



REPORT TO THE LEGISLATURE

DSHS DDA Enhanced Adult Family Home Specialty Pilot

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Overview

Under the new law, Senate Bill 5672, the Developmental Disabilities Administration within the Department of Social and Health Services initiated a unique pilot program for enhanced adult family homes. The law requires the administration to work with people and community partners all over the state to plan and propose the new Enhanced Adult Family Home Specialty pilot and submit a decision package. To get ready, our administration has been meeting with community partners to gather the information and data we needed to submit our proposal for the 2023-2025 supplemental budget.

The ESSB 5187 law set aside funds for the EAFH Specialty pilot project, which was created to develop a special payment rate for adult family homes. The goal of the funding was to help 100 individuals with intellectual or developmental disabilities who also have other health or behavioral health diagnoses.

The legislation required the department to submit a report to the legislature by December 1, 2024. The bill directed us to indicate how the funds were used and the associated outcomes. The bill also requested comparisons of admissions and lengths of stays relative to other residential service settings.

This report presents the work completed in developing and delivering specialized training to AFH providers participating in the DDA Enhanced Adult Family Home Specialty pilot, referred to as the DD Specialty AFH Pilot. These trainings were designed to support providers and their staff to better understand the goals and wishes of residents they support. A key takeaway illuminated in these trainings is that while these individuals have their own unique support needs, they want to live a life as any other adult by pursuing their goals and dreams.

The data and stories from participants included in this report demonstrate the importance of having access to the specialty supports the AFH provider can deliver with the additional resources. The specialty supports have assisted individuals in exploring and working toward person-centered goals, maintaining and enhancing their skills and having a valued social role in their communities. The additional investment by the legislature has significantly contributed to the success and achievements that participants have gained in their pursuits of happiness, meaning and purpose.

Having a purpose in life changes one's outlook and gives individuals a sense of pride and accomplishment. In the words of Wolf Wolfensberger, PhD., ***"When they have valued social roles in their community the chances of living a good life go way up."***



Taylor and Thomas (twins) are amazing artists and have been saving or gifting their work to friends and family. Here is a picture of them at their elaborate art studio with some of their artwork.



When given the idea of donating to others in the community, they were very excited to do so. To date they are proud to have donated 16 pieces to a local memory care living facility.

Adult Family Homes, The Vision and Collective Bargaining

Adult Family Homes

Adult family homes are privately owned or rented by licensed providers in community-based neighborhoods. They are licensed and contracted to care for two to eight individuals aged 18 or older. Additionally, they provide a bedroom (single or shared), meals and snacks, medication administration, supervision, laundry, and varying levels of care based on every individual's support and care needs.

The AFH model pays providers a daily rate per individual to deliver personal care supports (based on their CARE assessment classification level) funded by Medicaid via the Community First Choice program. The daily rate, which varies for every individual based on their CARE assessed needs, provides funds for providers and staff to offer "personal care" services with activities of daily living, such as bathing, dressing, and medication administration. A Community Integration add-on is available for every individual who needs and wants it. In addition, a Meaningful Day add-on is available for individuals who meet the eligibility requirements as assessed in their CARE assessment.

For years, individuals with intellectual and developmental disabilities, family members and community partners have been advocating that specialized supports beyond personal care are critical in adult family homes. Every individual has unique support needs based on their intellectual or developmental disability and lived experience. Additionally, adult family home residents should not be denied opportunities to achieve autonomy and live a life they want. They should receive the support needed to experience the integrity of community living like other citizens.

AFH providers are unable to provide that support based solely on the Community First Choice service model and daily rate. CFC does not provide funding for staffing to support individuals to develop their personal skills and work toward the goals they wish to pursue.



The importance of honing skills and pursuing goals cannot be stressed enough. Working toward goals promotes personal growth and a greater sense of meaning and purpose in life. Drawing from the work of Martin Seligman, Ph.D., former president of the American Psychological Association and co-founder of Positive Psychology (an orientation focused on factors that enable people to flourish in life), meaning and purpose are foundational elements to living a good life.

Stretching adult family homes to provide specialized support as well as providing activities of daily living support without increased funding, is unsustainable. Any expectation placed on adult family homes to manage both types of support requires targeted investments. The proviso investment for the DD Specialty AFH Pilot enabled facilities to hire additional staff to ensure they could provide individuals with the necessary support to maximize the pilot benefits and maintain staff consistency, which has been critical to its success.

The additional funding was used by the facilities to improve staff skills in supporting individuals with the identification of personal goals and assistance with attaining them.

AFH providers have also shared that they want to specialize in services to people with intellectual and developmental disabilities and deliver supports beyond personal care. Therefore, continued investment in this specialty resource is highly recommended to provide additional adult family homes with funding to assist additional individuals to participate.

The need for DD Specialty AFH funding comes from the voices and choices of individuals and families. Specifically, they are reluctant to opt for an AFH setting due to the limited services focused on personal care. Currently, these expanded services are offered through Residential Habilitation services provided by supported living agencies that are contracted community residential providers or by the State Operated Living Alternative program. Both settings face challenges as supporting individuals often requires establishing an individual household, including locating and renting a home, hiring and training new staff, and working with individuals and families in choosing housemates. Supported living providers have historically offered staffing support needed by individuals whose needs could not be met in other settings. Moving forward, some of these individual's needs could potentially be met in a DD Specialty AFH by staff who have received additional training and support, resulting in enhanced skills and tools to help people live the lives they want. Investing in DD Specialty Adult Family Homes would provide individuals with intellectual and developmental disabilities the opportunity for greater access to residential supports geographically and a decreased financial investment for the state.

DD Specialty AFH Pilot – The Vision

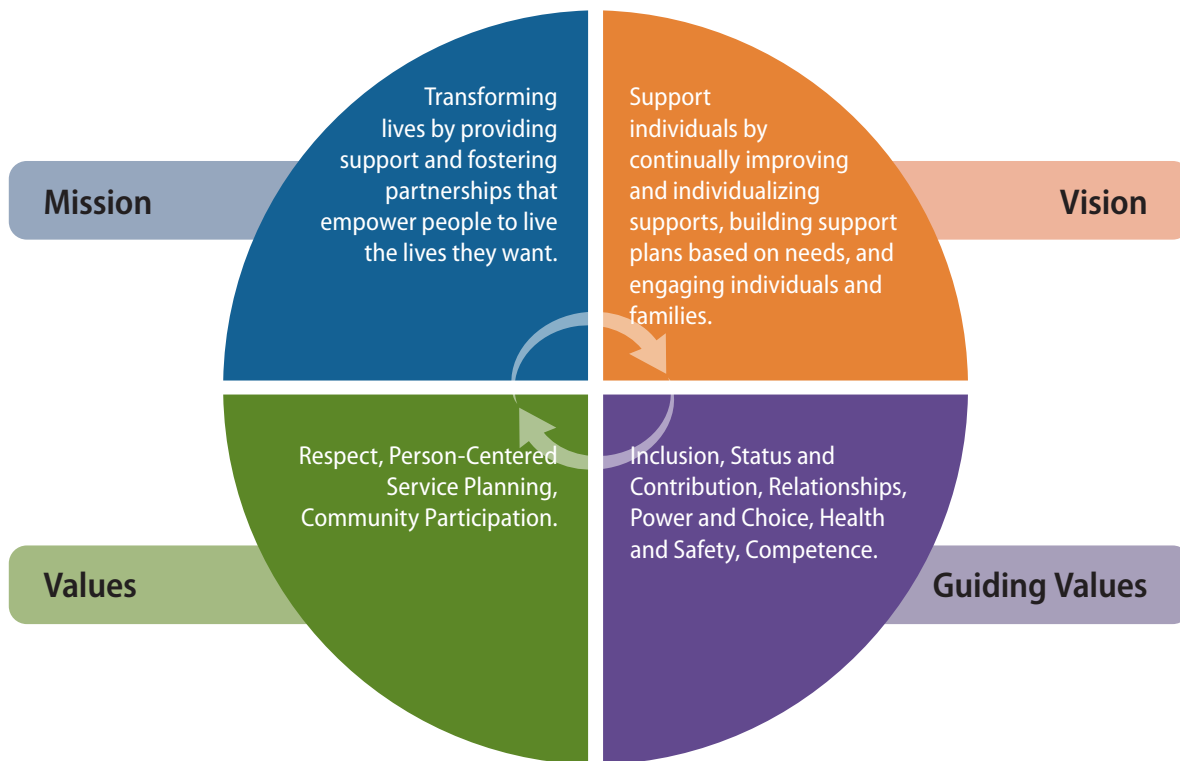
In Fall 2019, work began with individuals with intellectual and developmental disabilities, the adult family home council, community partners and the department collaborating to brainstorm ideas on better meeting the unique needs of adult family home residents who have intellectual and developmental disabilities. In 2022, we were directed by SB 5672 to continue this collaborative work to design and implement an AFH Specialty Service that exclusively serves individuals who



have a primary need of care related to an intellectual or developmental disability, wanting to live in an adult family home, and meet eligibility requirements. We collaborated with individuals, family members, community partners, and internal staff to propose the DD Specialty AFH Pilot decision package.

