

Summary of Demographic and Service Data

Demographic Data

Demographic data are presented in the following tables for:

- Individuals enrolled in the State Division of Developmental Disabilities (DDD) in Region 4; and
- Children ages birth through two receiving early intervention services in Region 4.

DDD Region 4 is geographically the same as King County. Data on individuals enrolled in DDD were obtained from the Common Client Database. Data for children receiving early intervention services were obtained from the State Infant Toddler Early Intervention Program (ITEIP) Database.

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Notes:

1. Tables 11, 12 and 13 summarize data for the 8,461 individuals in the CCDB as of October 31, 2004 who had an address (or 93% of the total of 9,075 individuals in the CCDB as of that date).

Table 1: Age

Age Group	No. of Individuals Enrolled in Region 4	% of Region 4 Total
0 – 2	1,080	12%
3 – 5	1,526	17%
6 – 9	731	8%
10 – 13	594	7%
14 – 17	539	6%
18 – 20	401	4%
21 – 61	3,950	43%
62 – 80	230	3%
80+	22	.3%
Unknown	2	0%
Total	9,075	100%

Source: DDD Common Client Database – Individuals enrolled as of October 31, 2004 (Data report was generated on December 22, 2004)

Table 2: Gender

Gender	No. of Individuals Enrolled in Region 4	% of Region 4 Total
Female	3,712	40.9%
Male	5,363	59.1%
Total	9,075	100%

Source: DDD Common Client Database - Individuals enrolled as of October 31, 2004 (Data report was generated on December 22, 2004)

Table 3: Ethnicity

Ethnicity	No. of Individuals Enrolled in Region 4	% of Region 4 Total	2004 King County Population Estimates	% of King County Population Estimates Total
African American	884	9.7%	104,030	5.8%
American Indian and Alaska Native	206	2.3%	17,419	1%
Asian/Pacific Islander	827	9.1%	218,892	12.2%
White	5,937	65.4%	1,389,356	77.7%
Other Race	445	4.9%	58,602	3.3%
Unreported	776	8.6%	NA	NA
Total	9,075	100%	1,788,300	100%
Spanish/Hispanic Origin	2,188	24.1%		
Not Spanish/Hispanic Origin	6,887	75.9%		

Source: DDD Common Client Database - Individuals enrolled as of October 31, 2004 (Data report was generated on December 22, 2004); State Office of Financial Management - 2004 Population Estimates by Age, Gender, Race and Hispanic Origin, Using the Office of Management and Budget New Classifications

Table 4: Primary Language

Note: Individuals are not required to provide this information.

Language	No. of Individuals Enrolled in Region 4 with Primary Language Other Than English	% of Region 4 Total
Chinese	22	.2%
Spanish	158	1.8%
Vietnamese	35	.4%
Other Language	150	1.7%

*Source: DDD Common Client Database - Individuals enrolled as of October 31, 2004
(Data report was generated on December 22, 2004)*

Table 5: Living Situation

Living Situation	No. of Individuals Enrolled in Region 4	Percentage of Region 4 Total
Adult Family Home	433	4.8%
Alternative Living –Individual Provider	7	.1%
Board Home	9	.1%
Child Care Agency	3	.0%
Child Foster Home	215	2.4%
Congregate Care Facility	5	.1%
Group Home	116	1.3%
Intermediate Care Facility	2	.0%
Inst. For Mentally Retarded	44	.5%
Juvenile Correction	1	.0%
Medical Hospital	2	.0%
Nursing Facility	53	.6%
Other	83	.9%
Own Home	787	8.7%
Parents Home	5,812	64%
Relatives Home	314	3.5%
Residential Habilitation Center	198	2.2%
Skilled Nursing Facilities	11	.1%
State Operated Living Alternative	49	.5%
Supported Living	894	9.8%
Unknown	37	.4%
Total	9,075	100%

*Source: DDD Common Client Database - Individuals enrolled as of October 31, 2004
(Data report was generated on December 22, 2004)*

Table 6: Individuals Without Paid Services - Statewide

Age Group	Total Number of Enrolled Individuals Statewide Without Paid Services	% of Total Number Enrolled Without Paid Services
0 – 17	7,933	63%
18 – 20	820	6.5%
21+	3,848	30.5%
Total	12,601	100%

Source: DDD – October 2004

Table 7: Individuals Enrolled in Waiver Programs

Waiver Program	Region 4 Total	Statewide Total
Basic	859	3,712
Basic Plus	505	2,190
Core	1,064	4,095
Community Protection	82	386
Total	2,510	10,383

Source: DDD – October 2004

Table 8: Family Support

No. of Individuals Enrolled in Region 4 on Family Support Waiting List	No. of Individuals Enrolled in Region 4 Not on Any Waiver and Receiving Family Support Services
3,056*	324

Source: DDD – October 2004

*Note: *Number of active clients in King County on Family Support waiting list as of February 2, 2005 (excludes clients currently on a waiver).*

Table 9: High School Transition

Year	No. of Individuals with DD who Aged Out of Public School Special Education
2004	160
2005	146
2006 - 2007	278*

Source: DDD – October 2000

*Arc of Washington State – November 2004

Note: The term "aging out" refers to losing eligibility for public school special education services at the age of 21.

