

# People with Disabilities

The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990 and in 2015 celebrated its 25th anniversary. The ADA insures the civil rights of people with disabilities and establishes a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities. The City of Bellevue has consistently and diligently worked to make all its program, services and facilities accessible to people with disabilities. For over 30 years the city has provided adaptive recreation programs as well as other accommodations and access to general recreation, and has other examples such as an evaluation of sidewalks and curb ramps throughout the city using innovative techniques. In developing the Diversity Advantage Plan in 2014, the City is responding to the changing demographics with the goal of equity, access and inclusion for all.

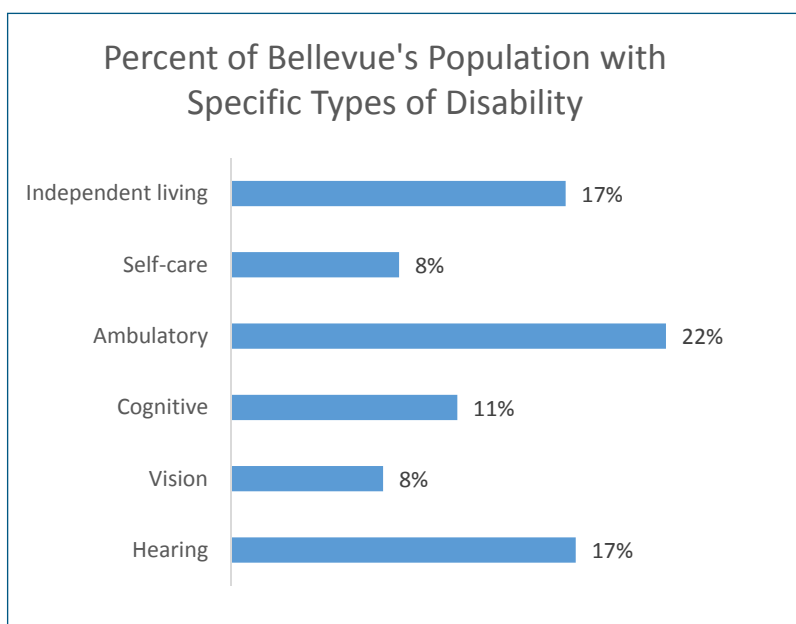
Note: This chapter will deal primarily with issues related to developmental and physical disabilities. For more information on mental illness, please see *Goal 4: Health Care to Be as Physically and Mentally Fit as Possible*. For more information about *Older Adults* or *Veterans*, please see these sections under *Specific Populations*.

## What's Working?

- AtWork is a non-profit agency that provides employment services for people with disabilities. In 2006 when the State of Washington implemented the Working Age Adult policy, which discontinued the use of sheltered workshops for people with intellectual disabilities, only 32 AtWork clients were supported in a job working for a community business. At the end of the 2014 fiscal year, less than 10 years later, AtWork supported 208 people employed in the community earning

an average of \$11.75 per hour. At the end of July 2015, the last three people served in a group model were transitioned to community based, integrated opportunities. Beginning August 1, 2015, all AtWork clients are paid at minimum wage as AtWork will not renew their Department of Labor certificate allowing them to pay sub-minimum wage based on productivity.

- Kindering Center, a neuro-developmental center for children birth to five in Bellevue, provides a support group for siblings of children with special needs, called Sibshops. These are fun, action packed workshops in which siblings are encouraged to share their challenges and celebrate the joys with brothers and sisters in similar situations. The workshops are held at their Bellevue and Bothell locations monthly.
- As a result of the City of Bellevue's Diversity Advantage Plan, a new Americans with Disabilities Act/ Title VI Administrator was hired in 2015 to assist in enacting and upholding equitable policies and practices and help provide programs that are responsive and accessible to all.



**Figure 1**  
**Source: U.S. Census Bureau, 2009-2013 American Community Survey**

## Prevalence

### Adults

- It is estimated that 1 in 5 adults or 53 million adults in the U.S. has some type of disability.<sup>1</sup> With medical advances helping more people survive longer with disabilities than in the past, there is a greater need for communities to provide a network of supports. A top priority among many people with disabilities, and those who help care for them, continues to be improving community-based services, including access to information about services, affordable housing, after-school programs, respite care, employment support, and accessible transportation, to facilitate their inclusion in all activities of daily life.
- Developmental disabilities are severe physical and/or mental impairments that occur before adulthood, are permanent and limit an individual's ability to function. Washington State's current definition includes epilepsy, autism, cerebral palsy and intellectual disability. The prevalence rate of developmental disabilities, as defined in federal law, has been estimated to be 1.2% of the non-institutionalized U.S. population. Based on this rate, the estimate of King County residents who have development disabilities is 24,533.<sup>2</sup>