A quote from a parent during one of these meetings captures what individuals and their family members want to be the focus of the DD Specialty AFH pilot that would help individuals and families consider an AFH as a community living option for their loved ones.

“My daughter should not lose what she has worked so hard to achieve in her life, moving to an adult family home should enhance her life and not limit her. Adult family homes are only required to do personal care, and she needs to have the supports to maintain and build on her strengths and skills by fulfilling her life with more meaningful activities at home and her community and assist her in working on her life goals.”



Using our mission, vision, and values as the framework, the department submitted the pilot decision package in December 2022. The department had requested the pilot to serve 400 people with an intellectual and developmental disability who also experience co-occurring health or behavioral health diagnoses. The decision package posited that the pilot would enhance a community residential service model option exclusively for DDA-enrolled individuals living in adult family homes. Although service to 400 individuals was requested in the pilot decision package, funding was subsequently granted in the 2023-2025 supplemental budget for 100 individuals statewide along with the staffing resources at DDA to support the pilot.



Work to fulfill the request began immediately. The department engaged in the development of specifically designed to enhance the skills of DD Specialty AFH pilot providers and staff to provide specialized supports for each of the 100 participants.

The goal of the four trainings is to provide DD Specialty AFH pilot providers and staff the opportunity to learn how to increase life enriching opportunities for individuals so that they can maximize their full potential and have supports available to realize their goals. All four trainings have been approved by our training unit and provide continuing education credits.

The first two trainings include DD Specialty AFH Pilot Orientation and Enhancing the Person-Centered Approach to Care in Adult Family Homes which outline the pilot purpose, requirements, expectations and framework of the pilot and our core value of person-centeredness. The third training, Beyond First Aid – Recognizing and Responding to Medical Emergencies was written by our medical director, nursing director and several subject matter experts and adapted to AFH settings. The fourth training, Anatomy of a Meltdown was created and presented by our clinical director, Philip Diaz, PhD. These trainings have been essential in providing additional skills and tools that address de-escalation, guidance for cues of escalation and alternatives to manage such situations to avoid escalating into a crisis. Additional information about these trainings is detailed later in this report.

Collective Bargaining with the Adult Family Home Council

In May 2023, the department met with the Adult Family Home Council to begin the collective bargaining process. This process involved several meetings throughout June and July 2023. The parties agreed to a memorandum of understanding on the terms of the DD Specialty AFH pilot contract in July 2023.

The memorandum of understanding also includes the responsibility of the department to provide the Adult Family Home Council with monthly and quarterly reports, and a meeting every six months to provide updates and respond to questions.

Contracting

The DD Specialty AFH pilot contract terms included eligibility requirements for both adult family homes and their DDA residents interested in participating. The contract specifies the details for the pilot trainings and timelines for completion for the AFH providers and their staff and the responsibility of the home to complete monthly documentation.

The contract process was completed in mid-August 2023 and the process of assessing potentially eligible adult family homes began and included discussions with the AFH providers on the requirements of the pilot.

On September 1, 2023, the DD Specialty AFH pilot was launched statewide with three contracted DD Specialty adult family homes, one in each region. The first group of sixteen participants were enrolled in the pilot.



Recommendations Moving Forward

The stories told by the 100 participating individuals about their experience in the pilot are nothing short of inspiring. By receiving the supports from the DD Specialty AFH pilot, each participant is supported to pursue their life interests and goals. The pilot has accentuated the importance of everyone’s voice and self-worth that is reflective in the positive outcomes so far.



I think it's pretty incredible the effect the Pilot has in a positive light. I can only imagine the growth and stability it's going to continue to provide for the residents we serve.

– Kaye McVay, provider of Natural Bridges AFH

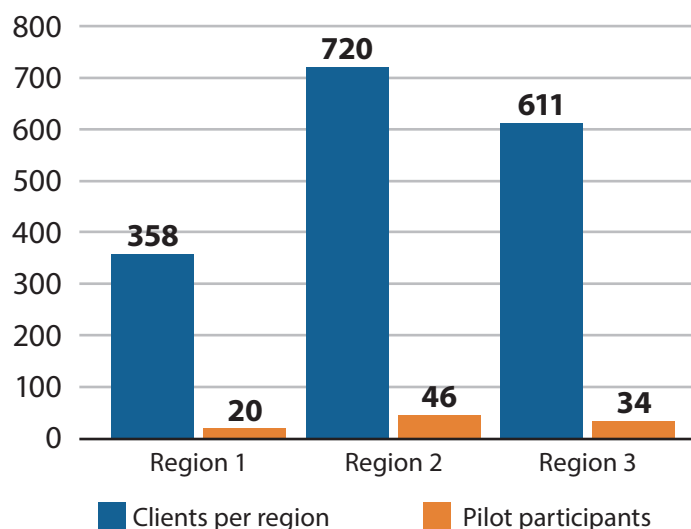


The pilot provides the participating providers and their staff specialized trainings that are required to provide DD Specialty AFH supports. These trainings focus on teaching AFH providers and staff to promote personal growth in life skills and personal goals that people with an intellectual and developmental disabilities want for themselves.

Individuals participating in this pilot are motivated and excited to be part of it, but not just for themselves. Instead, many have stated that they want to do well to advocate to the legislature so that other individuals with an intellectual and developmental disabilities can also receive more than personal care services in their adult family homes. Most importantly, these individuals want to show the positive impact of this investment and the enhanced services that are provided.

The 2023 caseload report shows 1,689 clients of DDA served in adult family homes. The chart below is a comparison of our current population (broken out by region) vs the 100 participants in the DD Specialty AFH pilot.

Clients Living in AFHS vs. Clients Participating in the Pilot



² 2023 Caseload and Cost Report

⁴ DDA EAFH Specialty Pilot Data reports



The chart shows that this investment has benefited a tiny percentage of the population. Enhancing the supports offered in adult family homes for people with intellectual and developmental disabilities will provide a much more desirable option for those pursuing long-term residential choices offered in nearly all geographical areas of the state. Some alternate residential choices are far more expensive than the pilot's enhanced service package. The department's non-facility based long-term residential options are continually challenged with obtaining and retaining homes that clients rent. The AFH model results in a decreased time between when an individual requests residential support and when they start receiving services. The AFH model is such that when someone requests an AFH referral, there is no need to locate and rent a home or hire staff because the home already exists, and staffing is typically already in place. Once an individual visits the home and meets their potential housemates and staff, it can take less than a month from referral to mutual acceptance and a scheduled move-in date. In contrast, Residential Habilitation may take over 270 days from referral to the start of services.

Pilot Design

Individual and AFH Eligibility

For an individual with intellectual and developmental disabilities to be eligible to participate in the pilot program, they must live in an AFH that has a contract for the DDA Specialty AFH pilot, have a current CARE assessment, receive Medicaid services through the Community First Choice program and agree to participate.

The process of reviewing adult family homes for potential participation in the DD Specialty AFH pilot involved several steps:

1. We reviewed all adult family homes in the state that hold an agency AFH contract.
2. Of those adult family homes, we identified providers that were supporting all DDA-enrolled or DDA-eligible individuals.
3. We looked at the CARE-assessed behavior point scores of all individuals in each home. Higher scores indicate more frequent and intensive behavioral support needs. The scores also provide insight into a person's ability to be redirected from the behavior.
4. Adult family homes that support the greatest number of individuals who had CARE-assessed behavior point scores over 12 were considered first due to the frequency and intensity of the provider support needed in those homes.
5. Next, we reviewed geographical locations where homes were located to identify the same percentage of clients statewide based on AFH utilization in each region. This gave us the number of clients and homes in each region.
6. And last, we looked at Residential Care Services' licensing inspection findings for the adult family homes identified. We did not consider homes with current health and safety citations for participation in the pilot.



Enrollment Process

Based on funding appropriated for the pilot, the department implemented the rollout at the rate of 16 individuals per month for six months, and four individuals in March 2024. The goal is to maintain 100 participating individuals through the end of fiscal year June 2025.