Table 10: Community Protection

Age Group	No. of Individuals Enrolled in Region 4 Identified as a Community Protection Risk
Under Age 21	12
Ages 21 – 61	100
Ages 62 - 80	1
Over Age 80	0
TOTAL	113
No. Enrolled in Community Protection Waiver	79

Source: DDD Region 4 Data as of February 2, 2005

Table 11: ACCESS Service Area

Age Group	Percent of Individuals Enrolled in Region 4 Residing in ACCESS Service Area
18-20	95.7%
21-61	97.8%
62-80	99.4%
80+	100.0%
Total 18+	97.7%

Source: DDD Region 4 Data as of October 31, 2004

Table 12: Place of Residence by School District for Ages Birth - 20

School District	No. of Individuals Ages Birth-2 Enrolled in Region 4	% of Region 4 Birth-2 Total	No. of Individuals Ages 3-20 Enrolled in Region 4	% of Region 4 3-20 Total
Seattle	306	28.5%	956	25.8%
Federal Way	107	10.0%	325	8.8%
Enumclaw	12	1.1%	64	1.7%
Mercer Island	14	1.3%	35	0.9%
Highline	67	6.3%	258	7.0%
Vashon Island	1	0.1%	15	0.4%
Renton	32	3.0%	183	4.9%
Skykomish	0	0.0%	0	0.0%
Bellevue	78	7.3%	232	6.3%
Tukwila	14	1.3%	33	0.9%
Riverview	15	1.4%	40	1.1%
Auburn	58	5.4%	191	5.2%
Tahoma	24	2.2%	53	1.4%
Snoqualmie Valley	31	2.9%	60	1.6%
Issaquah	51	4.8%	173	4.7%
Shoreline	37	3.5%	190	5.1%
Lake Washington	100	9.3%	331	8.9%
Kent	85	7.9%	399	10.8%
Northshore	37	3.5%	157	4.2%
Fife	1	0.1%	8	0.2%
Unknown	2	0.2%	4	0.1%
TOTAL	1072	100.0%	3707	100.0%

Source: DDD Region 4 Data as of October 31, 2004

Table 13: Place of Residence by City/Town

Jurisdiction	No. of Individuals Enrolled in Region 4	% of Region 4 Total
Algona	16	0.2%
Auburn	298	3.5%
Beaux Arts Village	1	0.0%
Bellevue	566	6.7%
Black Diamond	11	0.1%
Bothell	72	0.9%
Burien	167	2.0%
Carnation	4	0.0%
Clyde Hill	11	0.1%
Covington	107	1.3%
Des Moines	185	2.2%
Duvall	28	0.3%
Enumclaw	72	0.9%
Federal Way	556	6.6%
Lake Forest Park	78	0.9%
Hunts Point	1	0.0%
Issaquah	71	0.8%
Kirkland	174	2.1%
Kenmore	97	1.1%
Kent	476	5.6%
Medina	8	0.1%
Mercer Island	74	0.9%
Milton	0	0.0%
Maple Valley	63	0.7%
North Bend	26	0.3%
Normandy Park	14	0.2%
Newcastle	22	0.3%
Pacific	20	0.2%
Redmond	154	1.8%
Renton	209	2.5%
Sammamish	166	2.0%
Seattle	2193	25.9%
Shoreline	569	6.7%
Skykomish	0	0.0%
Snoqualmie	22	0.3%
SeaTac	149	1.8%
Tukwila	78	0.9%
Woodinville	45	0.5%
Yarrow Point	4	0.0%
Uninc. King County	1606	19.0%
Unknown	48	0.6%
TOTAL	8461	100.0%

Source: DDD Region 4 Data as of October 31, 2004

Table 14: Dual Diagnosis

Estimated No. of Individuals Enrolled in Region 4 With Mental Illness	% of All Individuals Enrolled in Region 4
1,271	14%

Source: DDD Region 4 – January 28, 2005

Table 15: Individuals Enrolled in Region 4 Early Intervention Services by Age and Ethnicity

Ethnicity	Age as of January 1, 2005			
	Birth to One	One to Two	Two to Three	Totals
Native American	0	2	5	7
Asian/Pacific Islander	7	19	48	74
African American	11	20	25	56
Hispanic	7	36	71	114
White (Non-Hispanic)	39	144	310	493
Other	0	3	20	23
Multi-Racial	6	22	33	61
Does not wish to provide	3	1	3	7
Totals	73	247	515	835

Source: ITEIP Database – February 2005

Table 16: Early Intervention - Place of Residence by School District

School District	No. of Individuals Ages Birth -3 Enrolled in Early Intervention Services October 31, 2004	No. of Individuals Ages Birth -3 Enrolled in Early Intervention Services January 1 - December 31, 2004
Auburn	49	64
Bellevue	76	116
Enumclaw	9	13
Federal Way	89	128
Highline	46	79
Issaquah	42	69
Kent	69	106
Lake Washington	101	173
Mercer Island	17	23
Northshore	41	69
Renton	33	56
Riverview	11	17
Seattle	208	325
Shoreline	32	47
Skykomish	0	0
Snoqualmie Valley	22	39
Tahoma	22	30
Tukwila	7	12
Vashon Island	3	9
Totals	877	1,375

Source: ITEIP Database – February 2005

Service Data

One Month Snapshot of Services

The following table reflects data on individuals, who received selected services during October 2004:

KCDDD Service	Number Served in Oct. 2004	Number of Wage Earners	Average Cost Per Client	Ave. Cost Per Wage Earner Month	Average Monthly Earnings	Average Hourly Wage	Cost Benefit Ratio
Child Development Services	730		\$195				
Part C Early Intervention Services	904*						
Community Access	305		\$523				
Prevocational Services	334	331		\$501	\$134	\$1.90	.27
Group Supported Employment	127	127		\$549	\$353	\$4.04	.64
Individual Employment	697	617		\$538	\$962	\$9.85	1.79
Total	2,193	1,075					

*This number is not included in the total number of individuals served. Most of the individuals who received Part C early intervention services were enrolled in the State DDD system and are already counted in the Child Development Service category.