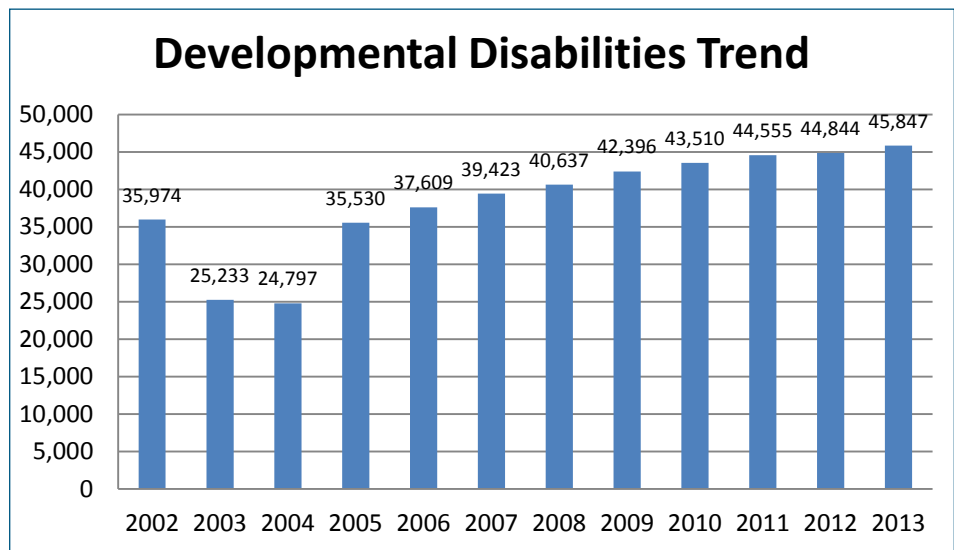
“Clients tell us their problems/issues including coping whether they receive services or not. Many single adults have exhausted family assistance, especially if they have invisible disabilities. The majority with or without dependents do without.”  
*Provider Survey, Alliance for People with Disabilities*

- Approximately 8% of Bellevue's population 5 years and older had a disability in 2010-2012. More specifically, approximately 10,800 residents reported having at least one disability. As Figure 1 shows, among the different disabilities reported, 17% were hearing; 8%, vision; 11%, cognitive; 22% ambulatory; 8% self-care; and 17% independent living.<sup>3</sup>

## Service Trends

### People with Developmental Disabilities

- The Washington State Department of Social and Health Services Division of Developmental Disabilities' (DDD) most recent client participation report indicates that there were 45,847 persons in the State who were enrolled in their services at the end of June 2013, about 2% more than the 44,844 enrolled in 2012.<sup>4</sup>



**Figure 2**

**Source: Washington State DSHS Client Participation Report**

- Enrollment has also increased over the last few years for services offered by the King County Division of Developmental Disabilities (KCDDD). Since 1980, the KCDDD client caseload has increased by about 6% per year; between 2004 and 2005, there was a 10% increase. KCDDD forecasts a continued annual increase in caseloads, based on Washington State population estimates and a national trend in which the number of babies born with developmental delays and

special health care needs is increasing. This increase is partly due to medical advances that enable infants who might not have survived several years ago to live. Another factor is longer life expectancies for persons with developmental disabilities.<sup>5</sup>

December 2013 who were authorized for services.<sup>6</sup>

- In 2015, 922 adults ages 18 and older living in East King County were enrolled in DSHS/DDD. Of these, 378 were Bellevue residents.<sup>7</sup>

<b>Individuals Enrolled in DSHS/DDD, Region 4 as of August 18, 2015 by Age Group</b>		
<b>Age Group</b>	<b>No. of Individuals Enrolled in DSHS/DDD, Region 4</b>	<b>Percent</b>
0-2	2,624	22.31
3-5	1,903	16.18
6-9	667	5.67
10-13	423	3.60
14-17	627	5.33
18-20	526	4.47
21-61	4,510	38.35
62-80	461	3.92
80+	21	Less than 1
Total	10,704	100.0
<b>Source: DSHS Case Management System</b>		

**Figure 3**

- As shown in Figure 3, as of August, 2015, there were 10,704 people with developmental disabilities in King County (Region 4) enrolled in the State program through the Department of Social and Health Services and the Developmental Disabilities Administration (DSHS/DDA) in King County. DSHS/DDA authorizes services for a subset of the enrolled population. In King County there were 3,844 residents in

### **Support Services With and Without Waiver Plans**

- The State DDD replaced its Medicaid Home and Community-Based Services (HCBS) Community Alternatives Program (CAP) Waiver with five waivers. Waivers are agreements between the State and the Federal agency responsible for Medicaid. The State receives Federal matching funds for services provided under the waiver plan. There are four waivers - Basic Plus, Core, Children’s Intensive In-Home and Community Protection that were renewed effective June 2015. Also approved was the Community First Choice Program. Each of the waivers provides an array of services tailored to the specific populations they serve. However, the capacity of the waiver program is limited based upon State funding. As a result, there are many more clients who are eligible and want to participate in the waiver programs than there are available slots. This is shown in Figure 4, in which the number of clients not on waiver