The statewide distribution of these 100 individuals and their respective DD Specialty AFH is proportionate to the number of individuals receiving supports in an adult family home, per region. The 100 individuals and their respective DD Specialty AFH homes are dispersed as follows:

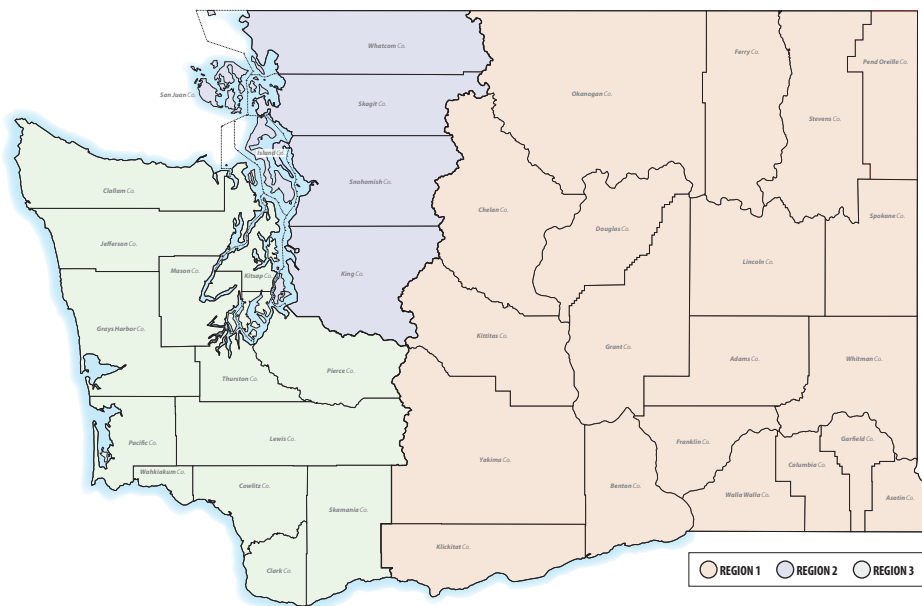
100 individuals in 20 Adult family homes Statewide

Region 1 = 20/4 Adult family homes

Region 2 = 44/9 Adult family homes

Region 3 = 36/7 Adult family homes

⁴ DDA EAFH Specialty Pilot Data reports



Starting August 2023, we began contacting potential adult family homes, each DDA-enrolled individual living in the selected home and their legal representatives, if they had one. The outreach provided information about the pilot and to determine if they were interested in participating. Visits at each adult family home were scheduled to complete the pilot orientation.

It was valuable to meet individuals, providers and staff to talk about the pilot expectations and benefits. Once an AFH provider agreed to the contract, each DD-enrolled individual in the home was asked if they wanted to participate in the pilot and the overall response was a resounding "YES." Once agreements to participate were signed, the DD Specialty AFH pilot contract was initiated.



As of June 30, 2024, three individuals disengaged from the DD Specialty AFH pilot. Two were discharged by the AFH due to their behaviors and related safety risks posed to others in the home. The third participant was discharged as they moved home for family reasons. However, our administration was able to fill those vacancies quickly and the pilot has remained at capacity each month.

Provider Training and Resources

The terms and conditions of the DD Specialty pilot contract includes specific training requirements for the provider and their staff. These trainings focus on individuals with an intellectual and developmental disability and their unique support needs as they strive toward their goals to live the lives they want. The trainings covered numerous topics including:

- The history of developmental disability services in the U.S. and the lessons learned.
- The importance of how we keep moving forward.
- Individual differences in lived experience.
- Skills needed to support an individual's unique needs.
- Information and resources to support the desired skills and goals each participant wants to accomplish.

The trainings equip providers and staff in several ways including:

- Understanding the individuality of a person with intellectual and developmental disabilities.
- Learning how each person communicates to build trust and understanding.
- Determining when an individual is at baseline and how our interactions can support them in returning to baseline when they become dysregulated.
- Determining a person's interests and goals.
- Providing tools and resources to aid in supporting individuals striving to accomplish goals.



The training provides a supportive, person-centered approach so that individuals can work toward their goals, develop skills and achieve greater meaning and purpose in life, just as every neurotypical person has opportunities to do. Every person should have the undeniable right to feel and experience their personal growth, build upon their self-worth, be a community member and strive toward their individual life goals.



Each training provides continuing education hours that apply toward the annual training requirement for AFH providers and staff. During the pilot to date, the team has provided 50 trainings to 73 providers and staff. These trainings include: (4DDA EAFH Specialty Pilot Data reports)

- **DD Specialty AFH Pilot Orientation.**
 - Three continuing education hours.
 - 29 trainings completed.
 - 66 out of 73 staff completed this training
- **Enhancing the Person-Centered Approach for Individuals with Intellectual/Developmental Disability.**
 - Four continuing education hours.
 - Eight trainings completed.
 - 66 out of 73 staff completed this training
- **Anatomy of a Meltdown.**
 - Three continuing education hours.
 - Five trainings completed.
 - 66 out of 73 staff completed this training
- **Beyond First Aid – Recognizing and Responding to Medical Emergencies in Adult Family Homes.**
 - Six continuing education hours.
 - Eight trainings completed.
 - 66 out of 73 staff completed this training

Providers and staff have stated that these trainings have helped them better understand the unique needs of the people they support, and the training has helped them recognize that individuals they support have goals and aspirations beyond their need for personal care. Most importantly, providers have had the honor and pleasure to witness the growth in self-esteem of the individuals they support.

Similarly, providers and staff have a greater understanding when working with an individual with behavioral support needs. They are learning new skills to intervene and teach positive ways to meet underlying needs that had previously been unmet when challenging behaviors were exhibited. Subsequently, they have stated that the overall atmosphere in their AFH has become more positive and fun for all.

“

The pilot has made a huge difference for us. It feels like it put all the pieces to a puzzle together that hasn't worked for years. We have a new resident who moved in recently from his family home. When there is availability in the pilot, he is excited to become a part of it!

– Provider at Olympic Neighbors AFH”



Behavioral Support and Guidelines

One of the required trainings for DD Specialty AFH pilot homes is Anatomy of a Meltdown, which was developed by our clinical director, Philip Diaz, PhD. This training has been a tremendous asset to providers and staff as they are learning new ways to recognize when an individual may be experiencing emotional distress and how to provide support to prevent further escalation.

The emphasis of this training is knowing the abilities and demeanor of an individual when they are at their baseline, which is critical for two reasons. First, the optimal time to teach new and proactive skills for the individual to get their needs met is when they are at baseline. Second, recognizing when a person is moving out of baseline cues providers and staff to intervene and support the individual to return to their baseline to avoid further escalation. Baseline is also the best time to assist someone in learning coping skills, which they can later be cued to use to return to baseline when they are in times of distress.

Anatomy of a Meltdown has been a long-awaited answer for providers and their staff who have wanted to learn more approaches and techniques to foster positive relationships with those they support. This training has also been an answer for providers and their staff who have wanted to learn de-escalation techniques for individuals experiencing an acute episode of emotional distress.

As a result of this training, several providers and their staff have incorporated the approach and techniques from Anatomy of a Meltdown in their homes. They have helped everyone build their own “emotional toolbox” of coping strategies they can use when they start to feel upset. They are also helping individuals practice ways to better communicate their needs. It has been so successful that individuals are supporting each other, and the atmosphere of the homes has improved tremendously.

The DD Specialty AFH pilot included the addition of a psychology associate to work with individuals, providers, and staff participating in the pilot when additional support is needed. The position was filled in November 2023 after a lengthy interview process.

The psychology associate is available to work with each DD Specialty AFH provider, staff, and individual to assist with strategies and supports that may be needed for those who are experiencing behavioral challenges.

The psychology associate will meet with the individual and provider at the adult family home, in-person or virtually, to observe interactions, complete interviews and gather other pertinent information. Once he has gathered enough information and data, he offers new techniques and support approaches through a summary of recommendations and guidelines. He provides specific training and ongoing follow-up contact as needed to support providers and individuals in implementing the new support strategies.

Providers and staff have gained greater insight into both the individuals they support and the overall community atmosphere in their DD Specialty AFH. The psychology associate has spent significant time with DD Specialty AFH pilot providers to gather information, assess behaviors,



collaborate to develop solutions, provide training to implement plans, monitor subsequent progress and adjust, where needed. The information he provides in the AFH Pilot Behavioral Guidelines Summary has helped staff build upon their skills to approach difficult situations.

