

Washington State Department of Social and Health Services

Transforming
Lives

REPORT TO THE LEGISLATURE

Clark County Behavioral Health and Treatment Center 2024 Status Report

Engrossed Second Substitute Senate Bill 5187, Section 202 (19)

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EXECUTIVE SUMMARY

The 2023 Washington State Legislature enacted Engrossed Substitute Senate Bill 5187 – the 2023-2025 Operating Budget. Section 202 (19) of the bill directs the Department of Social and Health Services to:

“... to operate the 48 bed Clark County facility to provide long-term inpatient care beds as defined in RCW 71.24.025. The department must use this facility to provide treatment services for individuals who have been committed to a state hospital pursuant to the dismissal of criminal charges and civil evaluation ordered under RCW 10.77.086 or 10.77.088. In considering placements at the facility, the department must maximize forensic bed capacity at the state hospitals for individuals in jails awaiting admission that are class members of Trueblood, et al. v. Department of Social and Health Services, et al., United States district court for the western district of Washington, cause no. 14-cv-01178-MJP. The department must submit a report to the office of financial management and the appropriate committees of the legislature by December 1, 2023, and December 1, 2024, providing a status update on progress toward opening the new facility.”

Note: The budget proviso changes the program from the 2021-2023 budget proviso, in which DSHS was to operate 16 beds on this campus, with HCA to contract with community providers to operate the remaining 32 beds. DSHS will now operate all 48 beds. The impact of these changes will be reflected in this report.

This report is in response to that directive. The following summarizes progress towards opening the new facility.

PROGRAM SCOPE

The goal of the Civil Center for Behavioral Health at Brockmann Campus, hereafter referred to as the “program,” is to serve adults on 90- or 180-day civil commitments under the Involuntary Treatment Act (ITA), specifically individuals who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under Revised Code of Washington (RCW) 10.77.086 or 10.77.088. The program will provide inpatient mental health treatment in a secure environment to assist people in stabilizing their acute psychiatric symptoms, reducing barriers to success in the community, and supporting the development and implementation of an individualized recovery plan. Following treatment, it is the goal of the program to transition residents back to the community or to a less-restrictive setting. The program will encourage residents to participate in long-term planning for mental health treatment and rehabilitation, and focuses on the following outcomes:

1. Identifying and addressing safety concerns and developing or strengthening behaviors, skills, and habits that will lead to a successful recovery; and
2. Improving personal care, social, communication, and practical living skills.

Treatment services will be provided through highly qualified and competent interdisciplinary treatment teams. The core treatment team consists of the resident, psychiatric provider, psychiatric nurse, social worker, psychologist, counselor, and/or recreational specialist. The treatment team members will individually and collectively assess and identify the underlying causes of the resident’s admission to the program. The treatment team will work with the resident and any of their identified community supports, to include family members, to develop a treatment plan that includes measurable goals and objectives with interventions designed to assist the resident in achieving their recovery goals, and developing a plan to transition back to the community that will best support these goals.

ACCREDITATIONS, LICENSURE AND REIMBURSEMENT

Currently, the plan is for the program to seek licensure by the Department of Health (DOH) as a Residential Treatment Facility (RTF) in accordance with Washington Administrative Code (WAC) 246-337. DSHS will also apply for campus Behavioral Health Agency licensure, with certification as an Adult Evaluation and Treatment program in accordance with WAC 246-341.

Given the expansion of the DSHS operated beds from 16 to 48, the campus will be considered an Institute of Mental Disease. Licensure for Brockmann property is in progress. The Department of Revenue Business License and the L&I Insurance Account have been submitted for the property and a Functional Program Applicant was attached to the Department of Health Licensure for the Campus. Licensure for the Brockmann Campus will be replicated for each 16-bed unit on the campus. The DOH Licensure includes: Licensure application and Fees, DOH CRS comments and Action Plan, Policies and Procedures to DOH, DOH RTF License, DOH BHA License, DOH Exemption from rule per WAC 246-341-0300 (3) [24/7 admission], DOH Medical Test Site Waiver, and HCE License.