One Year Snapshot of Services

The following table reflects data on individuals who received selected services from January 1, 2004 – December 31, 2004:

KCDDD Service	Number Served from 1/1/04 – 12/31/04	Number of Wage Earners	Average Cost Per Client	Ave. Cost Per Wage Earner	Average Monthly Earnings	Average Hourly Wage	Cost Benefit Ratio
Child Development Services	1,430		\$1,134				
Part C Early Intervention Services	1,427*						
Community Access	339		\$5,715				
Pre-Vocational Services	365	361		\$510	\$137	\$1.93	.27
Group Supported Employment	141	141		\$556	\$389	\$4.67	.70
Individual Employment	777	712		\$550	\$990	\$9.87	1.80
Total	3,052	1,214					

*This number is not included in the total number of individuals served. Most of the individuals who received Part C early intervention services were enrolled in the State DDD system and are already counted in the Child Development Service category.

Summary of Reports, Plans, and Surveys Regarding Services for Individuals with Developmental Disabilities in King County

Early Intervention

Three-year plan for early intervention services in King County from October 2003 through September 2006

September 2003, King County Developmental Disabilities Division (KCDDD)

<http://www.metrokc.gov/dchs/ddd/cds/ThreeYrPlan.pdf>

The KCDDD receives funding from the State Department of Social and Health Services (DSHS) for early intervention services for children ages birth to three. The DSHS contract under which funding is provided requires the County to prepare a three-year plan to guide the use of these funds. The current Plan was approved by the King County Interagency Coordinating Council (KCICC) in September 2003 (prior to the KCICC becoming a committee of the Board for Developmental Disabilities.)

The Plan includes the following items, which are required by the DSHS contract:

A description of ChildFind and Public Awareness and activities to enhance this function:

- producing and distributing informational pamphlets in multiple languages
- improving access to families by sending a mailing to child care providers and publishing articles in publications targeted to child care providers and parents; and
- updating the KCDDD web site

A description of Family Resource Coordination (FRC) and activities to enhance this function:

- establishing local standards and conducting training;
- promoting the hiring of bilingual staff and/or encouraging subcontracts with other agencies to serve limited or non-English speaking families;
- working with school districts to provide clear information to families about what services are available and what to expect when their child turns three years old;
- increasing the availability of independent FRCs (not affiliated with a particular Early Intervention service provider); and
- addressing a concern identified by DSHS in 2001 regarding the need to better address federal requirements concerning the provision of services in natural environments

Major issues

Funding has remained static while the number of children accessing early intervention services continues to grow. A related issue is the high cost of assessment and intervention services for the growing number of toddlers with Autism and Autism Spectrum Disorders. This is to be addressed by including advocacy for additional funding as part of the Board's legislative agenda for 2004.

Increasing the number of school districts participating in funding early intervention services by accessing special education funds (Only five of the 19 districts in the County were participating). A related issue is that school districts have high standards for early intervention professionals and there is a shortage of qualified individuals nationwide.

Summary of King County Conversation with Families October 2002, KCDDD

Report on two focus groups conducted by State DSHS staff in the Infant Toddler Early Intervention Program (ITEIP) involving 15 families receiving early intervention services in King County.

Findings include:

- public awareness of early intervention services is very uneven;
- the quality and types of early intervention services varies a great deal at agencies;
- parents need better information about the transition to preschool; and
- getting health insurers to cover services is challenging.

Recommendations include:

- expand public awareness efforts;
- increase options for where services are provided including in-home;
- provide services based on individual need rather than agency capacity;
- give parents the option of learning about each agency's services before making selecting a provider;
- improve provider skills and knowledge;
- work with schools to improve transition process; and
- include families who are limited or non-English speaking in future conversations with families.

Parent/Family Survey - All Families with Children in Early Intervention Services 2003, State DSHS ITEIP

Survey of 100 parents with a child enrolled in early intervention services in King County between October 1, 2002 and July 31, 2003. Parents responded to a questionnaire by indicating their opinion about services on a five interval scale (0 "don't know," 1 "strongly

disagree," 2 "disagree," 3 "agree," 4 "strongly agree.") Questions were grouped into five topics: Referral, FRC, Evaluation, Individualized Family Service Plan (IFSP), and Transition.

Results:

76% agreed or strongly agreed that it easy to find out about early intervention services;

94% agreed or strongly agreed that their concerns and questions were listened to and addressed;

95% agreed or strongly agreed that their FRC did a good job of coordinating needed services;

95% agreed or strongly agreed that the FRC respected their family's culture and values;

94% agreed or strongly agreed that that their child was evaluated within 45 days of their first giving consent;

93% agreed or strongly agreed that the evaluation included all five developmental areas;

99% agreed or strongly agreed that their family's resources, priorities and concerns were addressed in the IFSP meeting;

91% agreed or strongly agreed that they were given options for receiving services in home or community settings;

81% agreed or strongly agreed that they were informed at least six months before their child's third birthday that services would change at age three.

**Parent/Family Survey - Families with Children Transitioning Out Of Early Intervention Services
2004-2005, KCDDD**

Survey conducted by KCDDD of 97 parents who had children who turned three and transitioned out of early intervention services in King County from July 2004 through January 2005. Parents responded to a questionnaire by indicating their opinion about services on a five interval scale (0 "left blank," 1 "strongly disagree," 2 "disagree," 3 "agree," 4 "strongly agree.") Questions were grouped into six topics: Referral, FRC, Evaluation, IFSP, Transition, and KCICC.

