

Spring 2017

Founded by parents and advocates. Incorporated in 1978

## Will Fircrest School Close?

The Washington State legislature holds our future in its hands. Everyone who wants to see Fircrest live on must tell their legislators to do nothing that would close Fircrest.

**R**ight now a bill is before our legislature (2SSB 5594) that, if it passes, would close Fircrest School. Already, an earlier bill was signed into law that is closing Yakima Valley School, another RHC in Yakima. In addition to that, the Senate budget asks for money to close Fircrest.

**We need to fight back.** Strong organizations like the Americans with Disabilities Act (ADA), The Department of Justice (DOJ), the Arc of Washington, and others are using their clout to try and close our state's RHCs. Even King 5 news is out for closure. However, the Supreme Court of the United States does not agree. They say the "The ADA is not reasonably read to impel States to phase out institutions, placing patients in need of close care at risk." [Olmstead 1999]

Here in Washington State, our RHCs function as

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treatment centers for people who are most in need of close care. They live in homes much like those on any street in our community. Their caretakers and professional staff are with them day and night.

Only your legislature can close or keep our RHCs. It is up to us to educate them of the need for RHCs and our desire to keep them. Unfortunately, It's about money and ideology. But, no money has ever been saved by closing an RHC -- only death and misery for many of those displaced. The misguided ideology that everyone should live in the community is just wrong. There are a few who cannot. For them, we have RHCs like Fircrest.

Washington State should be looked as a leader in caring for people with developmental disabilities, not a

state that lags behind the nation in closing institutions as some would say. Fircrest is the example of how to care for those most in need.

Why are Washington's RHC not institutions? We closed the big buildings and dormitories many years ago and found new homes elsewhere in the community for those who could benefit from them. Then we built a community of campus homes for those in the greatest need of care so they could be more closely cared for in a

Give the message "I am opposed to 2SSB 5594"

more natural setting where services are at hand.

**You can help. It's easy.** Our first line of defense is to call the Legislative hotline at (800) 562-6000. When you call, a nice young woman will answer the phone. You don't even need to know who your legislators are. She will ask for your name and address, then she will ask for your message. You could say, "I am opposed to 2SSB 5594. Do nothing to close Fircrest." That message will go to your Senator and your two representatives. You can do this. It is so important.

Legislative Hotline (800) 562-6000 Just dial the number

There are more ways to help. You can call your Senator anytime, send out emails, or go to Olympia and visit your Senator. You can write a letter to the editor.

We have to be heard and these are the people who must hear us. There is no time to lose. Here is where to go on line to find your Senator's phone and email:

<http://apps.leg.wa.gov/memberemail/Default.aspx?Chamber=S> or [actiondd.org/legislature.htm](http://actiondd.org/legislature.htm)

*"Our lives begin to end the day we become silent about things that matter."*

## Fircrest Staff Changes

- 3 new HPAs. (Habilitation Plan Administrators). Each resident has one
- 2 new RN3s for supervisory positions.
- 1 new occupational therapist to replace a retiree.
- 2 new psychiatrists. Our current Dr. Fine is on leave and will return one day a week.
- 1 new psychologist.
- 1 new medical doctor part-time.
- 2 new recreational therapists on PAT N.
- 1 returning recreational therapist to PAT A.

### Who's leaving?

Bob Colley, recreational specialist  
 Laura Squires, speech therapist



## Repairs are underway

**Broken and cracked** sidewalks are getting fixed (not replaced) throughout the campus. Two houses get new roofs. Completion is expected in June.

At long last, the abandoned buildings near the corner of 150th and 15th are scheduled for demolition sometime this year. The method of removal is being studied.

The grounds crew are digging into the landscaping with renewed vigor and a brand new Chevy Silverado. Expect our campus to look great this spring when all of the gardens come into bloom.

## Interact Program Comes to Fircrest

**Interact** is a quality control reporting mechanism that allows consistent documentation of changes by staff to nursing. This will unify change reporting across the entire RHC community. The result is better service for residents of Fircrest. Staff received their training for this in Minneapolis, Minnesota. The system will be in place later this year.

