process
- ***Employee Retention*** to retain employees at Fircrest as needed, as well as state workers within the state system
- ***Employee Separation*** to support employees who are identified for separation
- ***Employee Communication*** to provide timely, reliable information

Employee input is a critical element of this work. To better understand the needs of employees involved in a downsizing activity, the Fircrest Downsizing and RHC Consolidation Project Support Unit conducted employee focus groups with RHC employees, as well as a sampling of Case Managers and SOLA staff. The objectives for the focus groups included:

1. Determining what resources and services employees believe are most important to:
    - Support employees through a downsizing process.
    - Retain employees through a downsizing process.
    - Separate employees affected by downsizing.
    - Communicate with employees through a downsizing process.
2. Determining what resources and services employees believe are most important across the four categories (support, retention, separation, and communication) during a downsizing process.

General observations for each of these objectives were measured to capture employee's general preference of needs during downsizing. Each objective was also assessed from the perspective of a person receiving a RIF notification to determine more immediate or short-term employee needs.

Approach

Focus groups were conducted between February 17 and February 28, 2004. Each focus group lasted approximately two hours. Eleven focus groups were conducted at the following locations:

Location	Number of Focus Groups	Position Classifications	Comments
Fircrest School	3	ACs, ATSs, SOLA	
	1	Health Care Professionals	
	1	Support Services	
	1	Administration	
Rainier School	2	Mixed (ACs, ATS, SOLA, Health Care Professionals, Support Services, Administration, and other staff as noted above)	*Francis Haddon Morgan employees also attended the sessions at Rainier
Lakeland Village	2	Mixed	
Yakima Valley School	1	Mixed	
Total	*11*		

Selection Criteria
Focus group participants were selected based on a stratified random sample. Selection variables for participants included RHC site, position, and tenure. Positions were categorized in the following areas: (a) ACs, (including SOLA), ATSs, and Field Case Managers, (b) Health Care Professionals, (c) Support Services, and (d) Administration. Percentages of positions included in the focus groups reflected RHC demographics. Tenure was included, representing two categories of employees: (1) those employees who have worked for Washington State for 10 years or more, and (2) those employees who have worked for Washington State for less than 10 years. Participant lists were computer generated for each RHC site and provided to the RHC superintendents along with invitation letters (see Appendix A), focus group agendas (see Appendix B), and preliminary employee transition resources lists for distribution.

Participants
A total of 114 employees were invited to the focus group sessions. A total of 92 employees participated in the focus group sessions.

Data Collection and Analysis
Quantitative and qualitative data were collected during each focus group session through a multi-voting process, as well as narrative data documentation. Data analysis procedures included quantitative analysis using Excel and Access. Narrative data was organized according to themes. A Technical Advisory Work Group of management and labor representatives confirmed the focus group findings. This group also developed recommendations reflecting employee's preferences and needs. These recommendations were presented to the Employee Transition Work Team for further review and consideration. The next section of this report identifies the employee preferences, narrative supporting data, and preliminary recommendations for employee transition.

Employee Preferences

During the focus group sessions, employees were asked to identify the most important resources for employees during downsizing. Preliminary resources were offered for review and consideration, and represented the areas of support, retention, separation, and communication. After discussion of the existing resources, employees were given the opportunity to vote for resources they believed were most important. Participants voted for resources across each of the four categories, as well as within each of the four categories. The information contained in this section describes the employee preferences organized in the following manner:

Part I: Statewide preferences
- A. General Preferences
- B. RIF Preferences
- C. Comparison of General and RIF Preferences

Part II: Site Specific Preferences
- A. General Preferences Across Categories by Site
- B. RIF Preferences Across Categories by Site
- C. Fircrest Specific Preferences

Part III: Narrative Data Themes

PART I: STATEWIDE PREFERENCES

A. General Preferences - Employee Transition Needs

The information contained in this section reflects focus group participant preferences at a statewide level across categories for general preferences, followed by general preferences for each category (support, retention, separation, and communication).

1. Employee Preferences Across Categories: General Preferences

Resource	Definition	% of Total Votes
Medical Coverage	Grace period of medical coverage or reduced payment for coverage.	12.1%
Voluntary Retirement /Separation Incentive	Voluntary program where eligible employees are offered an incentive for separation or retirement or early retirement.	11.5%
Career Transition Center	On-site resources and equipment for job search, preparation, and activation.	9.1%

Resource	Definition	% of Total Votes
Information: Reliable and Available (Activity Web-Site/Phone)	Reliable information about (a) what, (b) why, (c) how and (d) according to whom. Information and data are available with employee access to informational website or 1-800 number to learn information about project status.	7.2%
Training/Retraining	Continuum of training opportunities for employee support, retention, and separation.	5.8%

2. Employee Support: General Preferences

Resource	Definition	% of Total Votes
Career Transition Center	On-site resources and equipment for job search, preparation, and activation.	15.7%
Reliable Information	What, why, how and according to whom. Information and data are available.	14.0%
Employee Transition Coordinator	On-site employee transition coordinator for employee consultation and assistance.	11.3%
RIF Orientation	Education and information on actual process, formal and informal options, process, retirement, COBRA, and other separation supports.	9.8%
Human Resources Office	Identified contact person within Human Resources to provide education and information on available services.	8.5%
Employee Advisory Services	Confidential employee assistance program for employees and families – Help individuals clarify problems and develop a plan for resolving them, along with referral to facilitate resolution.	5.9%

3. Employee Retention: General Preferences

Resource	Definition	% of Total Votes
RIF Transition Pool	Job placement service that relies on skill match to help employees who are at risk of receiving a RIF find a state position.	12.6%
Internal Agency Position Holds	Agreement to not fill positions permanently across the agency (or allow employee to accept position, but not move to position until the facility closes)	10.3%
State Qualification Modification	Modification of state job classifications minimum qualifications for potentially displaced employees.	10.1%
Retention Incentive	Lump sum or incremental financial or educational incentive for retaining employees at the site until closure or downsizing is completed.	9.8%
Training/Retraining	Training or retraining of employees for identified positions and professional development.	8.7%
Retention Packages	To include a package approach of incentives, such as training, financial incentives, and position holds.	8.0%

4. Employee Separation: General Preferences

Resource	Definition	% of Total Votes
Medical Coverage	Grace period of medical coverage or reduced payment for coverage.	21.0%
Voluntary Retirement/Separation Incentive	Voluntary program where eligible employees are offered an incentive for separation or retirement or early retirement.	17.1%
RIF Transition Pool	Job placement service that relies on skill match to help employees who are at risk of receiving a RIF find a state position.	10.0%
Retirement Funds Access	Access to retirement funds without penalty for business development or living expenses	8.6%
Training/Retraining	Select training/retraining programs for position preparation and professional development.	7.6%
Unemployment Option	Ability to receive unemployment if voluntarily separates from position.	6.2%

5. Employee Communication: General Preferences

Resource	Definition	% of Total Votes
Activity Website/Phone #	Employee access to informational website or 1-800 number to learn information about project status. (DDD, Union)	19.8%
Management Training	Management training around strategies and effective ways to communicate with employees during downsizing.	10.9%
HR Communication Source	Identified person/position within Human Resources for on-going communication.	10.6%
Union	Union Meetings	10.3%
Departmental Meetings	More meetings to provide information about what is happening, acting as a filter to provide more reliable information to larger groups of employees.	9.7%
Communication of Resources	Hardcopy materials defining all employee transition resources available.	8.6%

B. RIF Preferences - Employee Transition Needs

To assess if employee preferences could vary based on more immediate needs, focus group participants were asked to identify Reduction-in-Force (RIF) preferences. Specifically, they were asked to identify the single most important resource if they had just received a RIF notification. The information contained in this section reflects focus group participant preferences at a statewide level across categories for RIF preferences, followed by RIF preferences for each category of support, retention, separation, and communication.

1. Employee Preferences Across Categories: RIF Preferences

Resource	Definition	% of Total Votes
Voluntary Retirement/Separation Incentive Program	Voluntary program where eligible employees are offered an incentive for separation or retirement or early retirement.	16.9%

Resource	Definition	% of Total Votes
Medical Coverage	Grace period of medical coverage or reduced payment for coverage.	15.7%
Training/Retraining	Continuum of training opportunities for employee support, retention, and separation.	8.9%
Career Transition Center	On-site resources and equipment for job search, preparation, and activation.	7.9%
Employee Transition Coordinator	On-site employee transition coordinator for employee consultation and assistance.	6.7%
RIF Transition Pool	Job placement service that relies on skill match to help employees who are at risk of receiving a RIF find a state position.	6.7%

2. Employee Support: RIF Preferences

Resource	Definition	% of Total Votes
Career Transition Center	On-site resources and equipment for job search, preparation, and activation.	28.4%
Employee Transition Coordinator	On-site employee transition coordinator for employee consultation and assistance.	18.9%
RIF Orientation	Education and information on actual process, formal and informal options, process, retirement, COBRA, and other separation supports.	10.5%
Reliable Information	What, why, how and according to whom. Information and data are available.	8.4%
Human Resources Office	Identified contact person within Human Resources to provide education and information on available services.	7.4%
List of Openings Across State	Accessible list of all position opportunities available across the state system.	7.4%

3. Employee Retention: RIF Preferences

Resource	Definition	% of Total Votes
RIF Transition Pool	Job placement service that relies on skill match to help employees who are at risk of receiving a RIF find a state position.	19.8%
Internal Agency Position Holds	Agreement to not fill positions permanently across the agency (or allow employee to accept position, but not move to position until facility closure)	16.5%
Training/Retraining	Training or retraining of employees for identified positions and professional development.	12.1%
Retention Packages	To include a package approach of incentives, such as training, financial incentives, and position holds.	8.8%
Career Services	On site preparation and support services for state positions and other employment options such as job searches, resume writing, interviewing techniques, how to present yourself, etc.	7.7%
Retention Incentive	Lump sum or incremental financial or educational incentive for retaining employees at the site until closure or downsizing is completed.	6.6%

4. Employee Separation: RIF Preferences

Resource	Definition	% of Total Votes
Medical Coverage	Grace period of medical coverage or reduced payment for coverage.	37.1%
Voluntary Retirement/Separation Incentive	Voluntary program where eligible employees are offered an incentive for separation or retirement or early retirement.	30.3%
Training/Retraining	Select training/retraining programs for position preparation and professional development.	7.9%
Retirement Funds	Access to retirement funds without penalty for business development or living expenses	5.6%
Severance Pay	Financial package for separation.	4.5%
RIF Transition Pool	Job placement service that relies on skill match to help employees who are at risk of receiving a RIF find a state position.	3.4%

5. Employee Communication: RIF Preferences

Resource	Definition	% of Total Votes
Activity Website/Phone #	Employee access to informational website or 1-800 number to learn information about project status. (DDD, Union)	26.4%
HR Communication Source	Identified person/position within Human Resources for on-going communication.	13.8%
Departmental Meetings	More meetings to provide information about what is happening, acting as a filter to provide more reliable information to larger groups of employees.	12.6%
Communication of Resources	Hardcopy materials defining all employee transition resources available.	12.6%
Union	Union Meetings	9.2%
Management Training	Management training around strategies and effective ways to communicate with employees during downsizing.	8.0%

C. Comparison of General Preferences and RIF Preferences

The General Preference questions focused on employee transition needs during downsizing and could be viewed as longer term needs from an employee perspective. The RIF Preference question focused on more immediate needs as if the employee received a RIF notification on the day of the focus group. The purpose of asking this question was to guide the employee to think in terms of more short-term needs. The information contained in this section reflects focus group participant preferences at a statewide level across categories for general preferences, in comparison to RIF preferences. The following differences in the General and RIF preference responses were identified.

Comparison of General Preferences and RIF Preferences

	General Preferences	% of Total Votes		RIF Preferences	% of Total Votes
1	Medical Coverage	12.1%	1	Voluntary Retirement/Separation Incentive Program	16.9%

	General Preferences	% of Total Votes		RIF Preferences	% of Total Votes
2	Voluntary Retirement /Separation Incentive	11.5%	2	Medical Coverage	15.7%
3	Career Transition Center	9.1%	3	Training/Retraining	8.9%
4	Information: Reliable and available (activity website/800#)	7.2%	4	Career Transition Center	7.9%
5	Training/Retraining	5.8%	5	Employee Transition Coordinator	6.7%
			5	RIF Transition Pool	6.7%

PART II: SITE SPECIFIC PREFERENCES

The focus group sessions were held at four of the five RHCs in Washington State (Fircrest School, Lakeland Village, Rainier School, and Yakima Valley School. While Fircrest employees are the most directly involved in the Fircrest Downsizing and RHC Consolidation project, employees at other RHCs or in the field/SOLA may be affected by the downsizing activities. Each RHC may be experiencing different reactions to the change or anticipated change and have slightly different needs. Fircrest employees have been aware of the downsizing mandate from the legislature as early as July 2003. At the time of the focus group sessions in February, two cottages had been identified for closure in March 2004. To determine if employee needs during an active downsize vary based on direct involvement, the data from the focus group sessions were reviewed to explore differences and similarities between sites directly impacted by downsizing in comparison to those less affected.

Lakeland Village, Rainier School, and Yakima Valley School offered one to two focus groups. To protect employee anonymity, focus group data will not be broken down by site when there are less than two focus groups at the site. These data compare Fircrest General and RIF preferences to the other RHC General and RIF preferences. Resources identified as important by a single site (Fircrest School, Lakeland Village, Rainier School, and Yakima Valley School) were noted in the column titled "site specific items."

In general, these data suggest that employees at different RHCs expressed preferences for different employee transition resources. This also suggests the importance of assessing directly impacted employees and potentially impacted employees at other RHCs when determining employee transition needs related to downsizing.

A. General Preferences Across Categories by Site

Resource	Fircrest % of Total Votes	Other RHCs % of Total Votes	Site Specific Item
Medical Coverage	10.6%	14.4%	
Voluntary Retirement /Separation Incentive	6.5%	16.0%	
Career Transition Center	6.5%	11.3%	
Information: Reliable & Activity Web-Site/Phone	4.7%	9.3%	
Employee Training/Retraining	10.0%	2.1%	
RIF Transition Pool	1.2%	1.0%	
Internal agency holds	6.5%	3.6%	
Retention Packages	0%	6.2%	Yes
Comparable Worth	5.9%	.52%	
Human Resources Office	0%	5.2%	Yes
RIF Orientation	2.4%	2.3%	

Two resources were found to be site specific for General Preferences. The two resources include:

- Retention Packages
- Human Resources Office

Both of these resources were identified as important resources for non-direct downsizing sites (sites other than Fircrest). Resources noted important for a single site other than Fircrest will be communicated to the appropriate RHC superintendent as an area employees felt was important in the event of a downsize.

B. RIF Preferences Across Categories by Site

Resource	Fircrest % of Total Votes	Other RHCs % of Total Votes	Site Specific Item
Voluntary Retirement/Separation Incentive Program	4.7%	28.3%	
Medical Coverage	27.9%	4.3%	
Training/Retraining	18.7%	0%	Yes
Career Transition Center	2.3%	13.0%	
Employee Transition Coordinator	0%	13.0%	
RIF Transition Pool	4.7%	8.7%	
Internal Agency Position Holds	9.3%	0%	Yes
Retirement Funds	0%	8.7%	Yes
Information: Reliable and Available (Activity Web site/Phone)	2.3%	2.2%	
Retention Packages	0%	6.5%	Yes
Human Resources Office	0%	6.5%	Yes
Comparable Worth	4.7%	0%	Yes

Six resources were found to be site specific. Three of these were found to be specific to Fircrest, while the three other resources were specific to other RHCs. These resources include:

- *Fircrest Specific Preferences:*
  - Training/Retraining
  - Internal Agency Position Holds
  - Comparable Worth
- *Other RHC Specific Preferences*
  - Retention Packages
  - Human Resource Office
  - Retirement Funds Access

C. Fircrest Specific Preferences

As noted previously, Fircrest is the directly impacted site for downsizing and RHC consolidation. The employees at Fircrest have been aware of the downsizing activities since July 2003 and understand there

will be an impact in FTEs. To better understand the preferences of the employees at Fircrest, the data from Fircrest was assessed separately from other RHCs. The following information depicts the General Preferences and RIF Preferences for the six Fircrest focus group sessions.

1. Fircrest Employee Preferences Across Categories: General Preferences

Resource	Definition	Percent of Total
Medical Coverage	Grace period of medical coverage or reduced payment for coverage.	10.6%
Training/Retraining	Continuum of training for support, retention, and separation.	10.0%
Voluntary Retirement /Separation Incentive	Voluntary program where eligible employees are offered an incentive for separation or retirement or early retirement.	6.5%
Career Transition Center	On-site resources and equipment for job search, preparation, and activation.	6.5%
Internal Agency holds	Agreement to not fill positions permanently across the agency (or allow employee to accept position, but not move to position until the facility closes)	6.5%
Information: Reliable and Available (Activity Web-Site/Phone)	Reliable information about (a) what, (b) why, (c) how and (d) according to whom. Information and data are available with employee access to informational website or 1-800 number to learn information about project status.	4.7%

2. Fircrest Employee Preferences Across Categories: RIF Preferences

Resource	Definition	Percent of Total
Medical Coverage	Grace period of medical coverage or reduced payment for coverage.	27.9%
Training/Retraining	Continuum of training for support, retention, and separation.	18.7%
Internal Agency Position Holds	Agreement to not fill positions permanently across the agency (or allow employee to accept position, but not move to position until the facility closes)	9.3%
Voluntary Retirement/Separation Incentive Program	Voluntary program where eligible employees are offered an incentive for separation or retirement or early retirement.	4.7%
RIF Transition Pool	Job placement service that relies on skill match to help employees who are at risk of receiving a RIF find a state position.	4.7%
Comparable Worth	Pay what others receive and provide COLAs	4.7%

PART III: NARRATIVE DATA THEMES

Narrative data were captured during the focus group sessions to help clarify and support the focus group quantitative information. While the narrative data were not intended to replace the employee quantitative data, significant comments were made that either reinforce the numerical data or exemplify areas employees felt were important to address. Employee comments have been synthesized into the following categorical areas: (a) communication, (b) state employment, (c) professional development/training, (d) medical coverage, early retirement, and other incentives, (e) and interest in a fair, equitable retention process. These areas are further clarified.

- Employees desire enhanced communication efforts. Employee comments on communication issues, concerns, and needs accounted for approximately 25% of all narrative comments combined. Areas identified included:
  - The importance of the quality of communication (reliable, timely, predictable)
  - Management communication to staff
  - Access to information about the RIF process
  - Access to information about job opportunities
  - Utilization of a mix of communication methods such as online, 800 # phone access, departmental meetings, the union, and human resources.

- Overall, employees are very interested in staying within the state system. They would like internal agency position holds and a statewide freeze for positions. Most employees expressed interest in some modification of the current RIF process, such as allowing staff with seniority the opportunity to volunteer for positions to minimize the bumping processes. Yet, other employees expressed a preference for continuation of the current system.

- Some employees are seeking opportunities for professional growth, development, and assistance in refining current job skills. These employees were very interested in training, retraining, and training support opportunities. Other employees expressed little interest in these opportunities.

- Medical coverage was discussed as one of the most important resources for employees during separation. Other options discussed included such resources as severance pay and early retirement.

- Overall, retention incentives were seen as favorable for retaining employees at a downsizing site; however, some employees expressed concern for a fair, equitable retention process in distributing any retention incentives.

High-Level Recommendations

During the months of March and April 2004, the Technical Advisory Work Group met to review and discuss the information collected from the focus group sessions and to develop preliminary recommendations. The following recommendations were developed after a thorough review and consideration of these data:

1. The initial high-level process for employee transition included four categories: support, retention, separation, and communication. It is recommended to reorganize the proposed employee transition high-level process to include three instead of four categories: (1) employee support, (2) employee retention, and (3) employee separation. Communication was an important concern of employees across categories and should be moved to a sub-category within each of the three proposed categories.

2. Develop a communication plan that includes:
   a. Reliable information
   b. Predictable intervals for employees across DDD
   c. Online as well as alternative methods
   d. Formal and informal communication
   e. Trust based
   f. The following elements:
      - Management communication
      - Union communication
      - Communication methods
      - RIF Information
      - Management of External Information (responsive/proactive)
      - Emphasis on the changing nature of the environment

3. Develop policy and identify resource needs for potential options such as:
   a. Grace period post-separation medical coverage
   b. Retirement: Voluntary Incentive and Early Retirement
   c. Internal agency position holds

4. Develop resources and a process for Career Transition to include:
   a. A Career Transition Center
   b. A Career Transition Coordinator (local and centralized)
   c. Awareness and understanding of the RIF Transition Pool

5. Develop a training/retraining plan for identified Fircrest employees. Training should include options to support the various phases of support, retention, and separation and include:
   a. Identification of who needs training
   b. Identification of what types of training are needed
   c. Identification of training resources
   d. Cost/Benefit analysis of training

6. While retention was an area of focus for the employee focus group sessions, a question remains if this process adequately addressed retention needs from a site perspective. If the answer to this question is no, there should be a process to more adequately define retention needs from a downsizing site perspective.

These recommendations have been submitted to the Employee Transition Work Team for further consideration.

Next Steps, Accomplishments to Date, and Schedule

The next steps for the employee transition focus group recommendations include:

- Evaluation of the feasibility of implementing the recommendations
- Implementation of select employee transition recommendations within local authority and budget constraints
- Identify resource needs for selected recommendations and review current resources
- Completion of a detailed plan of services for employees who may be affected by the downsizing, to be available by the end of July 2004
- Submission of budget impact items for the supplemental (if needed) and 2005-07 biennial budget process

The following accomplishments toward the recommendations have occurred as of May 2004.