Results:

70% agreed or strongly agreed that it easy to find out about early intervention services and had their questions answered;

86% agreed or strongly agreed that their concerns and questions were listened to;

89% agreed or strongly agreed that they received enough help from their FRC in coordinating services;

98% agreed or strongly agreed that the FRC respected their family's cultural heritage;

92% agreed or strongly agreed that that they had a choice about the date, time and location of most evaluations;

92% agreed or strongly agreed that they were given choices about services for their child and family.

**King County Children's Mental Health Plan
December 2004, King County Mental Health, Chemical Abuse and Dependency
Services Division (MHCADSD)**

<http://www.metrokc.gov/dchs/mhd/2004ChildrensMHPlan.pdf>

In 2003, MHCADSD conducted a system of care survey to gather information about the priorities and direction for children's mental health system improvements. The priorities point to increased family partnership at every level of the system of care and the implementation of system of care principles overall. The definition of system of care was first published in 1986 (Stroul & Friedman): "A comprehensive spectrum of mental health and other necessary services, which are organized into a coordinated network to meet the multiple and changing needs of children and their families." Stroul further states that "the system of care concept recognized that children and families have needs in many domains and promotes a holistic approach in which all life domains and needs are considered in serving children and their families rather than addressing mental health treatment needs in isolation."

MHCADSD continues to hear from stakeholders and families that they need increased effectiveness and appropriateness of services for clients. Increased partnership with clients and their families to hear their concerns and their solutions continues to be an area of focused effort in the mental health administration and provider network.

As a result of implementing the action steps to achieve this vision, MHCADSD will endeavor to attain:

1. A mental health system that achieves better outcomes for children, youth and families.
2. Earlier intervention with younger children.
3. A more effective delivery system for the populations of focus (includes children birth to 5 years of age, and youth 17-21 years of age)
4. Family and youth involvement in every aspect of the mental health system.
5. Availability of the wraparound process to every child and youth involved with multiple systems.
6. Increased effectiveness of system partnerships that result in better communication and easier transitions between systems for children, youth and families.
7. Implementation of recovery oriented services for all clients.

The Plan specifies actions for MHCADSD to take to further system of care guiding principles including:

- Promoting cross-system (including developmental disabilities) communication, training, planning etc.;

- Increasing MH professionals knowledge and skill with respect to early childhood care, transitional youth care, family engagement and other topics; and
- Increased system capacity to address the needs of children birth to 5 years of age

Data provided to KCDDD by MHCADS in February 2005 indicates 63 children ages birth through two years old received mental health services through King County's Regional Support Network in 2004.

Education and Early Intervention, A Role for Seattle Schools: A Feasibility Study of the Potential for Participation of Seattle Public Schools in Early Intervention September 2000, Seattle Public Schools

This feasibility study, funded by KCDDD, provides background on early intervention services along with a rationale and recommended model for Seattle Public Schools to participate in funding Part C early intervention services. The study indicates that approximately 401 children ages birth to three received Part C services from September 1999 through June 2000 and projected annual growth averages 3-5% nationally and in King County. The study describes benefits of Seattle Public Schools participation in early intervention as:

Enhanced resources and funding;
 Improved coordination and collaboration;
 Fostering communication and relationships with the community and families; and Long-term impacts.

Employment

King County Quality Employment Review, Specialized Industries (SI) and Group Supported Employment (GSE) March 2003, KCDDD

Reviews of 6 SI and four GSE providers conducted in 2001-2002 by teams of parents, King County Board for Developmental Disabilities members, King County staff, and consultants found:

Common themes for agencies

- Most agencies are working hard to increase contracts in both specialized industries and group supported so participants will have more work, more work options and improved wages;
- Most agencies have hard working staff members that care a lot about the participants they support;
- Some agencies provide a lot of training for staff and are constantly looking for opportunities for staff to improve;
- Some agencies provide very limited training for staff;

- Most agencies need to improve their annual planning with participants to establish goals that lead to more independent work opportunities;
- Most agencies need to improve their training curriculum and the documentation of staff training; and
- Most agencies identify themselves as a transitional service that prepares individuals for jobs in the community, however few people transition.

Common themes for families/significant others

- Most families are satisfied with services being received;
- Some families want improvement in the services being received, such as increased wages, hours, transportation, and more variety of jobs; and
- Some families didn't know they had options beyond the current service and would like to explore those options.

Common themes for participants

Most participants are connected to their co-workers and staff.

- Many participants are satisfied with their jobs;
- Many participants would like to look at options;
- Many participants would like to make more money;
- Most participants are at or below the national poverty level;
- Most participants have little to say about where they work;
- Most participants have limited work opportunities to choose between;
- Most participants have limited benefits;
- Most participants have been in their current service for a long time;
- Most people do not have annual plans that focus on a career path; and
- Most people have limited opportunities for integration and communication with people without disabilities.

Recommendations for King County Board for Developmental Disabilities to help organizations improve participant outcomes

- *Training and technical assistance to agencies to improve the annual planning that is more person-centered. The plans need to provide specific and measurable career goals and objectives with clear methods for knowing whether the goal is being achieved and if not what needs to change;*
- *Training and community events that give agency staff opportunities to come together with others to increase competence and keep current on best practices;*
- *Training and technical assistance to assist organizations in developing a training curriculum that is comprehensive and values based;*

- *Work with regional office and agencies to ensure that all families are aware of their options and have a clear expectation that organizations will be assisting individuals prepare for a community job;*
- *Encourage agencies to develop mission and purpose statements that provide a clear expectations of staff that success is tied to participant success in developing skills and moving into community jobs; and*
- Assist agencies that do not have an individual employment component to develop partnerships with agencies in the community that provide individual employment to enhance participant opportunities for jobs.