Several individuals have been open to the opportunity to meet with the psychology associate to answer questions, explore how they communicate and identify when they are starting to feel anxious or upset. This has helped many to learn how to self-regulate so that they can potentially avoid increased agitation. Individuals are learning how to build their self-esteem and how to communicate in other ways to get their needs met in a positive way. One individual requested to refer himself for help with social skills in the community. To date, the psychology associate has received 18⁴ DD Specialty AFH individual and provider referrals statewide.

This is a quote that a provider regarding two pilot participants who have worked with the psychology associate and the team:

“

JD & LL have both shared that (they) feel excited and proud to be learning how to manage their own behavior. They have stated their lives are more positive and “happy” as a result of learning new skills.

– Kaye McVay, Natural Bridges AFH

”

Quality Assurance Oversight

Quality assurance monitoring and oversight procedures were established at the beginning of the pilot and have been an integral part of developing, implementing, and evaluating the success of the DD Specialty AFH pilot.

Our team works directly with providers to monitor the terms of the contract including training timeline requirements for each AFH staff member, data collection of monthly required paperwork, periodic on-site visits, coaching and feedback on goal-writing, goal development and ongoing progress reports. AFH pilot specialists complete pre-surveys and six-month surveys with both individual participants and their providers. Follow up surveys are also completed after each psychology associate consultation to get feedback from providers on the recommendations and training provided.

The required monthly paperwork for each participant includes the goal progress report and calendar. The goal progress report tracks the days of the month the goal was worked on, and the amount of time spent working on the goal daily. Individuals choose their own goal(s), because, if it's not their goal, they will not be motivated to work on it. The steps to achieve a goal(s) is developed via collaborative efforts between the provider and individual.

Providers are trained to write goals in a manner that they can be measured and achieved. Sometimes small achievable goals are written to work toward a larger goal. A skill level assessment is undertaken to determine what skill level the individual should begin at once a goal is established and the steps to achieve it are in place.



The availability of department staff to support the providers and staff to write and implement an individual's goals has been crucial to the success of the pilot. Doing something new and different above and beyond personal care services is very new and exciting but also takes time and effort to learn and implement.

Comparison – Rate of Admissions and Length of Stay

Currently, there are more than 5,500 licensed adult family homes in Washington state and this number is growing weekly. There are 1,689¹ + DDA-enrolled individuals living in adult family homes statewide, with new individuals choosing to move into adult family homes each month.

Below is a description of each setting the legislature requested comparison to:

- **DDA Specialty AFH Pilot**
 - Weighted average base daily rate for fiscal year 2024 = \$231.33
- **Enhanced Service Facilities** support individuals with mental health issues and is only accessible to AL TSA-enrolled individuals.
- **Transitional Care of Seattle** is a nursing facility that is a statewide resource located in Seattle, and not easily accessible statewide. They assist the Aging and Long-Term Support Administration's mission to support people transitioning from acute care hospitals to care in their homes or communities.
- **Residential Habilitation** is our community residential option that requires a Core waiver, and hours of support can vary from a few hours a month up to 24 hours per day. Supported Living is a service delivered by contracted community Supported Living residential providers. Each home has two to five residents, each with differing support needs. Individuals receiving Supported Living are responsible for paying their own rent, food and other living expenses.
 - Number of individuals that entered this service for fiscal year 2024 = 224.
 - Weighted average daily rate of those who entered this service for fiscal year 2024 = \$621.87.
- **State-Operated Living Alternative** is our residential option that requires a Core or Community Protection Waiver and offers hours of support up to 24 hours per day. Individuals supported by SOLA share the home with up to three other individuals. Individuals are responsible for paying their own rent, food and other living expenses. This residential option is offered in six counties statewide.
 - Number of individuals that entered this service for fiscal year 2024 = 12 out of the 224 in Supported Living above.
 - Weighted average daily rate of those who entered this service for fiscal year 2024 = \$1,118.81.



- **Group Homes** are our community residential option that requires a Core waiver. Group Homes offer person-centered instruction and support in a community-based, licensed residential facility that typically serves five to twelve adults. The services are based on individual need and shared support within the facility.
 - Number of individuals that entered this service for fiscal year 2024 = 4.
 - Approximate average daily rate of those who entered this service for fiscal year 2024 = \$555.10.
- **Companion Homes** are our community residential option that requires a Core waiver. Companion Homes provide 24-hour support and supervision for one adult in a home setting, with short term relief (also known as respite) available to the provider.
 - Number of individuals that entered this service for fiscal year 2024 = 4.
 - Approximate average daily rate of those who entered this service for fiscal year 2024 = \$285.31.

It is important to note the impacts to individuals with intellectual and developmental disabilities and their families as well as the impacts to the state by increasing the investment in and accessibility to DD Specialty adult family homes:

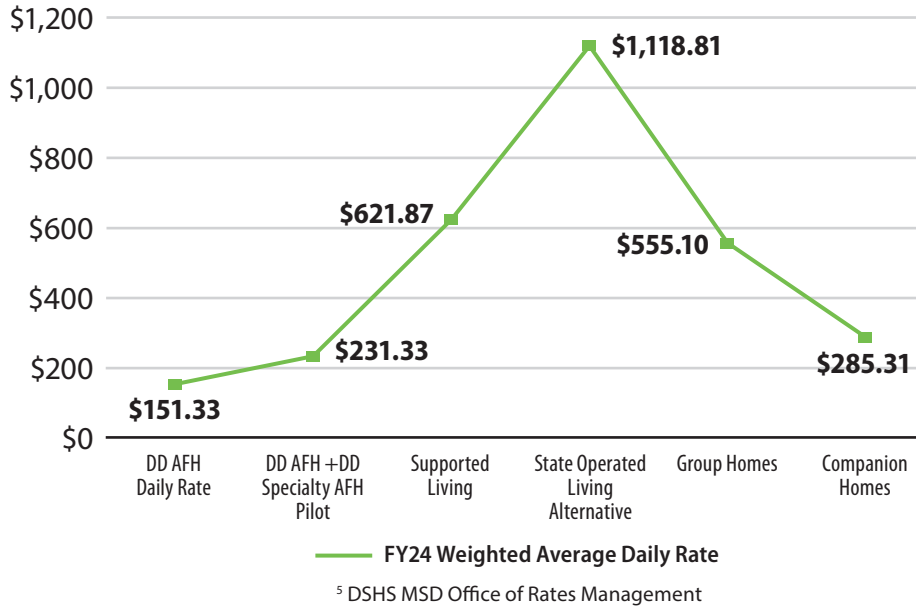
- Unlike the department's community residential options listed above, adult family homes exist in nearly all geographical areas of the state.
- AFH services result in a lesser financial investment for the state than other community residential options due to the increased federal match for CFC-funded services.
- It is often a much quicker process for a person to receive services and supports in an AFH than in other residential service settings options.

Over the past few years, individuals with intellectual and developmental disabilities living in adult family homes and the number of adult family homes serving DDA-enrolled individuals has grown significantly statewide. In 2018 (pre-pandemic), there were 1,400 individuals living in adult family homes. By March 2022 there were 1,560, that is an increase of 160 individuals during the COVID-19 pandemic.

Although admissions to adult family homes continue to rise, investing in these to offer a wider range of support services beyond personal care services is fundamental to making them a more viable and desirable residential service option for families. Shown below is a comparison of daily rates by setting.



Comparison of DSHS DDA Residential Settings FY24 Weighted Average Daily Rate

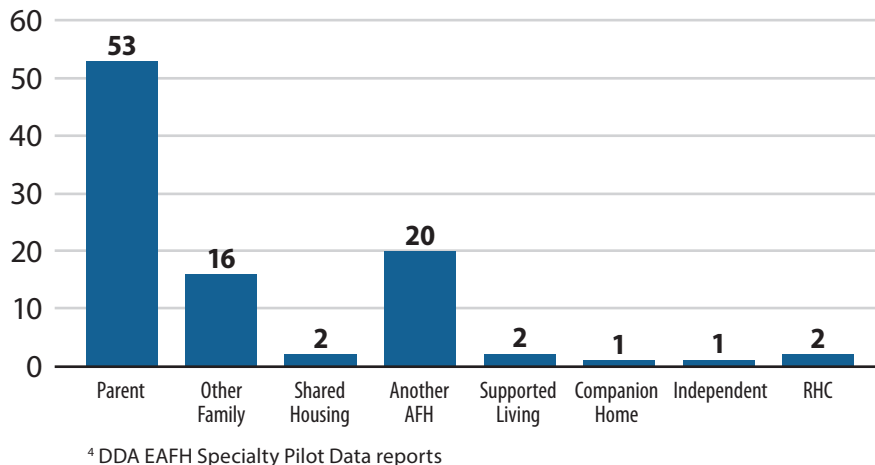


Additional DD Specialty AFH funding is an investment in meeting the needs of the increasing number of individuals seeking residential supports in the community. This investment will result in cost savings and a timelier means of accessing residential services to meet their support needs.