FACILITY PRE-DESIGN

The Department of Social and Health Services, hereafter referred to as the "Department" was appropriated funding to conduct a pre-design study for three 16-bed long term civil commitment behavioral health and treatment center for a total of 48 beds. BRCA Design of Tacoma, WA was selected as the design firm. A multi-disciplinary team was established

which included psychiatrists, licensed mental health clinicians, nurses, operational leadership, safety and security, project management staff, staff from other DSHS divisions including the Maintenance and Operations Division, and the Office of Capital Programs.

The pre-design study determined the best location to be Clark County, WA with an anticipated project cost of \$50,917,000.

The facility concept included adequate size and specialized functionality to provide exceptional care and treatment. The physical environment was designed not only to be hardened and structured to reduce ligature and violence risks, but to do so in a warm, therapeutic space, allowing for optimal recovery. The facility design includes both single- and double-occupancy rooms, multiple meeting/training/therapy rooms, two outdoor experience spaces, and common and quiet areas. Additionally, the building was designed to blend into the natural environment with elements such as natural materials and colors allowing the facility to blend into the surrounding neighborhoods.

Preparation of design and land use documents began in February 2020 with the approval of the pre-design study by OFM. The design process included the pre-design team and was augmented with specialized operational team members as needed.

An additional \$38,125,000 was approved in the FY 21-23 biennium budget and \$20,629,000 was approved in the FY 23-25 biennium budget for the construction of the 48 Bed Civil RTF. Total project cost equals \$78,753,982.

USE-PERMITS

The Department of Social and Health Services (DSHS) purchased a 20-acre site in Clark County north of Vancouver, WA. The property is zoned as Business Park (BP). Clark County defines types of uses that are permitted in Business Park zone. The purpose of the Business Park zone is to provide, “limited light manufacturing and wholesale trade, light warehousing, business and professional services, research, business, and corporate offices, and other similar compatible or supporting enterprises not oriented to the general public,” ([CCMC 40.230.085 A](#)). These uses include but are not limited to limited manufacturing, retail, information (publishing, motion picture and sound recording, telecommunications, etc.), health care and social assistance, hospital, and nursing and residential care facilities. DSHS followed a conditional use permitting (CUP) process as requested by Clark County.

The CUP process included several engineering studies, land use investigation, and community outreach. This process began December 2020 with a preapplication meeting with Clark County. The project team collected and created countless documents in support of the CUP.

The CUP process provides the community:

- A definition of the proposed project.
- The opportunity to review the potential environmental and traffic impacts.
- An opportunity to discuss if the facility is a “good fit”.

The CUP application was submitted to Clark County in June 2021 for consideration. The CUP permit was approved by Clark County’s Hearing Examiner on August 10th, 2022.

COMMUNITY OUTREACH

The Department held three separate community outreach public meetings to understand community member concerns and to provide them with accurate information about the program and those who will be served:

- July 23, 2020, for a conditional use permit with the City of Vancouver.
- Nov. 4, 2021, from 4-6pm held at WSU Vancouver
- Nov. 9, 2021, from 5:30-7:30pm (virtual meeting)

Additionally, the Department also met with leaders at the Vancouver and Battle Ground School Districts, the Washington State University – Vancouver, and the Garner School for Arts and Sciences. Several news articles were also written about the project by local publications, and this continues to be the case as the project moves along.

The Department currently has an out-facing website with updated information for community members to read about the project and offered the ability to send personalized emails at the request of community members to stay informed throughout the siting and construction process.

TIMELINE

Hoffman Construction was hired as the general contractor responsible for completing construction. Site development permits were submitted to Clark County in October 2022. DSHS received the Conditional Use Permit (CUP) to develop the site in August 2022. Clark County only accepts applications for Building Permits after development permits are issued. Being so, building permits were applied for in October of 2022 and approved for issue in July of 2023. Construction started in May of 2023. Individual buildings will be completed and ready for occupancy two months apart. Upon attaining the building occupancy permit, BHA vendors will initiate an 8-week move-in process that will result in being operationally ready to accept the first residents in September 2025 as shown in Table 1 below.

Table 1: High level construction and admission schedule

Activity	Schedule
Predesign	September 2019 – February 2020
Design	June 2020 – July 2021
Permitting	October 2022 – August 2023
Bidding and Contract Award	February 2023
Construction to Occupancy Permit	March 2023 – May 2025
Program Move-in & Readiness	July 2025-September 2025
Resident Admission	September 2025-January 2026

STAFFING MODEL

This staffing model has been revised as clinical and operational policies and procedures have developed. Slight changes in staffing needs were identified to support full operations. This staffing model represents the base staffing needed to operate the facility annually and doesn't include one-time, shared, or support services. Brockmann Campus staffing model has been established. Position establishment is currently under development with recruitment and hiring underway and it is expected to continue into summer 2025.