**King County Quality Employment Review, Individual Employment Programs (IEP)
June 2004, KCDDD**

Reviews of 15 IEP providers conducted in 2001-2004 by teams of parents, King County Board for Developmental Disabilities members, King County staff and consultants found:

Common themes for individual employment agencies

- Most agencies provide training opportunities for staff members;
- Many agency participants have been employed for a long time;
- Most employers are satisfied with the support they receive from agencies;
- Most significant others are satisfied with the support from the agency;
- Most participants are satisfied with their support. However, many participants have requested additional hours, different jobs and/or increased wages;
- Most participants' earnings are at or below the poverty level;
- Most agencies have done a good job with job retention;
- Most agency participants work less than 20 hours per week;
- Most participants do not have full benefits;
- Most participants do not have an individual program plan with measurable goals and objectives;
- Most agencies are not utilizing Plan for Achieving Self Sufficiency/Impairment Related Work Expense (PASS/IRWE) as a funding source;
- Most agencies perform case management duties;
- Most agency staff do not have opportunities to build relationships with staff from other agencies;
- Most agency participants that lose jobs are not being re-placed;
- Most agencies do not adequately document staff training;
- Most agency participants do not have a career plan for advancement; and

- Most agencies have had a difficult time developing new jobs during the review period.

Common themes for families/significant others

- Most families are satisfied with services being received;
- Some families want improvement in the services being received, such as increased wages, hours, transportation, and more variety of jobs; and
- Several employees and their families have limited information regarding their potential earning capacity related to social security benefits.

Common themes for participants

- Most participants have good relationships with coworkers and staff;
- Many participants are satisfied with their jobs;
- Many participants would like to look at options;
- Many participants would like to make more money;
- Most participants are at or below the national poverty level;
- Most participants have little to say about where they work;
- Most participants have limited work opportunities to choose from;
- Most participants have limited benefits;
- Most participants have been in their current position for a long time;
- Most participants do not have annual plans that focus on a career path; and
- Most participants that lose jobs are not replaced.

Common themes for employers

- Most employers are satisfied with the employee and the support they receive; and
- Some employers would like more support.

Recommendations for King County Board for Developmental Disabilities to help organizations improve participant outcomes

- Make available training and technical assistance for more person-centered annual plans. The plans need to provide specific and measurable career goals and objectives with clear methods for knowing whether the goal is being achieved and if not, what needs to change;
- Make available training and community events that give agency staff opportunities to come together with others to increase competence and keep current on best practices;
- Make available training and technical assistance to assist organizations in developing a training curriculum that is comprehensive and values-based;

- Work with regional office and agencies to improve the services agencies receive from DDD case management, so employment agencies can spend time finding and keeping jobs rather than the many case management functions they currently perform;
- Encourage agencies to develop mission and purpose statements that provide clear expectations for full-time employment, benefits and relationships;
- Review the outcomes for agencies located outside of King County that provide support to a small number of people in King County to determine whether local organizations might better meet the needs of the participants and employers;
- Review the outcomes for organizations providing individual employment as their single focus compared to organizations providing an array of services; and
- Provide county-funded training in job development, person-centered planning, quality follow-along, and PASS/IRWE.

The King County Individual Supported Employment (ISE) Program - Final Report 1999, University of Washington Center for Disability Policy and Research

<http://depts.washington.edu/cdpr/docs/king%20county%20supported%20employment.pdf?>

In 1998-99, the UW - CDPR reviewed the KCDDD ISE program. Main findings:

Wages earned by participants were comparable to those earned by people without disabilities in the same jobs; Supported employees earned an average wage of \$7.23 per hour and worked an average of 28 hours per week, producing an annual wage of approximately \$10,500 (for a single person this was 127% of the federal poverty level). More than half of the ISE program received no federal disability benefits. The remaining 46% received an average Social Security payment of \$324 per month, below the \$525 average payment in 1998.

Most participants were employed in clerical, janitorial, food services, and warehouse work. Three quarter of ISE participants received five or fewer hours of continuing support per month. This was the service rated highest in importance by employers.

ISE participants rated interaction with co-workers as the most significant reward of employment. Both ISE participants and their primary contacts indicated high levels of satisfaction with jobs.

About 97% of ISE participants were reported by primary contacts as having mild or moderate disabilities. Only 3% were reported as having severe MR.

Fewer than half of the primary contacts indicated that they or the supported employee had a choice of provider.

Quality in Supported Employment: A New Demonstration of the Capabilities of People with Severe Disabilities

July 1998, David Mank, University of Oregon, Candace O'Neill, O'Neill & Assoc., Ray Jensen, KCDDD

<http://www.metrokc.gov/dchs/ddd/employ/qualsupp.htm>

Paper includes review of research literature of 1980's and 1990's documenting success of supported employment programs for people with severe disabilities and identifies quality issues including:

- Lack of access to supported employment (for every one of the 110,000 people in supported employment nationally, there are eight or nine others who might benefit but do not have access);
- The vast majority of individuals in supported employment are in jobs that pay wages below the poverty level; resulting in not enough money for "true lifestyle change" (i.e. greater degree of independence);
- Many people are working part-time and at an average 22.5 hour work week are less likely to receive employer provided benefits; and
- Many individuals are in group placements (with other disabled individuals) or are in situations that otherwise do not satisfy individual preference and choice.

The paper argues that the public sector employment presents an important opportunity to successfully employ people with disabilities because of the relative stability of jobs, generally high pay and benefits, the number and variety of jobs, the presence of public employers in every community and the potential for increased co-worker stability as public sector jobs tend to turnover less frequently.

Paper describes the outcomes and process of first five years of King County's supported employment program for people with developmental disabilities. As of August 1995, the County developed 64 jobs with 55 people employed, the majority in individualized jobs. Of these workers, 50 worked more than 20 hours per week and received full benefits.