Further, this proposed investment aligns with requests from community partners across the state who have been advocating for this specialty option for years.

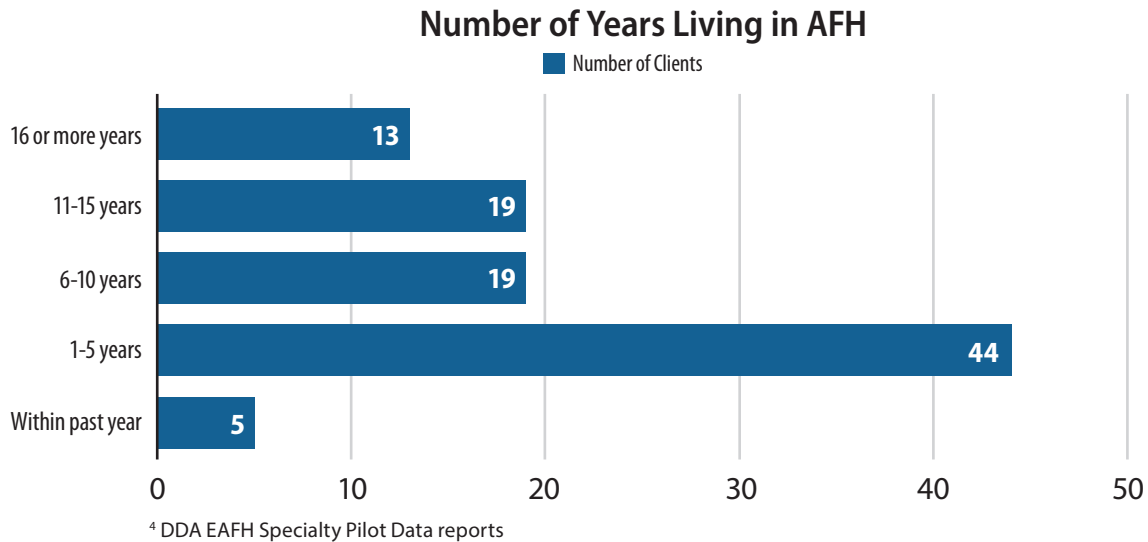
Another interest for the legislature is where individuals move from, before living in an adult family home. The chart below indicates each pilot participant's previous residential setting. As is evident, most of those individuals moved from a parent or family member's home.

Settings From Which the Clients Moved From:





Adult family homes provide long-term stability for individuals with intellectual and developmental disabilities. As shown below, many of the individuals participating in the pilot have lived in an adult family home for a few years.



This data is essential for the future of DDA-enrolled individuals as the growth continues in both the desire and need for services in adult family homes. To meet the increased number of individuals living with parents or other relatives who may need to access services in the community at any time, we must offer the supports necessary for individuals to be successful.

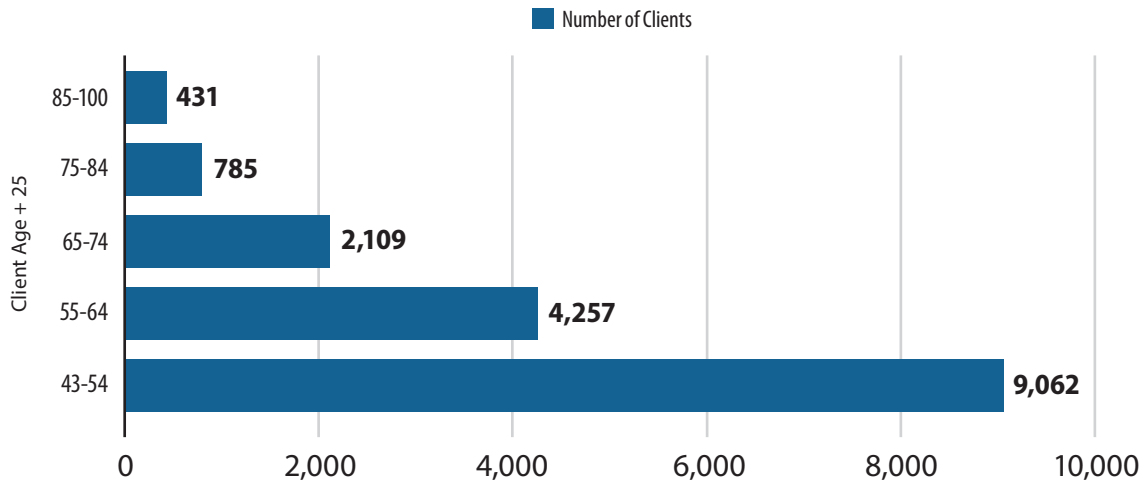
Given this anticipated need as well as the challenges facing other community residential service options, it is evident that further investment in DD Specialty adult family homes will be critical in meeting this need.

Individuals with intellectual and developmental disabilities Receiving Services Currently Living with Parents or a Family Member

As of July 1, 2024, there are 16,644³ individuals with intellectual and developmental disabilities aged 18+ living with parents or family members. This data reflects the enormous number of individuals who may need support outside of their parent's or family member's home at any time. Further, the data below suggests that we can anticipate a large wave of individuals in need of care outside of their parent's or family member's homes especially as these familial caregivers are aging.



Number of Individuals Living at Home with Aging Parents or Family Members



¹ AFH Meaningful Day Extract Report

Every year the department is challenged with many emergent situations when an individual who unexpectedly and immediately needs a supportive place to live due to a parent or familial caregiver who is no longer able to provide care. This could be due to death, illness, or any other significant life event that impedes their ability to continue providing care.

Sadly, a recent situation occurred involving an individual who is non-verbal who was living at home with his 91-year-old mother. It was noted he was not attending his weekly outings, and no one was able to reach his mother so his backup contact, his brother, was called. The brother went to the home and found that their mother had unexpectedly passed away several days earlier. For days, his brother had survived on cereal and peanut butter and jelly sandwiches but did not have the skill or ability himself to call for help. Fortunately, this individual was able to transition into a DD Specialty AFH pilot home where one of his lifelong friends resides, however he is unable to participate in the pilot at this time since it is at the full capacity of 100 individuals. This is yet another reason why continued funding for DD Specialty adult family homes is needed. These types of situations occur all too often, and it is devastating to individuals who had been receiving care from their family member before the family member passed away. Losing a parent or other family member who is also one's care provider is overwhelming and the subsequent move from home to a new, unfamiliar setting creates even more trauma in this very difficult life transition.

Historically, parent and family caregivers have been hesitant to seek AFH residential services because they report their family member needs more supports than CFC provides. The services offered in the DD Specialty AFH pilot include supports that clients and families have been asking for.

Our department created this pilot with the input of our community partners to focus on the support needs they feel are most important and in a manner that advances our person-centered



services. It is paramount for us to assure our individuals and families that we are continuously working to offer the services that are important to meet the ever-changing needs of each individual and that they are more broadly available.

The legislature and our department can support families by providing additional funding for adult family homes to offer DD Specialty AFH services statewide. This investment is vital and data reflects the efficacy of the pilot. The need is clear, and we can confidently state, without hesitation, that adult family homes statewide have openings and have specifically requested to serve people with intellectual and developmental disabilities.

Being proactive and offering viable support options for clients and families will likely result in a thoughtful transition from parents' or relatives' homes into the community before an urgent or emergent situation such as the one described above occurs

Progress from September 2023 – September 2024

In preparation for this report, data has been collected for each participant, provider, and staff that includes, but is not limited, to the following:

- Each participant's monthly goals progress reports.
- Referrals for psychology associate services.
- Pilot satisfaction survey results from individuals and or their representatives, and providers.
- Trainings completed by providers and staff.

“

I have been able to see the residents in a whole new light! I realized they have personal goals when actually sitting down and talking with them. I have also seen progress in other areas of their lives. Also, it has brought the residents so much closer.

– DD Specialty AFH Pilot provider.

”

Each participant started the pilot with one goal, but some have requested to have two goals. To foster goal development, the provider and staff, along with department staff, assisted with completing a strengths, abilities, interests and learning (S.A.I.L.) form with nine questions. The S.A.I.L. questionnaire engages individuals into self-discovery and insight into what is important to them and what they may want to work on for a personal skill or goal. This tool and process has helped improve communication between providers, staff and individuals. Hearing individuals' interests and dreams has taught providers and staff more about pilot participants. Likewise, collaborating with participants to fulfill their dreams and goals has fostered mutual trust and respect.

