

REPORT TO THE LEGISLATURE

Maple Lane Residential Treatment Facility 2021 Status Report

Engrossed Second Substitute House Bill 5092, Section 202(1)(q)

December 1, 2021

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EXECUTIVE SUMMARY

The 2021 Washington State Legislature enacted Engrossed Substitute Senate Bill 5092 – the 2021-2023 Operating Budget. Section 202 (1) (q) of the bill directs the Department of Social and Health Services to:

"...operate a 16 bed facility on the Maple Lane campus to provide long-term inpatient care beds as defined in RCW 71.24.025. The facility must have the capacity to provide treatment services to individuals committed under chapter 71.05 RCW including individuals who have been committed to a state hospital pursuant to the dismissal of criminal charges and a civil evaluation ordered under RCW 10.77.086 or 10.77.088. The department must develop and implement a protocol to assess the risk of patients being considered for placement in this facility and determine whether the level of security and treatment services is appropriate to meet the patient's needs. The department must submit a report to the office of financial management and the appropriate committees of the legislature by December 1, 2021, providing a description of the protocol and a status update on progress toward opening the new facility."

This report is in response to that directive. The following summarizes progress towards opening the new facility and provides a description of the protocol to assess the risk of patients considered for placement.

PROGRAM SCOPE

The goal of the Civil Center for Behavioral Health at Maple Lane, hereafter referred to as the "program," is to serve adults on 90- or 180-day civil commitments under the Involuntary Treatment Act (ITA) including 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 provides 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 patients back to the community or to a less-restrictive setting. The program will encourage patients to participate in long-term planning for mental health treatment and rehabilitation, and focuses on the following outcomes:

- 1. Identify and address safety concerns and develop or strengthen behaviors, skills, and habits that will lead to a successful recovery; and
- 2. Improve 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 patient, psychiatric provider, psychiatric nurse, social worker, psychologist, activity therapist and/or vocational therapist. The treatment team members will individually and collectively assess and identify the underlying causes of the patient's admission to the program. The treatment team will work with the patient, and any of their identified supports, to develop a treatment plan that includes measurable goals and objectives with interventions designed to assist the

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patient in achieving their recovery 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 apply for Behavioral Health Agency approval as an Adult Evaluation and Treatment program in accordance with WAC 246-341.

While the original intent was to have the facility accredited by the Centers for Medicaid and Medicare Services (CMS), the design team researched CMS accreditations and found that 16-bed facilities that are not Institutions of Mental Disease and do not provide services to children, are ineligible for CMS certification. As these facilities will not be Institutions of Mental Disease or providing services to children, CMS accreditation will not be possible. The Department is working closely with the Health Care Authority (HCA) to ensure there is a process for Civil RTFs to be reimbursed within the state Medicaid Plan. Costs for room and board are not Medicaid eligible and will need to be addressed within the biennial budget.

The Department is committed to seeking accreditation for the Civil RTFs that supports high quality inpatient psychiatric care. The options for RTF accreditation include the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission.

FACILITY PRE-DESIGN

The Department was appropriated funding to conduct a pre-design study for one 16-bed long term civil commitment residential treatment facility (Civil RTF). 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, and 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 on the Maple Lane campus in Centralia, WA with an anticipated project cost of \$19,632,000.

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 quite 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 2021 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 \$15,190,000 was approved in the FY 21-23 biennium budget for the construction of the 16 Bed Civil RTF.

USE-PERMITS

Thurston County has defined the Maple Lane Campus (ML) as Planned Industrial. Thurston County defines the types of uses that are permitted in a Planned Industrial zone. These uses include but are not limited to service and retail, research services (laboratories), manufacturing, and processing & storage. The current buildings uses were grandfathered when Maple Lane School closed in 2011.DSHS followed the Essential Public Facilities (EPF) process to obtain approval for an unpermitted use at the Maple Lane campus.

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

The EPF 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 EPF application was submitted to Thurston County in December 2020 for consideration. The EPF permit was approved by Thurston County's Hearing Examiner on June 25th, 2021.

COMMUNITY OUTREACH

DSHS met with several community members and held a virtual community meeting on September 17th, 2021. The virtual community meeting was attended by Rochester School District only. The conversation was collaborative in nature. The following topics were discussed:

- 1. Proximity of the facility to nearby elementary school.
- 2. Increase traffic flow.
- 3. Potential elopements from facility.
- 4. Potential affects to the existing water supply.

TIMELINE

Korsmo Construction was hired as the general contractor responsible for completing construction. Site and building permits were obtained in September 2021 and construction began in October 2021. Construction is projected to be complete in November 2022. Upon attaining the building occupancy permit, BHA will initiate an 8-week move-in process that will result in being operationally ready to

accept patients in February 2023.

Table 1: High level construction and admission schedule

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

STAFFING MODEL

This staffing model is being revised as clinical and operational policies and procedures are developed and slight changes in staffing needs will be 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.

Maple Lane - Civil Center for Behavioral Health				
Operations	FTE	Social Work & Rehab	FTE	
Program Administrator (WMS Band 2)	1.0	Recreation & Athletics Specialist 3	1.0	
Administrative Assistant 3	1.0	Psychiatric Social Worker 3	2.0	
Forms & Records Analyst 3	1.0	Psychiatric Social Worker 4	1.0	
Quality (WMS Band 2)	1.0	Total	4.0	
Safety Officer	1.0	Medical & Psych	FTE	
Total	5.0	Physician 3	1.0	
Direct Care	FTE	Psychiatrist	1.0	
Registered Nurse 3	7.1	Dietician	1.0	
Registered Nurse 2	4.6	Total	3.0	
Institutional Counselor 3	9.4	Facilities	FTE	
Institutional Counselor 2	4.6	Custodian 3	1.0	
Mental Health Technician	21.1	Custodian 2	5.4	
Licensed Practical Nurse	2.3	Maintenance Mechanic 1	3.6	
Total	49.1	Maintenance Mechanic 2	1.8	
		Maintenance Mechanic 3	1.8	
		Total	13.6	

POLICIES AND PROCEDURES

Policy and procedure development is in progress. The initial steps taken included crosswalks of WACs and RCWs with a review of BHA Residential Treatment Facility and state hospital policies and procedures and adopting/editing where appropriate. Additional procedures will be developed as plans are made to operationalized policies.

SCREENING PROTOCOL

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

A draft screening protocol has been developed to ensure that the needs of admissions can be met within the facility. The screening protocol recommends when patients 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 Maple Lane 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:
 - o Dementia/Alzheimer's
 - o Intellectual Disabilities/Autism
 - o Traumatic Brain Injuries
 - o 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 service 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, Maple Lane RTF Page 7 of 8

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 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 will likely occur 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 team have been thoughtfully planning with these factors in mind and utilizing strategies to minimize delays. Despite the potential impacts of COVID-19 the project is presently on schedule.