Outcomes included average 30 hour work week, hourly wage of \$8.93 and average annual earnings of \$14,935. Participants were predominantly labeled with moderate or mild retardation and 31% had a secondary disability. Thirty four participants received an average of approximately five hours of support per month, attributed to co-workers capacity to provide some support. The other 21 individuals were unattached to service providers.

Key features of the process included:

- Leadership by a County Council member over several years (as well as an appropriation by the council of funding to create new positions in county departments for individuals in supported employment);

- Leadership and funding from KCDDD for long-term supports (the job development process was funded as part of a 1989-1992 federal grant);
- Separation of job development and support roles; and
- Emphasis on co-worker involvement and natural supports.

Transition

2003 Post-School Survey Results for Students with Selected Disabilities in King County and Washington State 2005, Seattle University - Center for Change in Transition Services

Special report prepared for KCDDD from annual post-school survey of special education students who graduated or aged out of special education in 2003. Data are for Washington State students with the Office of Superintendent of Public Instruction (OSPI) disability labels of Mental Retardation, Multiple Disabilities, and Autism. These disability labels were selected because they overlap with DDD eligibility criteria.

Report compares IEP Transition Plan goals with actual outcomes for 68 King County students and 362 students in the balance of the State approximately six months after leaving school.

- 65% of King County students had employment as a Transition Plan goal but only 32% were working for pay at time of survey; In comparison 57% of students in balance of State had employment as a Transition Plan goal and 39% were working for pay;
- 22% of King County students had post-secondary education as a Transition Plan goal but only 13% were attending a post-secondary program at time of survey; In comparison 28% of students in balance of State had post-secondary education as a Transition Plan goal and 26% were attending a post-secondary program;
- 94% of King County students had agency contact (i.e. DVR, DDD, or college Disabled Student Services Coordinator) as a Transition Plan goal but only 78% had an agency contact at time of survey; in comparison 90% of students in balance of State had agency contact as a Transition Plan goal and 75% had agency contact.

Housing

2004-2005 Housing Plan for Persons with Developmental Disabilities in King County September 2003, KCDDD

<http://www.metrokc.gov/dchs/ddd/Housing/2005HousingPlan.pdf>

This Plan was developed as part of an ongoing effort by KCDDD, DDD and the King County Housing & Community Development Program to increase affordable housing options for people with developmental disabilities.

Part One includes an overview of services for persons with developmental disabilities in King County as well as factors that are increasing the trend away from institutional settings and toward community based models. Key points:

- Of the 8,340 persons enrolled in DDD Region 4, 4,527 are adults. Of these adults, 3,246 receive paid services. Of the group receiving paid services, 1,468 clients receive residential services. Residential services are comprehensive housing support services provided in community based housing by agencies that contract with State DDD. There are 400 clients waiting for residential services.
- Residential Services funded by the State are either "facility based", meaning the housing and services are packaged together and licensing is required or "non-facility based" meaning the client finds housing in the community, the service provider is certified, and licensing is not required.
- In King County 890 clients who receive residential services, receive non-facility based services through the Supported Living Program. Approximately 35% of persons enrolled in the Supported Living Program live in private market housing. Approximately 84% of these individuals pay more than 50% of their income for rent and utilities. State DDD has been allocating service dollars towards these individuals' rent but cannot sustain this practice.
- Approximately 1,894 of adults enrolled in DDD live with a family member or guardian, many of whom are aging and can no longer provide the care necessary to support their adult children with disabilities.
- Since January 2000, 309 individuals with DD have received Section 8 housing vouchers through the King County Housing Authority's Housing Access and Services Program.
- Washington State's Olmstead Plan completed in December 2002 calls for an assessment of all people with developmental disabilities living in institutions to determine whether community placement would be beneficial and desired. In 2003 the State Legislature took action to downsize Fircrest, one of five State institutions (Residential Habilitation Centers), and provide opportunities for residents to move into the community.

Part Two summarizes results of a survey of 723 people with developmental disabilities in King County who receive residential services. Of the 211 respondents who live in private market housing and agreed to provide detailed information:

- 80% have incomes between \$5,995 and \$10,788 per year, which is between 11% and 20% of the area median income;
- 76% pay between \$300-\$499 per month in rent, which is their share of a larger unit total (84% have one to three roommates);
- 83% pay 50% or more of their income for rent and utilities.

Part Three summarizes issues to be considered in developing affordable housing for persons with developmental disabilities including:

- the need for supports appropriate to the resident's needs;
- locations accessible to transit or paratransit service;
- barrier-free design; and
- the need for operating support.

Part Four includes objectives and strategies for KCDDD and the King County Housing and Community Development Program. The six objectives are:

- Develop the means for persons with developmental disabilities who do not receive residential services through DDD to obtain affordable housing;
- Increase the supply of affordable housing for persons who receive residential services through DDD;
- Develop a homeownership program for persons with developmental disabilities in King County;
- Advocate with other agencies to increase housing affordability and availability for persons with developmental disabilities;
- Increase awareness of housing resources available for persons with developmental disabilities; and
- Affirmatively further fair housing opportunities for individuals with disabilities in King County.

**King County Consolidated Housing and Community Development Plan 2005-2009
October 2004, King County Housing and Community Development Program**

<http://mkcclegisearch.metrokc.gov/attachments/15683.pdf>

The Consolidated Plan guides the use of funding for housing and community development activities in communities comprising the King County Consortium which include unincorporated King County and most of the cities and towns in the County. Seattle, Kent, Bellevue and Auburn adopt their own Consolidated Plans.