<b>DSHS/DDD, Region 4 Clients by Age Group and Waiver Status as of August, 2015</b>	
<b>Age Group</b>	<b>No. of DSHS/DDD Region 4 Clients</b>
Clients ages 0-20 on a waiver plan	409
Clients ages 0-20 not on a waiver plan	5,333
Total Clients ages 0-20	5,742
Percent Clients ages 0-20 on a waiver plan	7.1%
Clients ages 21+ on a waiver plan	2,616
Clients ages 21+ not on a waiver plan	2,265
Total Clients ages 21+	4,881
Percent Clients ages 21+ on a waiver plan	56.6%
<b>Source: CMIS</b>	

**Figure 4**

plan, especially for those 0-20 years old, is less than those on a waiver plan.<sup>8</sup>

- Services for clients who have waivers include Adult Residential Care, Emergency Assistance, Employment Services, Personal Care, Respite Care and a long list of other opportunities. Services for clients without waivers include some of the same programs, such as Respite and Employment Services, but access depends on eligibility and funding availability.

## **Residential Habilitation Centers (RHC)**

- Since the 1960s, there has been a decrease in the number of people with all disabilities living in institutions and an increase in the number living in the community. The civil rights movement was a motivator for people with disabilities to seek jobs, housing and activities in their own communities instead of institutions. The Americans with Disabilities Act was signed into law in 1990, eliminating discrimination in housing, employment, transportation, and public accommodation, and celebrated its 25th anniversary in 2015. More recently, the U.S. Supreme Court ruled in *Olmstead v. L.C.* that states must place people with disabilities in community settings when appropriate.
- Statewide, the number of persons with developmental disabilities living in residential habilitation centers (RHCs) and nursing homes, which are facilities which provide intensive nursing care and skill development for those who are severely disabled, has decreased dramatically. As of July 2013, there were about 1,000 individuals in one of these 4 facilities in the State, compared to 4,145 at their peak in 1967. The average annual cost per client living in RHCs is \$164,391 compared to \$18,269 per client annually to receive personal care services in the family's home or community residential facilities.<sup>9</sup>

## **Residential Services**

- In Washington State, the majority of people with developmental disabilities (97%) live in the community, most with their families.

The remaining 3% either lives in their own homes receiving non-facility supported living services or in licensed group care, such as adult family or nursing homes. For those who can't live independently, supported living services offer instruction and support to persons who live in their own homes in the community. Supports may vary from a few hours per month up to 24 hours per day of one-to-one support. Clients pay for their own rent, food and other personal expenses. Adult family homes (AFH) (licensed facilities for six residents or more) are available as an intermediate level of care. Nursing homes support people who need the assistance of 24-hour nursing staff. In 2015, there were 127 AFH and 2 nursing facilities licensed by the State in Bellevue.<sup>10</sup> Some of these facilities also serve frail elderly people and individuals with other disabilities, such as those related to head injuries, strokes or chronic diseases.

- Of the 11,574 DDD clients living in King County as of August 2015, 2,899 live in the City of Seattle with 8,675 living outside of the city; 872 live in Bellevue. The vast majority of the 8,675 clients who live outside of the City of Seattle live in their parents homes: 6,215. The remainder receive residential services in a variety of settings such as Supported Living (759), Adult Family Homes (437) and Group Home (67). "Residential services" are comprehensive housing support services provided in community based housing by agencies that contract with the Washington State DSHS/DDD.<sup>11</sup>

## **Adults with Intellectual and Developmental Disabilities (I/DD) Living with Aging Parents**

- Many providers believe there is a crisis emerging regarding the increased support needs of aging people with I/DD who live at home with older adult parents. As of April 2015, 900 (17%) individuals enrolled in DSHS/DDD Region 4 were age 55 and above. Of these, 120 clients over age 40 live with parents/relatives. Families who are caring for this population are aging, and need assistance with transition planning,

including legal, financial and residential information.<sup>12</sup>

- Life expectancy for people with Intellectual/Developmental Disabilities (I/DD) has significantly improved over the past 50 years, and with that also comes in some cases higher incidence of dementia, with a mean age of onset as young as 53 years for people with Downs Syndrome. With this comes the likelihood that caregivers who are also aging would need more skills to deal with mental health concerns, and medical staff may feel untrained to care for people with dementia and I/DD.<sup>13</sup>

“People with Intellectual Disabilities (IDD) develop chronic conditions at an earlier age, and may need more medical care.”