**Superintendent Megan DeSmet attends our meetings and can answer your questions**

### FRIENDS OF FIRCREST REGULAR MEETING SCHEDULE 2017

**All meetings, Board and Membership, unless otherwise notified, are held on Saturdays at 1pm in the Staff Training room of the ATP (Adult Training Program) Building 88 N.E. corner Fircrest Campus.**

**All are welcome to any of the FoF meetings.**

#### Home Unit Representatives:

Third Tuesday of the month at 1 PM  
 Fircrest, Admin Bldg. Baker or Cascade Room.

#### Ad Hoc Meetings:

Called as needed. Locations vary  
 Emergency/Conference meetings called by board member requests.

You are always Welcome to Join us.	<u>Board/Membership Meeting Dates 2017</u> May 6, June 10, September 9, October 14, November 11-Annual Meeting and elections No meetings in July, August or December
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#### **Officers:**

*President: Jim Hardman, J.D., C.P.G*  
*Vice President: Paul Strand*  
*Secretaries: Kristin Ellison-Oslin, M. Div. Rev. Gordon Ellison-Oslin*  
*Treasurer: Tom Norton*

#### **Directors:**

*Terri Anderson*  
*Candace B. Braley*  
*Saskia Davis, RN*  
*Gordon Ellison-Oslin*  
*Leone McMullin*  
*Liz Patterson*  
*Kent Questad, Ph.D.*

#### *Launi Whedon*

**Emeritus:**  
*Dot Brenchley,*  
*Jo Bousman,*  
*Betty Cantrell, RN, BSN*  
*Ruth Durkan*  
*Alice Hardman, MSW,*  
*C.P.G.*

*Jean Huntley,*  
*Phil Scheier*

#### **Advisory:**

*Michael Johnson J.D.,C.P.G.*  
*Maria Walsh,*  
*Janet Way*  
**Editor: Paul Strand**  
*pstrand2020@comcast.net*

## Resident Relocation Risk Advisory

Condensed from an article  
by FOF President, James Hardman

DSHS may encourage you to relocate someone to another RHC or private care facility. Before doing so, family members and guardians must carefully evaluate profound special needs and challenges. Relocation can endanger the health and lives of residents. Any relocation must include ongoing awareness of the risks. This article advises of factors that should be considered in any relocation planning.

Stress can be a major factor. It can be heightened for those with severe or profound developmental disabilities. Changing jobs or losing friends creates stress. They cannot comprehend relocation. Stress can trigger breakdowns in chronic conditions that are stable at an RHC, but may become unstable with the stress caused by relocation. If the move doesn't work, They may not be allowed back into an RHC. DSHS says they will allow return to an RHC for a limited time, but it may not be the RHC the client left.

Problems that are well managed by caregivers familiar with clients may be poorly managed by new caregivers. They lack experience with the clients. The RHC doctors, dentists, speech pathologists, physical therapists, and others understand the clients they serve. Relocation disrupts this relationship. If the move is to a private facility, a family member or guardian must find a private doctor and dentist who will accept medical coupons. The challenge is compounded when the client requires the care of specialists. Clients who need an infirmary often end up in an emergency room or hospital. A client who initially succeeds in private care may deteriorate over time. Finding another

residence that can provide a more intensive level of care may be difficult or impossible in private care.

Many RHC residents required tube feeding, treatment for chronic seizures, and monitoring for silent aspiration and aspiration pneumonia. They often have other medical conditions or behavioral problems that make their care challenging. A client who is discharged from an RHC must go through the same admission process as a person who has never been in an RHC.

Nursing homes have a limited number of beds, and are only required to hold a bed for five days when a client is hospitalized. Therefore, clients living in a nursing home may lose their spot if they go to the hospital, and may be forced to find a new nursing home quickly. If Clients are too much trouble or too expensive, nursing home staff may find it is easy to send someone to a hospital.