	Recommendation	***Status***
1.	**COMMUNICATION** Reorganize the proposed employee transition high-level process to include three instead of four categories: (1) employee support, (2) employee retention, and (3) employee separation.	The current high-level employee transition process reflected in the draft transition plan has been modified to include three categories: (a) support, (b) retention, and (c) separation. Communication has been identified as a critical element across all three of these categories.
2.	**COMMUNICATION** Develop a communication plan that includes: a. Reliable information b. Predictable intervals for employees across DDD c. Online as well as alternative methods d. Formal and informal e. Trust based f. The following elements: ▪ Management communication ▪ Union communication ▪ Communication methods ▪ RIF Information ▪ Management of External Information (responsive/proactive) ▪ Emphasis on the changing nature of the environment	An employee communication team has been formed to develop a communication plan. This plan will include a short-term plan for May-September information, as well as a long-term plan through June 2005. Representation on this time limited team include: ▪ Fircrest School Employee Transition Coordinator ▪ DDD Headquarters ▪ ADSA Communication ▪ Region 4 Field Services/SOLA ▪ Local Labor - The Federation ▪ Local Labor - 1199 ▪ Project Support Unit *Deliverables include:* 1. Short-Term Communication Plan 2. Long-Term Communication Plan 3. Weekly Communication Recommendation

	Recommendation	Status
3.	**RETENTION/SEPARATION INCENTIVES** Develop policy and identify resource needs for potential options such as: ▪ Medical coverage ▪ Retirement: Voluntary Incentive and Early Retirement ▪ Internal agency position holds	▪ The first two identified areas in this recommendation will require legislative direction. It has been proposed that two separate teams will be formed to focus on medical coverage options as well as the voluntary retirement incentive/early retirement option. ▪ The employee transition work group has drafted a preliminary process for position holds within DDD. This process will be submitted to the project review process for consideration and implementation. Position holds extending to ADSA or DSHS will be explored.
4.	**CAREER TRANSITION** Develop resources and a process for Career Transition to include: ▪ A Career Transition Center ▪ A Career Transition Coordinator (local and centralized) ▪ Awareness and understanding of the RIF Transition Pool	▪ A Career Transition Center has been developed at Fircrest. This center is located in the Adult Training Program Building (85 West) and opened on May 24th. Center resources include online resources, hard copy materials, books, and computer resources. ▪ A Career Transition Coordinator is available at Fircrest to assist employees with career exploration, career goals, and career development. ▪ Career transition workshops and forums have been held at Fircrest and will continue to be provided during downsizing. ▪ The RIF Transition Pool is a current resource available to employees when they have been notified they are "at risk of RIF." Human Resources at Fircrest will work with DOP to distribute informational materials on the RIF Transition Pool. These materials will be available in the Fircrest HR Office, Career Transition Center, and on the web site for RHC Consolidation. Human Resources will work directly with staff at risk to access the RIF Transition Pool.
5.	**TRAINING** Develop a training/retraining plan for the directly affected site. Training should include options to support the various phases of support, retention, and separation and include: ▪ Identification of who needs training	The Employee Transition Work Group is in the process of developing a plan to assess training needs and resources. A continuum of training will be developed to include: ▪ Training for employee support ▪ Training for employee retention ▪ Training for employee separation

	Recommendation	*Status*
	▪ Identification of what types of training are needed ▪ Identification of training resources ▪ Cost/Benefit analysis of training	Next Steps include: All staff survey including training questions anticipated to be distributed to Fircrest employees in June 2004.
6.	**RETENTION** Retention needs from a site perspective	Explore Options: Training, Career Exploration, Incentives, Position Holds, and other options.

Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

Employee Transition: Employee Focus Group Recommendations Proposed Schedule/Timeline - DRAFT

This schedule is a planning document and is subject to change.

Month	***Activity***
May 2004	Employee Communication Team establishes timeline for communication plan Fircrest Career Transition Center opens/Career Transition Coordinator Career Transition Workshops at Fircrest: ▪ Resume Writing ▪ Career Exploration Managing Change and Transitions Workshop (Fircrest Supervisors/Managers) EAS available for individual and group appointments at Fircrest Training Plan Formation/Survey addressing training needs developed Develop approach for policy and identify resource needs for potential options such as medical coverage, voluntary incentive and early retirement, and internal agency position holds Employee Focus Group Report completed and distributed
June 2004	Career Transition Workshops at Fircrest Career Transition Center/Career Transition Coordinator available at Fircrest Change and Transition Workshop for Fircrest Supervisors EAS available for individual and group appointments at Fircrest Fircrest employees at risk of RIF prior to September 2004 notified Short-term Communication Plan Finalized for May – September 2004 RIF Transition Pool Materials Distributed at Fircrest Evaluation/feasibility of implementing employee transition recommendations
July 2004	Career Transition Workshops at Fircrest Career Transition Center/Career Transition Coordinator available at Fircrest Change and Transition Workshop for identified employees at Fircrest EAS available for individual and group appointments at Fircrest RIF orientation for notified employees at risk of RIF prior to September 2004 Employee Transition Plan finalized for 2003-05 Biennium
August 2004	Career Transition Workshops at Fircrest Fircrest Career Transition Center/Career Transition Coordinator available EAS available for individual and group appointments at Fircrest Long-Term Employee Communication Plan Finalized September 2004 - June 2005 Submission of budget impact items for the supplemental (if needed) Submission of budget impact items for 2005-07 biennial budget process
September 2004	Career Transition Workshops at Fircrest Fircrest Career Transition Center/Career Transition Coordinator available Change and Transition Workshop for identified employees at Fircrest EAS available for individual and group appointments at Fircrest Fircrest Cottage Closure

Employee Transition: Employee Focus Group Recommendations Proposed Schedule/Timeline - DRAFT (continued)

October 2004 – December 2004	Continued employee transition planning, implementation, and evaluation Career Transition Workshops at Fircrest Career Transition Center/Career Transition Coordinator available at Fircrest Change and Transition Workshop for identified employees of Fircrest EAS available for individual and group appointments at Fircrest Fircrest employees at risk of RIF prior to March 2005 notified
January 2005	Career Transition Workshops at Fircrest Career Transition Center/Career Transition Coordinator available at Fircrest Change and Transition Workshop for identified employees of Fircrest EAS available for individual and group appointments at Fircrest RIF Orientation for notified employees at risk of RIF prior to March 2005
February 2005	Career Transition Workshops at Fircrest Career Transition Center/Career Transition Coordinator available at Fircrest Change and Transition Workshop for identified employees of Fircrest EAS available for individual and group appointments at Fircrest
March 2005	Career Transition Workshops at Fircrest Career Transition Center/Career Transition Coordinator available at Fircrest Change and Transition Workshop for identified employees of Fircrest EAS available for individual and group appointments at Fircrest Fircrest Cottage Closure
April 2005 – June 2005	Career Transition Workshops at Fircrest Career Transition Center/Career Transition Coordinator available at Fircrest Change and Transition Workshop for identified employees of Fircrest EAS available for individual and group appointments at Fircrest Continued employee transition planning, implementation, and evaluation

**In July 2005, Civil Service Reform will be in effect. At this point in time, Employee Transition Work Group members are aware of the need for potential modifications in current plans and processes.*

Summary

The Employee Transition Work Team has been charged with developing the requirements and documentation of the processes for programs designed to transition employees through downsizing. This includes retention of employees, retraining of employees, relocation of employees to other employment opportunities, development of opportunities for employees to continue providing resources to clients, and Reduction-in-Force (RIF) processes and support.

Employee input is a critical element of this work. Successful downsizing efforts have been implemented from the top-down, while also initiated from the bottom-up. Employees are a source of innovative, creative ideas. Tapping into this human resource for input is an important and valuable step in the process.

The purpose of the Employee Focus Groups was to better understand the needs of employees involved in a downsizing activity. This included determining what resources and services employees believe are most important to (a) support employees, (b) retain employees, (c) separate employees, and (d) communicate with employees through downsizing.

The focus group feedback depicts a variety of employee preferences. In some instances, the feedback identifies current resources and programs that are working well that should be continued, such as the RIF transition pool and a Career Transition Coordinator. In other instances, the feedback identifies opportunities for improvement in current resources and programs such as employee communication and training. In addition, the feedback warrants exploration of new ideas, policy, and extended support for employees in areas such as post-separation medical coverage and early retirement. While there have been a number of suggestions from the focus group participants, several of the suggestions will require resource decisions and/or new policies in order to be implemented. Evaluation of the recommendations proposed by the Technical Advisory Work Group in response to employee feedback will be an important step to determine the feasibility of implementation. Areas within local authority and within current budget constraints may be more readily adopted. Areas warranting significant budgetary responsiveness and direction from the legislature will take longer to determine viability and feasibility.

The employee feedback collected during the Employee Focus Groups will be an important resource guiding the planning, implementation, and evaluation efforts of the Employee Transition Work Group.

Appendices

Washington State
Department of Social & Health Services

ADSA Aging & Disability Services Administration

February 11, 2004

To: *(Insert Employee Participant)*
From: *(Insert RHC Superintendent)*
Re: Employee Focus Groups

A Preliminary Transition Plan has been drafted for the downsizing of Fircrest School. Downsizing of a Residential Habilitation Center (RHC) can affect employees directly and indirectly across the state. Understanding the needs of employees during this transition is an important part of an overall downsizing plan. This allows for the identification of meaningful transition resources, programs, and services. To better understand employee needs during RHC consolidation and Fircrest School downsizing, a series of employee focus groups are scheduled for February 2004.

The purpose of this letter is to invite you to participate in one of the focus groups. As a valuable employee of the Division of Developmental Disabilities, you have important information that is needed to support employees through a downsizing process. We hope to tap into that resource through your participation in a focus group. This letter provides you with important information regarding the focus group logistics, format, and next steps.

Focus Group Logistics
Each focus group session will include approximately 10 employees and last between 1 ½ to 2 hours. Your focus group will be held on **Thursday, February 19th from 10:00am – 12:00pm in the Main Conference Room.** Efforts have been made to offer the session during your typical work schedule. However, if the focus group time is not during your current work schedule, your supervisor will be contacted to make an adjustment for that day.

Focus Group Format
The attached agenda displays the focus group format, along with the actual questions that will be posed to the group for discussion. There are no right or wrong answers to these questions. Please understand that we will not be able to answer questions about your individual circumstances during the focus group. The focus group session is designed to solicit employee input, interest, and priorities regarding employee transition options. We encourage participants to think creatively and answer honestly. Information collected during each session will be grouped together. No individual person will be known or identified by name anywhere in the data documentation. The focus groups will be lead by Wendy Korthuis-Smith, a project consultant with Aging and Disability Services Administration. Wendy is an experienced focus group facilitator and will assist in providing structure to protect confidentiality of all employees throughout the process.

Next Steps
Upon completion of the eleven focus group sessions, a collective team of labor representatives and management will review the employee information and define specific recommendations for employee transition support. These recommendations will be further assessed for inclusion into the overall employee transition plan.

We look forward to your participation in this focus group. We welcome any comments you might have about the process, materials, or logistics. Please feel free to contact Wendy Korthuis-Smith at (360) 902-8190 or korthwa@dshs.wa.gov if you have any questions, concerns, or need accommodations in order to participate. Mike Holyan (360) 829-3089 and June Robinson-Fritz (206) 361-3486 are labor representatives who are also available to answer your questions. Thank you for your support of this important work.

EMPLOYEE TRANSITION FOCUS GROUP

AGENDA ITEM	TIME
1. Welcome and Introductions	5 Minutes
2. Purpose of the Focus Group	10 Minutes
3. Employee Transition Preliminary Work	10 Minutes
4. Focus Group Questions:	60 Minutes

- ***Employee Support***
  - After reviewing the list of potential employee support options, what would you add, delete, or revise?
  - What options are most important to you?
  - How would you prioritize these options?
  - If you received a RIF notification today, what would be most important to you?
- ***Employee Retention***
  - After reviewing the list of potential employee retention options, what would you add, delete, or revise?
  - What options are most important to you?
  - How would you prioritize these options?
  - If you received a RIF notification today, what would be most important to you?
- ***Employee Separation***
  - After reviewing the list of potential employee separation options, what would you add, delete, or revise?
  - What options are most important to you?
  - How would you prioritize these options?
  - If you received a RIF notification today, what would be most important to you?
- ***Employee Communication***
  - After reviewing the list of potential employee communication options, what would you add, delete, or revise?
  - What options are most important to you?
  - How would you prioritize these options?
  - If you received a RIF notification today, what would be most important to you?
- ***Overall Employee Options***
  - After reviewing the list of potential employee transition options, what would you add, delete, or revise?
  - What options are most important to you?
  - How would you prioritize these options?
  - If you received a RIF notification today, what would be most important to you?

5. Next Steps and Focus Group Assessment	5 Minutes

Persons with disabilities or special needs may call the ADSA Project Support Unit and request a hard copy:

360.725.3510

WASHINGTON STATE
Department of Social and Health Services
Aging and Disability Services Administration
P.O. Box 5310
Olympia, WA 98504-5310
www1.dshs.wa.gov/ddd/rhc.shtml

Hard copy versions of this plan are printed on recycled paper.

Appendix 2.5B: Employee Survey Report

Fircrest Staff Interest Survey Report
September 13, 2004

Overview

In adopting the state's 2003-05 Omnibus Operating Budget, the Legislature directed DSHS to downsize the RHC program at Fircrest by four cottages during the 2003-05 Biennium, and develop a transition plan for the facility. A Preliminary Transition Plan was submitted to the Legislature in January 2004 and identified seven major areas or processes directly involved with downsizing, including client identification resource development, capital and facilities, client transition, quality assurance, retention of licensed professional services and employee transition.

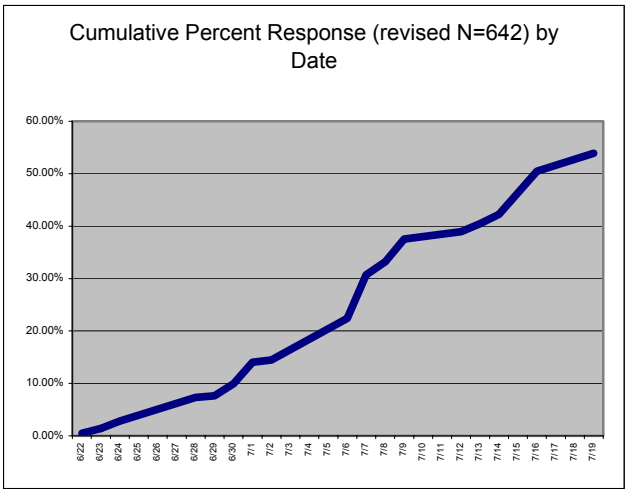
In the spring of 2004, the Fircrest Downsizing and RHC Consolidation Project Support Unit conducted 11 employee focus groups with RHC employees, as well as a sampling of Case Managers and SOLA staff to better understand the concerns of employees involved in a downsizing activity. As a follow-up to the findings of the employee focus group sessions (see **Understanding Employee Needs** published June 1, 2004) the Employee Transition Work Team with the assistance of David Lingwood, PhD, developed a **Staff Interest Survey** to accomplish three goals:

1. to further define the immediate and long term support and retention needs/interests of the Fircrest staff;
2. to assist in determining an immediate course of action in the support of Fircrest employees; and
3. to provide information for the development of the 2006 fiscal year downsizing budget.

Methodology

The survey was developed by the Employee Transition Work Team Questionnaires were distributed on June 22 and re-distributed to non-responders on July 12, 2004. An e-mail prompt was sent to non-responders who have e-mail addresses (about 40% of Fircrest staff) on July 8, followed by a prompting article in Fircrest's all-staff newsletter the following day.

The survey requested that staff include their name, and this was used to identify job titles for the data base. About seven percent did not include their name. The questionnaire sent on July 12, 2004 (see *Appendix A*) provided a space for staff to write their job title if they preferred to remain anonymous. The cover letter also focused on confidentiality and the research-related purposes of the study.



Approximately 670 questionnaires were distributed initially. Twenty-eight staff were on leave, reducing the effective sample size to 642. Of these, 364 usable questionnaires were returned for an overall response rate of 54 percent.

The first table in *Appendix B* gives response rates by department. Medical and PAT-level nursing response was relatively low (25% across the three groups); the IMR PAT A response was at 42%, while the Nursing Facility PAT N response was at 68%. Due to time constraints, no follow-up study of non-respondents was attempted.

Results

The survey was designed in two parts. The first section covers interests and needs of staff related to downsizing. The second section focuses on training.

Many of the questions provided allowed the respondents to choose more than one option. The total number of cases (individuals who responded) and the total of responses may differ for each question. For example, in question number 5 "What is important to you?" 230 checked "New Job", 126 checked "Training" and 169 checked "Job Training", etc. Because there are multiple responses the percentages can not be added vertically in a column. Where a combination of responses is important (for example, those interested in a new job or job and training) the combined percentage will be discussed in the text.

I. What is most important?

Question 5, "What is important to you?" is the key to understanding respondents interests.

			Percentages by Column				
Question	*Answer*	**Total N**	**Total %**	**Direct Care**	**Not Direct**	**College Grad**	**No Degree**
q5Importance-NewJob	Checked	230	65.5	65.3	65.5	69.9	66.7
q5Importance-Training	Checked	126	35.9	48.5	23.4	31.2	42.4
q5Importance-JobTrain	Checked	169	48.1	56.9	39.2	50.3	45.5
q5Importance-IncSkill	Checked	151	43.0	46.7	40.4	43.4	46.2
q5Importance-Retire	Checked	62	17.7	11.4	24.0	15.0	18.9
q5Importance-Other	Checked	54	15.4	13.2	18.1	15.0	15.9
	# Cases:	**364**	**364**	**178**	**173**	**176**	**140**

Table 1: What is Important to You?

Retire

Seventeen percent of respondents say that retirement is important to them. Education level doesn't appear to make much difference, but percentages differed by job type. Twenty-four percent of non-direct-care respondents identified retirement as important to them while only 11.4 % of direct care chose it as important. This may reflect the younger ages of direct care staff.

The text responses are useful here. Twenty-two percent of those who said retirement is important also mention some retirement-related monetary incentive for continuing to work at Fircrest until closure (See *Appendix B*). These include "early retirement," insurance/health care payments, or linking of increased retirement benefits to years worked.

Training

There is substantial interest in training: from 31% to 48% saying training for a new career, getting a job and enrolling in training, and/or training to increase present skills are important (in *Table 1*). We will cover the Training section of the survey later in the findings.

Continued employment

The need or desire to continue working is evident: Sixty five percent of the respondents say that getting a new job is important, and job type or education doesn't make any difference. Another 52 respondents said that getting training *and* a job were important, bringing the continued employment percentage to 81%.

Sixty percent overall, or 67% of those who intend to keep working, are interested in a voluntary transfer within DDD (See *Table 2*.) Direct-care respondents are more interested in transferring than are others. SOLA is the most popular choice (51%), and Field Services is most popular for non-direct-care respondents (36%). Almost one-quarter would prefer Regions 3 or 4.

This is reinforced by the 64% of respondents who want to keep working[1] (and 72% of direct-care respondents) who say relocation costs are a factor in their decision.

			Percentages by Column					
Question	*Answer*	**Total N**	**Total %**	**Direct Care**	**Not Direct**	**College Grad**	**No Degree**	**Keep Working**
q1-2 Interested in Transfer	Yes	221	60.7	65.2	54.9	62.5	65.7	67.2
q2Xfer to Rainier	Checked	34	9.3	7.3	11.6	9.1	10.7	9.6
q2Xfer to Lakeland	Checked	11	3.0	3.4	2.3	2.3	5.0	3.8
q2Xfer to Yakima	Checked	8	2.2	2.2	1.7	2.3	2.1	2.4
q2Xfer to FHM	Checked	19	5.2	5.1	4.6	3.4	9.3	5.8
q2Xfer to SOLA	Checked	128	35.2	50.6	16.8	29.5	45.0	38.6
q2Xfer to DDhq	Checked	19	5.2	5.6	4.0	5.1	5.7	6.1
q2Xfer to Field Svcs	Checked	122	33.5	31.5	36.4	40.3	30.0	38.6
q2Xfer to Region No.	1	3	0.8	0.6	1.2	1.1	0.7	1.0
q2Xfer to Region No.	2	1	0.3	0.6	0.0	0.6	0.0	0.3
q2Xfer to Region No.	3	22	6.0	6.2	6.4	7.4	5.7	6.5
q2Xfer to Region No.	3 & 4	32	8.8	7.9	9.8	9.7	9.3	10.9
q2Xfer to Region No.	4	36	9.9	9.0	11.0	12.5	7.1	10.6
q2Xfer to Region No.	4 & 5	2	0.5	0.0	1.2	0.6	0.7	0.7
q2Xfer to Region No.	5	2	0.5	1.1	0.0	0.0	1.4	0.7
q2Xfer to Region No.	6	2	0.5	0.6	0.6	0.6	0.7	0.7

[1] This group includes those who said finding a new job was important, and those who mentioned finding a job and enrolling in training. This group will be used as a column in the banner tables shown later.

q2Xfer to Region No.	Other	1	0.3	0.6	0.0	0.6	0.0	0.3
q3Relocation Costs	Yes	223	61.3	71.9	49.7	58.5	67.1	64.5
	# Cases:	**364**	**364**	**178**	**173**	**176**	**140**	**293**

Table 2: Transfer and Relocation

The numeric questions don't provide information on second-level preferences – i.e., where else would staff like to work. An attempt was made to solve this by coding the text for Q. 4, "What other job options have you considered?" *Table 3* shows the results. Those who said they would transfer are included again (with a few others) to make up the 61% who gave some DDD option. State agencies other than DSHS are next most popular, at 16% overall. Leaving state employment was relatively unpopular.

Overall, 82% of all respondents, or 94% of those who say finding a new job is important, want to continue working somewhere in state government.

