
Appendix 4 • Institutional Facility Plan

A STRATEGIC OVERVIEW

Our Mission

The mission of the Lands and Buildings Division of the Department of Social and Health Services is to meet the unique needs of the DSHS clients and staff by ensuring safe and secure facilities in which to live, receive treatment and services, and work.

Our Challenge

The institutions operated by the department include five residential habilitation care facilities for the developmentally disabled, four secure juvenile rehabilitation campuses, six community treatment centers for juvenile rehabilitation, three psychiatric hospitals, and three secure facilities for the residential treatment of sexually violent predators. All of these facilities present special challenges as we work to maintain and preserve our facility assets.

Our institutions are not just facilities for training, rehabilitation, and treatment; they are home to thousands of people who cannot live independently in the population-at-large. Often due to mental health problems, many of these people are abusive, angry, and aggressive. Their destructive behaviors cause great wear-and-tear on the facilities they occupy. Youth and adults with anger and mental health issues often act-out their frustrations by damaging their surroundings, causing inordinate wear-and-tear on the facilities they occupy.

DSHS trains, rehabilitates, and provides treatment for our residents. That care is most successful in facilities with a normalized, residential atmosphere. But most of our facilities require some level of security and containment.

Our challenge is to provide facilities that are “soft” enough to enhance program goals and yet “hard” enough to withstand the impacts of resident behavior and maintain security – and to maintain these facilities with limited resources. Because of the challenging environment, our institutions’ maintenance and preservation requirements exceed those of a typical nursing facility, hospital, or dormitory building.

Half of the DSHS buildings are more than 30 years old and many of these buildings are in desperate need of major repairs or replacement. Two funding sources are available for facility preservation – capital budget appropriations and the maintenance portion of each institution’s operating budget.

Our Objective

Our objective is to work closely with the institutions and divisions to meet program needs while also reducing, and eventually eliminating, the premature failure of our building systems, structures, and campus utility systems due to lack of adequate preventative maintenance. By doing so, we can realize more value from every maintenance dollar.

Key Success Factors

Factors that will be critical to our success in fulfilling our mission include:

- ▲ Increased capital project funding as represented in the DSHS Ten Year Capital Plan.
- ▲ Support from DSHS and OFM executive management for the Facilities Preservation Backlog Reduction Plan.
- ▲ Cooperation from each DSHS facility and institution to increase their attention and commitment to preventative maintenance.
- ▲ Methods and processes to continuously focus preservation project funding on the highest facility preservation needs.
- ▲ Methods, processes, and staff to increase our capacity to manage omnibus capital preservation projects valued to \$30 million in the 2009-2011 biennium.
- ▲ Methods and processes to effectively manage and track numerous factors impacting capital project management – State Environmental Protection Act (SEPA), Department of Archeology and Historic Preservation (DAHP) reviews, GMAP measures, contracting out notifications, etc.
- ▲ Qualified Capital Coordinators representing each of the four programs with institutional facilities empowered to act as liaisons between the Office of Capital Programs and the divisions.
- ▲ Improved efficiencies and adequate staffing in the GA/DSHS Team Program to effectively manage all capital funded projects.

CUSTOMER-FOCUSED INSTITUTIONAL FACILITY PLANNING

Aging and Disability Services Administration - Division of Developmental Disabilities

Program Discussion

The Division of Developmental Disabilities (DDD) provides a broad range of services and support to about 21,000 eligible clients. Of these enrolled clients, about 94 percent are served in the community; nearly 1,000 clients reside in one of five Residential Habilitation Centers (RHCs) operated by DSHS:

- ▲ Fircrest School in Shoreline
- ▲ Frances Haddon Morgan Center in Bremerton
- ▲ Lakeland Village in Medical Lake
- ▲ Rainier School in Buckley
- ▲ Yakima Valley School in Selah

The RHCs are 24-hour facilities certified as either Intermediate Care Facilities for the Mentally Retarded (ICF/MR) offering habilitation services, intensive nursing, therapy services, and work-related assistance, or Nursing Facilities (NF) providing an extensive array of services for persons requiring daily nursing care. These facilities are inspected by state and federal survey teams who certify institutional compliance with strict federal standards so that federal reimbursement can be obtained.

The strategic plan for the Aging and Disability Services Administration focuses on five goals, each of which may have impacts on institutional services:

- ▲ Continuing to improve the balance between home and community options and institutional use
- ▲ Continuing efforts to enhance quality of services
- ▲ Maintaining timely access to programs and responsiveness to changing needs, and managing risk through appropriate staffing
- ▲ Providing holistic care and serving individuals with complex needs
- ▲ Helping individuals and families to access caregiving information and plan for their own future needs

Though most developmentally disabled clients receive services in community settings, the RHCs remain an important resource in DDD's residential options.

Future Challenges

The RHCs are expected to maintain their current capacity. The capital plan for DDD facilities emphasizes preservation and repair of aging buildings and campus infrastructure - particularly health, safety, and code upgrades.

