



Artwork by Ivanova Smith

Rights & Protections for People with Developmental Disabilities

Washington State created its first Residential Habilitation Center (RHC) in 1915, with 5 more RHCs created by 1972 with over 4,000 residents by 1970. From 1970 on, the RHC population steadily declined about 500 residents now. Several factors contributed to this decline. The most important change is the realization that with intervention, people with developmental disabilities (DD) grow and develop and are capable of achieving major developmental milestones. Community resources have been developed, schools are required to include children with disabilities and medical information and practices have improved dramatically. All of these factors help parents keep family members home and help them gain access to alternative services near their family homes.

Centers for Medicare and Medicaid Services (CMS) - EMPHASIS on Community

An RHC can be composed of two parts, an Intermediate Care Facility (ICF) or a Nursing Facility (NF) or both. Over the years, the RHC program, residents, and stakeholders, such as residents' family members and guardians have considered the RHC as the client's home. However, in recent years, CMS has re-emphasized the "intermediate" aspect of institutional care. That is, it is the responsibility of the RHC not to house and protect people, but rather to be actively preparing them for leaving the RHC and integrating into the community. This emphasis by federal regulators is changing the culture and practices in the three ICFs. A portion of Rainier has been de-certified because it was not providing the treatment required, meaning those resident's placement is completely state-funded, it receives no federal match. The staff are now being held accountable for engaging the residents in aggressive and continuous active treatment. When a client can no longer benefit from treatment, they are often re-assessed and moved to an NF as there are no community options available due to a lack of affordable, accessible housing.

An evidenced-based policy brief, [The Effects of Community vs. Institutional Living on the Daily Living Skills of Persons with Developmental Disabilities?](#) reviewed 36 studies of outcomes over time for nearly 5,000 people with DD moving from large institutions to community living arrangements and found high consistency in positive change for the movers. Studies specifically addressing social skill development, language and communication skills development, self-care and domestic skill development and community living skill development likewise overwhelmingly showed positive outcomes associated with leaving large institutions to live in community settings.

FALSE: The state NEEDS to build a new nursing facility on the grounds of Fircrest for 107 people with DD because they CAN'T be served in the community. **NOT TRUE!**

Julie Clark has significant nursing needs, receives 24 hour care and is actively involved in her community. [Click her to watch her share her story.](#) This is how people with significant needs are best served!

In addition to the right to live in their community near family and friends, people with DD also should be paid at least minimum wage for the work they do. Because people with DD aren't able to drive, they rely on public transportation to get to their jobs, hang out with their friends and participate in their community. Please pass these bills to provide the rights and protections they deserve:

HB 1080/SB 5083-Capital Budget: NO NEW Nursing Facility at Fircrest! Create Community Housing for DD.

ESSB 5284: Eliminate sub-minimum wage certificates for people with disabilities.

E2SHB 1227: Protect parents from abuse allegations without evidence.

Please Support Rights & Protections for People with Developmental Disabilities!

Contact The Arc of Washington for more information (888) 754-8798



Self Advocates in Leadership (SAIL)

March 10, 2021

Rights and Protections—No New Institutions!!!

People with disabilities deserve to live and get the care they need in the community. Large scale institutions give the state a sense of control. This is not what self-advocates want. Rather, we want small, individualized settings tailored to our specific need. While larger care facilities seem like they should be more cost-effective, they are not, and individuals living in these settings face higher chances of being abused. The new construction of a 120 bed Residential Habilitation Center (RHC) instead of smaller facilities is not what advocates want. People with disabilities have unique needs which can be better served in a small setting.

Self-Advocate Ask

The best option is to use State Operated Living Alternatives (SOLAs) which allows a caregiver to live with 2 or 3 clients. This allows the caregiver to spend more time with individual clients so the client and caregiver can develop a more personalized relationship. It is not the size of a facility that classifies whether someone is in an institution. Rather, we need to consider if the caregiver or client holds most of the authority. Whenever caregivers carry most of the authority, advocates need to recognize the institutional nature of the setting.

Closing the institutions is only the first step in ensuring appropriate housing options. Small scale and individualized options should be the norm. Until we realize that smaller is better, people with disabilities will face more abuse and neglect from larger facilities that make decisions about them. SAIL defines institutions as any setting where the authority rests with caregivers rather than the clients. We need to recognize the dignity of people with disabilities and the ability of them to direct their care providers.

Nursing not a Place

While SAIL opposes a large nursing facility, nursing care should be available in community settings. There should be a way for people to get the care they need while being close enough to their families so regular visitation can occur. Additionally, with COVID, we have seen how easily a virus can spread from person to person when they are crowded together. Despite any feeling of control, advocates know that the chances of abuse and neglect are greater in congregate care settings.

SOLAs are contracted to provide the same level of care as those in institutions but the clients have more autonomy in the SOLA. Here, unlike the proposed 120 bed nursing home, individual clients can direct caregivers in their preferences. We are also opposed to the idea that one can be so disabled that institutionalization is the best option. This is because adult family homes, supported living, and SOLAs can all provide nursing services if the home has a nurse on staff or nurse delegation.

Sign the Shut Them Down petition to Governor Inslee to close all of our state institutions for people with DD. [Click Here to sign the petition.](#)

Self-Advocates in Leadership (SAIL) is a coalition of more than 200 individuals with developmental disabilities who are interested in shaping public policy in Washington State. For more information about SAIL:

sail@arcwa.org or
1.888.754.8798, ext 3

YES! on SB 5284

Eliminate sub-minimum wage certificates. Passed the Senate,. Hearing in the House Labor & Work Standards. Committee is Friday, March 12 at 8 a.m. Sign in Pro.

NO! on HB 1080/SB

5083 *Don't build a 120 bed facility at Fircrest. Add \$10 million to the Housing Trust Fund Set-aside.*

YES! on SB 5268

Transform services for people with DD.

YES! On HB 1218

Ensure families have 24 access to loved ones in residential settings.

YES! On Fair Start for Kids Act, HB 1213/SB 5237

YES! on HB 1366

Adding kids in Special Ed as priority for in-person learning.