			Percentages by Column							
Question	*Answer*	**Total N**	**Total %**	**Direct Care**	**Not Direct**	**College Grad**	**No Degree**	**Retire**	**Keep Working**	**Get Training**
Options-DDD	Checked	223	61.3	66.3	54.9	62.5	67.1	41.5	67.9	67.2
Options-DSHS	Checked	17	4.7	4.5	5.2	6.8	3.6	4.6	5.8	4.6
Options-Other State	Checked	60	16.5	18.5	13.3	17.6	19.3	9.2	20.5	19.9
Options-Other Govt	Checked	18	4.9	3.9	6.4	6.8	4.3	1.5	6.1	5.4
Options-Private	Checked	13	3.6	3.4	4.0	5.1	2.9	3.1	4.4	4.6
	# Cases:	**364**	**364**	**178**	**173**	**176**	**140**	**65**	**293**	**241**

Table 3: Other Options (Text coded)[2]

Of the 223 respondents who said they would transfer inside DDD, ***70% did not indicate job options outside of DDD***. If we look at just these 223, 6% also chose other DSHS locations, 19% checked elsewhere in state government, 5% checked other government, and 4% checked private industry.

Resignation and Incentives

In response to the question asking about voluntary resignation with unemployment benefits, 17% of the respondents (from *Table 4*) indicated they would resign voluntarily with unemployment, as would 30% of those interested in retirement. This option is least popular among college graduates and direct care staff (14% each).

The greatest incentive to continue working at Fircrest through closure is being guaranteed a new position afterward (79%). This is no surprise given the numbers seen above who want to keep working for the state: 85% of those interested in continued employment chose this incentive, as did 87% of those who indicated an interest in some sort of training, and a majority (54%) of those interested in retirement.

Fewer picked monetary incentives (35%), but money *was* relatively more popular among the non-direct-care staff (48%), and among those interested in retirement (55%).

[2] This table and the ones below add columns for those who said retirement is important, and those who said getting training is important. The latter group overlaps with those interested in continued employment because the option "To find a job and enroll in training" is included in both.

			Percentages by Column							
Question	*Answer*	**Total N**	**Total %**	**Direct Care**	**Not Direct**	**College Grad**	**No Degree**	**Retire**	**Keep Working**	**Get Training**
q4Vol Resign	Yes	61	16.8	14.6	18.5	14.2	21.4	30.8	16.0	15.8
q17Incentives-Train/Ed	1,2,3	170	46.7	56.7	36.4	50.0	43.6	24.6	51.9	63.1
q17Incentives-Position	1,2,3	288	79.1	82.0	75.1	82.4	77.1	53.8	85.0	86.7
q17Incentives-Monetary	1,2,3	127	34.9	20.2	48.0	34.1	35.7	55.4	33.4	30.7
q17Incentives-Other	1,2,3	72	19.8	17.4	23.1	22.7	16.4	20.0	19.5	18.7
	# Cases:	**364**	**364**	**178**	**173**	**176**	**140**	**65**	**293**	**241**

Table 4: Resignation and Incentives to Continue Working

The written responses to the monetary and other incentive questions are interesting reading. These are in *Appendix B*. Many of the respondents who are interested in retirement stress early retirement incentives. Those who want to keep working range from several plan to remain working with or without incentives through closure of Fircrest should that occur, to those who want significant bonuses.

Assistance Needed

Job search (40%) and resume-writing (35%) are the two most sought areas of assistance overall, and among those who want to keep working (47% and 37%). Job search is particularly important to direct-care staff (45%), and those who intend to get training (50%).

Staff Transition Center (STC)

Overall, 71% of respondents have seen the job announcements sent out by the STC, though only 31% have visited the Career Transition Center. Approximately 40% of Fircrest staff have a computer account, which roughly corresponds to the 36% who have seen the announcements on e-mail.

Although most direct-care staff do not have computer access and must depend largely on posted announcements, only 49% of the respondent group have seen the announcements

			Percentages by Column							
Question	*Answer*	**Total N**	**Total %**	**Direct Care**	**Not Direct**	**College Grad**	**No Degree**	**Retire**	**Keep Working**	**Get Training**
Like Assistance With…										
q6Asst Counseling	Checked	113	31.0	33.7	26.6	30.7	34.3	18.5	36.2	39.4
q6Asst Interview Skills	Checked	120	33.0	37.1	28.9	35.8	30.0	15.4	38.2	44.4
q6Asst Job Search	Checked	146	40.1	45.5	34.1	38.1	43.6	18.5	47.1	50.6
q6Asst Read Write	Checked	33	9.1	11.8	6.4	6.8	10.7	3.1	10.6	11.6
q6Asst Resume	Checked	129	35.4	39.9	29.5	29.0	46.4	12.3	42.0	44.8
q6Asst Skill Ident	Checked	112	30.8	35.4	26.0	28.4	36.4	16.9	37.2	41.5
q6Asst English classes	Checked	26	7.1	11.2	2.9	7.4	6.4	1.5	7.8	9.1
q6Asst Other	Checked	39	10.7	8.4	11.6	12.5	9.3	13.8	10.9	11.2
Career Transition Ctr.										
q7Visited CTC	Yes	114	31.3	23.0	40.5	38.6	22.9	30.8	32.8	31.5
q8See CTC Anncts	Yes	257	70.6	57.3	82.7	76.7	69.3	78.5	71.3	69.3
q8How See CTC Anncts	E-mail	130	35.7	5.6	67.6	48.9	21.4	47.7	34.5	30.7
q8How See CTC Anncts	Posted	121	33.2	49.4	14.5	25.6	46.4	30.8	35.2	36.5
	# Cases:	**364**	**364**	**178**	**173**	**176**	**140**	**65**	**293**	**241**

Table 5: Assistance and the Career Transition Center

II. Training

The second section of the survey dealt with several aspects of training and information needs. These results are in *Table 6*.

			Percentages by Column							
Question	*Answer*	**Total N**	**Total %**	**Direct Care**	**Not Direct**	**College Grad**	**No Degree**	**Retire**	**Keep Working**	**Get Training**
On-the-Job Training										
q9OJT CPR	Checked	61	16.8	17.4	16.2	21.0	13.6	9.2	18.1	19.1
q9OJT Harassment	Checked	40	11.0	12.4	9.2	11.4	11.4	10.8	12.3	14.1
q9OJT HIV/AIDS	Checked	43	11.8	14.0	9.8	13.1	11.4	6.2	13.0	14.9
q9OJT BBP	Checked	45	12.4	15.2	9.8	14.2	11.4	7.7	13.0	15.8
q9OJT Regs/Policy	Checked	54	14.8	17.4	11.6	13.1	18.6	12.3	15.4	18.3
q9OJT English	Checked	42	11.5	13.5	10.4	10.8	15.7	4.6	13.0	14.9
q9OJT Lifting	Checked	32	8.8	9.0	8.1	9.7	9.3	6.2	9.9	12.0
q9OJT Cont. Ed	Checked	117	32.1	30.9	34.7	36.9	30.0	23.1	34.5	39.4
Computer Assistance										
q10Comp Assist-Basic	Checked	157	43.1	55.1	28.9	38.1	49.3	32.3	45.7	50.2
q10Comp Assist-Trouble	Checked	121	33.2	31.5	34.1	35.2	33.6	24.6	36.5	39.8
q10Comp Assist-Office	Checked	155	42.6	38.8	46.2	45.5	37.9	29.2	46.8	50.2

q10Comp Assist-Keybd	Checked	86	23.6	25.8	21.4	22.2	25.7	15.4	27.3	29.9
Skill Boost										
q12Skill Boost-NAC	Checked	96	26.4	41.6	11.0	23.9	30.7	20.0	28.3	32.0
q12Skill Boost-LPN	Checked	63	17.3	25.8	6.9	17.0	19.3	6.2	19.8	23.2
q12Skill Boost-RN	Checked	29	8.0	8.4	6.9	8.5	8.6	3.1	9.2	10.8
q12Skill Boost-RN refresh	Checked	16	4.4	1.1	8.1	9.1	0.0	7.7	3.8	4.6
q12Skill Boost-Sign Lang	Checked	69	19.0	23.6	13.9	19.9	19.3	15.4	21.2	23.2
Like Information On..										
q13Info on RIF	Checked	121	33.2	38.2	25.4	32.4	39.3	27.7	36.2	35.3
q13Info on DJA	Checked	123	33.8	39.3	27.7	38.6	31.4	18.5	39.6	44.4
q13Info on Fam Hm	Checked	59	16.2	27.0	4.6	13.6	19.3	10.8	18.4	20.3
q13Info on X train	Checked	133	36.5	47.8	24.3	35.8	39.3	24.6	41.0	47.7
q13Info on Special Training	Checked	88	24.2	28.7	19.1	23.3	30.7	16.9	28.0	34.0
q13Info on Change	Checked	54	14.8	16.3	13.9	17.0	15.7	13.8	16.0	17.8
q13Info on Other	Checked	16	4.4	4.5	4.6	4.5	5.7	6.2	4.8	5.4
Education										
q14US degree	Yes	115	31.6	19.7	45.1	65.3	0.0	33.8	33.4	28.2
q14Outside Degree	Yes	70	19.2	25.3	13.9	39.8	0.0	6.2	20.5	23.2
q14Equivilancy	Yes	40	11.0	15.7	6.9	22.7	0.0	0.0	13.0	14.5
Community Colleges										
q15Talk with CCs	Yes	178	48.9	57.3	41.0	50.6	46.4	27.7	52.9	65.1
Question	*Answer*	**Total N**	**Total %**	**Direct Care**	**Not Direct**	**College Grad**	**No Degree**	**Retire**	**Keep Working**	**Get Training**
Would Attend At										
q16Attend Fircrest	Checked	274	75.3	78.1	72.3	79.0	72.9	60.0	81.2	88.4
q16Attend Other Sites	Checked	222	61.0	66.3	56.1	70.5	55.7	35.4	67.2	76.8
q16Attend Own Time	Checked	149	40.9	44.9	37.0	46.6	37.9	27.7	45.4	51.0
q16Attend Not Interested	Checked	32	8.8	6.2	11.6	6.8	12.9	18.5	6.5	2.9
	# Cases:	**364**	**364**	**178**	**173**	**176**	**140**	**65**	**293**	**241**

Table 6: Training

On-the-Job Training

Overall, these are direct-care related items that were not checked very often by the respondents. The general category of Continuing Education received the most response – in the 30% range for most groups, and 39% among respondents interested in more training. Written answers to this question are in *Appendix B*. Twenty-one

percent of those who checked continuing education mentioned some sort of computer training; 16% chose nursing, CNA or NAC training.

Skill Enhancement

NAC training is the most popular across the board, but particularly with direct-care respondents (42%). Sign language training is checked by about 20% across the various groups.

Access to Information

Cross-training to fill other Fircrest vacancies is a strong choice; 48% of direct-care respondents, 48% of those who want training, and 41% of those who intend to keep working checked it. This is consistent with the many respondents who want to continue working at Fircrest as long as possible.

Direct-care respondents are more interested than non-direct-care respondents in almost all the information categories. The text responses in Appendix B demonstrate the continuing interest in computer and nursing-health training. There are several interested in PT/OT.

Education – Cross-Cultural

Twenty-five percent of respondents have degrees from outside of the U.S., and 57% of these (40 people) are interested in having them evaluated for U.S. equivalency. Earlier tables showed seven percent of respondents interested in English classes, and 11 percent interested in On-Job-Training in English. Many are direct-care staff.

Training Sites

In response to questions about interest in speaking with representatives from local community colleges about available programs, such an interest was indicated by 49% of all respondents, 65% of respondents who want training, 53% of respondents who want to continue working, 28% of those intending to retire, and approximately half of those who already have a degree.

Not surprisingly, large majorities of all the groups would attend training held at Fircrest (ranging from 60% of those intending to retire to 88% of those wanting training). More interesting are the numbers of those who would attend on their own time. In previous studies of training done at Fircrest this was not a popular choice. Now, 41% of all respondents would attend on their own time, as would 51% of those who want training and 45% of direct-care respondents.

Computers

When asked directly about computer assistance, about 40% of all respondents want training in Microsoft Office or basic computer skills. Basic skills are more popular among direct-care respondents (55%) while non-direct-care respondents more often mention Microsoft Office (46%). Approximately half of those wanting training, and almost half of those who intend to keep working chose basic computer skills or Microsoft Office.

	Current Skill Level (% by row)*				
Skill Topic	**None**	**Beginner**	**Average**	**Advanced**	Row n
Basic Knowledge	28.9	46.7	22.4	2.0	152
Troubleshooting	44.1	37.8	14.4	3.6	111

Office/Word	28.3	27.6	36.5	7.6	145
Office/Excel	44.0	33.3	17.7	5.0	141
Office/Outlook	39.6	23.7	33.8	2.9	139
Office/Access	55.1	33.3	9.4	2.2	138

* Each row contains skill scores only for those who checked they wanted assistance with that topic.

Table 7: Computer Skills

Table 7 helps target the training levels for those who said they wanted assistance with a particular topic. Focusing on the "None" column, it is likely that 70% of those who would take courses have minimal exposure to the operating system and Word, a few more have some Outlook experience. Troubleshooting, Excel, and Access are less well known.

Next Steps

The information captured through this survey will be helpful in determining specific employee workshops, services, and training needs for staff transitioning. Minimally, this information will be considered during future employee transition planning. Specific areas warranting further action are detailed in two parts as follows: (a) Part I addressing an overview of staff interests and preferences related to downsizing and (b) Part II focusing on training.

PART I:

Survey results indicate there will be a strong interest in open DDD positions. SOLA and the Region 3 & 4 Field Service Offices will not be able to employ the number of respondents (70% of 223) who identified no options outside of DDD. In addition, many of the staff who indicated transferring to DDD SOLA or Regions 3 & 4 may not meet the qualifications for vacant positions that might exist. Bump options may also be limited. Of further concern is that survey results represent only half of Fircrest staff.

Approach:

- Continue to educate and inform staff of positions outside of DDD.
- Encourage staff to broaden their view of prospective employment opportunities.
- Include in the Downsizing ***Question & Answer*** forum information about retention of annual leave, sick leave, seniority and retirement service credits when moving to inter-system employment outside of DDD, state agencies outside of DSHS such as four year colleges and universities, community colleges, state sponsored vocational colleges and school districts.
- A standardized process for hiring into vacant positions for all RHCs, SOLAs, and Field Service Offices during the Fircrest downsizing and consolidation was reviewed by the internal work group. Currently the

process is being reviewed by the director and others. The process review supports the business of the division's units while attempting to make vacant positions available for eligible Fircrest employees who are RIFed or facing RIF. Once reviews are completed a Management Bulletin will be posted for all staff.

Assistance/Information Wanted

Requests for assistance and information in the following areas are recognized through many avenues.

Approach:

- DDD publishes a monthly ***Employee Update*** sheet
- DDD publishes a monthly ***RHC Consolidation Fircrest Downsizing*** sheet
- Fircrest publishes a bi-monthly ***The Messenger***
- ***Career Transition Center staff continue to coordinate and offer WorkSource workshops monthly:***
  - **Job Search Skills*:*** Continue offering ***Implementing Effective Job Search*** workshops through WorkSource.
  - **Skill Identification** & **Resume Writing:** Continue offering ***Identifying Transferable Skills & Writing Resumes*** workshops through WorkSource. **The** Career Transition Center provides opportunities for resume reviews with assistance from DOP and WorkSource.
  - **Interviewing Skills:** Continue offering ***Interviewing Skill*** workshops through WorkSource.

- **Employment Counseling:**
  Continue offering services offered and provided by Rapid Response**.**

- **Job Postings and Downsizing information:**
  Recommend standardizing the format and distribution of job postings and downsizing information in hopes that all staff will recognize, easily locate and have timely access to the information

Part II:

Training

The majority of all groups would attend training held at Fircrest (ranging from 60% of those intending to retire to 88% of those wanting training). Survey results show 41% of all respondents would attend training on their own time.

Approach:

- Funding is available to support eligible Fircrest employees interested in training to develop job skills and alternative career paths related to a

function of state government. This funding is available on a first-come, first-serve basis for qualified programs during the 2005 fiscal year.

- Offer introductory computer classes for staff. Training should provide basic information and skills to assist inexperienced users and more advanced training for those with more developed computer skills.

Conclusion

The information obtained from the Staff Interest Survey is useful in the continued planning of the budget and downsizing process. The report of the survey results will be shared with the DD Management Team for their information.

The Project Support Unit will continue to develop and evaluate strategies to help support employees through the downsizing process.

Thank you to all who participated and shared information through the Staff Interest Survey. Your comments and contributions have been very helpful and insightful in the budget development and planning process.

Appendix 2.5C: Employee Communication Plan

RHC Consolidation/ Fircrest Downsizing
Employee Communications Plan – Long Term

Employee Communications will target specific groups of DSHS employees:

- Employees and managers at Fircrest
- Employees and managers at other RHCs and SOLAs
- DDD employees, managers, and administrators
- ADSA employees, managers, and administrators
- DSHS cabinet and extended management team
- DSHS staff with central budget and legislative relations responsibilities
- All DSHS employees

Methods of Communication

Information on topics of great concern to employees will be sent out as quickly as possible.

Much communications will use pre-existing communication channels. These include the usual executive management – management – staff communications flow of information.

- Within the RHCs, SOLAs and Regions, communications through staff meetings, newsletters, bulletin boards, etc. will continue to be used for regular communication.
- Communication through management bulletins, *Inside ADSA* and *Inside DSHS* will also be used.

Communications specifically designed for this project include:

- Question and Answer document – updated as needed
- Fircrest Update – monthly or every other month
- Employee Update – monthly or every other month
- RHC Consolidation web page – updated with every new document
- RHC Consolidation list serve – updated with every new document
- Calendars, flyers, and other information from the Fircrest Employee Transition Center to Fircrest employees – ongoing

Key Messages

Key messages will include:

1. The health and safety of our clients are our top priority.
    a. General updates on the status of clients who have moved, with attention to confidentiality issues.
    b. Information about community resources for clients.
    c. Information on how individual client needs and options are considered
    d. Information on process for administrative transfers of clients

2. ADSA will take appropriate steps designed to achieve positive employee transitions.

a. Detailed information on resources for employees, including other PERS entities.
b. Training information.
c. Human Resources and Employee Transition Center information.
d. RIF information.
e. Post-separation support.
f. Proper emphasis on retention of employees, including legislative/budget decisions relating to this.
g. Impact of civil service reform when known.

3. ADSA will disseminate accurate and timely information to employees.
   a. Downsizing and long-term planning.
      - Project updates on timelines, activities, and number of clients moved.
      - Upcoming important dates.
      - Information on how cottages are chosen for closure; processes and plans.

   b. Legislative directives
      - Why was Fircrest chosen for downsizing?
      - Why move clients to community nursing facilities from Fircrest?
      - Rule, policy and law processes and plans
      - Legislative activity, during session and when not in session

   c. Process/ budget planning
      - What are plans for potential closure of Fircrest, other RHCs and SOLAs?
      - How are we meeting budget targets?
      - Budget process and timeline for coming year/ biennium.
      - Land and capital issues for RHCs.

   d. Status of lawsuits, legal actions.

   e. Urgent or newly developing issues.

FIRCREST DOWNSIZING/RHC CONSOLIDATION -- EMPLOYEE TRANSITION

Employee Training Implementation Plan

September 7, 2004

Employee Training Implementation Plan

For Supporting Employees Through the Downsizing of Fircrest and the Consolidation of the State's Residential Habilitation Centers – Institutions for Persons with Developmental Disabilities

August 26, 2004

Executive Summary iii

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Executive Summary

Fircrest School employees provide important residential programs, health care, and administrative services to protect the health and safety of vulnerable residents and effectively maintain institution operations. Over 650 employees are assigned to Fircrest to staff client services and operations at the Residential Habilitation Center (RHC) 24 hours a day, seven days a week. Retaining necessary staffing levels and demonstrating support for Fircrest School employees during the downsizing transition will be important for client health and safety, as well as maintaining federal funding.

Several assessments were conducted to better understand employee needs during downsizing to tailor supports and services. Staff emphasized training and skill development as important components of a successful transition process. Eleven focus groups with RHC employees described training to be their number five support preference for general downsizing support, as well as their number three support preference for short-term downsizing support. An employee survey was distributed to Fircrest employees during the months of June and July 2004. Two-thirds of the respondents identified enrolling in training as important during the downsizing period to assist employees in establishing a new career, finding a job, or to increasing present skills. Training was also selected as one of the top two retention incentives during downsizing for almost half of the respondents.

The purpose of this report is to define the process for Fircrest staff to acquire training during the Fircrest downsizing and RHC consolidation project, with a specific focus on training that will occur during the 2005 Fiscal Year. The scope of this process is limited to training for current Fircrest employees as they transition through downsizing and includes training for employee support, retention, and separation. This training process focuses on employee initiated training programs, in comparison to agency required or initiated training. The federal and state dislocated worker program is not included in this training implementation plan, except as a referenced resource.

This training plan assumes the following:

- Targeted and general training will be offered to Fircrest employees. Targeted training includes programs and positions that have been identified as high need career areas in Washington State, such as nursing and education specialists. General training includes various training programs specifically identified by an individual employee.
- While training options include support training such as group classes on resume writing, identifying transferable skills, and understanding change and transition, these training programs are considered workshops sponsored through the Career Transition Center and are referenced in the high-level process only. The focus of the training in this plan is based upon individual and employee initiated training programs for career development, job skill development, and retention.
- Training programs include degree, certificate, vocational, licensure, and apprenticeship programs.
- The training process recognizes there will be on-going, emergent opportunities such as training partnerships, survey data, and employee expressed interest.
- The process also recognizes there will be significant variance in individual education, experience, and interest, as well as variation in program of study prerequisites, acceptance rates, program length, and cost.
- This process does not include federal or state dislocated worker programs.

Criteria for accessing training funds are provided in this plan, along with the implementation steps of the training acquisition processes, defined associated roles and tasks, monitoring and evaluation, and a proposed timeline. Supporting materials for these processes are included as Appendices.