Residential living units throughout the system require renovation and remodeling to comply with current codes for health and safety; improve accessibility; upgrade worn-out interior finishes; and meet evolving program requirements. Buildings supporting the campus programs also require attention to stay current with today's code and program requirements.

Infrastructure and utility systems on many campuses have aged far beyond their useful lives and major repairs, replacement, or completely new service delivery mechanisms are required.

The Legislature gave direction to DSHS in the 2008 Supplemental Capital Budget to continue work on the master plan of excess property at the Fircrest Campus. If fully implemented, the modified Hybrid Option may recommend a new nursing facility at Fircrest School to replace the existing Y-Buildings and free-up additional acreage for other uses benefiting the broader DDD community. This opportunity requires further study.

Juvenile Rehabilitation Administration

Program Discussion

The mission of the Juvenile Rehabilitation Administration (JRA) is to protect the public; hold juvenile offenders accountable for their crimes; and reduce criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residential and community settings.

About 1,000 youth are committed annually to JRA by county Juvenile Courts. Approximately 700 youth are in secure JRA facilities on any given day. These youth are typically serious or violent offenders or have extensive offense histories and have exhausted local sanctions and interventions. Youth come to JRA with complex disorders that are the root of their criminal behavior and require aggressive treatment interventions.

JRA provides a continuum of care for these youth that encompasses locked maximum security facilities, staff secure minimum security facilities, and aftercare parole. The four secure facilities include:

- ▲ Echo Glen Children's Center near Snoqualmie
- ▲ Green Hill School in Chehalis
- ▲ Maple Lane School near Ground Mound
- ▲ Naselle Youth Camp in Naselle

DSHS owns and operates six community residential and treatment facilities. These programs are charged with main-streaming youths at the end of their commitments. Some have developed specific treatment efforts such as certified drug and alcohol programs.

- ▲ Canyon View Community Facility in East Wenatchee
- ▲ Oakridge Community Facility in Lakewood
- ▲ Parke Creek Community Facility near Kittitas
- ▲ Ridgeview Community Facility in Yakima
- ▲ Twin Rivers Community Facility in Richland
- ▲ Woodinville Community Facility in Woodinville

Other residential community-based programs, including the Basic Training Camp, Camp Outlook in Connell, are delivered by private group care contractors in leased facilities.

JRA's Strategic Plan includes several action areas with impacts to institutional facilities:

- ▲ Providing equal service to all youth in JRA care
- ▲ Further reducing incidents of violence in JRA residential facilities
- ▲ Strengthening and expanding education and vocational programs throughout the JRA continuum of care
- ▲ Improving treatment and management of sex offenders

Future Challenges

JRA is challenged to address program and facility issues proactively to avoid potential program and legal problems. The institutional programs are critical to its continuum of care model since the largest proportion of the JRA population continues to reside in secure facilities. Since sentencing reform, these residents present new challenges to maintaining safety for residents, staff, and the public.

The older, more violent offenders are commonly processed through the adult system and the minor offenders are retained in the local jurisdictions. The offenders that are committed to JRA now have more serious behavioral issues. Approximately 53 percent of the residents have mental health problems; many also have co-occurring diagnosis for chemical dependency (66 percent), cognitive impairment (37 percent), and/or sexual offending or misconduct (21 percent).

Effectively managing this changing population requires a continuing commitment to maintaining and upgrading existing facilities, as well as effectively planning for specialized treatment needs and long-term growth.

One of JRA's strategic plan goals is to fully implement the 2004 JRA Ten-Year Capital Master Plan:

Construct a continuum of residential care that serves the security, treatment, educational, transition, and developmental needs of youth committed to JRA care, by priority:

1. Maple Lane School: New Residential Mental Health and Acute Care Unit
2. Echo Glen Children's Center: New Residential Mental Health and Acute Care Unit
3. Naselle Youth Camp: Three 24-Bed Housing Units Renovation
4. Maple Lane School: Health Center Remodel at Essential Services Building
5. Naselle Youth Camp: New Maintenance Building
6. Echo Glen Children's Center: Cottage Renovations, Phase 3
7. Camp Outlook: Permanent Buildings
8. Maple Lane School: New Entry, Security and Visitation Center
9. Maple Lane School: Recreation Building Renovation
10. Green Hill School: Recreation Building Renovation
11. Echo Glen Children's Center: Academic School Renovation

Health and Recovery Services Administration - Mental Health Division

Program Discussion

The Mental Health Division (MHD) administers a public mental health system that promotes consumer recovery and public safety, with the mission to ensure that people of all ages experiencing mental illness can better manage their illness; achieve their personal goals; and live, work, and participate in their community. The three state psychiatric hospitals comprise an important element in the range of services delivered by the state's mental health system.