*State of Washington Developmental Disabilities Administration, Focus on the Future Forum, April 3, 2015*

- AtWork! staff report that some of their clients have received services from this agency from several years to over 30 years. As they age, many are developing additional disabling conditions and seeing increased impact from their disabilities. Individuals with Down’s Syndrome are living longer and developing early onset dementia. This results in decreased independence and increased reliance on staff and other supports to maintain employment and community living. Specialized supports to assist people with Down’s Syndrome who develop dementia are being researched. Many older adults with disabilities are living with elderly parents who are struggling to maintain their own level of independence and continue to care for their adult child with disabilities. There is a growing need for supportive housing for both the individual with disabilities and their parents. In addition, younger adults with more complex disabilities such as autism and their families are finding it difficult to obtain the services they need: services that help them successfully work and access their communities when they aren’t working; and affordable housing and residential support services that enable them to live as integrat-

ed and independently as possible outside of their parents’ home.<sup>14</sup>

## Affordable Housing for Independent Living

- Finding affordable housing in the community is challenging for many people, but those with disabilities who seek an independent living arrangement, such as an apartment, have additional barriers. In 2014, *Out of Reach*, an annual report of the cost of rental housing affordability in the U.S., stated that there are roughly 8.3 million individuals receiving federal Supplemental Security Income (SSI) because they are elderly, blind or disabled and have few economic resources. With the maximum federal monthly payment of \$721/month in 2014, an SSI recipient could only afford \$216/month rent (30% of income). There is not one county in the U.S. where even a modest efficiency apartment is affordable for someone receiving SSI. The Fair Market rent for a one bedroom apartment in the Seattle-Bellevue Metropolitan area is \$1,150/month, more than the entire check.<sup>15</sup> For individuals who rely solely on their SSI check for income, or even who receive supported employment services which pays higher wages, market rate housing is not an option.
- In 2003 KCDDD created the Housing Innovations for Persons with Developmental Disabilities (HIPDD) funding program to expand the affordable housing options that are available for persons with developmental disabilities in King County. To date, the program has funded over 40 housing units, with the goal of providing ongoing funding for housing projects. HIPDD assists non-profit housing developers with capital funding in Seattle and King County that reserves the lowest income units in new affordable, multi-family housing for their clients, and also come with an additional operating subsidy, like Section 8, to ensure that units are affordable. On the Eastside, there are a total of 161 beds in 24 facilities for Special Needs populations funded in part by A Regional Coalition for Housing

(ARCH); in 2012, there were 119 beds in 16 facilities. Of these, 14 facilities with 70 beds are designated for people with developmental disabilities compared to 2012 when there were 10 facilities and 83 beds. These include group homes in Redmond, Issaquah and Bellevue as well as condos in Bellevue and apartments in Bellevue and Redmond.<sup>16</sup>

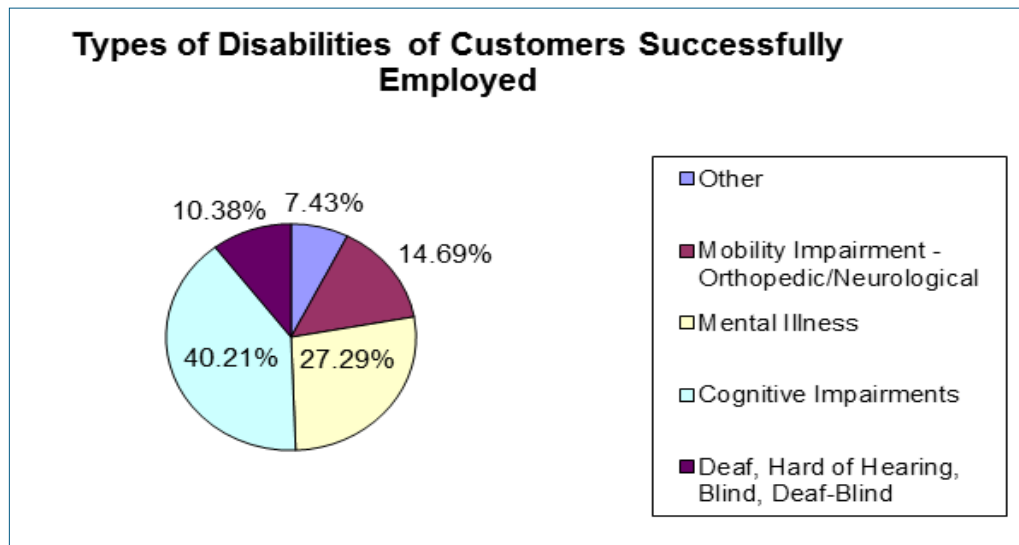
- Locally, affordable housing for people with all disabilities is in high demand. Approximately 20% of Washington adults with developmental disabilities live in their own apartment or home. Besides these individuals, many other individuals with disabilities who seek low-cost housing. The Alliance of People with disAbilities serves anyone with any disability at any age. A significant percentage of people who ask for assistance have multiple disabilities combined with long term complex problems as a result of a lack of resources appropriate to the person’s needs and preferences. Housing continues to be the top need followed by legal assistance, transportation, financial problems, health care, dental care, lack of eligibility for services and other issues.<sup>17</sup>