Purpose and Scope

Fircrest School employees provide important residential programs, health care, and administrative services to protect the health and safety of vulnerable residents and effectively maintain institution operations. Over 650 employees are assigned to Fircrest to staff client services and operations at the Residential Habilitation Center (RHC) 24 hours a day, seven days a week. Retaining necessary staffing levels and demonstrating support for Fircrest employees during the downsizing transition will be important for client health and safety, as well as maintaining federal funding.

Several assessments were conducted to better understand employee needs during downsizing to tailor supports and services. Staff emphasized training as an important element for employee transition.

- The Fircrest Downsizing and RHC Consolidation Project Support Unit conducted 11 employee focus groups with RHC employees, as well as a sampling of Case Managers and SOLA staff. The objectives for the focus groups included determining what resources and services employees believe are most important to support employees through a downsizing process, to help retain employees, to assist employees facing separation, and to enhance communication with employees. Employee feedback from the focus groups was reviewed and categorized by statewide preferences, site-specific preferences, and by narrative data. Training was found to be the number five support preference for general downsizing support, as well as number three support preference for short-term downsizing support. Based on the employee feedback, a Technical Advisory Work Group comprised of management, labor, and staff representatives developed recommendations addressing employee preferences. These recommendations included a communication plan; career transition resources; training; and identification of policy and resource needs for three areas -- post-separation medical coverage, voluntary and early retirement, and internal agency position holds.

- To understand employee support needs specifically at Fircrest School, two surveys were distributed to Fircrest employees during the months of November 2003 and July 2004 respectively. The initial survey completed in November 2003 did not include questions pertaining to training; however, the most recent survey (54% response rate, 364 respondents) included training as a downsizing support option. Enrolling in training for a new career, finding a job, or to increasing present skills was identified as important to assist employees during the downsizing period by 66.6% of the respondents. Training was also selected as one of the top two retention incentives during downsizing for 46.7% of the respondents.

The purpose of this report is to define the training implementation process for the Fircrest downsizing and RHC consolidation project. This process has been specifically designed for skill development training that will occur during the 2005 Fiscal Year, as well as proposed training that has been submitted for approval in the 2005-07 Biennial budget decision package. The scope of this process is limited to training for current Fircrest employees as they transition through downsizing and includes training across the transition continuum for employee support, retention, and separation. The training included in this process is typically training initiated by the employee. Training initiated at the request of management that is group based is typically exempt from this process. This process, for example, does not include facility required training such as CPR, Blood Borne Pathogens, and other annually required training programs. The federal and state dislocated worker program is not included in this training acquisition implementation plan, except as a referenced resource.

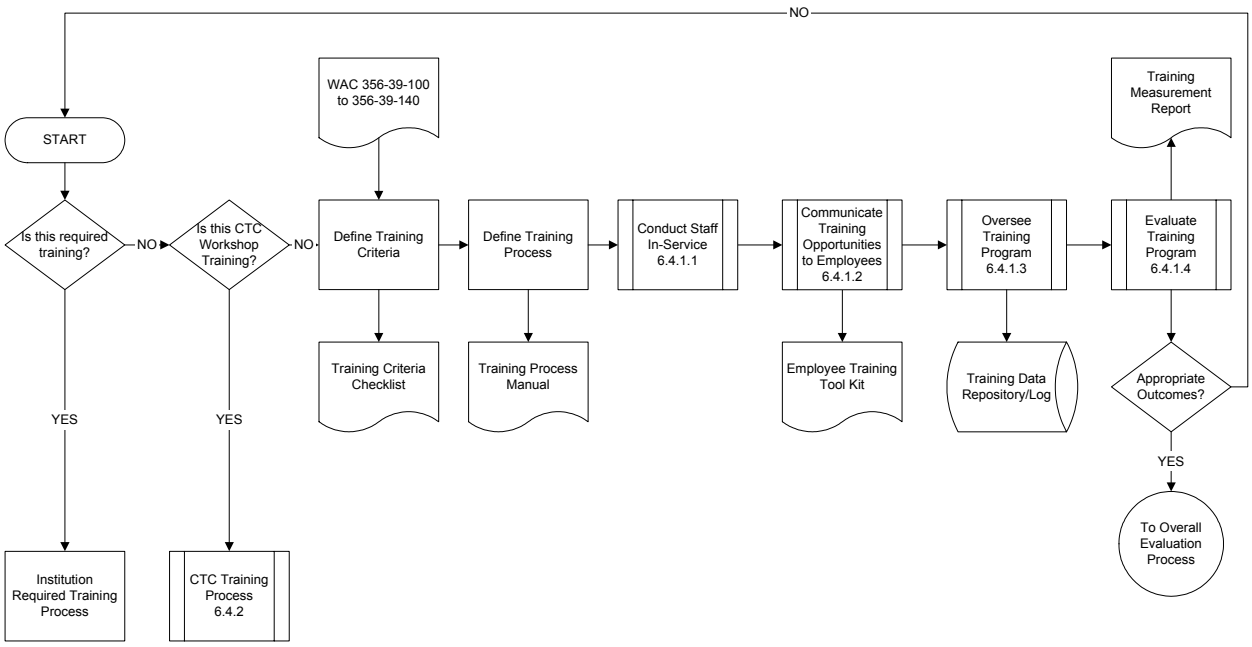
Implementation of Training Acquisition Plan

This section depicts the overall training acquisition process for RHC employees at a downsizing site. Assumptions of this process include the following:

- The inclusion of targeted and general training: Targeted training identifies high need career areas for Washington state, such as nursing and education specialists. General training programs include various training programs specifically identified by an individual employee.
- While training options include support training such as group classes on resume writing, identifying transferable skills, and understanding change and transition, these training programs are considered workshops offered through the Career Transition Center and are referenced in the high-level process only. The focus of the training in this plan is based upon individual and employee initiated training programs for career development, job skill development, and retention.
- Training programs include degree, certificate, vocational, licensure, and other options.
- The training process recognizes there will be on-going, emergent opportunities such as training partnerships, survey data, and employee expressed interest.
- The process also recognizes there will be significant variance in individual education, experience, and interest; as well as variation in program of study prerequisites, acceptance percentages, length, and cost.
- This process does not include federal or state dislocated worker programs, since those programs can only be accessed once an employee separates from the state system. These programs are referenced in the employee separation process.

THE HIGH LEVEL PROCESS

6.4.1 Training Process



This Section Applies to WHOM:

Responsible Position	Task
1. Project Support Unit/Employee Transition Work Team/Fircrest Management Team	Define Training Acquisition Criteria
2. Project Support Unit/Employee Transition Work Team/Fircrest Management Team	Define Training Acquisition Process
3. DDD Headquarters Representative/Project Support Unit	Conduct Staff In-Service on Training Acquisition Process
4. RHC Superintendent	Communicate Training Opportunities to Employees
5. RHC Site Training Coordinator/Project Support Unit (Initially)	Oversee Training Acquisition Process and Outcomes
6. RHC Site Training Coordinator/Project Support Unit (Initially)	Evaluate Training Acquisition Program

INPUTS

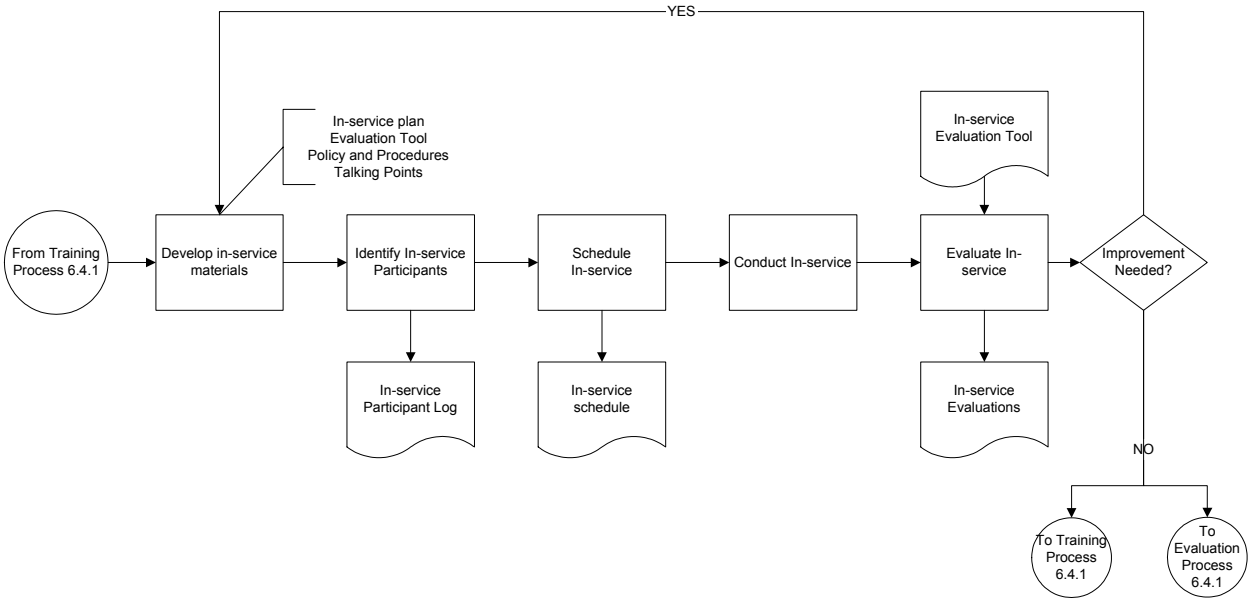
What:	From:	Product/Tool?
WACs	Policy direction (Internal and external)	NO

OUTPUTS

What:	To:	Product/Tool?
Training Criteria Checklist	Oversight of Training Acquisition Program	YES
Training Process Manual	Oversight of Training Acquisition Program	YES
Employee Training Tool Kit	RHC Employees	YES
Training Measurement Report	Evaluation Process	YES

Subsequent Processes 6.4.1.1, 6.4.1.2, 6.4.1.3, and 6.4.1.4

6.4.1.1 Conduct Staff In-Service



This Section Applies to WHOM:

Responsible Position	Task
7. Project Support Unit/Employee Transition Work Team	Develop In-Service Materials
8. RHC Superintendent	Identify In-Service Participants
9. Project Support Unit	Schedule In-Service
10. Project Support Unit	Conduct In-Service
11. Project Support Unit	Evaluate In-Service

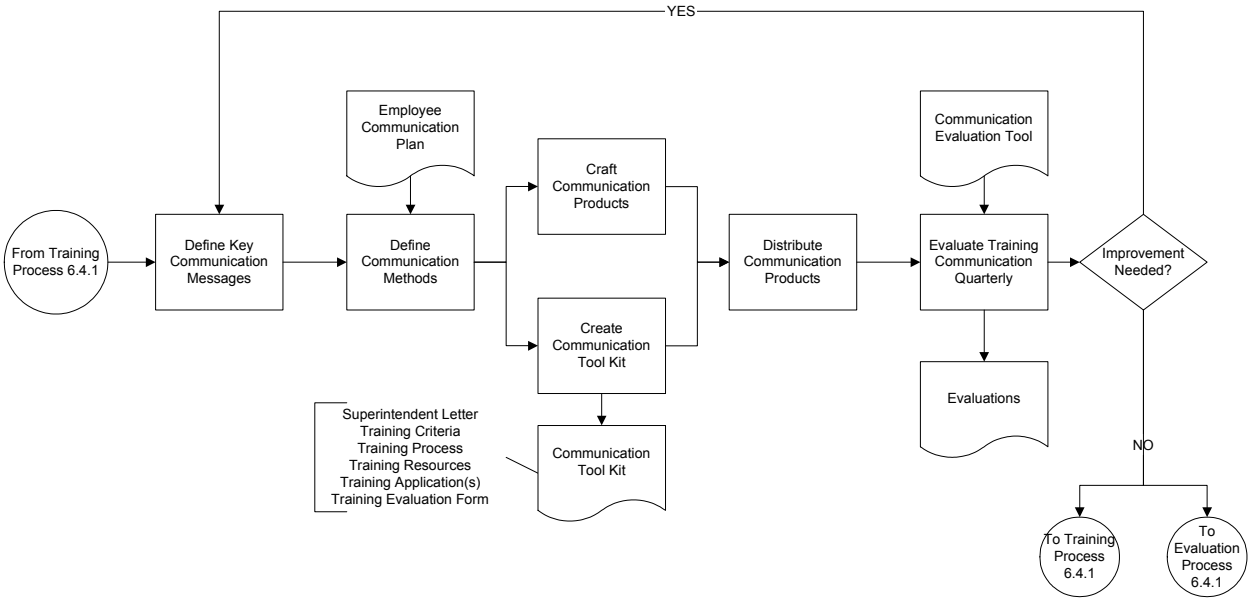
INPUTS

What:	From:	Product/Tool?
In-Service Evaluation Tool	Employee Transition Work Team	YES

OUTPUTS

What:	To:	Product/Tool?
In-Service Participant List	Project Support Unit	YES
In-Service Schedule	Project Support Unit	YES
In-Service Evaluations	Project Support Unit	YES

6.4.1.2 Communicate Training Opportunities to Employees



This Section Applies to WHOM:

Responsible Position	Task
12. Employee Transition Work Team	Define Key Communication Messages
13. Employee Transition Work Group	Define Communication Methods
14. ADSA Communication Manager	Craft Communication Products
15. Employee Transition Work Group	Create Communication Tool Kit
16. DDD Headquarters/RHC Superintendent	Distribute Communication Products
17. Project Support Unit (Initially)	Evaluate Training Communication Quarterly

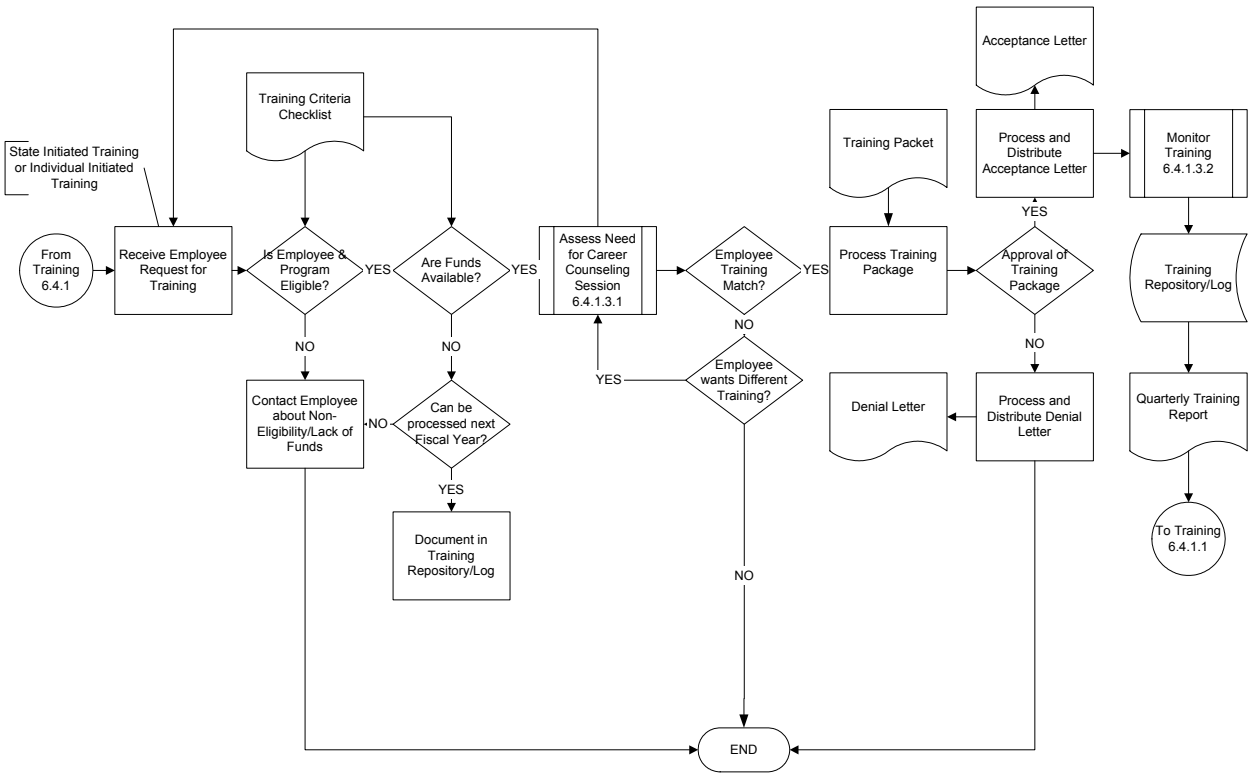
INPUTS

What:	From:	Product/Tool?
Employee Communication Plan	Employee Transition Work Group	YES
Communication Evaluation Tool	Employee Transition Work Group	YES

OUTPUTS

What:	To:	Product/Tool?
Communication Tool Kit	RHC Employees (Fircrest)	YES
Evaluations	Project Support Unit (Initially)	YES

6.4.1.3 Oversee Training Program



This Section Applies to WHOM:

Responsible Position	Task
18. RHC Site Training Coordinator	Receive employee request for training
19. RHC Site Training Coordinator	Review preliminary eligibility criteria for employee and program
20. RHC Site Training Coordinator	Review preliminary funding and inform employee about funding
21. RHC Site Training Coordinator/Career Transition Coordinator	Assess need for career counseling session
22. RHC Site Training Coordinator	Process training acquisition package
23. Career Transition Coordinator/Project Support Unit (Initially)	Formal approval of training
24. RHC Site Training Coordinator	Process and Distribute Acceptance/Denial Letter
25. RHC Site Training Coordinator	Document Decision in Training Repository/Log
26. RHC Site Training Coordinator and Project Support Unit	Monitor Training

INPUTS

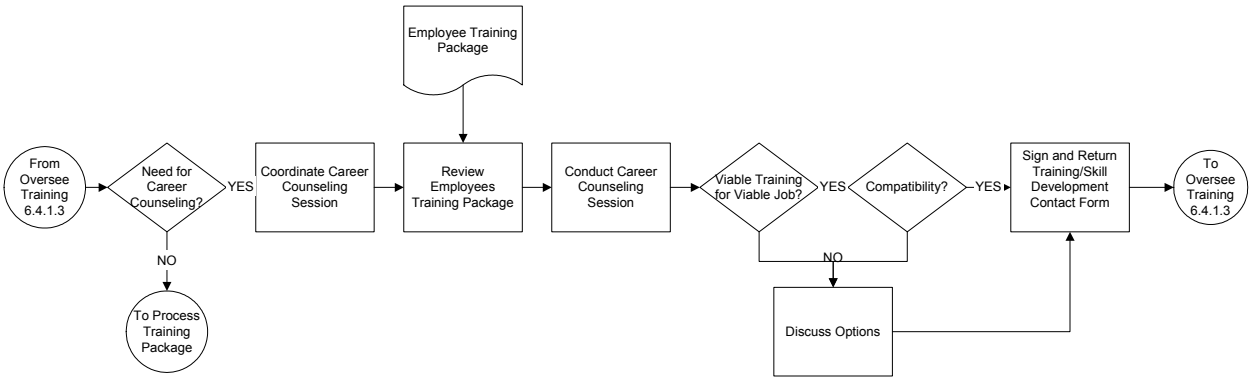
What:	From:	Product/Tool?