From September 2023 through June 2024, the 100 individuals participating in the pilot collectively worked on 196 goals. Some of those goals are in progress, some have been accomplished, and others are “paused.” The latter status occurs when a participant decides to work on something else



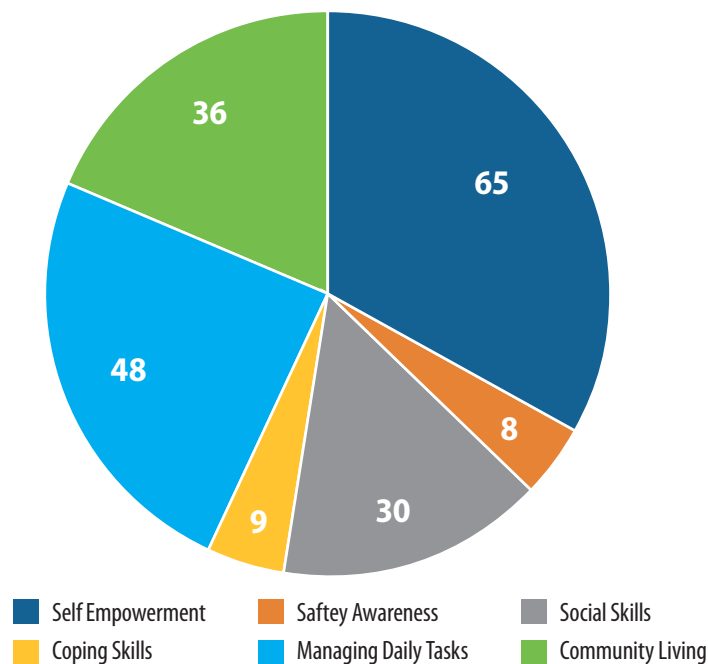
during a specific month. This approach aligns with the pilot’s design as a person-centered approach that each participant directs.

Concerning skill and goal types, six categories have been identified for pilot participants to choose from:

- ✓ Self-empowerment by making daily choices and decisions.
- ✓ Safety awareness and self-advocacy.
- ✓ Social skills and positive relationships.
- ✓ Coping skills with everyday challenges.
- ✓ Managing daily tasks and home living.
- ✓ Community living and integration.

This diagram displays how many goals have been established in each category.

Number of Goals per Category

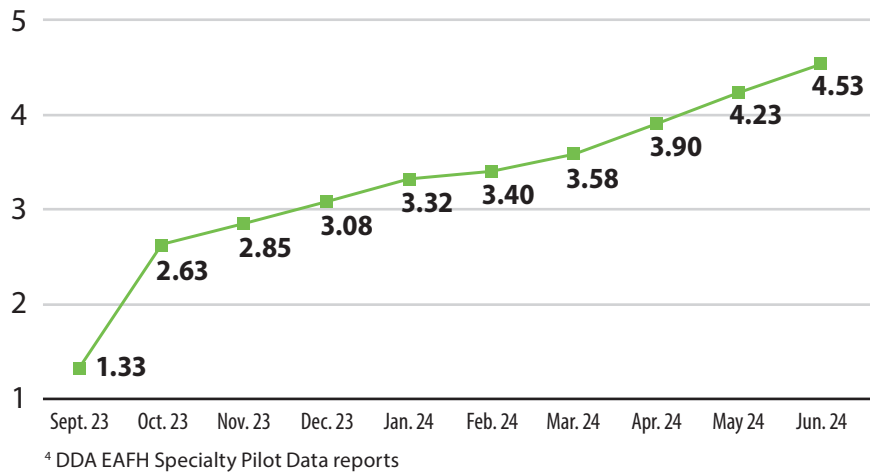


⁴ DDA EAFH Specialty Pilot Data reports

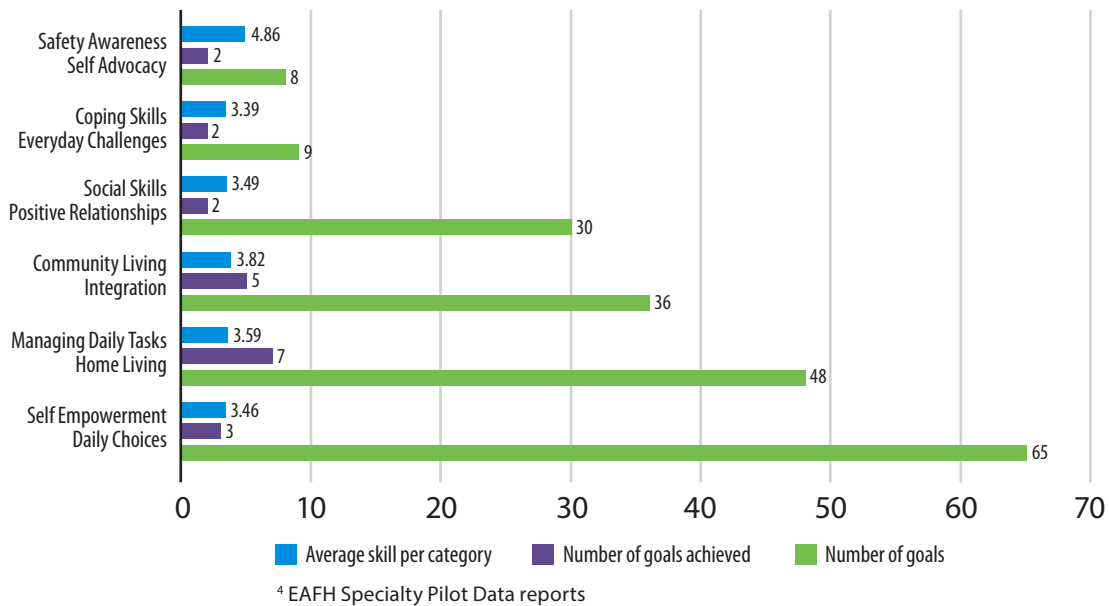
The monthly data shows the growth and maintenance of each skill or goal an individual is working on. We are thrilled to report that the overall data through June 2024 for the 100 participants shows an increase in skill development or achieving that skill or goal. When an individual starts a new goal, the data may become skewed. In other words, it shows as a dip in progress, but it is a new goal starting for one or more participants that month. As noted above, data through June 2024 shows gains being made, even when accounting for statistical outlier data, such as beginning new goals.



Average Starting Skill Level (1–10 per month)



The graph below shows the breakdown of the goal categories along with the number of goals in each category, the number of goals that have been completed in each category, and the average skill level per goal.



Providers and staff report that engagement in this pilot has motivated each participant to build upon their skills, find new interests and set goals for themselves. Self-esteem, self-worth, self-confidence and greater independence are on the rise not to mention the joy of success experienced in achieving meaningful, personal accomplishments. This could not have been provided by the adult family home and staff with solely their CFC Personal Care daily rate.



In short, the overall impact for each participant has been significantly positive. This emphasizes the importance of this pilot and how essential it is for individuals with intellectual and developmental disabilities living in an adult family home.

Participant Surveys

At the end of this report is a link to a slide show demonstrating the pure joy on the faces of participants engaged in their goals. In addition to this visual, data from participants has been compiled by extracting feedback provided to key questions posed to them during their six-month survey, as noted below:

Since the Pilot started, are you ...

- ✓ Doing more things that you like? 100% YES
- ✓ Happy working on your goals? 100% YES
- ✓ Receiving the support you need to help you reach your skills/goals? 100% YES
- ✓ Using the Happiness Scale of 1-10 - Do you feel the DDA Specialty AFH pilot has improved your quality of life? The average response rate is 9.78 out of 10.

Provider/Staff Surveys

As part of the pilot, six-month satisfaction surveys are completed with each pilot participant and with each provider. The two most pertinent questions posed to the providers on their survey are as follows:

1. On a scale of 1-10, are your residents benefitting from the Pilot (scale 1-10)?
2. Why?

Out of 11 surveys completed to date, the responses have all been 10. Some offered reasons for their rating and comments such as the following:

- ✓ The individuals are enjoying learning new skills, and the behavioral support has really helped us.
- ✓ Individuals are really happy, and we are learning how to help them with behaviors.
- ✓ The pilot has made a huge difference for us. It feels like it put all the pieces of a puzzle that wasn't working together. The residents are all spending time together and it feels like an actual family again. Residents who didn't want to leave the house are again. It's been amazing to be a part of. All the parts of the pilot, the trainings, the goal writing, learning how to get our individuals motivated has just been great. We are so thankful for the pilot. Even community members are noticing how much happier and involved the individuals are.
- ✓ The individuals love it & we are able to hire staff to support individual goals more in-depth.
- ✓ I have been able to see the residents in a whole new light! I realized they have personal goals when actually sitting down and talking with them. I have also seen progress in other areas of their lives. Also, it has brought the residents so much closer.