### Employment: Division of Vocational Rehabilitation Services

- The State Division of Vocational Rehabilitation (DVR) is the primary funder of services for people with disabilities to obtain and keep employment. DVR eliminated its waiting list for services effective February 11, 2008. At its peak, the waiting list had over 14,000 individuals. In 2010, DVR received 12,500 applications with 10,964 deter-

mined eligible; in 2013, there were 9,734 new applications, with 8,667 determined eligible. The decrease in applications is attributed to steps taken in the past few years to increase coordination between DVR and the Department of Social and Health Services (DSHS) which had a practice of mandatory referrals of its clients in the Aged, Blind, and Disabled Program to DVR. This practice began in 2009 and was discontinued in 2012. DVR staff is doing additional outreach to return referrals back to the 2009 levels of 10,000 to 11,000 referrals/year. In 2013, DVR reported 8,667 total rehabilitations, at an average cost of \$6,775 per client, an 11% increase in cost compared to 2010.<sup>18</sup>

- Bellevue clients represent 2.8% of the open DVR cases in Washington State as of September 30, 2014, slightly less than 2 years ago. Between October 2013 and September 2014, 281 applications for services were received at the Bellevue DVR office. Bellevue DVR clients had a somewhat lower rate of rehabilitation compared to the State (55.0% vs. 59.0%). Average hourly wages for Bellevue clients when they are placed in jobs are \$11.17, somewhat lower than the State average of \$11.81.<sup>19</sup>
- Though the unemployment rate after the recession has decreased, it still can be challenging for people with disabilities to find jobs. In a competitive environment, job developers need to be more creative to find



**Figure 5**  
**Source: State of Washington Department of Vocational Rehabilitation August, 2015**

work for their clients. Figure 5 shows the percentage of clients statewide within each disability category who were successfully employed in 2014 through DVR. Compared to two years ago, more people with cognitive impairments who are using DVR services are finding employment: in 2014, 40.21% found jobs compared to 37% in 2012. Slightly more people with mental illness have also been successfully employed in 2014 compared to 2012: 27.29% vs 26%.<sup>20</sup>

## Employment: King County DDD Contracts

- KCDDD funds long-term employment services for adults with developmental disabilities (ages 21 and over) who are enrolled with the Division Employment Vendors in the community, to provide ongoing support, job coaching, and job placement services as needed. In 2013, 2,166 individuals were served in all employment programs funded by KCDDD; there was a significant increase in the number of adults who received individual employment programs from 2010-2012 due to a change in state policy which eliminated the Person to Person service category and moved those individuals to an appropriate employment category.<sup>21</sup>
- AtWork! empowers people with disabilities to find and keep jobs that match their talents and interests. These “dream jobs” transform the lives of people with disabilities because they earn money and are working to escape poverty; they have an opportunity to contribute, demonstrate their value to a business, and be included in community life. Their customized and supported employment programs include volunteering, work trials, and one-on-one job coaching; as each person establishes vocational goals and builds a resume that demonstrates skills needed by employers. AtWork! works with businesses to identify job opportunities that take advantage of an individual with disabilities’ unique talents while meeting a critical business need. As the economy recovers, more and more businesses are employing people with significant disabilities. Fifty people found jobs in

2013, fifty-seven in 2014, and they are on track to place seventy people in 2015.<sup>22</sup>

## Transition Programs for High School Graduates with Intellectual/Developmental Disabilities

- If high school students with disabilities do not have appropriate work experience and transition services while still in high school, they are often unsuccessful in finding employment. In King County, an estimated 150-180 students with I/DD graduate each year. To address this need, KCDDD, in collaboration with a series of partners, provides the *King County School to Work Project*, (S2W) a program that helps young adults ages 20-21 with developmental disabilities transition from high school to the community, hopefully to a job. The percentage of students who are enrolled in this program ranged from 60% to 77% between 2010 and 2013. Based on the data collected, KCDDD is anticipating major changes in the demographics for transition students graduating from high school in the future. For example, in 2013, about 60% of the students in the S2W program were White, but a significant portion of students who are not White with ID who are school age now will be graduating in the next few years and KCDDD projects that S2W will be serving a much more diverse population.<sup>23</sup>
- AtWork! provides School to Work Transition services to students in local school districts through KCDDD. Working with high school staff, AtWork! Professional Employment Consultants serve the needs of individual students through community work experience, job trials, resume development, job search, job placement and on the job coaching while in school and after graduation. AtWork! is the “embedded provider” for the Bellevue School District. Staff reports that schools are asking them to work with younger students to help them and their families understand the system and access services. It is a growing need as families can have a significant disruption when school ends and the student does not have a job or services. In 2014, the program served 16 Bellevue residents.<sup>24</sup> Another

organization, Alliance for People with Disabilities, sponsors the Youth Transition Program that focuses on preparing students age 12-24 for work, school or volunteer opportunities. The program is currently rebuilding its program outreaching to youth, parents and school districts.<sup>25</sup>

