

Master Site Plan • Western State Hospital  
E/A Project #96-460A



E/A  
Project #96-460A



**KMD Architects and Planners**  
An Association



December 10, 1996

Richard Christian, Architect  
Department of Social and Health Services  
Capital Programs  
PO Box 45848  
Olympia, Washington 98504-5848

**RE: Western State Hospital  
10 Year Master Plan  
Project # 96-460A**

Dear Richard:

We are pleased to submit our Final Report on the 10 year Master Plan for Western State Hospital, consisting of the enclosed report in the 8 1/2" x 11" format, the sets of 30" x 42" plan sheets and CD-ROM computer disks containing the updated existing utility plans.

We have incorporated in this final copy the review comments, from the November 7, 1996 Draft Report, as submitted by the Hospital Staff and your office.

It has been a privilege to work with you and the all the staff at Western State Hospital on this important document. We trust that the information and recommendations of this Master Plan will be helpful for the future direction of Western State Hospital. We appreciate the fine cooperation, enthusiasm and energy put forth by all of you.

Respectfully,

  
**THE BJSS GROUP**

John L. Lindstrom AIA  
Principal

PC: Phil Timpke GA- E/A Services

## **MASTER PLAN**

**Western State Hospital**  
LAKEWOOD, WASHINGTON

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**MASTER PLAN**

**Western State Hospital**  
LAKEWOOD, WASHINGTON

**MASTER PLAN TEAM MEMBERS**

The following 10 year Master Plan Study for Western State Hospital at Lakewood, Washington was prepared in cooperation with the following prime participants:

**Owner:** **State of Washington,**  
**Dept. of Social and Health Services**  
Richard S. Christian: Project Manager

**User:** **Division of Mental Health**  
Lon Sullivan: Division Coordinator for Capitol  
Improvements

**Western State Hospital**  
Robert Fitzsimmons: Chief Operations Officer  
Robert Ranzenbach: Assistant CEO - CSTC  
Bruce Harvey: Facilities Manager

**Contracting Agency:** **State of Washington,**  
**Department of Engineering and Architectural Services:**  
Phil Timpke: Project Manager

**Architect:** **The BJSS Group**  
John L. Lindstrom, AIA, Principal: Principal in Charge

**Architect  
/Medical Planners:** **KMD Architects and Planners, PC**  
James Diaz, FAIA Principal  
John Jex, AIA

**Traffic Consultant:** **CTS Engineers, Inc**  
Renata Prochaska,

**Civil Engineer:** **CTS Engineers, Inc**  
Paul Prochaska,

**Land Surveyor:** **CTS Engineers, Inc**  
Ken McAfee



## EXECUTIVE SUMMARY

Under contract for State Project Number 96-460A dated 7/24/96, with the Department of Social and Health Services, The BJSS Group + KMD and its consultants were directed to prepare an up date to the 10 year master plan for the Western State Hospital at Lakewood, Washington. The study was to specifically incorporate the LOU Predesign study to insure that the location for the LOU, as determined by the Pre Design, is the best location for the long-term development of the institution. The Master Plan was to rely on existing reports and recommendations where appropriate, along with current consultant recommendations, to develop a comprehensive study. The master plan was substantially completed on December 10, 1996.

**The project contract defined five major tasks within the scope of work.**

1. Produce a comprehensive existing utility plan
2. Verify the existing legal description of Western State Hospital property
3. Develop a land use plan for the entire Western State Hospital property
4. Update the Traffic Study
5. Update the master plan for the current Western State Hospital campus

The master plan documents are made up of two formats. The booklet portion contains the entire effort put into this project. The sizes of drawings have been reduced so as to fit within the 8 1/2" x 11" format. Utility drawings are also included at the standard size of 30" x 42". The larger drawings are more in keeping with the construction industry, drawing sizes and scales. These sizes are more readily usable by the maintenance department and future consultants. All utility drawings are provided on electronic media. Two copies of CD-ROM are included with the documents. Additional future electronic copies will be available from The BJSS Group as needed.

The existing utility plans for the campus have been reformatted into a system which each utility can be viewed separately or combined with other utilities. The update plans have used existing information supplied by the owner. These were in the form of previous utility plans, construction documents and/or marked up as-built drawings. Field verification was not included in the consultants scope of work.

The legal descriptions and lease agreements, provided by the owner, have been reviewed to confirm their degree of accuracy regarding property boundaries. All parcels of land have been identified, (see enclosed map). A proposal has been prepared which outlines the necessary scope of work to prepare a boundary survey, set property corners and reference points.



The land use plan of the entire campus indicates that the area south of Steilacoom Boulevard road is not foreseen as an area of expansion for Western State Hospital in the foreseeable future based on current need and practice. However the uncertainties of patient types, patient numbers, staff ratios, required facilities and state population growth make it impossible to quantify the amount of land necessary for the future. To base long term land needs on current ward requirements and patient information may be extremely detrimental for the hospitals long term needs.