Key findings:

- Given the high percentage of household income that must go to pay for housing for very low and low income households, a strong emergency safety net is needed to help these households stay in their housing when a financial emergency occurs.
- There is a high need in the Consortium communities for a range of affordable community-based housing options for people with developmental disabilities, mental illness, or chemical dependency.

The needs assessment appendix of the Plan includes a section describing the housing needs of persons with developmental disabilities. Key points:

- There are 217 people with developmental disabilities living at Fircrest. The State Legislature mandated downsizing during the 2003-05 biennium and will likely mandate its closure during the 2005-07 biennium. DDD estimates that approximately 115 people residing at Fircrest will need housing in the community between 2005-2007.
- There are 3,915 children on the DDD caseload. DDD is currently developing a wait list of families who are homeless or in need of affordable housing in order to document the needs of families, as well as conducting a needs assessment of families on the DDD caseload.
- In 2003 the Downtown Emergency Service Center provided emergency shelter to 95 persons with dd. In 2003 the ARC of King County served 25 homeless persons with developmental disabilities through its Survival Services Program which includes case management and housing stabilization assistance. Four people were turned away for lack of funds. The Seattle-King County Coalition for the Homeless/Families Committee reports serving increased numbers of families with children with developmental disabilities in shelter and transitional housing programs.
- In 2003, the King County Regional Support Network, which is the County's public mental health system, provided services to 2,393 persons who had a dual diagnosis of mental illness and a developmental disability; of these, 203 were homeless.

The Plan includes three broad goals with objectives and strategies. Goal #1 Ensure Decent Affordable Housing includes several objectives and strategies related to people with developmental disabilities.

Objective #1: Preserve and expand the supply of affordable rental housing available to low- and moderate-income households, including households with special needs (Special needs includes persons with developmental disabilities and other groups)

Strategy 1A: Make capital funds available for new construction, acquisition and rehabilitation of affordable rental housing for low- and moderate-income households

Strategy 1C:

- King County will work with housing funds, mainstream service systems (such as the developmental disabilities system) and housing referral, information and advocacy organizations to plan for community-based housing options for persons with special needs; to develop supportive housing plans and partnerships for populations that need enhanced housing support in order to be successful in permanent housing; to advocate for funding for the operations and maintenance of housing for very low-income households and households with special needs, and for the services needed for supportive housing.
- King County will provide housing programs that expand community-based housing options for persons with DD and will explore similar opportunities with systems that serve other special needs populations.

Objective #2: Preserve the housing of low- to moderate-income homeowners, and provide home ownership assistance programs for low- and moderate-income households that are prepared to become first-time home owners.

Strategy 2B: Make funds available for first-time homebuyer opportunities, including education, housing counseling and down payment assistance for low- to moderate-income households who are prepared to purchase their first home; especially households who are under-served in the ownership housing market, including households with special needs.

Strategy 2C:

King County will work with special needs populations and stakeholders to develop homeownership opportunities for special needs households for whom homeownership is appropriate.

Objective #3: Plan for and support fair housing strategies and initiatives designed to affirmatively further fair housing and increase access to housing, and to housing programs and services, for all low- to moderate-income households.

Strategy 3B:

King County will work to increase access to housing for persons/households with special needs. King County staff will provide technical assistance to the Washington State Division of Developmental Disabilities to increase access to affordable housing for clients on the State DDD caseload and will explore similar partnerships with other systems that serve special needs populations.

**City of Kent 2003-2007 Consolidated Plan for Housing & Community Development
October 2002, City of Kent Parks, Recreation and Community Services Department**

<http://www.ci.kent.wa.us/humanservices/ConsolidatedPlan.pdf>

The City of Kent's Consolidated Plan guides the City's use of federal Community Development Block Grant funds for housing, community and economic development activities targeted to low- and moderate-income residents. The Plan includes a section identifying issues for people with developmental disabilities including:

- Eligibility for ACCESS van service is becoming more restrictive and service is limited to one mile from public transit routes. This has the potential to isolate persons with disabilities who do not drive and/or cannot manage on Metro buses.
- The availability of safe, stable living situations with tenant support is limited. Tenant support staff are paid at the bottom of the wage ladder, and as a result there is a high level of turnover among staff who have other employment options. Tenants living in facilities without adequate staffing fail in their self-care, which further complicates their ability to participate in work or community inclusion activities.
- Availability of jobs in the community that provide adequate support for persons with disabilities is limited. Both initial on-the-job training and ongoing personal support is needed by many persons with disabilities, and these are provided by only a handful of employers.

The Plan includes goals and strategies to address needs of people with developmental disabilities:

Goal H3: Provide stable service-enriched housing for homeless persons and persons with special needs.

Strategy H3.D: Provide enhanced case management, services and supported housing for persons with special needs. This strategy includes:

- Seek assistance to create new supported housing, especially linked to case management, for persons who are developmentally disabled, mentally ill, and/or recovering from substance abuse.
- Provide critical support services to persons with developmental disabilities whose families can no longer house and care for them due to age or their own disability.

Goal C1: Address issues of inclusion and integration.

Strategy C1.B: Broaden inclusion of people with special needs in the life of the Kent community. This includes:

- Expand opportunities for work, socialization and volunteer work for persons with developmental disabilities in the community.
- Convene a planning group of parent, advocates and service providers to address long-term housing needs for aging persons with developmental disabilities.

Aging

***2004-2007 Area Plan on Aging for Seattle-King County
October 2003, Seattle Human Services Department, King County Department of
Community and Human Services and United Way of King County***

<http://www.cityofseattle.net/humanservices/ads/AreaPlan/AreaPlan2004-07.pdf>

King County residents who reach the age of 60 can now expect to live almost 25 more years as life expectancy rises, the number of “older old” and “oldest old” adults increases. For this reason, programs and policies directed to the 60 and over population must take into account the needs of up to three generations of older adults.