The staffing model (see Table 2 and Table 3) has been updated to include a Deputy Executive Officer who will support community outreach, general oversight of facility staff, will co-lead the Community Advisory Board, and track and monitor resident movement into/out of the facility.

Table 2: Brockmann Civil Center Staffing Plan for Shared Services

Funded Proposed Staffing Plan			
Shared Services			
Operations	FTE	Medical	FTE
Director	1.0	Medical Director	1.0
Administrative Assistant 4	1.0	Physician 4	1.0
Admissions Coordinator	1.0	Medical ARNP	1.0
Project Manager	1.0	Director of Nursing	1.0
Training Specialists	2.0	Administrative Assistant 3	1.0
Evaluators	2.0	Social Work & Rehab	FTE
Safety	1.0	Clinical Services Manager	2.0
Quality Assurance	1.0	Social Work Manager	1.0
Investigator 3	1.0	Administrative Assistant 3	1.0
EDAI Manager	1.0	Facilities	FTE
Information Technology	FTE	Facility Manager	1.0
IT Business Analyst - Senior	1.0	Administrative Assistant 3	1.0
IT Customer Support - Manager	1.0	Maintenance Specialist 4	1.4
Security	FTE	Maintenance Mechanic 3	2.8
Security Guard 3	1.4	Maintenance Mechanic 2	4.2
Administrative Assistant 2	1.0	Maintenance Mechanic 1	7.8
Security Guard 2	15.7	Custodian 3	1.4
Transport	FTE	Custodian 2	11.8
Program Specialist 3	1.4	Laundry	FTE
Administrative Assistant 3	1.0	Laundry Worker Supervisor	1.4
Institutional Counselor 3	7.8	Laundry Worker	9.8
Food Service	FTE	Finance & Warehouse	FTE
Food Service Manager	1.4	Fiscal Analyst 2 - Local Banking	1.0
Food Service Supervisor	2.8	Contracts Specialist	1.0
Food Service Worker	11.2	Budget Analyst 4	1.0
Cook 1	15.7	Warehouse Operator 2	2.0
		Patient Financial Services	1.0
		Procurement Supply Specialist 2	2.0

Table 3: Brockmann Civil Center Staffing Plan for Individual Units

Funded Proposed Staffing Plan			
Individual Unit (Represents a Single Unit Staffing Plan)			
Unit Operations	FTE	Medical	FTE
Program Director	1.0	Psych ARNP	1.0
Administrative Assistant 3	1.0	Social Work & Rehab	FTE
Medical Records (FRA3)	1.0	Administrative Assistant 3	1.0
Rec & Athletics Specialist 2	1.0	Psychiatric Social Worker 3	1.0
Direct Care	FTE	Psychologist 4	1.0
Registered Nurse 3	7.8	Psych Associate	2.0
Registered Nurse 2	7.8	Information Technology	FTE
Institutional Counselor 3	3.9	IT Customer Support - Entry	1.0
Institutional Counselor 2	21.6		
Licensed Practical Nurse	4.9		

POLICIES AND PROCEDURES

Policy and procedures have been created for BHA’s Residential Treatment Facilities, this included crosswalks of WACs and RCWs with a review of BHA Residential Treatment Facility and state hospital policies and procedures, as well as DOH requirements and CARF/Joint Commission recommendations, and adopting/editing where appropriate. Procedures will be modified as needed due to the location, co-mingling of the three units and to address other needs for these facilities.

SCREENING PROTOCOL

Residents must meet admission criteria which includes medical clearance and required diagnostic tests including review of vital signs, basic neurological screening, questions about substance use, medication use, etc. The screening will be completed by a licensed nurse and is designed to be repeated as necessary. Residents will also be assessed to ensure a cognitive functioning level sufficient to understand the facility’s evacuation and shelter in place processes in the event of an emergency. Residents will need to have the ability to evacuate with limited staff assistance. Residents should be able to respond to alarms and/or staff direction and evacuate or shelter in place in an orderly and timely manner.