A client who cannot use the streets safely can often walk or bicycle on an RHC campus. In a private facility or an urban or suburban setting, such clients may need to be confined.

Federal and state oversight is nonexistent or minimal, in the community. RHC's have constitutional and statutory protection. The unions also offer a measure of protection. Private facilities have no such protection.

Care facilities are facing enormous marketplace pressures. Nursing homes cap the number of public pay residents they accept and RHC clients are more difficult than most residents. Furthermore, private care facilities do go out of business or close. Families or guardians would face again the trauma of finding a new long term care facility.

The RHCs have regulations that make it easier to enroll clients in work programs or other day programs. Pri-

ivate care programs under the Developmental Disabilities Administration (DDA) do not have the same protections. The RHC clients who move to private care have no assurance of employment or other day programs.

Typically an RHC acts as representative payee for Social Security, and other benefits on behalf of residents. Clients relocating will need a new representative payee. Private care agencies have a conflict of interest in paying themselves directly from the client's income. Social Security requires an annual accounting regarding those funds.

A resident leaving an RHC will need picture identification. This is necessary to access benefits such as food stamps and may be necessary to access social security benefits or other public benefits. Obtaining picture I.D. can be a more difficult project than most people would suppose.

Moving to the community can be dangerous and has shown to be in the past. For many, only an RHC can provide the needed care.

When or if parents or family members can no longer actively protect a loved one, they may seek a professional guardian. When the loved one lives in an RHC social security or other benefits can be used for a guardian and for attorney fees. When the loved one lives outside an RHC, using social security funds for these purposes will likely be a problem, which can leave a loved one without the protection of a guardian.

## Volunteer Guardian needed

There is a resident in PAT A who needs a volunteer guardian. If this is something you might be interested in doing please contact Carla Calogero at (206) 624-6271 during business hours.

## From Our President

Dear Friends of Fircrest

Once again, no person is safe while the legislature is in session. Especially this year if you have a significant disability and get your life sustaining care at Fircrest School. Some senators are intent on closing the Fircrest Intermediate Care Facility.

For those familiar with Fircrest, this initiative is unfathomable. What can those senators be thinking? Traditionally we hear two reasons, neither of which stands up to scrutiny.

We have been told that congregate care is unacceptable as a matter of principle. To those folks we say that it is voluntary for those who choose it. How is it some stranger tells you that your choice is philosophically unacceptable? Are you not free to decide what you like? What is best for you? What works for you? No one living and receiving services at Fircrest does so involuntarily. Not one.

For those who say it's too expensive, we ask: compared to what? Compared to lesser care? Quite possibly. If Fircrest residents are getting too much care that would be news! Are economies of scale suspended at the entrances to residential habilitation centers [RHCs]? Of course not. No facilities in the country are scrutinized like RHCs. And funding depends on passing this scrutiny, so standards are strictly enforced.

A less advertised motive for closing Fircrest is profit potential. The Fircrest RHC homes sit on valuable real estate. This area is valuable because people like or need to be near critical supports; like family, hospitals, and other professional services [especially important if you have significant disabilities]. It's also where the labor force is located.

Developers do not understand

Fircrest residents. So, it's easier to be indifferent to them and their welfare. Most people move and adjust all the time. So what's the problem?

The problem is that Fircrest residents are not like most people. If they were, they wouldn't be eligible to live there. Resident disabilities make it difficult, sometimes impossible, to "adjust". Treatment at Fircrest involves protocols that conform to patients because these patients cannot conform to protocols. Residents do not "adjust" as other people can. Denial of this does not alter the fact of it.

When Fircrest was "downsized" in 2003/4 approximately sixty residents were moved out. The short term death rate was ten percent. Five of my clients were moved. All five survived, but were damaged as a result. Three of them suffered quite significantly, akin to torture. They sued DSHS under the Abuse of Vulnerable Adults Act. The three who grievously suffered were returned to Fircrest where they recovered. It cost the state hundreds of thousands of dollars to settle with them. They would have been much better off without the trauma and dollars.