## Increasing Cultural Diversity

- The 2014-2017 King County Plan for Developmental Disabilities Services identified a need for culturally competent services and outreach for the increasing number of people from diverse ethnic and cultural communities and with limited English language skills, including families of children and adults with I/DD. In preparing for the 2014-2017 plan, KCDDD conducted a series of web-based surveys, focus groups, community meetings and individual interviews to determine how to address this need. A recurrent theme was that language and cultural barriers prevent many families from understanding what services they might be eligible for or accessing services in King County. For some cultures, early intervention services may be a new concept and these families may not understand B-3 services as a positive opportunity.<sup>26</sup> According to the 2009-2013 ACS, King County as a whole has about 21% of its population age 5 and older who are foreign born and 26% speak a language other than English at home.<sup>27</sup> In King County, 17.69% of clients enrolled for DDD services speak a primary language other than English. In East King County, about a third of the population enrolled in DDD services speaks English as a second language.<sup>28</sup>
- In Bellevue, some providers of services for people with disabilities describe a growing trend of diversity among their participants. Kindering Center reports an increasing number of diverse families and has added more bilingual staff, is using more interpreters, and has several classes in Spanish and one in Russian.<sup>29</sup> The SOAR Promotores Program works with KCDDD county-wide to provide bilingual and bicultural outreach to families, links them with bilingual bicultural communities and conducts

developmental screenings with families. The Arc of King County and Open Doors for Multicultural Families also conduct multicultural outreach to families with young children.<sup>30</sup>

## Need for Additional Recreational Opportunities

- The City of Bellevue Department of Parks and Community Services provides specialized recreation opportunities for those living with disabilities as well as inclusion support to participate in general recreation. The majority of specialized programs occur at the Highland Community Center and several programs are based at the Northwest Arts Center, Tennis Center and the Aquatics Center. The Bellevue Youth Theater, Kelsey Creek Farms, and the Crossroads Community Center experience a high number of participants living with intellectual and physical disabilities. In 2014, 475 individuals participated in 120 different programs at the Highland Community Center, which is one of the highest drop-off and pick-up sites for the Metro Access Van program. A Recreation Inclusion Coordinator is in place to assist with accommodations or adaptations to reinforce successful experiences in general recreation programs. Bellevue has financial agreements with Kirkland and Mercer Island to provide specialized services to residents of these two cities, as well. Highland Center staff report that children living with autism attending summer camps have higher needs than in previous years. As a result of more children with severe autism and the need for more care, a higher child to staff ratio is needed. Another issue is with funding for respite care decreasing, more parents of children with disabilities are seeking other programs so they can get a break come to Highland Center looking for programs. Other specialized recreation programs in Bellevue are offered by Special Olympics of Washington, Special Care and OUTDOORSFORALL.<sup>31</sup>



## Transportation Gaps

- The demand for transportation for special needs populations, defined as older adults, people with disabilities, youth and people with low-incomes, is growing steadily. The King County Mobility Coalition (KCMC), a group addressing this need, is the outgrowth of a group of King County agencies that came together informally several years ago under the leadership of the Seattle-King County Area Agency on Aging. After new legislation was passed in 2005 by the Federal Transit Administration, *called Safe Accountable, Flexible, Efficient, Transportation Equity Act: A Legacy for Users*, (SAFETEA-LU), this group was formalized as the King County Coordinated Special Needs Transportation Steering Committee. Planning efforts already underway by Sound Transit led to the development of the first local and regional Coordinated Transit-Human Services Transportation Plans for King County and the Puget Sound region. KCMC works with the Puget Sound Regional Council to update the Regional Coordinated Human Services Plan. In 2014 KCMC drafted a Special Needs Transportation Assessment that outlined resources and gaps in the system of transportation for transportation disadvantaged populations in King County, and in 2015, developed its 2015-2020 Action Plan which has a number of initiatives focusing on key areas of need, including access to healthcare, access to work and school, and suburban and rural access.<sup>32</sup>
- King County Metro's Access program fills some of the need for door-to-door service for eligible people with disabilities but continues to have gaps for many customers. In 2011, the King County Accessible Services Advisory Committee and the King County Transit Advisory Committee were merged and became the Transit Advisory Commission. This body advises Metro and King County on issues related to transit service in the county, including matters of concern to the elderly and persons with disabilities. Some of the topics addressed include safety, better transit access for specific populations such as people who are blind, and customer service issues.<sup>33</sup>