Exclusionary criteria for admission include:

- Any resident falling outside the medically determined parameters of the facility.
- Sexually violent offenders being detained pursuant to RCW 71.09.
- Residents with pending (not dismissed or otherwise disposed) felony charges.
- Residents requiring inpatient detoxification from alcohol and/or other drugs until after detoxification from substances has occurred.
- Residents with a primary diagnoses of substance use.
- Residents with severe developmental disabilities or organic brain syndromes that would preclude participation in emergency procedures.

A screening protocol has been developed to ensure that the needs of admissions can be met within the

facility, this protocol is already being utilized to identify residents for BHA’s civil commitment facility on the Maple Lane Campus. The screening protocol recommends when residents should be referred to a state hospital bed at WSH or ESH due to their acuity/safety risk, acute care hospitals for medical needs or to the appropriate level of care in cases where the treatment is not available at the state hospital or the Brockmann Campus facility.

The screening protocol addresses:

- Physical health needs and appointments
- Infectious diseases requiring quarantine
- Physically and sexually violent behaviors
- Elopement risk
- Populations whose primary diagnosis require specialized services not available within the facility or those who will not benefit from the care provided in the facility due to:
 - Dementia/Alzheimer’s
 - Intellectual Disabilities/Autism
 - Traumatic Brain Injuries
 - Personality Disorders
 - Substance Use Disorders

Additional work is needed to finalize the protocol, including additional coordination with the HCA, University of Washington, and the state hospitals as the determination of the admission criteria for facilities serving individuals on 90- or 180-day civil commitment orders.

The Long-Term Civil Commitment Sub-Workgroup Transitions of Care/Discharge of Adult Civil to the Community, is a multi-agency workgroup which includes HCA, Home and Community Services, University of Washington and the Department. This group will be developing the workflow and admissions triaging for 90- and 180-day civil commitment orders. That system will include the BHA state hospitals and RTFs, University of Washington’s involuntary treatment units, and HCA contracted 90- and 180-day civil commitment RTFs. The majority of civil residents will be transitioned to community settings; however, hard to serve individuals will continue to be served in state hospitals.

COVID-19 IMPACT

The COVID-19 pandemic has created some unique challenges to building and staffing new facilities. The primary impacts have occurred when the contractors order materials that are in high-demand and low-availability. Another impact that is anticipated relates to the ongoing workforce shortage in behavioral health fields. The design and development teams have been thoughtfully planning with these factors in mind and utilizing strategies to minimize delays. The following section addresses additional details regarding mandated requirements in Clark County.

EFFECT OF AGENCY PERMITTING REQUIREMENTS

Clark County is the primary non-state agency having jurisdiction and will issue a Certificate of Occupancy once all inspections it oversees pass without conditions. Alternately, the County may issue a Temporary Certificate of Occupancy with conditions. Both would allow DSHS to fully operate the Behavioral Health and Treatment Center as normal.

Representatives from the County’s permitting office claimed to have reviewed only the general site development and buildings, allowing construction thus far. Since early 2024 as construction activities were well underway, BCRA and Hoffman Construction have both received notices requiring additional permits with additional fees. This breaks down to individual pieces that are generally installed outside of the buildings. The list has included:

- 1 additional flagpole permit
- 9 additional carport permits (there are 10 total)
- 10 additional fencing permits (includes chain-link at maintenance areas and anti-climb at patient exterior areas)
- Additional calculations for higher wind speeds affecting the fencing and Art in Public Places component.

One aspect that the County has mandated is a detailed narrative and explanation of fire-rated continuity from walls to ceilings. Most often this is addressed by pointing to cited examples in code books or industry-recognized standards. Clark County required engineering judgements and inspections by a third party. This cost a significant amount of time, expense, and effort at the point when construction should be approaching its final stages. Hoffman representatives are currently reworking their overall schedule, but it’s expected the full impact of County-related permitting challenges will delay opening by around four months.

Conclusion

This report detailed progress made on the Clark County Behavioral Health and Treatment Center. Details were provided regarding the program scope, accreditation of the property, facility design, use-permits, timeline, staffing model, policies and procedures, screening protocol for future patients/residents, and impacts of COVID-19 as well as agency permitting requirements on the development of the facility. The Department has progressed on the development of the facility and will continue to do so.