Training Acquisition Criteria Checklist	Training Plan 6.4.1	YES
Training Packet	Employee/RHC Training Coordinator	YES

OUTPUTS

What:	To:	Product/Tool?
Training Approval Letter	Employee	YES
Training Denial Letter	Employee	YES
Training Database	Evaluation Process	YES

6.4.1.3.1 Assess Need for Career Counseling Session



This Section Applies to WHOM:

Responsible Position	Task
27. Career Transition Coordinator	Assess need for career counseling
28. RHC Training Coordinator	Coordinate Career Counseling Session
29. Career Transition Coordinator	Review Employees Training Packet
30. Career Transition Coordinator/WorkSource/DOP	Conduct Career Coaching/Counseling Session
31. Career Transition Coordinator	Determine Training and Job Viability
32. Career Transition Coordinator	Determine Training, Job, and Employee Compatibility
33. Career Transition Coordinator	Discuss options (if needed)
34. Career Transition Coordinator	Sign and Return Training and Skill Development Contract Form

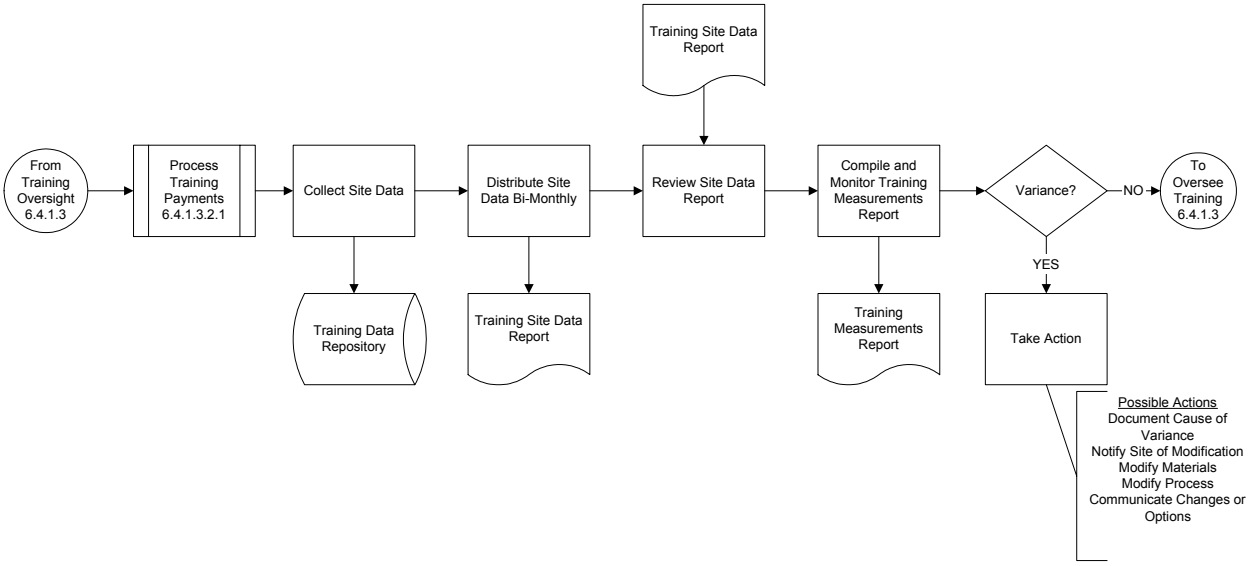
INPUTS

What:	From:	Product/Tool?
Employee Training Package	RHC Training Coordinator	YES

OUTPUTS

What:	To:	Product/Tool?
Recommendation for Denial/Approval of Training	RHC Site Training Coordinator	YES

6.4.1.3.2 Monitor Training



This Section Applies to WHOM:

Responsible Position	Task
35. RHC Site Financial Manager/RHC Site Training Coordinator	Process Training Payments
36. RHC Site Training Coordinator	Collect site data
37. RHC Site Training Coordinator	Distribute site data on a bi-monthly basis
38. Career Transition Coordinator/Project Support Unit (Initially)	Review site specific training data report bi-monthly
39. Career Transition Coordinator/Project Support Unit (Initially)	Compile and monitor training measurement report
40. Career Transition Coordinator/Project Support Unit (Initially)	Take action if needed (see possible actions in process)

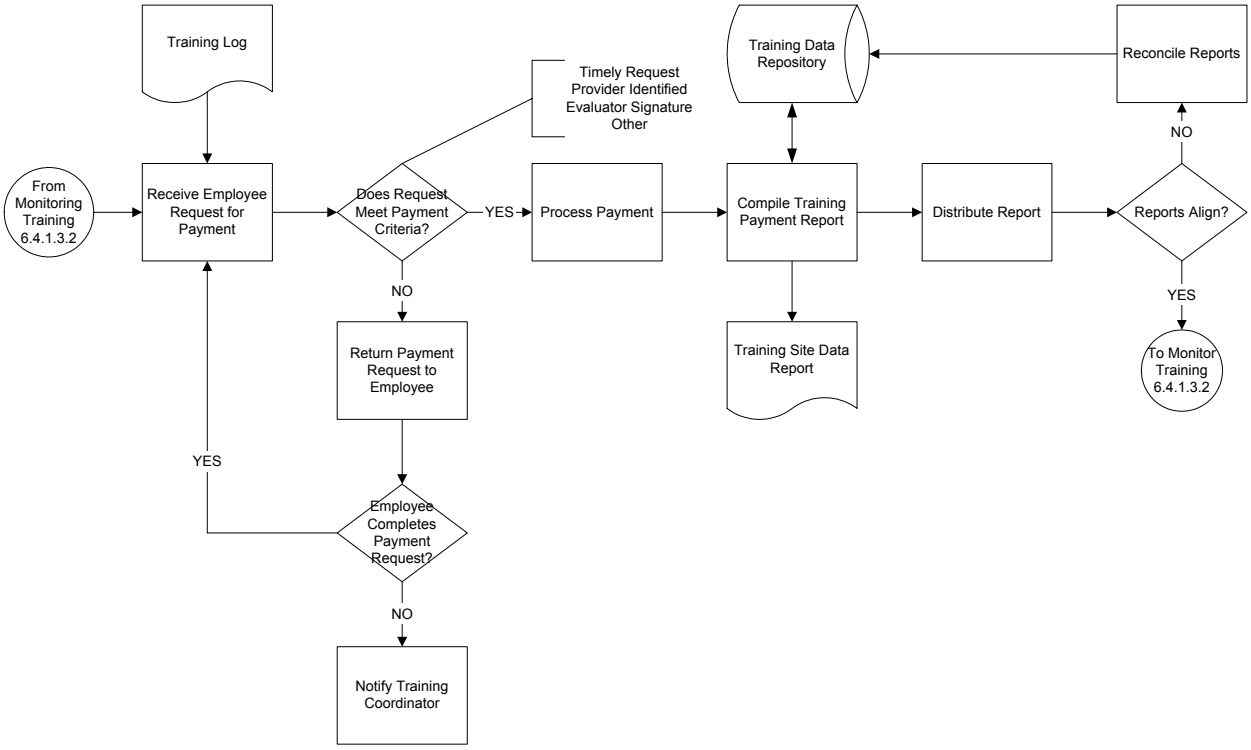
INPUTS

What:	From:	Product/Tool?
Weekly Training Site Data Report	RHC Site Training Coordinator	YES

OUTPUTS

What:	To:	Product/Tool?
Weekly Training Site Data Report	Career Transition Coordinator/Project Support Unit (Initially)	YES
Training Measurements Report	Career Transition Coordinator/Project Support Unit (Initially)	YES

6.4.1.3.2.1 Process Training Payments



This Section Applies to WHOM:

Responsible Position	Task
41. RHC Site Financial Manager	Receive employee request for payment
42. RHC Site Financial Manager	Process payment
43. RHC Site Financial Manager	Notify site training coordinator (if needed)
44. RHC Site Financial Manager	Compile training payment report
45. RHC Site Financial Manager	Distribute training payment report
46. RHC Site Financial Manager	Reconcile report (if needed)

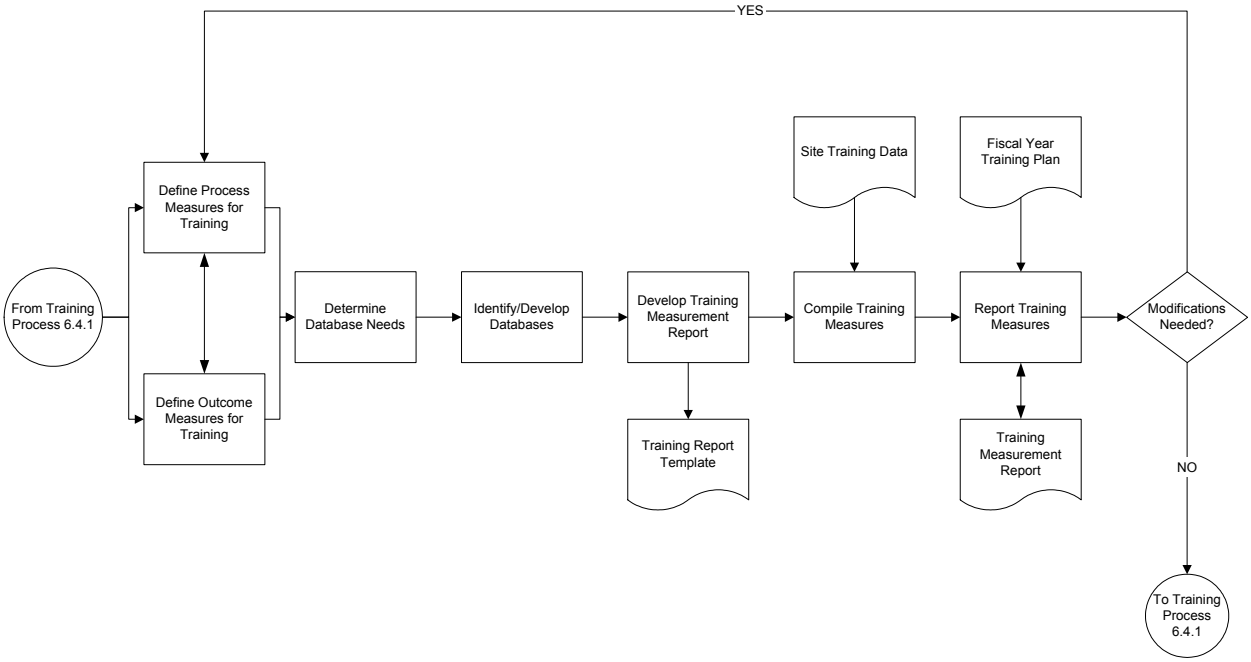
INPUTS

What:	From:	Product/Tool?
Training Log	RHC Site Training Coordinator	YES
Training Data Repository	Database	YES

OUTPUTS

What:	To:	Product/Tool?
Training Site Data Report	Project Support Unit (Initially) and Site Superintendent	YES

6.4.1.4 Evaluate Training Program



This Section Applies to WHOM:

Responsible Position	Task
47. Employee Transition Work Group/Project Support Unit	Define process measures for training acquisition (In-service, communication, etc.)
48. Employee Transition Work Group/Project Support Unit	Define outcomes measures for training acquisition (denials, appeals, acceptances, participants, financial variance, and retention impact, unemployment impact, etc)
49. Project Support Unit	Determine database(s) needs
50. Project Support Unit	Identify or develop database(s)
51. Project Support Unit	Develop training measurement report
52. Project Support Unit (Initially)	Compile training measures
53. Project Support Unit (Initially)	Report training measures

Responsible Position	Task
54. Project Support Unit (Initially)	Communicate modifications based on measures

INPUTS

What:	From:	Product/Tool?
Site training data	RHC Site Training Coordinator	YES
Fiscal year training acquisition plan	Project Support Unit	YES

OUTPUTS

What:	To:	Product/Tool?
Training Report Template	Project Support Unit	YES
Training Measurement Report	Project Support Unit (Initially)	YES

Criteria for Employee Transition Training

The criteria for tuition reimbursement for employees during downsizing of an RHC are clarified in the tables below: (1) Employee Eligibility Criteria, (2) Process Criteria, and (3) Program Criteria. Washington Administrative Code (WAC) relative chapter and section are noted for the criteria. A more specific description of the related WACs are located in Appendix A. Appendix B includes the Training Acquisition Criteria Checklist for individual and program eligibility.

EMPLOYEE ELIGIBILTY CRITERIA	WAC
Permanent, or permanent project, status at the time payment is made.	356-39-110
Fircrest School employee	356-39-100
Employee attendance at training not required by an agency, either on approved leave from or outside of working hours, shall be voluntary and not considered time worked. Agencies do not compensate employees for attendance at training when it is not considered time worked.	356-39-140
Employee must be willing to have training assessed for need to meet with an on-site career counselor prior to training approval	356-39-100
Employee must complete and sign tuition reimbursement contract, training contract, and other forms as needed	356-39-100
Eligibility is contingent upon funding	356-39-100
Employees with permanent, or project permanent, status are eligible to be considered for educational leave without pay.	356-39-120

PROCESS CRITERIA	WAC
Funds will not exceed total tuition for any course (books, supplies, or other school expenses are not included)	356-39-110 356-39-100
Provision of written evidence of satisfactory completion of the course for which payment is made.	356-39-110
Full or partial tuition may be approved	356-39-100
Funds may be prepaid tuition or registration fees	356-39-100
Funds must be paid to the training institution or provider	356-39-100

PROGRAM CRITERIA	WAC
Qualified course conducted by an educational institution, vocational school, or a professional training organization.	356-39-110
Must be directly related to a function of state government	356-39-100
Must have an objective of furthering an employee's career development plan and/or changing or enhancing the employee's skills, knowledge, or ability.	356-39-100
Approval should be limited to no more than 9-quarter credit hours or six semester hours or other equivalent credits during any one academic quarter or semester.	356-39-100
Program is contingent upon funding	356-39-100
Training funding is only available through June 30, 2005	356-39-100
Employee must demonstrate compatibility with training program	356-39-100

Training Acquisition Package Forms

Training acquisition package forms needing to be completed prior to training include the following:

1. **Fircrest Downsizing and RHC Consolidation Training /Skill Development Contract**: This form is included in this report as Appendix C, and can be also found at the following locations:
   - Fircrest Career Transition Center
   - Fircrest Human Resources Office
   - The Fircrest Downsizing and RHC Consolidation Intranet Site

2. DSHS Training Form: The agency training form is located at http://asd.dshs.wa.gov/forms/wordforms/word/03_160.doc. Copies of this form can be found at the RHC Site Career Transition Center, Human Resources Department, and through the Training Coordinator.

3. **Washington State Tuition Reimbursement Request Form** (Form S.F. 30 Rev. 6/02): The standardized state application form for state employees who are interested in tuition reimbursement is located at http://hr.dop.wa.gov/forms/TuitionReimbursementRevJun2002._.dot. Copies of this form can be found at the RHC Site Career Transition Center, Human Resources Office, and through the Site Training Coordinator.

Employees who would like assistance in completing their training acquisition packet can contact the following individuals:

- Fircrest Staff Transition Coordinator at (206) 361-4762
- Fircrest Human Resources Office at (206) 361-3198
- Fircrest Nursing In-service Coordinator (Nursing Training) at (206) 361-3100

Timeline

The timeline on the page 15 depicts the draft training plan for the 2005 Fiscal Year. This training plan will be implemented in August of 2004. The 2005-07 Biennial budget decision package includes a proposed training plan for Fiscal Years 2006 and 2007. This proposal is pending continual funding and appointing authority and legislative approval.

Fircrest Training Plan

Fiscal Year 2005

DRAFT

Training Component	July 1 – December 31, 2004	January 1 – June 30, 2005
Support	Change and Transition Training Career Transition Workshops Employee Support (EAS)	Change and Transition Training Career Transition Workshops Employee Support (EAS)
Retention	***Targeted Training*** NAC Training Computer Skills Training	***Targeted Training*** NAC Training Computer Skills Training RN Refresher LPN Specialty Training ACs/ATS Specialty Training
	General Training for Specialty, Support, and Other Staff	***General Training for Specialty, Support, and Other Staff***
Separation	Targeted Separation Training RIF Orientation Employee Support (2 cottages and Risk of RIF staff) Career Transition Workshops	Targeted Separation Training RIF Orientation Employee Support (2 cottages and Risk of RIF staff) Career Transition Workshops

Year 1 Training Evaluation Plan

Summary

Training has been identified as an important support need for employees experiencing downsizing activities. Training has also been cited as a retention strategy; a vehicle for enhancing the current skill set of state employees, and provide employees and the state with opportunities for filling hard to recruit and retain positions, such as nursing and education specialists.

The purpose of this training implementation plan has been to identify the processes necessary for providing training opportunities for employees transitioning through downsizing. Effective implementation will depend upon understanding the process steps, necessary resources, and timing. It will also be important to have in place a useful system for on-going measurement. This measurement system should assess training activities for employee retention, support, and separation.

Monitoring and continuous measurement of training activities will be essential to ensure the training program provides support to Fircrest employees, Fircrest management, and the state. Any indication or early warning sign compromising program quality such as forecasted overspending, underutilization, or employee dissatisfaction will need to be quickly evaluated and a plan for modification, if appropriate, devised.

Appendices

Chapter 356-39 WAC
HUMAN RESOURCE DEVELOPMENT

Last Update: 9/10/98

WAC SECTIONS

356-39-010 Chapter purpose.
356-39-020 Human resource development -- Statewide philosophy/definition.
356-39-030 Human resource development -- Assignment of responsibilities.
356-39-040 Agency job assignments for developmental purposes.
356-39-050 Agency human resource development planning.
356-39-060 Human resource development planning.
356-39-070 Agency evaluation of human resource development activities.
356-39-080 Review of agencies' human resource development reports.
356-39-090 Required managerial training.
356-39-100 Tuition reimbursement -- Agency authority and responsibility.
356-39-110 Tuition reimbursement -- Employee eligibility and responsibility.
356-39-120 Education leave without pay -- Agency authority and responsibility.
356-39-130 Education leave without pay -- Employee eligibility and responsibility.
356-39-140 Provisions for considering training as time worked.

WAC 356-39-010 Chapter purpose. This chapter sets forth the board's philosophy on elements of human resource development. Further, this chapter establishes regulatory policies on and assigns specific responsibilities for those elements of human resource development to the department of personnel, the agencies and individual employees.

[Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-010, filed 1/19/78.]

WAC 356-39-020 Human resource development -- Statewide philosophy/definition. Optimum utilization of its human resources aids state government in providing effective and economic services. Therefore, it is the board's philosophy that a highly productive, motivated workforce be achieved and maintained through a statewide program of human resource development.

[Statutory Authority: RCW 41.06.150. 98-19-034, § 356-39-020, filed 9/10/98, effective 10/12/98. Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-020, filed 1/19/78.]

WAC 356-39-030 Human resource development -- Assignment of responsibilities. The responsibility for human resource development is shared by agencies and employees.

(1) Each agency is responsible for providing:

(a) Orientation

(b) Agency-required, job-related training

(c) Assistance with career planning

(2) Each employee is responsible for:

(a) Personal career planning

(b) Maintenance of professional and other licenses

(c) Participation in agency-required training

(3) The department of personnel shall support human resource development by:

(a) Consulting with agencies in their human resource development activities, upon request

(b) Providing training which is interagency in scope

(c) Providing guidelines for human resource development planning and evaluation in accordance with WAC 356-39-060 and 356-39-080.

[Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-030, filed 1/19/78.]

WAC 356-39-040 Agency job assignments for developmental purposes. Agencies may make the following planned training assignments for employee development without incurring reallocation or compensation obligations:

(1) Performance of higher level responsibilities on a time-limited basis.

(2) Rotational or special project job assignments.

(3) Transfers or reassignments to different duties and responsibilities within job classification.

[Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-040, filed 1/19/78.]

WAC 356-39-050 Agency human resource development planning. (1) Each agency shall prepare a human resource development plan for a biennial period, with revision as needed. The plan shall be based on an assessment of the human resource development needs within the agency and consideration of the agency's budget.

(2) The plan shall state the agency's policies and objectives for human resource development. The policies shall include at a minimum the following:

(a) Criteria for employee participation in human resource development activities during work hours

(b) Criteria for educational leave

(c) Criteria for tuition reimbursement

(d) Provisions for considering human resource development needs identified in the agency's performance appraisal process and affirmative action plan

(3) The plan shall identify the resources available to achieve its stated objectives.

[Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-050, filed 1/19/78.]

WAC 356-39-060 Human resource development planning. Each agency shall submit a summary of its biennial human resource development plan to the department of personnel for review.

(1) The department shall provide each agency with an evaluation of its plan. The evaluation shall include recommendations for sharing resources to meet common objectives among the agencies.

(2) Upon agency request, the department shall assist in the preparation of the agency's plan.

(3) The department shall prepare a human resource development plan with objectives and identification of resources to accomplish interagency human resource development activities which have been proposed through agency plans. The department shall distribute its plan to the agencies.

(4) The department shall consider each agency's human resource development activities in preparation of the state's classification plan and in the department's testing process.

[Statutory Authority: RCW 41.06.150. 98-19-034, § 356-39-060, filed 9/10/98, effective 10/12/98. Statutory Authority: RCW 41.06.150(17). 80-13-047 (Order 147), § 356-39-060, filed 9/16/80; 78-02-049 (Order 116), § 356-39-060, filed 1/19/78.]

WAC 356-39-070 Agency evaluation of human resource development activities. Each agency shall develop an evaluation process to determine the effectiveness of its human resource development activities.

(1) This evaluation process shall include an assessment of:

(a) The effectiveness of the training

(b) The impact of the training on job performance

(c) The contribution of the training to achievement of career development goals

(2) The department of personnel shall assist agencies in the development of their evaluation process upon their request.

(3) Each agency shall submit to the department of personnel an annual fiscal year summary of evaluation data on its human resource development activities and costs. Costs to be reported are for direct learning activities and include:

(a) Participants' travel, per diem, registration, and tuition reimbursement fees.

(b) All administrative and operational costs of the training and development unit(s) of the agency including:

(i) Staff salaries and benefits (prorated, if required)

(ii) Development costs

(iii) Audio-visual aids

(iv) Facility rental

(v) Other materials.

(c) All costs of training programs, equipment, materials, and consultant fees purchased or leased from a vendor.

[Statutory Authority: RCW 41.06.150(17). 81-01-054 (Order 150), § 356-39-070, filed 12/12/80; 80-13-047 (Order 147), § 356-39-070, filed 9/16/80; 78-02-049 (Order 116), § 356-39-070, filed 1/19/78.]

WAC 356-39-080 Review of agencies' human resource development reports. The department of personnel shall review each agency's annual evaluation as it relates to the agency's human resource development plan.

(1) The department shall summarize the agencies' reports, highlighting innovative techniques that have interagency application, and shall submit the summary to the agencies, the board, the governor and the legislature.

(2) The department shall develop an evaluation process to determine the effectiveness of its human resource development activities. In its annual evaluation summary, the department shall include data from this evaluation process.

[Statutory Authority: RCW 41.06.150. 98-19-034, § 356-39-080, filed 9/10/98, effective 10/12/98. Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-080, filed 1/19/78.]

WAC 356-39-090 Required managerial training. (1) An agency may require employees in positions with responsibilities which include planning, directing or evaluating the work of other employees to complete managerial training.

(2) Agencies shall require employees appointed to a supervisory or management position after June 12, 1980 to successfully complete an entry-level management training course as approved by the director, department of personnel. Employees shall be enrolled in this training within nine months of the date of their appointment, or if training is not available, as soon thereafter as it becomes available.

The conditions under which an employee shall be required to complete such training are:

(a) The employee is assigned to a position designated by the agency as entry-level supervisory or entry-level managerial; and

(b) The employee has not been a supervisor previously; and

(c) The employee has not successfully completed an approved or equivalent management training course within the past five years.

(3) Entry-level training shall not be required of any employee who has completed a management training course prior to the employee's appointment which is, in the judgment of the director, department of personnel, at least equivalent to the entry-level course. The department of personnel shall establish guidelines prescribing the conditions or criteria by which such training is approved or considered equivalent.

(4) When training opportunities are available, agencies may suspend the entry-level training requirement, for up to a maximum of six months, or for longer periods of time with approval of the department of personnel, in cases where the ability of an agency to perform its responsibilities would be adversely affected by absence of employee from work site.

(5) Agencies may waive the requirement for entry-level training in cases where an employee has occupied a designated supervisory or management position for at least one year, prior to the present appointment, and has demonstrated experience and competence as a substitute for training.