The three state-operated psychiatric hospitals operate as clinical centers for the most complex public mental health consumers as mandated by the Mental Health Reform Act of 1989 (SB 5400). They are:

- ▲ Child Study and Treatment Center
- ▲ Eastern State Hospital
- ▲ Western State Hospital

Seventy percent of the state hospital patients are admitted pursuant to a civil court order (RCW 71.05). Civil commitment orders are issued by a local superior court from a petition by County Designated Mental Health Professionals. Thirty percent of the hospital population is committed under criminal process (RCW 10.77).

MHD's Strategic Plan includes several priorities which may have with impacts on institutional facilities:

- ▲ Improve access to and quality of mental health services
- ▲ Improve supports for recovery and resiliency of mental health consumers
- ▲ Increase consumer and community safety through effective treatment
- ▲ Strengthen capacity to support the overall health of individuals with mental illness
- ▲ Make sound and effective community investments

Future Challenges

MHD is committed to creating a seamless system of care that is timely, effective, and efficient. It is a system that treats each person holistically and embraces each person's ability to recover and gain the skills, insight, and personal and interpersonal reserves needed to be resilient as circumstances and symptoms change.

For children and youth, acute inpatient services are provided either in community psychiatric hospitals or in facilities specifically suited for children and youths. These Children's Long-Term Inpatient (CLIP) facilities provide inpatient care for those children and youth who need extended inpatient services. The CLIP facilities include the Child Study and treatment Center in Lakewood, a 47-bed state operated facility, and three other vendor contracted facilities.

Adult acute services begin in community psychiatric hospital or in free-standing evaluation and treatment centers (E&Ts). For individuals requiring longer periods of treatment than community hospitals and E&Ts are able to provide, long term treatment services are provided by the two adult psychiatric hospitals operated by the state. Eastern State Hospital and Western State Hospital provide care for approximately 1,200 individuals each day.

Capital investments are required at the three hospitals to preserve existing assets and accommodate policy initiatives. The following capital projects will be included in the DSHS Ten Year Capital Plan:

1. Child Study and Treatment Center: Resident Activity and Family Therapy Space
2. Eastern State Hospital: Boiler Building Replacement
3. Eastern State Hospital: Central Maintenance Building
4. Eastern State Hospital: Activity Therapy Building HVAC and Electrical Systems Replacement
5. Eastern State Hospital: Campus-wide Emergency Power
6. Eastern State Hospital: Support Services Building Renovation
7. Eastern State Hospital: Eastlake APU Visitor Entry
8. Eastern State Hospital: New Recovery Center
9. Western State Hospital: New Dietary Services and Commissary Building
10. Western State Hospital: Auditorium Renovation for Day Treatment
11. Western State Hospital: Quadrangle Fencing
12. Western State Hospital: East Campus Day Treatment Facility
13. Western State Hospital: East Campus Corridor Safety Upgrade and Classroom Development
14. Western State Hospital: Central Campus Day Treatment Facility
15. Western State Hospital: East Campus Upgrade
16. Western State Hospital: Building 9 Remodel for Patient Services

Special Commitment Center

Program Discussion

The Special Commitment Center (SCC) provides a specialized mental health treatment program for sex offenders who have been civilly committed under Chapter 71.09 RCW. The mission of the SCC is to provide comprehensive, individual treatment to each

resident referred by the courts in a constitutionally sound environment that protects the safety and welfare of the public, staff, and residents.

The SCC occupies a 299-bed total confinement facility on McNeil Island. The SCC also occupies two Secure Community Transition Facilities (SCTFs) – a 24-bed facility located on McNeil Island and a 6-bed facility in Seattle. The SCTFs provide a less restrictive alternative residential living arrangement for SCC residents on court-ordered conditional release from total confinement.

Future Challenges

The SCC faces many challenges. The Total Confinement Facility (TCF) is pressing the limits of its resident housing capacity. Current projections indicate that the TCF may be full within the 2009 calendar year. Compounding the housing capacity problem, beds that are currently vacant are not necessarily located within the residential units appropriate to the residents' behavioral management requirements. The need for additional housing capacity is urgent and is being addressed on a temporary basis with funds appropriated in the 2008 Supplemental Capital Budget.

Eventually, it appears that more capacity will be needed at the TCF to support the program's mission of control, care, and treatment of sex offenders. But the nature of that additional capacity needs to be more specifically determined. The SCC population is becoming more complex, with aging residents and new admissions of very young adults and medically fragile individuals.

The TCF was not envisioned or designed as a long-term health care or nursing facility, though many residents will eventually need this level of care. These considerations guide our current practices and our plans for the design of future additional housing capacity.

The SCC Has established the following facility preservation and housing capacity goals for 2009-2013:

1. Construct temporary resident housing capacity
2. Design and build permanent resident housing capacity
3. Preservation of current facilities
 - a. Resident Dining Facility Remodel or Replacement
 - b. Warehouse Expansion or Replacement
 - c. Security System Upgrades
 - d. Communication and Information Technology Network services Upgrades
 - e. Powerhouse Upgrades or Replacement
 - f. Parking Lots and Roadways Improvements
4. Centralize McNeil Island infrastructure needs and optimize resource utilization