## Prevalence Children

- The Center for Disease Control and Prevention reports that in the United States, 13% of children 3-17 years old have a developmental or behavioral disability such as autism, intellectual disability, and Attention-Deficit/Hyperactivity Disorder. In addition, many children have delays in language or other areas, which also impact school readiness. However, less than 50% of these children are identified as having a problem before starting school, by which time significant delays may have already occurred and opportunities for treatment have been missed.<sup>34</sup>

## Service Trends Need for More Funding for Early Intervention Services

- All children age birth to three who have disabilities are guaranteed early intervention services under a federal regulation called the Individuals with Disabilities Education Act (IDEA) Part C. King County Developmental Disabilities Division is the Local Lead Agency that contracts to provide these services to children and families. As of July 2014, 3,419 children age birth to three were served in King County Early Intervention (EI) Services. As Figure 6 shows, this number has grown significantly

"The demand for services remains steady and very high. We see a steady increase in children presenting with emotional and sensory regulation issues in child care and preschool settings."  
*Provider Survey, Kinderling Center*

since 2010. The percent of the birth-to-three population served as of a day in time count has remained fairly flat from 1.9% in 2010 to 2.1% in 2013; the current state target for services level is 2.5% of the birth-to-three population of King County. This means that King County would need to serve 269 additional children for the day in time calculation to reach the state target of 2.5% of

births in 2013. Though there are challenges in making comparisons about who are underserved by race or ethnicity, several ethnic groups were more underserved than others: children who were identified as Black/African American, Asian, and Native Hawaiian/Pacific Islander. Within the growing number of children served, there is also an increasing diversity of languages spoken; Spanish is the more frequently spoken home language other than English, followed by Chinese, Vietnamese, Somali, Russian, Arabic and Hindi.<sup>35</sup>

- In 2014, 214 children aged birth to three living in the Bellevue School District were receiving services compared to 197 in 2012. In 2014, of the 1,690 children who exited EI services countywide, 551 (32%) no longer needed special intervention services.<sup>36</sup> Since 2008 DSHS/DDD funding for this entitlement service has been lidded so even though there has been a substantial increase in the number of children served, there has been no increase in state funding.

“Kindering uses criterion-referenced assessment tools to track each child’s development. Each year nearly 3/4 of children receiving service succeed in narrowing the knowledge and skill gap from those of their typically developing peers. 46% of students graduate Kindering at age three with age-appropriate skills and no longer need special education. Our school districts calculate that Kindering saves them \$51,399 for each and every child who doesn’t qualify for special education.”

*Provider Survey, Kindering Center*

of services. At the same time growth is so tremendous, a number of funding sources, such as Medicaid and federal dollars for children with special health care needs, have continued to decrease. For example, in the past annual Medicaid match was as much as \$500,000; currently it has dropped to around \$76,000.<sup>37</sup>

Year	Total Number of Children	Increase in Number of Children	Percentage Increase over Previous Year
July 2009-June 2010	2,543		
July 2010-June-2011	2,956	413	16%
July 2011-June 2012	3,134	178	6%
July 2012-June 2013	3,277	143	5%
July 2013-June 2014	3,419	142	4%

**Figure 6**

**Source: King County Department of Community and Human Services, Plan for Early Intervention Services, 2014-2017**

“Our kids just want to be one of the guys or gals but lack of skill level precludes them from doing that.”

*Community Conversation, Bellevue Special Needs PTA*

- Kindering Center, one of two Eastside providers of early intervention services, reports that in a year their monthly enrollment of infants and toddlers with disabilities or delays went from 560 to 650, a 16% increase for a very intense, customized set

## More Support and Information for Caregivers

- According to the King County Early Intervention Service Plan, the early intervention system and referral process is confusing for many individuals, and many families of infants and toddlers with developmental disabilities are not accessing quality information to help with their decision-making. Families also may not be interacting with community and health care providers who

know about early intervention services or how to make referrals. To address this need, KCDDD Early Intervention Services Plan outlines a number of strategies, including providing more training and partnerships with providers, physicians, clinics, childcare staff, strengthening partnerships with systems that provide universal screening, and improving public awareness and reducing negative connotations of disabilities.<sup>38</sup>

- As more people with disabilities choose to live at home, respite care for their caregivers is a growing need. A study conducted in 2015 found that an estimated 43.5 million adults in the U.S. report that they have provided unpaid care to an adult or a child in the past twelve months; of those about 3.7 million cared for a child, roughly 1.6%.<sup>39</sup> Many families are not eligible for public funds to pay for respite care, and cannot afford to pay privately for it. Due to State cuts, fewer hours of respite care are being funded.