(a) Agencies shall advise in writing affected individual employees of waivers to this training.

(b) Records of such waivers shall be placed in individual employee personnel files and shall be reported administratively to the department of personnel, under procedures outlined in guidelines published by the department of personnel.

(6) Agencies shall designate individual positions, or groups of positions, as being supervisory or management positions. Criteria for such designations shall be contained in guidelines published by the department of personnel.

[Statutory Authority: RCW 41.06.150(17). 80-13-047 (Order 147), § 356-39-090, filed 9/16/80; 78-02-049 (Order 116), § 356-39-090, filed 1/19/78.]

WAC 356-39-100 Tuition reimbursement -- Agency authority and responsibility. (1) Agencies may approve for full or partial tuition reimbursement a qualified course conducted by an educational institution, vocational school, or a professional training organization. To qualify, a course must have an objective of furthering an employee's career development plan and/or changing or enhancing the employee's skills, knowledge, attitude, or behavior. The course must be directly related to a function of state government.

(2) Agencies shall reimburse eligible employees who have satisfactorily completed a course which was previously approved for tuition reimbursement. Agencies may prepay employee's tuition or registration fees.

(3) Agency funds expended for tuition reimbursement will be limited to tuition or registration fees, and will not include textbooks, supplies or other school expenses.

(4) Approvals for any one employee should be limited to no more than nine quarter credit hours, or six semester hours, or other equivalent credits during any one academic quarter or semester.

(5) Absent an agreement to the contrary, when an employee moves to another agency prior to completion of an approved course, the approving agency shall retain the obligation for reimbursement if the course is satisfactorily completed. When payment is not made by the approving agency the gaining agency may, at its option, reimburse the employee.

[Statutory Authority: RCW 41.06.150(17). 82-01-038 (Order 164), § 356-39-100, filed 12/15/81; 78-02-049 (Order 116), § 356-39-100, filed 1/19/78.]

WAC 356-39-110 Tuition reimbursement -- Employee eligibility and responsibility. (1) An employee shall be in permanent, or permanent project, status at the time payment is made.

(2) An employee shall not receive federal or state educational reimbursement funds that exceed the total tuition for any course.

(3) An employee shall provide written evidence of satisfactory completion of the course for which payment is made.

[Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-110, filed 1/19/78.]

WAC 356-39-120 Education leave without pay -- Agency authority and responsibility. (1) An agency may authorize educational leave without pay for an eligible employee to attend an accredited educational institution in a matriculated status to enhance the employee's career

service in state government.

(2) Educational leave without pay will be approved in advance for a specific period of time, not to exceed twenty-four continuous months.

(3) An employee on educational leave without pay will accrue seniority and periodic increments while on educational leave without pay, provided the employee has successfully completed the academic commitment for which the educational leave was granted.

(4) The return to employment will be in accordance with rules regarding reduction in force and all other applicable rules and must be accomplished within thirty days of course completion.

[Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-120, filed 1/19/78.]

WAC 356-39-130 Education leave without pay -- Employee eligibility and responsibility. (1) Employees with permanent, or permanent project, status are eligible to be considered for education leave.

(2) Employees granted educational leave are responsible for:

(a) Gaining matriculated status at an accredited educational institution.

(b) Maintaining a satisfactory standing consistent with the approved course of study.

(c) Supplying the agency with documentation of satisfactory progress toward and completion of the agreed upon academic commitment.

[Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-130, filed 1/19/78.]

WAC 356-39-140 Provisions for considering training as time worked. Agencies may require employees to attend training during and/or outside of working hours. However:

(1) Employee attendance at agency-required training, either during or outside working hours, shall be considered time worked and compensated in accordance with merit system rules.

(2) Employee attendance at training not required by an agency, either on approved leave from or outside of working hours, shall be voluntary and not considered time worked. Agencies need not compensate employees for attendance at training when it is not considered time worked.

(3) Agencies may develop policies which allow employees to attend time-limited human resource development activities without requiring employees to

take leave. Such human resource development activities must be directly related to a function of state government.

[Statutory Authority: RCW 41.06.150(17). 78-02-049 (Order 116), § 356-39-140, filed 1/19/78.]

TRAINING ACQUISITION CRITERIA CHECKLIST

Employee Name: _____ Date: _____

EMPLOYEE ELIGIBILTY CRITERIA	Mark "X" if Meets Criteria	Comments
Permanent, or permanent project, status at the time payment is made		
Fircrest School employee		
Voluntary and not considered time worked		
Met with an on-site career coach or counselor prior to training approval (if necessary)		
Tuition reimbursement contract completed and signed		
If requesting educational leave without pay, has appointing authority permission		
Supervisor is aware of employee request for training		

PROCESS CRITERIA	Mark "X" if Meets Criteria	Comments
Funds will not exceed total tuition for any course (books, supplies, or other school expenses are not included)		
Provision of written evidence of satisfactory completion of the course for which payment is made		
Tuition request has been quantified		
If needing prepayment of tuition or registration fees, appointing authority has approved		
Payment will be made directly to the training institution or provider		

PROGRAM CRITERIA	Mark "X" if Meets Criteria	Comments
Qualified course conducted by an educational institution, vocational school, or a professional training organization.		
Directly related to a function of state government		
Has objective of furthering an employee's career development plan and/or changing or enhancing the employee's skills, knowledge, or ability.		
Limited to no more than nine-quarter credit hours or six semester hours or other equivalent credits during any one academic quarter or semester		
Training dollars are capped at $5000 per person per year		
Employee understands funding has only been approved through June 30, 2005.		

Action	*Date*	*Signature*
Training Request Received		
Training Request Criteria Reviewed		
Verification of Training Funds		
Staff Transition Coordinator Assessed Need for CC Session		
Employee Met with Career Coach or Counselor (if needed)		
Training Acquisition Package Submitted for Formal Approval		
Training Approved or Disapproved		

TRAINING/SKILL DEVELOPMENT CONTRACT

Submitted By: _____ **Approved By:** _____

Date Submitted: _____ Date Approved: _____

TRAINING GOAL:

Learning Objective	Action Steps				Evidence of Completion	Evaluation Criteria	Training Advisory/Counselor			
What specific knowledge, skills, or abilities do I plan to achieve?	***What specific action will I take? (Include action and resource)***	***Start Date***	***Finish Date***	***Cost***	***How will I demonstrate completion of my actions?***	***What criteria will be used as the basis for evaluating effectiveness of this plan?***	***Target Date***	***Name***	***Actual Dates***	***Initials***
Example: To develop the knowledge and skills, and abilities of a nursing assistant.	Attain NAC Training Course	10/04	12/04	$600	Certificate	Certificate	12/04	Shirley		

Employee and Facility Specific Agreements:

Date	*Agreement*	*Employee Signature*	*Superintendent Signature*
_____ _____ _____	***Employee will provide training purchase request or confirmation in a timely manner not to exceed 30 days from receipt of invoice.*** ***Employee will contact the training contract evaluator at agreed upon times, as referenced in the training contract.*** ***Employee will immediately notify the site training coordinator if they are no longer attending the training or will be canceling attendance of the training. Failure to complete the course may result in the employee reimbursing training costs.*** ***(insert other agreements)*** ***Failure to adhere to the agreements specified in this training contract could jeopardize funding of training.***		

I have reviewed this training/skill development plan and believe this employee has selected a viable training goal and training program. In addition, I believe this employee is a good match for the desired training program. Signed: _____(Career Counselor) Date: _____

August 10, 2004

Dear _____

The purpose of this letter is to inform you that your training acquisition packet has been reviewed. We are pleased to announce that your training request has been approved.

Please contact me to activate your packet. Please remember that the acceptance of your packet is conditional upon the agreements defined in the Training Contract you have submitted. You will be responsible for providing an invoice for training expenses in a timely manner. Payments for the training will be made directly to the provider of the training. Any alterations in the proposed plan must be formally submitted in writing for review and approval.

We commend you on taking an important step in your career development. Please feel free to contact me at (206) 361-4762 if you need further assistance in beginning your training program.

Sincerely,

Cheryl Burdett
Staff Transition Coordinator, Fircrest School

cc: Employee Supervisor
Human Resources Office
Asha Singh, M.D., Superintendent

August 10, 2004

Dear _____

The purpose of this letter is to inform you that your training acquisition packet has been reviewed. We regret to inform you that your training packet has been denied. This decision was based on the following reason(s):

- ☐ The activity does not align with the purpose of the Fircrest downsizing training funds for job skill development
- ☐ You do not meet eligibility criteria for the Fircrest downsizing training funds
- ☐ The program you have selected does not meet eligibility criteria for the Fircrest downsizing training funds
- ☐ Funding is currently not available for this fiscal year to support this training
- ☐ The requested funds exceed the allocated per employee dollar amount
- ☐ The training acquisition packet you submitted was incomplete
- ☐ Other: _____

We commend you for your interest in career development and encourage you continue to explore training and skill development options. Please feel free to contact me at (206) 361-4762 if you need further assistance or if you have specific concerns about your training acquisition packet. If you disagree with this decision, please feel free to contact the Superintendents office at (206) 361-3033 for a review of the decision.

Sincerely,

Cheryl Burdett
Staff Transition Coordinator, Fircrest School

cc: Employee Supervisor
Human Resources Office
Asha Singh, M.D., Superintendent

FIRCREST DOWNSIZING/ RHC CONSOLIDATION
TRAINING LOG
Fiscal Year 2005

DATE OF SUBMISSION	EMPLOYEE NAME	REQUEST APPROVAL/DENIAL	COMMENTS

	Section	Current Month				Year To Date			Assumptions
		Unit Cost	Volume	Expenditures		Expenditures	Total Budget	%	
	Employee Transition Training								
1.	***Support***								
	• Change and Transition Workshops • Career Transition Training • Employee Advisory Services • Other *Total Cost for Support Training*								• Management decision - Targeted • Select programs and services at charge and no-charge
2.	***Retention***								
	• Targeted Training NAC LPN RN AC/ATC Specialty Training Early Childhood Education Special Education Education Other • General Training *Total Cost for Retention Training*	600	10	6000		6000	8000	25% (+2000)	• Based on state need
3.	***Separation***								
	• Career Transition Training • Targeted Separation Training *Total Cost for Separation Training*								• Separation Rate of 20% • At Risk of RIF employees
4.	***Process Measures***								
	• Applicants • Employees accepted for training • Employees currently active in training • Employees completed training • Employee visits with career counselor • Employee Satisfaction Score • Employee Appeals								
	Total Cost								

Draft Example

Focus Group High-Level Summary of Employee Preferences

A. General Preferences - Employee Transition Needs

The information contained in this section reflects focus group participant preferences at a statewide level across categories for general preferences, followed by general preferences for each category (support, retention, separation, and communication).

2. Employee Preferences Across Categories: General Preferences

Resource	Definition	% of Total Votes
Medical Coverage	Grace period of medical coverage or reduced payment for coverage.	12.1%
Voluntary Retirement /Separation Incentive	Voluntary program where eligible employees are offered an incentive for separation or retirement or early retirement.	11.5%
Career Transition Center	On-site resources and equipment for job search, preparation, and activation.	9.1%
Information: Reliable and Available (Activity Web-Site/Phone)	Reliable information about (a) what, (b) why, (c) how and (d) according to whom. Information and data are available with employee access to informational website or 1-800 number to learn information about project status.	7.2%
Training/Retraining	Continuum of training opportunities for employee support, retention, and separation.	5.8%

B. RIF Preferences - Employee Transition Needs

To assess if employee preferences could vary based on more immediate needs, focus group participants were asked to identify Reduction-in-Force (RIF) preferences. Specifically, they were asked to identify the single most important resource if they had just received a RIF notification. The information contained in this section reflects focus group participant preferences at a statewide level across categories for RIF preferences, followed by RIF preferences for each category of support, retention, separation, and communication.

3. Employee Preferences Across Categories: RIF Preferences

Resource	Definition	% of Total Votes
Voluntary Retirement/Separation Incentive Program	Voluntary program where eligible employees are offered an incentive for separation or retirement or early retirement.	16.9%
Medical Coverage	Grace period of medical coverage or reduced payment for coverage.	15.7%
Training/Retraining	Continuum of training opportunities for employee support, retention, and separation.	8.9%
Career Transition Center	On-site resources and equipment for job search, preparation, and activation.	7.9%
Employee Transition Coordinator	On-site employee transition coordinator for employee consultation and assistance.	6.7%
RIF Transition Pool	Job placement service that relies on skill match to help employees who are at risk of receiving a RIF find a state position.	6.7%

Persons with disabilities or special needs may call the ADSA Project Support Unit and request a hard copy:

360.902.8190

WASHINGTON STATE
Department of Social and Health Services
Aging and Disability Services Administration
P.O. Box 5310
Olympia, WA 98504-5310
www1.dshs.wa.gov/ddd/rhc.shtml

Hard copy versions of this plan are printed on recycled paper.

Appendix 2.5E: Performance Measures

	Section	Current Month					Year To Date					
		Unit Cost	28-Jun-2005 Volume	Approved $	Pending $	Earmarked $	Volume	Approved$	Pending $	Earmarked $	Allotted $	Remaining
	Employee Transition Training											
1.	***SupportTraining and Services***											
	• Change and Transition Workshops		0			$0	104	500		500	NA	
	• Career Transition Training	0	0			0	132			0	NA	
	• Employee Advisory Services	0	0			0	0			0	NA	
	• Other	0				0	0			0	NA	
	Total Support Training					$0	236	500			NA	
2.	***Career Development Training and Education***											
	• Computer		0			$0	188	25183.07		25,183.07	NA	
	• General Training					$0	181	329,714.67		329,714.67	NA	
	• *Total Retention/Separation Training*					$0	369			354,897.74	NA	
	Other					$0				0	NA	
	Total					$0	605			$355,397.74	550,000	194,6
3.	***Process Measures***											

	• Total Applications		0		181		
	• Applications approved		0		163		
	• Applications denied		0		6		
	• Employees applied for training		0		122		
	• Withdrawn by employee/or returned by CTC		1		12		
	• Number of Reimbursements/Refunds		1		5		
	• Pending		0		0		
	• Training completed		7		89		
	• ETC consultations		NA		337		
	• Employee Satisfaction Score		NA		NA		

Appendix 2.5F: Progress Report Letter

March 31, 2005

Dear _____:

Based on the agreement in receiving Tuition Assistance for your training/educational program, you are expected to provide periodic progress reports or confirmation of completion of your training/education course.

This notice is to remind you to provide me with the appropriate reports of your training program/education course(s):_____ at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

_____
Staff Transition Coordinator, Fircrest School
For the Training Implementation Review Committee

Appendix 2.5G: Progress Report Letter Second Notice

SECOND NOTICE

May 31, 2005

Dear _____

Based on the agreement in receiving Tuition Assistance for your training/educational program, you are expected to provide periodic progress reports or confirmation of completion of your training/education course.

This is a **second notice** to remind you to provide me with the progress reports of your training program/education course(s):_____ at your earliest convenience.

Should you need to contact me I can be reached at 206-361-4762.

Thank you for your attention to this matter.

Sincerely,

_____
Staff Transition Coordinator, Fircrest School
For the Training Implementation Review Committee

cc: PAT/Program Director
Superintendent

Appendix 2.5H: Authorization for Release of Educational Records and Educational Information

CONSENT AND AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS AND EDUCATIONAL INFORMATION

TO WHOM IT MAY CONCERN:

I,_____, hereby authorize and request disclosure to_____, orally or in writing, as may be requested, all information regarding my educational attainment, including but not limited to academic progress, standing, grades and any other academic information of any kind in the possession of any school, college, university or institution or any of its' personnel.

You are also authorized to provide copies of my transcripts to_____, upon payment of the normal charge.

You may accept a Photostat of this authorization with the same authority as the original.

This authorization shall remain effective until revoked by me, in writing.

DATED this ____ day of _____, 2005.

_____
Student Signature

Appendix 2.5l: Recovery Letter

April 28, 2005

Tracking No.

Dear _____,

The purpose of this letter is to advise you that DSHS is seeking reimbursement from you of the $__.__ training money approved for your attendance in the _____ _____ Program as the program was not completed. As you are aware, the guidelines for the training program money, which you signed on _____, stated that the receiver of such money must successfully complete the program or the money is to be reimbursed to DSHS.

The registration for your program was paid to _____ on _____. We were notified on _____that you did not complete the program. Based on your non-completion of the program, DSHS expects that the training money will be reimbursed per the contract you signed on _____, 200X.

Please contact _____ in the Fiscal Office to make arrangements for the reimbursement of $__.00 at your earliest connivance.

Sincerely,

_____
Finance Manager, Fircrest School

cc: Employee Area Director
Human Resources Office
Staff Transition Coordinator
Superintendent

Appendix 2.5J: Recovery Letter Second Notice

April 28, 2005

Tracking No.

Dear _____,

You were notified on _____that DSHS is seeking reimbursement from you of the $_____.__ training money approved for your attendance in the _____ _____ Program as the program was not completed.

As you are aware, the guidelines for the training program money, which you signed on _____, stated that the receiver of such money must successfully complete the program or the money is to be reimbursed to DSHS. You were asked to contact _____ at your earliest convenience. There has been no contact to date.

In order to bring this matter to close, please contact _____ in the Fiscal Office prior to (DATE) to make arrangements for the reimbursement of $_____.00.

If you fail to contact the Fiscal Office by the stipulated date please be advised that this matter may be forwarded to the Washington State Office of Financial Recovery.

Let me know if I can be of assistance in this matter.

Sincerely,

_____
Finance Manager, Fircrest School

cc: Employee Area Director
Human Resources Office
Staff Transition Coordinator
Superintendent, Fircrest School

Appendix 2.6A: Task List

RHC DOWNSIZING & CONSOLIDATION: COMMUNICATIONS TASK LIST

October 28, 2004

	Clients & Families	DSHS Employees	Policy Makers	Unions	Co-Located Programs	Advocates, State Associations, Local Interests Community Providers	Media
Responsibility	**LEAD (all):** L. Johnson **LEAD** (RHCs/ client specific and generic): Superintendents **REVIEW: See review process chart.**	**LEAD (RHCs):** (Sups) **ADSA (DDD):** (L Rolfe/ LJ) **ADSA (all staff):** (Leitch/Wilke) **DSHS Cabinet:** (Leitch, Mrkvicka) **DSHS All Staff:** (Leitch/Wilke)	**LEAD (Elected Officials, Executive Branch):** (Braddock | Leitch) with Legislative Relations (McNamara) **LEAD (OFM & Legislative Staff):** (Mrkvicka)	**LEAD (State Level):** (Rolfe/LJ) **LEAD (Local | RHCs):** (Sups) **FIELD:** (RAs)	**LEAD (WA Dept of Health):** (Mrkvicka **LEAD (Fircrest, including Food Lifeline, Firlsnds Workshop):** (Singh) **LEAD (Local | Rainier):** (Merxbauer) **REVIEW:** Project Support Unit with Lands & Buildings (Hubenthal | Valbert | Vonnett)	(Advocates, Police Departments, Hospitals, Chamber of Commerce, Business Groups, Residential Vendors, School Districts, Statewide Orgs) **LEAD (Region s):** (RAs) **LEAD (DDD Headquarters):** (Rolfe | Linda Johnson **LEAD (Communities of RHCs):** (RAs & Sups.) LEAD (COMMUNITY ADVOCATES) Rolfe	**LEAD (News Releases):** (Weathersby) **CONTENT DEVELOPMENT:** Project Support Unit (Mrkvicka | r) with DDD HQ (L Johnson) **CALLS GO TO:** (Mrkvicka, Leitch, | Rolfe)
Methods	**Letters, newsletters, listserve, web page** • **Generic progress** • **Client specific**	**RHCs: newsletters/ postings** **Other:** • **Web page** • **Brief e-mails** • **Inside ADSA** • **Inside DSHS** • **800 # to call?**	**E-mails** **Reports**	**Be proactive with our bargaining teams; get them enough information in advance**		News releases Web page E-mails or listserve Fact sheet	**News Releases** **Web page** **Fact Sheet**
Frequency	**Intermittent**	**Bi-weekly to monthly - varies with activity level**	**Intermittent**	**Intermittent**	**Intermittent**	**Intermittent**	**Proactive, Intermittent**

	Clients **& Families**	DSHS Employees	Policy Makers	Unions	**Co-Located Programs**	Advocates, State Associations, Local Interests **Community Providers**	Media
		Initiate from HQ, set expectations for when will get more information.					