If all who suffered in that previous downsizing sued DSHS, it could have cost the state millions. Now some senators propose to repeat that sorry history. Their motives may be mixed. They may not realize their own indifference. If they succeed they will send profoundly disabled and defenseless fellow citizens to hell. I know because I've seen it and lived it.

Don't let it happen. Contact your senator, your representatives, and the governor and tell them what you know.

Let's save Fircrest, please spread the word.

- *J.R. Hardman J.D., CPG, President, Friends of Fircrest*

## Wayne Aldrich Passes

by Saskia Davis

In March, Wayne Aldrich passed away. When he was ambulatory, this photo was typical of him. We might find him almost anywhere in lower campus with his flag and Santa suit and grinning past dentures that wouldn't quite stay in place. When walking became problematic, we still encountered Wayne, in his too big business suit, white shirt and tie or Santa suit, wheeling himself along outside.



Lois Odd, his family guardian, sometimes brought Wayne to Friends of Fircrest meetings. When we saw each other, he would always ask me if we were going to have a meeting or if I had seen Lois. My Fircrest won't be the same without him.

When Lois's health declined to the point where driving from Auburn to Fircrest was impossible, she considered moving him to Rainier, to be closer. But, taking into consideration that he was beloved and thriving at Fircrest, his home for many years, she elected to allow him to live out the rest of his life at Fircrest. For years after, Fircrest regularly delivered Wayne to Lois's home so they could continue their loving, relationship.



## Are You a Member of Friends of Fircrest?

**M**embership in Friends of Fircrest is essential. Thank you for joining, renewing, or donating to FOF, a 501 (c)(3) tax deductible organization. Your support provides what this issue highlights and much more. Your membership advances FOF's advocacy for high quality care and human rights for all people with intellectual and developmental disabilities.

**Please ask others** in your family and among your friends and associates to join or donate. It's easy and so necessary.

## Awards Ceremony Plans Uncertain

Originally, May 14th was to be our awards ceremony. However, many of the individuals our recipient wants to invite will be out of town (including family members). Therefore, would like to postpone the award until Jill Davis can have some of her Mother's friends in attendance. We are now looking at an awards day in May to be held in the Therapy Garden. Specific day to be announced.

### Friends of Fircrest 2017 Membership and Donation Form

NAME: \_\_\_\_\_ LEGISLATIVE DIST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

#### PLEASE SIGN ME UP TO GET FoF Newsletters, Bulletins and Announcements

ANNUAL DUES: \$25.00 FAMILY \_\_\_\_ \$15.00 INDIVIDUAL \_\_\_\_ ADDITIONAL DONATION \$ \_\_\_\_\_

Check Total: \$ \_\_\_\_\_

#### Please make check to Friends of Fircrest

*Kindly indicate on your check how much you are dedicating for membership if additional donation is included with a single check. Your donations are tax deductible. Be sure to keep a record.*

Questions? Contact Candace at 206 527 1125 or [cbbraley@q.com](mailto:cbbraley@q.com)

Thank you for mailing this form with your dues /donations and comments to:

Friends of Fircrest , c/o Fircrest School RHC, 15230 15th Avenue NE, Shoreline, WA 98155

Comments:

# Friends of Fircrest

c/o Fircrest School, RHC  
15230 15th. Ave. N. E.  
Shoreline, WA 98155

## Friends of Fircrest Mission Statement

Friends of Fircrest is a volunteer 501(C)(3), non-profit organization advocating for the right to quality living and care choices for all citizens with developmental disabilities (ID/DD)

*Fircrest Residents, in the Adult Training Program, earn wages for preparing this newsletter for mailing.*

Friends of Fircrest Newsletter

Spring 2017 Issue

## Save the Date: .

- May 6 - Membership and board meeting. 1 p.m.

*See full meeting schedule at [FriendsofFircrest.org](http://FriendsofFircrest.org)*



**Reminder:** All FOF meetings are now combined Board and Membership meetings monthly as scheduled.