## Community Perceptions

- In the 2015 phone/online survey, 21% of respondents indicated that *lack of services for people with disabilities* was a major or moderate problem in the community. In 2015, the question about *not being able to find programs or affordable care for someone with a disability* was separated into two questions, one about finding programs and one about finding care. Therefore the response is not comparable to past survey results. In 2015, 9% of respondents stated that not finding programs for someone with a disability was a major/moderate household problem and 8% stated that not being able to find affordable care for a person with a disability was a major/moderate problem.
- In the 2015 consumer survey, *not being able to find enough support as a caregiver for an elderly or disabled person* was rated by 10% of respondents as a major or moderate problem in their household compared to 24% in 2013; 14% said that it was a major or moderate problem finding affordable care or programs for a person with a disability which was similar to responses in 2013.
- Providers working with adults with disabilities mentioned that their clients did not qualify for all the help they needed, and the gap created left the clients potentially at risk if they could not find a family, friend or neighbor to help them. The same is true for children with special needs. Kindering staff reports that demand for Applied Behavioral Analysis (ABA) programs for children with Autism Spectrum Disorders is high but even though they are tracking 100 toddlers for possible autism concerns, they only have 20 limited spots due to lack of funding and ability to bill insurance for the cost. Pediatric staff at Eastgate Public Health Clinic commented that there is a high demand for therapies during the summer but schools are closed so this creates a gap for children who need the services to be continuous.
- Information gathered from focus groups of adults with disabilities and their families by KCDDD in spring 2014 included feedback about the constant coordination and perseverance required to obtain the services needed. Suggestions included forming stronger partnerships in communities to increase employment opportunities for people with disabilities and maintaining residential and employment services through waivers and other county programs.
- During a Community Conversation with parents in the Bellevue Special Needs Parent Teacher Association, family members suggested programs or services they would like to see available. These include programs that teach children to give back to the community, classes that help children with anxiety issues that may be less challenging than other disabilities yet still prevent children from fully accessing them, and regular open houses that children with disabilities can attend to see if activities or programs are a good fit for them.
- Parents in the ARC of King County Parent Coalition identified some service gaps for their children with special needs, including lack of drop in programs, few places for young adults with disabilities to go during the day that had age-appropriate activities, and financial assistance for families that allows their children with disabilities to

participate in recreational activities in the community.

- Staff from Child Care Resources reported an ongoing shortage of both childcare and after-school care for children with special needs. Funding that was once available for staff to help families find special needs care has been discontinued. Many providers are reluctant to take on special needs kids due to concerns about how to accommodate them without hiring extra staff.
- Staff from Bellevue College (BC) commented that if a student did not come through the U.S. K-12 system, they do not have documentation that they need to prove they have a disability so it is harder now to obtain services for them. Some underlying disabilities such as Attention Deficit Disorder can prevent students from being successful in work or in school. BC has become known in the community as trying to get these students qualified for services, so the number of students with disabilities is increasing there while at other colleges it is decreasing.

### Implications for Action

- Funding for services to people with all types of disabilities continues to lag behind the growth of this population in the State, in King County, and in Bellevue. The result is that there are wait lists for certain services such as housing and family support. And for those programs in which waiting lists are not allowed, agencies are strapped to find additional resources to fill the funding gap. This trend is predicted to continue over the next several years due in part to the higher life expectancy of the aging population with developmental disabilities, the increase of referrals of children with disabilities, and the continued development of medical procedures that now save the lives of those who in the past may not have survived trauma or complications at birth.
- Lack of affordable housing is as much of a problem for people with disabilities as it is for the rest of the population, if not greater. The need is growing faster than housing stock is produced. It is especially critical for people with disabilities to find hous-

ing in familiar neighborhood settings, near support systems and convenient amenities, in order to maintain their independence to whatever extent they are able. Another growing need is for more paid and volunteer positions for people with I/DD.

- Early intervention services for children birth to three with disabilities are underfunded. Early intervention saves costs later; for some children whose special needs are identified when they are older, critical time is lost. All sectors of the community—medical, business, education, public and non-profit could increase their efforts to promote early screening and make it easier for parents and caregivers to find help.
- There continues to be a lack of programs for families with children with special needs that do not speak English as their first language. Especially when dealing with issues of disabilities, which can be viewed differently by various cultures, it is critical that more multilingual, multicultural providers are available to work with families.
- Childcare for children with special needs continues to be in very short supply in the community, as are programs appropriate for children age 12 and older. Community-based organizations already providing such services to typically developing children could, with training and support, help to fill this gap.
- Inclusion of people with all disabilities in all communities needs to be a priority. People with disabilities who experience inclusion early in their lives are more likely to live in and actively contribute to their community as adults.

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