EVENT Log	Clients & Families	DSHS Employees	Policy Makers	Unions	**Co-Located Programs**	Community	Media
Broad Announcement About Closure (9/03)	▪ **Letter Regarding Assessment Process** (Marybeth Poch, 9/22/03) ▪ **Informational Sessions** (Fircrest, 9/30/03) ▪ **General Q&A** (Asha Singh, 9/25/03)	▪ **DSHS Core Management Summit** (Olympia HQ, 9/18/03) ▪ **Fircrest Management Session** (Fircrest, 9/22/03, with Project Support Unit) ▪ **Program/Unit Meetings** (Fircrest, 9/23/03) ▪ **Article to All Staff** (Inside DSHS newsletter, 9/26/03)	▪ **Letter from the Secretary** (Braddock, 9/24/03)	▪ **Statewide Labor Management Meeting** (Rolfe, 9/16/03) ▪ **Local Federation, In Person** (Singh, 9/25/03) ▪ **Local Federation, In Person** (Singh, 10/2/03)		▪ **Friends of Rainier, In Person** (L Johnson | Mrkvicka, 9/21/03) ▪ **Friends of Fircrest, In Person** (L Johnson | Mrkvicka, 10/12/03)	▪ **Press Release** (Weatherrsby | Farrow, 9/24/03)
Planning and Direct Stakeholder Efforts (9/03, Ongoing)	▪ **Update Letter to Parents/Guardians** (Asha Singh, 10/XX/03) ▪ **Follow-up Calls Made to Parents/Guardians** (G Ameling, and others Fall/Winter 2003)	▪ **Update Letter to Fircrest Employees** (Asha Singh, 10/24/03) ▪ **Article to All Staff** (Inside DSHS | Farrow, 11/10/03) ▪ **Article to ADSA Staff** (Wilke 11/04/03) ▪ **Employee Sessions** (11/18 and 11/20/03) ▪ **Signed Communications Plan Released** (E-mail/PDF and Internet 11/20/03)	▪ **Bi-Weekly Meeting with OFM** (Mrkvicka | Johnson | Others)	▪ **Regular Weekly Meetings with Local Federations** (Singh | Merxbauer)		▪ **Community Advocacy Coalition** (L. Johnson | Mrkvicka, 11/3/03)	
DSHS Legislative Report (1/04)			▪ **Transmittal Letter from the Secretary** (Braddock | Felver, 1/1/04)				
Rainier Cottage Opens (1/04)							
First Two Fircrest Cottage Closures (3/04)		**Articles to ADSA staff** (Inside ADSA Wilke, 3/12/03)					New Release DSHS web Info for reporters

EVENT Log	Clients **& Families**	DSHS Employees	Policy Makers	Unions	**Co-Located Programs**	Community	Media
March 2004							Employee fact sheet News releases
April 2004	• letter announcing closure • Client specific letters						
May 2004		First "Employee Update" 5/25					
Resource Center opening 6/04	Web page posting	Flyer from Cheryl Burdette. Open House is planned Inside ADSA (June), Inside DSHS Employee update?	Kathy's e-mails to leg.		------	Put information on Fircrest web page	Jeff will do a media advisory
Supreme Court issues	NR on web	Employee update (7/2 with CMS info.) Inside ADSA article late July	Kathy e-mail			NR on web	News release – no change to earlier decision (6/8)
WAC hearing Admin. Moves July 6		Employee update	Kathy's e-mail	Formal notice sent to interested parties 6/4.	--	Formal notice sent to interested parties 6/4. Put on web page	News release a week before (7/1) Jeff and LJ work with media at time of hearing. Shaw – fact sheet on Quality Assurance for web.
CMS review at Firecrest		Employee update (7/2) Inside ADSA article late July List Serve	Kathy's e-mail		--	Web posting List serve	Setting the Record Straight (DSHS web) (7/7) News release (7/9)

EVENT Log	Clients **& Families**	DSHS Employees	Policy Makers	Unions	**Co-Located Programs**	Community	Media
Third Fircrest Cottage Closure **(8/04)** Information about factors considered to make the decision. From Asha. Also use introduction to the 3rd cottage closure plan on factors that most influenced the decision, by Mark.	Web page posting	Employee Update &/or Accomplishments Web page	Kathy's e-mail	Web, list serve		Web page Closure plan posted .	News release
Budget/ Decision Package **9-04**	Web page List serve	9/7 Fircrest employees: Memo from Kathy RHC Accomplishments update 9/10 Web List Serve	Kathy's e-mail Fact sheets - general - employee supports - prof. lic. services Talking Points PowerPoint	Stakeholder Letter		Web List serve Advocates -- Letter or memo from ___	News release Talking points Fact Sheets

EVENT Log	Clients **& Families**	DSHS Employees	Policy Makers	Unions	**Co-Located Programs**	Community	Media
Fourth Fircrest Closure **(3/05)**	Web page List serve Letter to parents of people in cottage Meeting with parents	9/25 Employee update 10/10 RHC accomplishments Web & listserve Asha – memo to employees, staff meetings	Kathy's e-mail	Web, listserve Asha meets with union		Web List serve	News release
Fourth Fircrest Closure -- early	--	11/24 Employee Update	Kathy e-mail Work with Kari	Asha meets?			News release
Licensed Professional Services Report	Send directly to participants by mail or e-mail Send to DDD interested parties list. Web and list serve	Send directly to participants by mail or e-mail Send to DDD interested parties list. Web and list serve	Leg staff have an interest --			Send directly to participants by mail or e-mail Send to DDD interested parties list. Web and list serve	
)							

Appendix 3.1A: Place Resolution Form

PLACEMENT RESOLUTION FORM	1. Date / /

2. Name	3. Date of Birth

4. RHC	5. RHC Residential History (location & dates)	
6. Living Unit		

7. Primary Contact	8. Title	9. Phone

10. Family Member's Names and Address:			* Add additional names on page 4		
Name		Relationship	Name		Relationship
Address			Address		
Mailing address if different from above address			Mailing address if different from above address		
City	State	Zip	City	State	Zip
Home Phone	Work Phone	Email	Home Phone	Work Phone	Email

11. Guardian Name(s) and Address				* Add additional pages as needed			
Name	Primary	Co	Backup	Name	Primary	Co	Backup
Address				Address			
Mailing address if different from above address				Mailing address if different from above address			
City	State	Zip		City	State	Zip	
Home Phone	Work Phone	Email		Home Phone	Work Phone	Email	

12. The following IDT members participated in completing this form:		

13. Focus Area A- Resident Preferences
Is there any indication by this person of his or her RHC preference? If so, clearly describe.

14. Focus Area B- Guardian Preferences	
First RHC Preference	Explain
Second RHC Preference	Explain
Third RHC Preference	Explain

15. Focus Area C- Guardian/Family Support
In what ways is the guardian/family involved with this person, and what is the significance of the relationship? For example, evaluate whether visits are short but frequent, or longer and less frequent. Does the guardian or family participate in unit or community events *with* the resident?

How many times has the guardian/family visited this person in the last 12 months?

How many times has this person visited guardian/family in their home over the last 12 months?

Describe guardian/family participation at annual reviews or other significant meetings for this person? Does the guardian/family initiate contact? Are there barriers to participation? Are there special circumstances that impact their involvement?

16. Focus Area D- Personal Relationships
Does this person have significant and important relationships with people who are NOT paid caregivers or service providers? Describe. How is this relationship maintained?

17. Focus Area E- Specific Needs
Does this person have documented specific needs related to the physical environment? How are these needs currently met? Are they described in the IHP? (Examples include: noise tolerance, activity level, density, wheelchair use, etc.)

18. Focus Area F- Other Critical Issues
Is there anything else pertinent to this person that the IDT believes is important for the State Review Team to consider, for example *unstable or deteriorating health conditions or community protecton issues*? If so please describe.

Directions:

1. Identify the documents used to complete this form by checking those used below and indicate others in the space provided in the right-hand column.
2. Send this completed form to the superintendent or designee.
3. Bring all documents used to fill out this form to the State Review Team meeting:

☐ Annual review document (IHP)	☐ Support Needs Assessment
☐ CARE assessment	☐ Other
☐ Behavior Support Plan (BSP) or behavior	☐ Other
☐ Vocational Assessment	☐ Other
☐ Face Sheet	☐ Other
☐ Summary of contacts from Visitor's Log	☐ Other
☐ QMRP Notes	☐ Other

Additional Family Member's Names and Address			Additional Family Member's Names and Address		
Name		Relationship	Name		Relationship
Address			Address		
Mailing address if different from above address			Mailing address if different from above address		
City	State	Zip	City	State	Zip
Home Phone	Work Phone	Email	Home Phone	Work Phone	Email

ADDITIONAL PERTINENT INFORMATION REGARDING PLACEMENT

Appendix 3.1.B: Instructions for Placement Resolution Form

INSTRUCTIONS FOR COMPLETING PLACEMENT RESOLUTION FORM

Please answer all questions. **Write in Not Applicable (NA) if the item does not apply to the client being assessed. Numbers on the *Instructions* correspond to numbers on *Placement Resolution Form*. Space for additional pertinent comments regarding placement is available on page 4.**

1. Date IDT met to complete the *Placement Resolution Form*.

2. Name of individual requesting RHC

3. Birth date of individual requesting RHC

4. Current RHC

5. Listing of past RHC residences with approximate dates.

6. Current living unit

7. Name of the primary contact. In most cases this will be the HPA.

8. Title of primary contact

9. Primary contact phone number.

10. Name, address, and relationship of all the resident's immediate family members. Space for additional names is available on page 4.

11. Guardian name, address, and contact information. If there are co-guardians, list both. Provide the same information for any stand-by guardians. Indicate, by checking the appropriate box, whether the guardianship is of the person, the estate, or both, whether it is a limited guardianship and, if so, what limitations exist regarding the guardian's authority.

12. List the names of all the IDT members who participated in completing the Placement Resolution Form.
13. This question addresses *resident* preferences. It is important to attempt to establish the basis, or perceived basis, for the resident's preference. When describing the resident's preference, discuss with sufficient detail the basis for what the resident wants. Basis for resident's preference may include:

- Significant others the resident may want to be near.
- Opportunity to visit other RHCs and reactions.
- Opportunity to visit community residences and reactions.

If the IDT is unable to determine the person's preference, please indicate this.

14. List the family/guardian's order of preference for RHC placements.

15. Describe the guardian/family support to the resident. Address the significance of the support.
    - Identify the potential impact to the resident. Describe the duration, frequency, and actual contact with the client. The description should include regular telephone calls, any regular or consistent communication, etc. This is a characterization of the family's participation in the client's life and how the client responds to the support provided.
    - Count number of times resident was visited by family. Refer to visitor logs/sign-in sheets, QMRP notes, quarterly reviews.
    - Count number of times this resident visited family in their home over the past 12 months.
    - Describe the family's overall participation in annual reviews or other significant meetings.
        - Are they actively involved in decision making, do they respond to facility requests for information such as consents, etc?
        - Has there been a change in family involvement?
        - Were there circumstances that impact the family's ability to come to Fircrest?
        - Describe the significance of guardian/family support on the resident's quality of life.

16. These are non-guardians, non-family, non-paid relationships. Include for example, a person who has moved out of the RHC but continues to visit the resident, an ex-employee who maintains a relationship with resident, or other kinds of relationships. Describe nature of relationship and frequency/type of contact.

17. This question is designed to elicit information about significant physical environment sensitivities. For example, this could be someone who is extraordinarily sensitive to noise, has a need for a private room (describe), and so forth.
    - Describe how these needs are planned for.
    - Are these needs identified in the IHP or other documents?

18. Respond to this item ***only*** if there is a unique or unusual personal need or individual circumstance requiring additional support. An example would be a unique need for contracted treatment services for sexual deviancy.

After indicating which sources were used to fill out the form, forward the completed form to the Superintendent or designee.

Appendix 3.1.C: Impact Analysis Grid

IMPACT ANALYSIS GRID

Team Consensus

Name:	**Date:** / /

Focus Areas	Rainier School	Lakeland Village	Yakima Valley	Frances Haddon Morgan
Focus Area A- Resident's Preferences				
Focus Area B- Guardian Preferences				
Focus Area C- Ability to Maintain Guardian/Family Support				
Focus Area D – Ability to Maintain the Resident's Relationships				
Focus Area E- Ability to Meet Specific Needs				
Focus Area F- Projected Impact, if any, of Critical Issues				

INSTRUCTIONS: Rate the Focus Areas (A-F) for each potential placement using the rating scale below.
5 = A significant positive impact could be anticipated.
4 = A positive impact would be anticipated.
3 = The expected impact would be either neutral or the same no matter which RHC the person lives at, or is not pertinent for the person.
2 = A negative impact would be anticipated.
1 = A significant negative impact would be anticipated.

Appendix 3.1.D: State Review Team, Recommendation Form

STATE REVIEW TEAM (SRT) RECOMMENDATION

Name:	
IDT Representative Date:	**Recommendation Date:**

SRT Recommendation:

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURES

Team Chair:	Date:
Team Member	Date:
Team Member:	Date:
Team Member:	Date:
Team Member:	Date:

Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

STATE REVIEW TEAM (SRT) RECOMMENDATION

Residents are listed in order of priority to administratively transfer to the RHC.

Rainier School	Lakeland Village	FHMC

SIGNATURES

Team Chair:	Date:
Team Member	Date:
Team Member:	Date:
Team Member:	Date:
Team Member:	Date:

Appendix 3.1.E: SRT Summary Sheet

STATE REVIEW TEAM (SRT) RECOMMENDATION

Name:	
IDT Representative Date:	**Recommendation Date:**

SRT Recommendation:

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SIGNATURES

Team Chair:	Date:
Team Member	Date:
Team Member:	Date:
Team Member:	Date:
Team Member:	Date:

Washington State Department of Social & Health Services

ADSA Aging & Disability Services Administration

STATE REVIEW TEAM (SRT) SUMMARY

Residents are listed in order of priority to transfer to the indicated RHC.

Rainier School	Lakeland Village	Yakima Valley	FHMC

SIGNATURES

Team Chair:	Date:	
Team Member	Date:	
Team Member:	Date:	
Team Member:	Date:	
Team Member:	Date:	

Appendix 3.2A: Operating Budget Language

Language directing the downsizing of Fircrest School is shown below in full. The dollar amounts shown here are for the costs of managing the project, the cost associated with employee transition, and the costs of transporting clients from Fircrest School to their alternative placement. There are other sums included in the operating budget that are associated with downsizing Fircrest School in Section 205, Chapter 25, Laws of 2003, 1st Special Session for reduction in costs in the RHCs, community placements, and nursing programs.

> Sec. 211, Chapter 25, Laws of 2003, 1st Special Session. FOR THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES – ADMINISTRATION AND SUPPORTING SERVICES PROGRAM
>
> General Fund-State Appropriation (FY 2004).....$35,926,000
> General Fund-State Appropriation (FY 2005).....$25,968,000
> General Fund-Federal Appropriation.....$45,752,000
> General Fund-Private/Local Appropriation $810,000
> TOTAL APPROPRIATION.....$108,456,000
>
> The appropriations in this section are subject to the following conditions and limitations:
> (1) $467,000 of the general fund-state appropriation for fiscal year 2004, $769,000 of the general fund-state appropriation for fiscal year 2005, and $1,236,000 of the general fund-federal appropriation are provided solely for transition costs associated with the downsizing effort at Fircrest School. The department shall organize the downsizing effort so as to minimize disruption to clients, employees, and the developmental disabilities program. The employees responsible for the downsizing effort shall report to the assistant secretary of the aging and disability services administration. Within the funds provided in this subsection, the department shall:
> (a) Determine appropriate ways to maximize federal reimbursement during the downsizing process;
> (b) Meet and confer with representatives of affected employees on how to assist employees who need help to relocate to other state jobs or to transition to private sector positions;
> (c) Review opportunities for state employees to continue caring for clients by assisting them in developing privately operated community residential alternatives. In conducting the review, the department will examine efforts in this area pursued by other states as part of institutional downsizing efforts;
> (d) Keep appropriate committees of the legislature apprised, through regular reports and periodic e-mail updates, of the development of and revisions to the work plan regarding this downsizing effort; and

(e) Provide a preliminary transition plan to the fiscal and policy committees of the legislature by January 1, 2004. ***The transition plan shall include recommendations on ways to***

continue to provide some of the licensed professional services offered at Fircrest School to clients being served in community settings. **(Emphasis added)**

Appendix 3.2.B: Definitions of Services

DDD Services

Professional Support Services: DDD funds the following professional support services for adult DDD clients supported by Community Residential Services: medical and dental services (for clients Medicaid-eligible), psychological Services (used to determine eligibility), professional evaluations (required by the criminal courts), counseling, nursing care, behavioral therapy, communication therapy, physical therapy, occupational therapy, instructional therapy, and other therapies approved by exception. DDD also funds professional support services for persons with developmental disabilities who live with their families.

Note: Client Services Data Base (CSDB) counts for medical/dental services include only those clients whose treatment was paid for by DDD. Those clients whose treatment was paid for by the Medical Assistance Administration are included in the MAA counts.

Family Support Services: These services enable families to keep children with developmental disabilities at home. Family support services include respite care, attendant care, and transportation for attendants or family members. Some clients receiving family support services also receive the following services: nursing care, physical therapy, occupational therapy, instructional therapy, behavioral therapy, communication therapy, and counseling.

Personal Care Service: DDD provides personal care services to Medicaid-eligible children and adults. The major difference between children's and adult's personal care is in the interpretation of the level of need for specific personal care tasks. This service enables eligible individuals to remain in their community residences through the provision of semi-skilled maintenance or supportive services. These services can be provided in the person's own home, a licensed Adult family home (AFH), or an adult residential center (ARC).

DVR Services

Medical and Psychological Services: Agencies contracted by DVR provide medical or psychological evaluations needed to identify work potential and/or enhance job accessibility. Medical and psychological services include the purchase of adaptive devices, prostheses, eye glasses, and job site re-engineering

MAA Services

Dental Services: These include diagnostic, preventive, or corrective services provided by or under the supervision of an individual licensed to practice dentistry or dental surgery.

Hospital Inpatient Care: Hospital inpatient care includes care and treatment to clients admitted to stay at a facility under the direction of a physician or dentist. A licensed or formally approved hospital furnishes these services. This program includes emergency room services to clients

admitted through the emergency room to an inpatient stay. Hospital Inpatient care includes room and board and other ancillary services such as drugs, laboratory, and radiology.

Hospital Outpatient Care: A licensed or approved hospital provides hospital outpatient care to clients treated, but not admitted to stay, at the facility.

Other Medical Services: Other medical services includes durable medical equipment, home health care, hospice care, maternity case management, medically necessary transportation, optometrists, opticians and eyeglasses, chiropractic care, oxygen, hearing aids, and a variety of other services that represent a small proportion of MAA expenditures.

Physician Service: A provider of Physician Services is, or is under the personal supervision of, an individual licensed to practice medicine or osteopathy. Providers furnish physician services in the physician's office, the client's home, a hospital, a nursing home, or a clinic. Physician services include primary care case management.

Prescription Drugs: These include simple or compound substances or mixtures prescribed by a physician or other licensed practitioner and dispensed by licensed pharmacists or other authorized practitioners, with no adjustment for drug rebate.

Managed Health Care Payments: Managed health care payments are fixed monthly premiums paid on a per client basis to managed health care providers. In return for the payment, a managed health care provider makes a range of services available to the client. The one-time payment is independent of the client's use of those services and replaces the traditional fee-for-service arrangement. Health maintenance organizations, which provide services through staff physicians; or health insuring organizations, which contract with primary care physicians to provide services, administer managed health care plans.

Appendix 3.2.C: Most Frequent Procedures

CPT	3 Year Frequency	Type Service	Description
99213	9389	Medical	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity.
D4341	4506	Dental	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces, per quadrant
99214	3915	Medical	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity.
D0120	3228	Dental	Periodic oral evaluation
99212	1761	Medical	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history -- a problem focused examination -- straightforward medical decision making
D1110	1482	Dental	Prophylaxis – Adult
D0220	1107	Dental	Intraoral periapical – single, first film
D0274	1067	Dental	Bitewings – 4 films
90806	1048	Psych	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes.
92507	1005	Speech	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual
D0140	955	Dental	Limited oral evaluation
90804	909	Psych	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes.
90805	832	Psych	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face to face with the patient; with medical evaluation and management services.
97110	831	PT	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
90853	791	Psych	Group psychotherapy (other than of a multiple-family group)
D0150	784	Dental	Amalgam – 2 surfaces, primary or permanent
D0230	755	Dental	Intraoral periapical – each additional film
D2140	741	Dental	Amalgam – 1 surface, primary or permanent
D2150	715	Dental	Amalgam – 2 surfaces, primary or permanent
99211	682	Medical	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising
D9920	680	Dental	Behavior management - Involves a patient whose documented behavior requires the assistance of one additional dental professional staff to protect the patient from self-injury while treatment is rendered.
99215 ~80%	565	Medical	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history -- a comprehensive examination -- medical decision making of high complexity.

CPT	3 Year Frequency	Type Service	Description
97530	543	PT	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
D2330	471	Dental	Resin-based composite – 1 surface, anterior
D0272	399	Dental	Bitewings – 2 films
99203	395	Medical	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history -- a detailed examination -- and medical decision making of low complexity.
D0330	381	Dental	Panoramic film
97140	363	PT	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes
D7210	360	Dental	Surgical removal of erupted tooth
D2331	345	Dental	Resin-based composite – 2 surfaces, anterior
D2160	328	Dental	Amalgam - three surfaces ,primary or permanent
99202	314	Medical	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history -- an expanded problem focused examination -- and straightforward medical decision making.
99312	283	Medical	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient
99311	253	Medical	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient,
D9110 ~90%	244	Dental	Palliative (emergency) treatment of dental pain – minor procedure
D2332	232	Dental	Resin-based composite – 3 surfaces, anterior
97112	231	PT	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
99244	221	Medical	Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
99243	217	Medical	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.
97035	196	PT	Application of a modality to one or more areas; ultrasound, each 15 minutes
99204	191	Medical	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.
D1204	181	Dental	Topical application of fluoride gel or varnish
D2161	178	Dental	Amalgam – 4 or more surfaces, primary or permanent
D2335	176	Dental	Resin-based composite – 4 or more surfaces, anterior
92508	169	Speech	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals
90807	167	Psych	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
D9410	161	Dental	House/extended care facility call
D0210 ~95%	142	Dental	Intraoral – complete series (including bitewings)

Appendix 3.2.D: Other Models Considered

Integrated Services in a Clinic Setting

There are a growing number of persons with developmental disabilities leaving institutions and entering community living with a complex array of medical conditions and disabilities. No single professional is able to provide all facets of such individuals' therapy and health care needs. There is a promising practice identified by MEDSTAT[3], Village Integrated Service Agency, a program of the Mental Health Association in Los Angeles County. This service integrates all components of mental health care including treatment, rehabilitation, family and community support, and self-help. It tailors services to each individual's needs and has become a national model and a training ground to help others replicate its approach.