- ✓ Witnessing the residents becoming more confident and independent and that they feel part of the community. They are always excited about their various activities such as drama class, dancing, and bowling and pizza.
- ✓ Overall, everyone is doing wonderful. This is an incredible program!

This pilot has positively impacted providers and staff, enabling them to better support DDA participants and gain deeper insights into their life aspirations.

Pilot Partnership Meetings

Once a month, the DD Specialty AFH pilot team hosts an optional virtual gathering to discuss the progress of the program. The focus of this meeting is for providers and staff to share successes, resources, and challenges and for our department to share updates and reminders of upcoming trainings. Though not required, each meeting has had at least ten adult family homes across the state who attend.

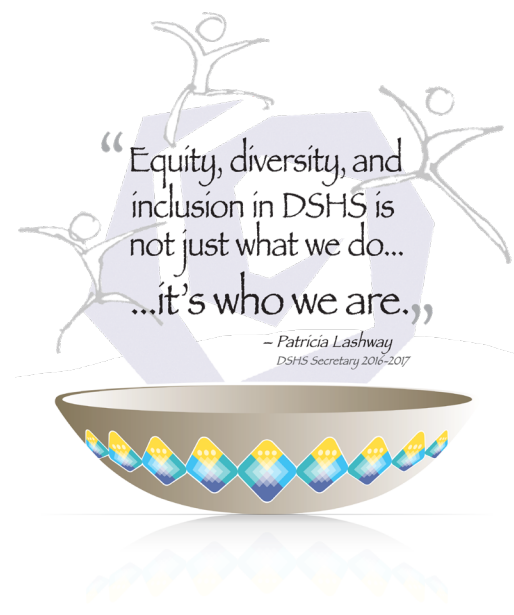
It has been heartening to witness providers giving support and feedback to one another, and in some cases sharing their contact information so they can connect outside of the meetings.

EDAI Impact for Individuals, Providers and Staff

The department is committed to equity, diversity, access, and inclusion. The importance of building mutual respect, equity, and acceptance of the persons we serve, and their support systems is an essential part of our focus in this pilot.

The DD Specialty AFH Pilot provided funding for 100 DDA-enrolled individuals who are supported in 20 adult family homes statewide. Many of these are owned, operated, and staffed by women and individuals who are Black, Indigenous and People of Color. There are 78 providers and staff among those 20 adult family homes and several of them have hired additional staff to implement the pilot. Others have been able to provide pay increases to maintain staff and promote within to help support individuals in the pilot.

This initiative allows the adult family homeowners and providers to provide additional services to individuals with intellectual and developmental disabilities in a less restrictive setting which enriches the referral pool. With the additional training, supports, and resources the pilot offers, adult family homes can now consider serving DDA-enrolled individuals they previously may not have been able to support.





Not only does the DSHS Office of Equity, Diversity, Access, and Inclusion value economic equity for women and BIPOC individuals but this is also a priority for the Washington State Women's Commission. As noted on their website, their statement of purpose includes the following:

"As providers, caregivers, and essential drivers of our state's economy, women should be empowered to participate and advance in the workforce free from the barrier's women, especially BIPOC women and historically excluded communities, have faced. "

There are a multitude of licensed adult family homes in Washington state and many of them are owned and operated by women and BIPOC individuals. Many of them have vacancies and have expressed interest in working with people with intellectual and developmental disabilities. Provision of additional funding for this pilot may ease the apprehensions family members have about placing their loved one in an adult family home and will also provide economic gain to the women and BIPOC owners, operators and staff who serve them. This is a mutual benefit for the individuals and adult family home providers and in alignment with the values, mission, and priorities of the DSHS OEDAI and WSWC.

Summary and Recommendations

This legislative report has emphasized the many benefits the DD Specialty AFH pilot participants, providers and staff have experienced so far. The opportunity to expand AFH services for people with intellectual and developmental disabilities exists, with many adult family homes eager to be contracted and trained to provide DD Specialty AFH services.

The department, along with our community partners, current participants and DD Specialty AFH pilot providers believe that the pilot has demonstrated that individuals with intellectual and developmental disabilities living in an adult family home with specialty supports can thrive and prosper.

Statewide, there are 16,644³ DDA individuals aged 18 and older living with an aging family member who may be hesitant to admit their loved one into an adult family home as they want them to have more than just CFC personal care services.

This pilot offers the potential of positively impacting families who are aging or facing any other life crisis who may no longer be able to provide care. Additional funding could minimize those emergent situations such as when a parent passes away and we must quickly find appropriate residential services to meet the individual's support needs. Transitioning a loved one with intellectual and developmental disabilities to live in the community in a residential service model while the parent or family member is still living ensures the best opportunity for success.

Historically, finding an adult family home to serve individuals with intellectual and developmental disabilities has been challenging. Over time, we have worked to bridge that gap through meetings with special interest work groups, family and self-advocates, and other community partners. This has confirmed an increased desire to support individuals with intellectual and developmental



disabilities with a person-centered approach in adult family homes. Funding through this pilot is crucial for the continuous growth of adult family home services.

Individuals who receive Medicaid are eligible to access this residential service option. Additional funding would continue to open more opportunities for DD Specialty adult family homes as a residential option for individuals waiting for residential service or for those who are currently living in an adult family home but need and want more than assistance with their personal care.



Impact Statements – Participants, Providers, Staff, Family Members, Case Managers and Guardians

The participants of the pilot wanted to be sure to work on and reach their goals to become their best selves. Many also expressed how they wanted to show that people with intellectual and developmental disabilities living in adult family homes can succeed in their interests and goals. They want you to see and hear their stories.

In keeping with their wishes, perhaps, the best way to demonstrate the immense impact this pilot has had for everyone participating in a DD Specialty AFH pilot is to provide you with the PowerPoint slide show below. As they say, “a picture is worth a thousand words” and here are their pictures, stories, quotes, and videos:



Please note if you see this icon on a slide, there is a video to click on to watch.

[DSHS DDA Enhanced AFH Specialty Pilot Celebrating 100 participants Slide Show PPT](#)

In closing, below are two emails that emphasize the significant positive impact it has had and supports the need for additional funding for individuals receiving services in adult family homes.



This email is from a parent guardian of their adult daughter participating in the pilot at Community Homes AFH:

I've been trying to come up with a good analogy or story to convey just how wonderful and life-changing the Pilot Program has been for Blair. Here's what I've come up with.

Before the Pilot Program, Blair was like an average student in a large public high school. She had the opportunity to learn, the teachers assigned work and handed out grades, but she generally blended in with the group and just did what was required to pass. Since the Pilot Program has been in place, it feels like Blair has graduated and gone on to a small, private college where she is flourishing. She has chosen her major and classes based on her own interests, she has teachers who have the time and interest to meet with her individually and help her define her own goals, and teachers who have the time and interest in encouraging and mentoring her to be her best self. She's learning and embracing self-direction and goal setting and holding herself accountable for working on and reaching her goals. She's happier, more confident, extremely proud of the contributions she is making in the house (doing chores, baking for the residents), and very happy that she is finally getting out in the community (shopping, visiting parks, etc.). We knew the tide had really turned for her when she started telling us that she didn't want to come home to visit us every weekend because she wants to be at her house where a lot of cool things are going on.

Our sincere thanks to DDA for this wonderful opportunity for Blair and her roommates! Community Homes planted them in a lovely garden and the Pilot Program provided the water and sunshine for them to really grow and flower.

– Gail & Chuck Buchanan

This email is from a case resource manager who supports individuals participating in the pilot:

I wanted to offer some insight into the DD Specialty AFH Pilot program from a case manager's perspective. Every month, I sit down with a handful of my 75 clients to complete an annual assessment. We spend hours talking about services, supports, and medical care. The questions are complicated and too often theoretical. But the real stumbling block comes before we even begin, when I ask about goals. Most of the time, clients make some reference to spending time in the community. They shy away when pushed for details. They look to providers to save them from the discomfort. They want to spend time outside but have no clue what to do once there. The world is big (frighteningly so), but possibilities are not forthcoming. If a client is non-verbal, the provider will offer a pragmatic goal on their behalf – maintain current weight, be healthy, stay out of the hospital, etc.

I suspect that most people underestimate my clients. They are not viewed as ambitious or aspirational. People have low expectations of them, and that message is received loud and clear.

