

Alternative Proposal to Building a new \$120M Nursing Home Facility for Residents of Fircrest Y Buildings

Suggested Alternative Language for Capital Budget:

\$50 million is provided for predesign, design, siting, and site work to develop (25) accessible four-bedroom, four-bathroom houses to support 100 people who need a skilled nursing level of care. This project will develop houses located throughout the state to accommodate local needs as vacancies occur and should be sited along public transportation routes as much as possible and with access to needed additional medical services in local communities.

Note: This \$50M is based on a high-end assumption of \$250,000 per bed or \$1 million per unit in initial capital costs which includes purchase of land. Exceptional costs for purchase of land in the King County/Seattle Metro region are included. Costs were developed by using actual Commerce Housing Trust fund data and input from a housing developer of accessible homes for people with developmental disabilities living in the community. This funding request balances the higher cost areas such as King County with lower cost areas such as Yakima.

Additional Note: We understand that the Housing Trust Fund excludes building of nursing homes or facilities that are licensed for skilled nursing. Therefore, the costs of building these homes with nursing level care would have to be designated in the Capital Budget. (Language from the Housing Trust Fund Handbook Section 202, ineligible project types: "Facilities providing continual or frequent nursing, medical or psychiatric services").

Operating Costs: This does not include operating costs, which would be offset by the costs of care currently being provided in the Y building facilities. In-home care will be provided by state employees in community-based, state-operated homes under this new scenario.

Given the original \$120M proposed budgeted for the nursing home at Fircrest and the significantly lower cost for building individual 4-person homes – we suggest that the \$70M remainder be added to the Housing Trust Fund to the DD Set Aside or that the Capital Budget include similar homes be built across the state in order to serve more people with developmental disabilities who have complex needs in the next 3 years.

Overview of the Challenge:

- Approximately 100 people live and receive nursing care in the deteriorating Y buildings on the Fircrest campus in Shoreline. Due to the condition of the buildings, the safety and wellbeing of the residents is a primary and urgent consideration.
- The majority of the residents are elderly, have developmental disabilities, and have received nursing level care from the State for many years.

- While many of the residents have acute nursing level care needs, many were also former ICF- level residents who became elderly and could no longer engage in aggressive active treatment.
- All residents need 24-hour support with nurse delegation or direct nursing level care, some with skilled nursing level care requirements.
- The Fircrest campus is under a Master Plan and cooperation with the City of Shoreline is required for development. Shoreline is moving forward with planning and decisions that impact the city's economic development.

Considerations:

- The broader developmental disabilities community does not want the state to invest in congregate care or a large, segregated facility, on the grounds of a historical institution or elsewhere.
- Since the 1970s, Washington State has steadily moved away from large, congregate, institutional settings in favor of community-based supports and services. Several thousand people have safely transitioned from institutional settings to community-based settings, including those who had previously received care in a now-closed institutions (e.g. Interlake, Frances Haddon Morgan).
- The federal government—by virtue of the Home and Community Based Final Settings Rule and the Olmstead decision—has continued to increase its scrutiny of institutional settings nationwide. Federal policy is moving away from large congregate care.
- Several of Washington State's institutional programs have been decertified, some have gone through forced closure, and others are currently at risk of decertification and forced closure.
- All specialized nursing services that are provided in a large facility can also be provided in community-based homes. This is successfully happening in Adult Family Homes, Supported Living Homes, and State Operated Living Alternatives (SOLAs).
- The COVID-19 pandemic has illuminated new and unique challenges in nursing home settings.
- Washington State is currently undergoing transformation to community-based care for Behavioral Health, which presents models for community-based care that could be adapted and expanded.
- While the building would meet the current needs of the 100 or so residents by 2024, the building and nursing home model would remain decades after these residents have passed on and it is not a desirable model of care for the future.

Benefits of an Alternative Plan Focused on Community-Based Nursing Care:

- Community-based nursing care is more person-centered and less institutional.
- This approach would be significantly less expensive than the currently proposed plan of building a large, congregate, 120-bed nursing facility for \$120 million – arguably the most expensive cost of care model that could be considered.

- The homes would be sited regionally and would be designed to meet the nursing care needs of residents.
- This model of care would be in closer alignment with current transformation to Behavioral Health services in Washington State.
- This plan would allow the City of Shoreline to use the large urban space to expand its business, economic, and workforce base rather than use it for state purposes. Other parts of the Fircrest are already being converted in this way.

Example to Consider:

- Homes that were built to accommodate residents moving from Frances Haddon Morgan following closure of that facility – large 4-plexes with large yards and space for nursing-level care and equipment.
- [The Greenhouse Model](#) has been successfully replicated around the country. Washington State has a privately-owned example, but the model could also be designed to be state-operated: [Jamie's Place](#) (Winthrop, WA)
- The [Greenwood Home](#) in Seattle is a licensed assisted living facility and supports people who previously resided at the Fircrest and Rainier RHCs (serves 11 people which is higher than recommended, but is an example of smaller settings that can provide accessible assisted living care for people with developmental disabilities). While skilled nursing is not currently provided, it could be provided in this model of care.

The Arc of Washington State
 The Washington State Developmental Disabilities Council
 Disability Rights Washington
 Self-Advocates in Leadership
 Allies in Advocacy
 People First of Washington
 Community Residential Services Association
 The Washington Independent Living Council (WASILC)
 PAVE
 Community Homes
 Washington Multicultural Services Link
 The Arc of Snohomish County
 The Arc of Cowlitz County
 The Arc of Spokane County
 The Arc of the Peninsulas
 The Arc of King County