The integrated model proposed by the work team is based on such "best practices" and the notion of "one-stop shopping" for DDD clients who are more medically complex and who may have co-existing conditions. Integration for the purpose of this proposal is based on high coordination of services that maximizes outcomes. The intent of the integrated model is to provide some professional services through a clinic setting with the goal of integrating its services within the clinic and into the existing healthcare infrastructure**.**

The clinic as proposed would provide services to individuals with developmental disabilities who are otherwise unable to obtain them. This may be due any combination of severity, complexity or chronicity of their medical or behavioral condition and/or to financial barriers, when the lack of professional services creates potential barriers to self-determination and independence in community life. The proposal incorporates multiple goals including:

1. *Direct Care* – provide on-going care, comprehensive assessments, and treatment planning to individuals with developmental disabilities
2. *Consulting and Outreach* – training and consultation with health care professionals, support staff serving clients with developmental disabilities, and family members regarding the special challenges presented in treating persons with developmental disabilities
3. *Building Community Resources* – specialized training opportunities to students of health care in local colleges and universities
4. *Statewide Access* – begin the process of extending the services above to all parts of the State of Washington

[3]Amy Leventhal Stern, Ph.D. *Promising Practices In Home And Community- Based Services California – Village Integrated Service Agency* Issue: Comprehensive, Individualized Services for People with Serious Mental Illnesses Through a Single Provider**. Note:** This report is one of a series of reports by The MEDSTAT Group for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS'website, http://www.cms.gov. Information about the Village is available on the Internet at http://www.village-isa.org

The following is a summary of the clinical services proposed for the integrated model[4]:

- **Medical** – primary care, diagnosis, and referral to appropriate specialties.
- **Dental** – emergent and general dentistry including preventative care and sedation as needed.
- **Speech Pathology** – diagnosis and treatment of functional and organic speech defects and disorders such as stuttering and dysphasia (swallowing disorders).
- **Assistive Technology** – services include directly assisting an individual with a disability in the selection, acquisition, or use of an assistive technology device.
- **Audiology** – identify and measure hearing impairments and related disorders using a variety of tests and procedures.
- **Behavioral** – individual psychological evaluation (including psychological and neurological testing), development of positive behavior support plans (BSP), education to individuals with developmental disabilities as well as family and caregivers, and provide direct therapy when indicated. A special emphasis is on behavior that interferes with needed rehabilitative, residential or vocational services. The goal is to reduce challenging behavior and/or increase the individual's positive engagement with his or her environment.
- **Physical Therapy** – services to reduce disability and pain, restore function, promote healing, and adapt to permanent disability.
- **Occupational Therapy** – focuses on functional performance through the therapeutic use of self-care, work and play activities to increase independent function, enhance development, minimize disability, and enhance the quality of life. For the proposed model this also includes wheelchair adaptation and repair.

Clients Served

Using the model above, the number of clients served and number of services offered was calculated for each area of clinical service. Table 7 below shows the best estimate of the number of unique clients by service area. Appendix 3.2.E contains an explanation of the procedure used to estimate the number of unique clients. It should be noted that some clients would be accessing more than one clinical service in a year so these columns should not be totaled.

Table 7
Estimates of the Number of Unique Clients Served for Each Service Area

Service	Jul-Dec 05	Jan-Jun 06	Jul-Dec 06	Jan-Jun 07	Jul-Dec 07	Jan-Jun 08	Jul-Dec 08	Jan-Jun 09
Assistive Technology	0	36	120	216	240	240	240	240
Audiology	0	98	325	585	650	650	650	650
Behavioral	0	90	300	540	600	600	600	600
Dental	0	120	400	720	800	800	800	800
Medical	0	221	735	1324	1471	1471	1471	1471

[4] In addition, the proposal includes business office services to include – office management, scheduling, billing, medical records, reception, medical transcription, secretarial services.

Service	Jul-Dec 05	Jan-Jun 06	Jul-Dec 06	Jan-Jun 07	Jul-Dec 07	Jan-Jun 08	Jul-Dec 08	Jan-Jun 09
OT/Wheelchair	0	209	695	1251	1390	1390	1390	1390
PT	0	95	317	570	633	633	633	633
Speech Pathology	0	342	1140	2052	2280	2280	2280	2280

Table 8 below includes the estimates from the clinical team members for the number of clinical procedures that can be provided within their respective time frames assuming that about 20% of their time would be involved in Consulting and Outreach. During calendar years 2001-2003, clients averaged 7.2 procedures annually. The average unique clients during each six month period are reflected in the final row.

Table 8
Estimates of the Number of Procedures for Each Service Area
And Number of Unique Clients Undifferentiated by Procedure

Service	Jul-Dec 05	Jan-Jun 06	Jul-Dec 06	Jan-Jun 07	Jul-Dec 07	Jan-Jun 08	Jul-Dec 08	Jan-Jun 09
Assistive Technology	0	36	120	216	240	240	240	240
Audiology	0	97.5	325	585	650	650	650	650
Behavioral	0	144	480	864	960	960	960	960
Dental	0	432	1440	2592	2880	2880	2880	2880
Medical	0	375	1250	2250	2500	2500	2500	2500
OT/Wheelchair	0	208.5	695	1251	1390	1390	1390	1390
PT	0	285	950	1710	1900	1900	1900	1900
Speech Pathology	0	427.5	1425	2565	2850	2850	2850	2850
TOTAL	**0**	**2005.5**	**6685**	**12033**	**13370**	**13370**	**13370**	**13370**
Avg Unique Clients	**0**	**275**	**916**	**1648**	**1832**	**1832**	**1832**	**1832**

Budget

The preliminary budget for this model includes the following areas: proposed staffing, estimated costs, and projected revenue.

Proposed Staffing

The staffing for the integrated model is based on a start date of January 2006 and is graduated over the 2005-2007 Biennium to include increasing amounts of community services as Fircrest School residents leave the institution. The proposal is fully implemented when all residents have vacated Fircrest School by the end of February 2007. Table 9 below shows the staffing levels for the next two biennia.

Table 9
Staffing for Integrated Services Model
2005-2009 Biennia

FTE	FY 2006	FY 2007	B 05-07	FY 2008	FY 2009	B 07-09
Dental	2.0	4.0	3.0	4.0	4.0	4.0
Speech Pathology	2.8	5.5	4.1	5.5	5.5	5.5
Medical	1.5	3.0	2.3	3.0	3.0	3.0
Audiology	0.6	1.2	0.9	1.2	1.2	1.2
Assistive Technology	0.3	0.5	0.4	0.5	0.5	0.5
Physical Therapy	1.5	3.0	2.3	3.0	3.0	3.0
Occupational Therapy	2.5	5.0	3.8	5.0	5.0	5.0
Psychology	1.0	2.0	1.5	2.0	2.0	2.0
Business Office	2.0	4.0	3.0	4.0	4.0	4.0
TOTAL FTE	**14.1**	**28.2**	**21.2**	**28.2**	**28.2**	**28.2**

Estimated Costs

Costs for this proposal include moving, new equipment, lease, salaries, benefits and all other costs for the proposed model. Table 10 shows the total estimated costs by year and biennia.

Table 10
Costs for Integrated Services Model
2005-2009 Biennia

Service	FY 2006	FY 2007	B 05-07	FY 2008	FY 2009	B 07-09
Dental	$304,470	$430,740	$735,211	$379,140	$379,140	$758,281
Speech Pathology	$192,866	$428,832	$621,698	$434,631	$434,631	$869,262
Medical	$214,672	$417,544	$632,216	$378,844	$378,844	$757,688
Audiology	$105,658	$100,657	$206,315	$97,476	$97,476	$194,952
Assistive Technology	$27,681	$60,112	$87,792	$51,161	$51,161	$102,322
Physical Therapy	$133,761	$259,523	$393,284	$220,823	$220,823	$441,646
Occupational Therapy	$170,963	$416,926	$587,889	$348,987	$348,987	$697,974
Psych	$89,665	$215,729	$305,394	$189,929	$189,929	$379,859
Business Office	$243,204	$297,504	$540,707	$245,904	$245,904	$491,807
TOTAL DOLLARS	**$1,482,940**	**$2,627,567**	**$4,110,506**	**$2,346,895**	**$2,346,895**	**$4,693,791**

Projected Revenue

Revenue estimates for the model were calculated as shown in Appendix 3.2.F. These estimates were based on the type of service and the estimated capacity to provide these services. Table 11 below shows the results of this estimation procedure. The column of federal match is the best estimate of the monies that would be captured to offset costs.

Table 11
Estimated Annual Revenue When Integrated Services is Fully Implemented

Service	TOTAL ANNUAL REIMBURSEMENT FROM MAA	FEDERAL MATCH @ 50%
Assistive Technology*	0	0
Audiology**	-	-
Behavioral	$41,081.97	$20,540.99
Dental	$177,367.19	$88,683.59
Medical	$185,749.17	$92,874.58
OT/Wheelchair***	$72,117.83	$36,058.92
PT	$105,614.94	$52,807.47
Speech Pathology	$265,226.94	$132,613.47
TOTAL	**$847,158.04**	**$423,579.02**

* Not currently reimbursed
** Combined with Speech Pathology
*** Wheelchair not reimbursed

All the models below share common goals and requirements albeit in different proportions based on staffing and services provided. Table 12 below is a direct comparison of the models based on the amount of direct care, FTE requirements, number of clients served, cost, and estimated total annual revenue. More complete information on budget (staffing, cost, revenue) and number of clients served is found in Appendix 3.2.G.

Table 12
Comparison of Alternative Models After Start Up

MODEL	Direct Care Services	FTE	Annual Number Served*	Cost	Total Annual Revenue**
Integrated	64%	28.2	4862	2.2 MM	.8MM
Reduced Client Services	76%	17.6	2756	1.6 MM	.5MM
Gap-Based	73%	22.1	3454	1.8 MM	.6MM
University Affiliation	56%	10.5	2067	.9 MM	.4MM

*These estimates show the number of unique clients based on projected number of procedures divided by an average of 7.3 procedures annually for each client.
**Total Annual Revenue is based on Medicaid reimbursement of which 50% is comprised of federal funding and the other 50% is State funding.

Reduced Client Services

This model is similar to the integrated service model described above. The major difference is in the number of professionals and the number of clients that can be served while still emphasizing the integration of services, providing direct services, consulting and outreach. In this model medical, dental, behavioral, audiology and support services are maintained, but minimized. The role of the physician is as a clinic director as well as providing direct care, consulting, and outreach, but without the support of a medical assistant, nurse practitioner, medical assistant to assist with the direct care. Dental services are likewise reduced to providing direct care primarily emergency in nature. Finally, the level of support services is also reduced requiring professional staff to manage more of these tasks themselves.

Gap-Based

The gap-based model emphasizes the services identified in the demand analysis while still maintaining service integration, consulting, outreach and coordination for clients. It is proposed as a clinic-based service model and more closely mirrors the demand for dental, behavioral, and communication services. It also increases the transition manager position to a full FTE in order to assist with the implementation of operational systems.

University Affiliation

The university affiliation model is based on existing relationships between the staff at the Fircrest School and the University of Washington, University of Kansas, and Shoreline Community College. More specifically, the University of Washington has active programs for people with developmental disabilities including: Center on Human Development and Disability (CHDD), Dental Education in the Care of Persons with Developmental Disabilities (DECOD), Tacoma Family Medicine, and Rehabilitation Department Assistive Technology Team. Shoreline Community College also has active programs for paraprofessionals such as speech language pathology assistants. University affiliation has been identified as being important to recruiting and identification of providers for persons with developmental disabilities. Internships with skilled providers have been a major way of educating and increasing the resource base of providers of services for people with developmental disabilities.

This model continues direct care services for dental, communication (speech pathology and assistive technology), and wheelchair repair/adaptation. These services are intended to become a part of the University of Washington and/or Shoreline Community College utilizing their existing infrastructure to provide direct care, consulting, outreach and to build community resources.

Appendix 3.2.E: Estimates of Number of Clients Served

To estimate the number of clients served, the following steps were used:

1. Experience from calendar years 2001 -2003 MAA data
   All procedures paid for by MAA during calendar years 2001 – 2003 for adult DDD clients in King, Snohomish, and Pierce counties were compared to the number of clients served during this same period. CPT codes identified by the RLPS team as being relevant to the adult developmental disabilities population were used to create the data base. The ratio of procedures provided to the number of clients served overall (undifferentiated by type of service) for these years were 6.4, 6.3, and 7.3 respectively. The expectation is that these ratios are likely to continue to increase in the future. Using a ratio of 7.3 procedures per adult client for the next two biennium, the estimate for the total number of clients served for the proposed model for each FY is as follows:

   a. FY 2005 = 2005/7.3 = 275
   b. FY 2006 = 18718/7.3 = 2564
   c. FY 2007 = 26740/7.3 = 3663
   d. FY 2008 = 26740/7.3 = 3663

2. The ratios by service provided was similarly calculated from MAA data and compared against estimates of capacity. The ratios used to calculate the estimates of number of unique clients for each service are shown in the table below:

	# Annual Procedures/Client
Assistive Technology	1
Audiology	1
Behavioral	1.6
Dental	3.6
Medical	1.7
OT/Wheelchair	1
PT	3
Speech Pathology	1.25

Appendix 3.2.F: Revenue Estimate Procedures

ASSUMPTIONS:

1. CPT codes identified by team members will remain about the same over the next two biennia.
2. Federal reimbursement rates will remain approximately the same over the next two biennia.
3. The relative frequency of the procedures will remain the same over the next two biennia.

ESTIMATION PROCESS:

1. CPT codes for each of the service areas were generated for services to be provided.
2. Complete MAA procedure and reimbursement data from 1/12/1996 through 10/21/2004 was obtained for all adult clients of DDD who reside in the community within Snohomish, King, and Pierce counties. Only data from FY2001 – FY2003 was used due to changes in reimbursements for dental services beginning in 2001 and to obtain complete billing information since providers have up to 12 months to submit a bill. Revenue estimates, therefore, are based on three years of experience of MAA reimbursements for relevant CPT codes.
3. Reimbursements for each of the actual CPT codes were based on 2003 reimbursement rates. No attempt was made to estimate changes in reimbursement over the next two biennia for any of these procedures. It should be noted, however, that reimbursements for dental procedures are under review and new rates are expected to go into effect mid-2005.
4. Estimates of the number of procedures that could be provided for each service area were determined by team members representing those clinical specialties.
5. The average reimbursement for the CPT codes for each service were obtained from the most recent (2003) MAA data where possible, otherwise they were obtained from previous years if the procedure wasn't performed in 2003.
6. Estimates of reimbursements were weighted by the relative frequency that the procedures occurred over the three year period. The formula used is as follows: ((number of specific procedure by CPT code for 2001+2002+2003)/(total number of procedures for all CPT codes within a service area for 2001+2002+2003)).
7. The final estimates of revenue by clinical area were determined as follows: (estimated total annual number of procedures/year/specialty)*(Relative frequency of procedures based on 3 years experience)*(average reimbursement during 2003 calendar year per CPT code). When summed, this estimate provides an estimate of the total annual MAA reimbursement including both state and federal contributions. Federal contributions constitute approximately 50% of total MAA reimbursements.

Appendix 3.2.G: Alternative Models Cost, Revenue, Number of Clients Served and Number of Procedures

Budget

	TOTAL ANNUAL COSTS WHEN FULLY IMPLEMENTED*			
Service	**Integrated**	**Reduced**	**Gap Based**	**University Affiliation**
Assistive Technology	$51,161.53	$51,161.53	$51,161.53	$51,161.53
Audiology	$97,476.85	$52,613.43	$52,613.43	
Behavioral	$189,929.32	$96,264.66	$189,929.32	
Dental	$379,140.44	$112,443.69	$379,140.44	$379,140.44
Medical	$378,843.94	$202,910.00	$202,910.00	
OT/Wheelchair	$348,987.44	$176,749.38	$176,749.38	$50,336.70
PT	$220,822.78	$220,822.78	$220,822.78	
Speech Pathology	$434,631.94	$394,887.76	$394,887.76	$394,887.76
Support Services	$245,903.52	$147,302.52	$196,089.02	
TOTAL	**$2,346,897.76**	**$1,455,155.75**	**$1,864,303.66**	**$875,526.43**

*Does not reflect start up costs during first biennium.

Revenue

	TOTAL ANNUAL REVENUE WHEN FULLY IMPLEMENTED			
Service	**Integrated**	**Reduced**	**Gap Based**	**University Affiliation**
Assistive Technology*	$0.00	$0.00	$0.00	$0.00
Audiology**	$0.00	$0.00	$0.00	$0.00
Behavioral	$41,081.97	$20,540.99	$41,081.97	$0.00
Dental	$177,367.19	$88,683.59	$177,367.19	$177,367.19
Medical	$185,749.17	$104,019.53	$104,019.53	$0.00
OT/Wheelchair***	$72,117.83	$24,073.87	$24,073.87	$0.00
PT	$105,614.94	$34,741.76	$34,741.76	$0.00
Speech Pathology	$265,226.94	$238,704.24	$238,704.24	$238,704.24
TOTAL	**$847,158.04**	**$510,763.98**	**$619,988.56**	**$416,071.43**

* Not currently reimbursed
** Combined with Speech Pathology
*** Wheelchair not reimbursed

Clients Served

	ANNUAL CLIENTS SERVED BY SERVICE WHEN FULLY IMPLEMENTED*			
	Integrated	**Reduced**	**Gap**	**University**
Assistive Technology	480	480	480	480
Audiology	1300	650	650	0
Behavioral	1200	600	1200	0
Dental	1600	800	1600	1600
Medical	2941	1694	1694	0
OT/Wheelchair	2780	928	928	0
PT	1267	417	417	0
Speech Pathology	4560	4104	4104	4104

*These columns should not be totaled since clients use multiple procedures annually.

Number of Procedures

	ANNUAL NUMBER OF PROCEDURES AND UNIQUE CLIENTS WHEN FULLY IMPLEMENTED			
	Integrated	**Reduced**	**Gap**	**University**
Assistive Technology	480	480	480	480
Audiology	1300	650	650	0
Behavioral	1920	960	1920	0
Dental	5760	2880	5760	5760
Medical	5000	2880	2880	0
OT/Wheelchair	2780	928	928	0
PT	3800	1250	1250	0
Speech Pathology	5700	5130	5130	5130
TOTAL PROCEDURES	**26740**	**15158**	**18998**	**11370**
AVE UNIQUE CLIENTS	**3663**	**2076**	**2602**	**1558**

Appendix 3.2.H: Draft Outcome Measures

Topic	Measure	Data Source	Report Frequency
Direct Care			
Client Success	Client Satisfaction – model after Speech Path (also staff)	Survey	Annual
	Visit Evaluation 1=one-visit solution 2=still seeing regularly 3= 4=referred w/contacts 5=referred out	Rating	Annual
	Before/after within-subject design	Critical Incidents DB	Quarterly
	Quality of Life - Home adaptation, SIS, CARE, other standardized scales	Regional Support Report	Annual
	Clients Seen - Count	Create DB	Quarterly
	Client goal attainment scale	Rating	
	Progress toward Surgeon General's Goals	Rating?	Annual
Demographic	Comparison w/ General DDD Population - Type and severity of cases	Regional Data MAA & SSPS Data Bases	Annual
Economic	Reimbursement/costs	MAA, SSPS, Critical Incident Data Bases	Annual
	Societal and individual costs		Annual
	Reduced-avoided costs		Annual
	Contracts with other agencies		Annual
	OP vs. IP $$ spent on DDD clients	Ratio based on MAA & SSPS Data Bases	Annual
	Preventative vs. urgent care for all services (Dental, Medical, Therapies)		Annual
			Quarterly Accomplishments Newsletter Web-Site

Topic	Measure	Data Source	Frequency
Outreach			
Volume	Number of classes, people seen	Attendance Sheets	Quarterly
	Time spent consulting, site visits – phone and in person	Time Sheets	
	Publications - Number of published reports	Records	Annual
	Number and amount of grants		
Interns	Number of interns or grads and time of involvement, use grad student to set up research protocols and define populations, look for partnerships with CHDD and other research-based organizations	Time Sheets	Annual
Provider Participation	Number of providers serving DDD	Regional Data MAA & SSPS Data Bases	Annual
	Number of DDD clients seen		
	Improvement in direct care		

Appendix 3.2.I: Staffing by Model

STAFFING FOR LICENSED PROFESSIONAL SERVICES MODELS

	POSITION	Consultative Services	Integrated Services	Reduced Staff	Gap Based	University Affiliation
Medical	Physician	1.0	1.0	1.0	1.0	
	Nurse Practitioner		1.0			
	Nursing Asst. Cert.		1.0			
Audio	Audiologist		1.2	0.6	0.6	
Dental	Dentist	3.0	1.0	0.5	1.0	1.0
	Dental Hygienist		1.0		1.0	1.0
	Dental Assistant		2.0	0.5	2.0	2.0
Behavioral	Psychologists 4-5-6		2.0	1.0	2.0	
Speech	Speech Pathologist	4.0**	4.5	4.0	4.0	4.0
	SP Therapy Aide		1.0	1.0	1.0	1.0
	Assistive Technologist		0.5	0.5	0.5	0.5
OT	OT Supervisor		1.0			
	OT		2.0	1.0	1.0	
	Certified OT Asst.		1.0	1.0	1.0	
	Wheelchair Tech		1.0	1.0	1.0	1.0
PT	Physical Therapist		1.0	1.0	1.0	
	PT Assistant		1.0	1.0	1.0	
	PT Aide		1.0	1.0	1.0	
Support	Recept/Sched/Sec		1.0	1.0	1.0	
	Transition Manager		1.0	0.5	1.0	
	Medical Asst./Pt. Svcs		1.0			
	ART/Med.Transcrip.		1.0	1.0	1.0	
	Senior Office Asst.	1.0				
	Total	**9.0**	**28.2**	**17.6**	**22.1**	**10.5**

*Assistive Technologist/Wheelchair combined
**Team to work together to provide communication and wheelchair services.

Appendix 3.2.J: Other References

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