When I first heard about the Pilot program, I thought it would be a headache – higher workload and minimal returns. Talk about low expectations! When I attended the first info-meeting months ago, big promises were made about what the program could do and how clients would be impacted. And now, all these months later, I can say they were unequivocally true. This program



proved what has always been true - my clients are undeniably ambitious. They are hungry to achieve. They know what they want, and they work hard for it. There is a spark in these people – once subdued, now come alive.

I think this pilot program is essential. I think of a state where our developmentally disabled populations are impassioned and intrigued, and I believe Washington can be that state. The clients are already there, now we just need to meet them with kindling and stoke the flame. The wonderful pilot program specialists and AFH staff have been doing their part. They have been thinking deeply, getting creative, collaborating with clients, and giving them a voice. All our clients deserve that.

*– Mackenzie Jeter / Case Resource Manager, Tacoma DDA
Region 3 / Developmental Disabilities Administration*

Submitted by Paula Costa, Specialty State Plan Residential Program Manager

Resources

What we learned from Monthly Progress Reports.

What we learned from client surveys.

What we learned from AFH providers and staff surveys.

¹ AFH Meaningful Day Extract Report

² 2023 Caseload and Cost Report

³ DDA Caseload Activity Data Report July 2024

⁴ DDA EAFH Specialty Pilot Data reports

⁵ DSHS MSD Office of Rates Management



Appendix A

Letter from the Adult Family Home Council included
as written and submitted by the AFHC



September 30, 2024

Re: DDA Pilot Program Evaluation

Summary:

The DDA AFH specialty pilot's first year is a success. Our recommendations center around how to expand the number of residents enrolled in this program and the number of adult family homes engaged in this work. We also recognize additional investments may be needed to meet all of the project goals as cost and wages continue to rise.

History:

The Adult Family Home Council has been advocating for a program to support people with intellectual and developmental disabilities living in adult family homes since at least 1999. We heard from families and advocates that there was a need for housing and personal care services for this community. However, AFH requirements and funding created significant challenges for operators to develop a sustainable home specifically to serve this population. The Adult Family Home Council has been aware of multiple nonprofit organizations running highly impactful models of AFHs for people living with IDD. We hold these up as models with extensive experience in this work.

Over the last 20 years, there have been multiple provisos and much advocacy to explore this model. One such effort is the 2019 passage of [Senate Bill 5672](#). Section one of the bill directs DDA and stakeholders to consider specific factors in developing an IDD specialty adult family home. Those factors include:

- Client Assessment
- Physical Environment
- Licensing Regulations
- Provision of Care
- Training Requirements

As a result of this required stakeholder work, much input was gathered. The analysis of this information was to begin in early 2020. When the public health emergency began, this work was deprioritized.

In 2022 (as in many bargaining sessions prior) the Adult Family Home Council during contract negotiations relevant to RCW 41.56.029 put forward a proposal requesting to work with DDA to develop the framework for a specialty pilot based on the prior work of SB5672. At that time, DDA representatives stated that they were not prepared to negotiate such an agreement. Based on that statement, AFHC withdrew the proposal. After an arbitration hearing that resolved the 2023-2025 contract, DDA explained that they would be putting forward a decision package to the legislature for a DDA pilot.

DDA put forward a request for funding specialty services for up to 400 residents living in AFHs and supported by seven full time DSHS employees to manage the pilot. The final legislative budget reduced the overall funding and limited the pilot to 100 residents to be served and seven full time DSHS employees. The program began in September of 2023 and has grown to its full capacity.

Program Scope:

The contract for the DDA pilot allows individuals funded through DDA, living in a contracted adult family home to receive direct support for exploring personal goals, interests, and activities. The adult family home receives additional funding to ensure staff time is available to help evaluate and implement these opportunities for the residents. The program includes the development of specific documentation of calendars, goals, and progress of the residents makes toward reaching their desired outcome.

To qualify the adult family home must exclusively serve individuals eligible for DDA services. The contract further requires the home to have no significant enforcement history, complete approximately 16 hours of required training, and work directly with pilot program staff.

Evaluation:

The program is a significant improvement for the IDD community living in adult family homes. The program takes a critical and important investment in the needs of the residents beyond just personal care. By creating the opportunities to build social skills, promote self-empowerment, and expand independence, quality of life for these residents is greatly improved. The providers who have participated in the program provided some reflection on the meaningful impact on their homes.

- I am truly amazed at seeing my residents shine and their confidence rise as they learn specific things related to their goals.
- This program has been a beautiful gift for everyone involved and I believe it should be accessible to all adult family homes who could serve their residents in this capacity.
- The changes in our residents have been inspiring for us as staff
- Providing that one-on-one support and encouragement initially can impact a resident's future willingness to try a new goal.
- Thank you Pilot team for the professionalism, constructive feedback, relevant training, support and acknowledgement of the work we do.
- I appreciate the approach to building on what was working, while providing feedback and guidance from their own professional and personal experience. This paved a way to think outside the box to assist in areas lacking or needing improvement.
- The ability to financially give wage increases/bonus' and other incentives lead to my home not only being fully staffed, but a notable increase in staff rapport and overall positivity. I have experienced less call outs, in addition to more involvement in the care plans and development of the program alongside the residents

The feedback from the AFHs participating has been overwhelmingly positive. The program is rich with stories of residents growing, meeting, and exceeding expectations. There is no doubt that the investment and focus on a person-centered approach leads to a better quality of life and a more stable placement. For more information from our members, please review their comments [available at this link](#).

Concerns

While the feedback is highly positive, the program does not fully address the concerns raised by stakeholders. There are still issues with the current environmental and licensing requirements in adult family homes exclusively serving people with IDD. The resident assessment still does not fully capture the unique needs of this population. This program addresses perhaps one of the most impactful pieces of developing these resources and supports, but there is more work to be done.

The process for selecting a home to participate in the program was a sore point for many members. DSHS elected to directly select the homes offered contracts for this program. Homes that heard about the program were disappointed to not have equal opportunity to apply for consideration in the program. The lack of transparency and opportunity should be corrected for in future expansion of the program.

When the legislature reduced the allowed number of participants from 400 to 100, we would have expected DSHS to also reduce the total number of staff overseeing the program. They did not. Seven full time employees, above and beyond existing field staff and program managers, to manage a program for 100 participants seems excessive.

Recommendations

Expand the program. The limit of 100 residents served should be expanded. DSHS is staffed to serve up to 400 residents. The return on this investment is beyond measure for the participants. For the state, expanding the program will encourage more AFHs to offer these unique services. AFH services offer a more intimate, individualized, and far less expensive setting for this community. Increasing the number of homes contracted for IDD services, will reduce reliance on institutional and hospital settings. The option will allow aging parents to feel confident that their child is in a setting that can support their unique needs. Adult family homes are the only growing sector in long-term care, and perhaps the only option to meet the demand.

Direct the Developmental Disabilities Administration to continue the work with stakeholders from SB5672. Expect recommendations for program enhancements addressing client assessment, physical environment, and licensing regulations.

Open the contracting process to allow every qualified AFH interested in this program to equally apply for consideration.

Currently the \$2500 paid to the AFH per resident each month is adequate for homes to deliver on contract requirements. Breaking down the reimbursement, it funds approximately 3 hours a day for focus on the delivery, documentation, and preparation needed to implement the program. These three hours are based on a rate much lower than what our state's rate setting board recommends for hourly reimbursement for similarly trained workers. Over time, as the minimum wage continues to rise, and the rate setting board continues increase reimbursement for caregivers, we must be sure the rate increases to still allow adequate staff time for the program. If the rate remains the same through the 25-27 biennium, there is risk of this remuneration being inadequate support the level of efforts we have seen to date. We recommend applying an appropriate cost of living adjustment to the rate.

Expansion of this program is supported by the Adult Family Home Council and other advocates such as the ARC of Washington, Community Homes, Life Enrichment Options, and Olympic Neighbors.

Conclusion

The program is a success. We are grateful for the development and implementation of the IDD Specialty Pilot Program for adult family homes. The program should continue to expand the number of residents and adult family homes participating. The remuneration should be reviewed annually for adequacy. Lastly, this evaluation should mark the beginning of continued and sustained investment in expanding opportunities for individuals living with IDD to be integrated into housing and care options that fully support them as people with unique needs and preferences.

Expanding this program is needed to genuinely measure the impact on this approach's ability to ensure long term stable placements and a reduction of institutionalization. Based on this pilot and the experience of AFH operators who have been doing this work for many years, we are confident that our smaller, more individualized setting allows for a great opportunity to nurture and develop critical relationships and supports to see this community thrive.

We welcome further conversation on this subject.