Between 2000 and 2010, King County’s 60 and older population is expected to grow in absolute terms (from 239,857 to 313,456) and as a share of the total population (from 13.8% to 16.8%). The increases expected this decade are a prelude to more dramatic increases in the decades to come, as the baby boomers begin to retire.

Gaps in life expectancy have remained fairly constant across racial groups in recent decades. However, people of color will make up an increasing proportion of the older adult population as a more diverse cohort of Americans reaches retirement age. This trend is expected to continue for the foreseeable future: In 1990, persons of color

represented less than 10% of the County's 60+ population, but this increased to 15% in 2000, and is expected to reach 33% by 2050.

In 1990, 11,569 (6.9%) County residents 65+ were living below poverty; by 2000 this had risen to 12,937 (7.1%). In King County, older African Americans and persons of two or more races have the highest poverty rates, followed by Asians, those in the "other" census race category, and Hispanics/Latinos.

The City of Seattle Aging and Disability Services (ADS) funds eighteen services to older adults and adults with disabilities who live in King County. Services are provided by a network of community-based organizations located throughout King County. In addition, ADS provides direct case management services to approximately 4,000 clients.

- Adult Day Services
- Alzheimer Program
- Caregiver Information and Support
- Case Management
- Amy Wong Client Fund
- COPES/Chore Personal Care/Personal Care
- Disability Access Services
- Disease Prevention/Health Promotion
- Elder Abuse Prevention
- Employment
- Home Health and Health Maintenance
- Homesharing
- Information and Assistance
- Legal Services
- Mental Health
- Nurse Consultation
- Nutrition
- Outreach Advocacy
- Respite Care
- Senior Centers
- Seniors in Service to Seattle
- Technology Support
- Transportation
- Utility Discount Program

The four priority issue areas included in the ADS Area Plan 2004-2007 are:

- Basic needs
- Health and well-being
- Social and civic engagement
- Independence for frail older adults and people with disabilities

Each priority area includes several objectives under which actions are specified. Two actions intended to benefit people with developmental disabilities are under the priority area "Independence for frail older adults and people with disabilities":

Objective 1, by December 2005, Increase the number of family caregivers who receive supportive information that guides their long-term care choices. One of the actions specified for this objective is "Inform Developmental Disabilities network about the availability of family caregiver support resources."

Objective 6, by December 2004, Convene quarterly information-sharing sessions for representatives of the Developmental Disabilities and Aging networks

Transportation

Report and Recommendations of the Special Needs Transportation Task Force

November 2002, King County Accessible Services Advisory Committee

<http://www.metrokc.gov/kcdot/getinvolved/asac/report1102.stm>

In 2002, the King County Accessible Services Advisory Committee (ASAC) hosted two summits in Tukwila in which community leaders identified challenges and problems facing seniors and people with disabilities as they try to access King County's transportation system, and then developed potential solutions. The ASAC subsequently created a Special Needs Transportation Task Force to turn the findings of the two summits into recommendations for improving service, developing alternative resources and improving communications. This report presents the ten recommendations of the Task Force.

While this process was intended to include an evaluation of all transportation issues for people with special needs, i.e., people with disabilities, seniors, and others, much of the work was directed toward ACCESS Transportation, King County Metro's paratransit service.

The report identifies the following problems and challenges:

- People in need of ACCESS Transportation services cannot use them because:
 - they live outside the ACCESS Transportation service area;

- they need service during hours when the system is not operating; and
 - the communication of vital information is too fragmented, thus requiring a great amount of time and effort to access service.
- The lack of coordination among service providers, which is partly due to existing laws, policies and procedures, creates a situation in which the service provider has become almost more important than the customer. This places the burden for coordinating service provision on the customer, not on the service providers.
 - There is a lack of community and political awareness, understanding and leadership, so the problems and challenges faced by seniors and people with disabilities are not a high enough priority in public discourse and policy.
 - Drivers, the vital "linchpin" in the system, are undervalued, meaning they may not have the resources they need to fully serve the program's customers.
 - Duplication of services, the lack of coordination among service providers, and the absence of "customer friendly" service are all problems that may have solutions if technology is used more extensively and strategically.

The report includes the following recommendations:

- Conduct a comprehensive needs assessment of people requiring specialized transportation in King County, and a resources survey of transportation options currently serving seniors and people with disabilities. If warranted by the assessment's findings, change county policy to expand the ADA ACCESS service area to better serve people who, because of a disability, cannot use the regular, non-commuter fixed route service some or all the time.
- Implement the Mobile Data Terminal and Interactive Voice Response systems regionally, including sharing eligibility information among agencies and service providers.
- Make ACCESS transportation a higher priority in the implementation of the Smart Card in King County.
- Improve customer service and increase the program's efficiency by grouping rides. Use technology to help service providers coordinate rides.
- Enable customers to book and cancel trips over the internet by providing online scheduling 24 hours per day, 7 days per week.
- Improve customer service and increase efficiency through partnerships with the private and non-profit sectors.
- Develop more effective ways to consistently integrate transportation, housing, and human services in policy planning and program

implementation in King County, with significant consideration given to the interests and needs of people with disabilities and seniors.

- Educate and enhance the awareness of elected officials and the public to the mobility interests and needs of seniors and people with disabilities.
- Improve communications and customer service for users of specialized transportation by focusing additional resources and program development on the drivers.
- Improve communications for customers by creating a "single point of entry" for information, trip requests, and service delivery using multiple tools.