Master Plan Option A recommends the general location of Adult Psychiatric Unit to remain at the present location. Replacement of the wards, as they become obsolete, would complete the current partial quadrangle formed by the existing buildings. The East Campus building (Building 29) and the new LOU will form the portion of campus which will house patients requiring higher levels of security. West Campus Area around and including Buildings 27, and 10, will continue to function as the area to help transition patient back into their community (PALS program). Service functions will be consolidated on the north edge of the campus within their present zone plus additional expansion to the north and east at the current location of building 7 and associated parking lot.

CSTC will maintain their current location and develop into a tighter group of facilities, providing the appropriate level of security for the youth populations. Expansion of facilities will be toward the north and east.

Historical areas are maintained and are proposed to be enhanced with additional historical and/or public interest elements .

The traffic study update responds to the recommended campus modifications and addresses existing traffic issues on campus. These include a new main entry from Steilacoom boulevard, added roadways to better serve East Campus and CSTC from the main entry gate and from the hospital service facilities. Also refer to the recommendation section for additional information.

Option B replaces the existing central campus ward buildings with new buildings. The replacement buildings would be located directly north of the existing central facility on the other side of the wooded ravine. With this option the existing ward buildings are no longer intended for in-patients use. The existing building would be put into Hospital / State Administrative use or demolished. See the attached plan. Also refer to the "recommendation" section for additional information.

The updated master plan for the Western State Hospital Campus incorporates the collective input and recommendations from numerous past consultant reports, and from The BJSS Group / KMD. In addition it reflects the current thinking of the Western State Hospital Administration and DSHS staff and anticipates the direction the profession and mental health treatment is headed, within the country which focuses individualized treatment to meet the patient's specific requirements.



## **MISSION STATEMENT**

*The mission of Washington State's mental health system is to ensure that people of all ages experiencing mental illness can better manage their illnesses; achieve their personal goals; and live, work and participate in their community.*

*We are committed to take actions consistent with these values:*

1. *We value the strengths and assets of consumers and their families and seek to include their participation in decision-making and policy-setting.*
2. *We respect and celebrate the cultural and other diverse qualities of each consumer.*
3. *We work in partnership with allied community providers to deliver quality individualized supports and services.*
4. *We treat people and respect, equality, courtesy and fairness.*

## **VISION**

Western State Hospital's vision is quality treatment taking place within an environment which ensures public safety while still emphasizing patient choices and furthering individual dignity; and reflects a safe, interactive, minimally restrictive and patient-focused setting.

Wards have patients in numbers strictly in accordance with appropriate physical space, allowing for a safe, reasonably quiet, clean and therapeutic environment, and allowing a welcome to and involvement of family members and meaningful others. Programs will dictate the skill mix of staff; will seek active patient participation in individualized, outcome-based treatment; and will include patient education and auxiliary programs determined by data and current literature/research findings.

Quality treatment takes place where staff diversity, is competent, proud of its work, shows positive regard for patients and all staff members, and is engaged in leading-edge training offerings from staff development. A computerized network of information gathering and dissemination unified Western State Hospital and community mental health providers in a state-wide network.

**BACKGROUND AND DISCUSSION:**

The censuses of Mental Health Division's three psychiatric hospitals are increasingly affected by a major, long-term program reform which began with SHB 5400 in the 1989 Session. That trend has been downward over time, predictable over the long run, but not as to time or amount. The state hospitals now have fewer patients, but patients with higher medical and psychiatric acuity. They are treated with a Rehabilitative Model that requires more square footage, somewhat higher staffing per patient, and much greater secure outdoor and activities orientation.

**STRATEGIC PLAN:**

The program has established major strategies for the next six years. Mental Health seeks to ensure that a full range of treatment and rehabilitation services are provided at the state hospitals. The hospitals will continue to develop as centers of professional expertise and as treatment centers for consumers with the most clinically complex illnesses, or who are in need of a secure treatment facility.

**MAJOR CAPITAL CHALLENGES OF THE STATE MENTAL HEALTH PROGRAM:**

Construct /Renovated Legal Offenders Units: For mentally ill patients, committed out of the criminal justice system, construct/renovate Legal Units that support program efforts to restore patients to sanity and enable to return safely to the community. (See Pre-Design Studies for Western and Eastern State Hospitals.)

Differentiated Facilities & Grounds: Provide the facilities and grounds to serve increasingly differentiated and diverse populations of mentally ill consumers. This is consistent with SHB 5400, which mandated that state hospitals 'become clinical centers for handling the most complicated long-term care needs'. Specialized hospital populations include patient with the following conditions: MICA, Alzheimer's, DD, Traumatic Brain Injury, AIDS, TB, persons discharged from LOU and immediately ITA-detained, geriatric populations with complex medical conditions, juvenile offenders with major mental illnesses, persons with bipolar and schizophrenic conditions with substantial vocational abilities. More differentiated patient problems means more differentiated treatment, and therefore, more differentiated facilities and grounds, a higher square footage requirement, and increased space for on site rehabilitation services.

Rehabilitation Model: For the civilly-committed populations, provide the facilities and grounds that support the hospital's increasing commitment to a rehabilitation model. A medical model seeks to restore the patient to their pre-crisis condition. A rehabilitation model seeks to go much further: to return patients to the community with an ability to live as independently as possible, including self-supporting as possible. This requires facilities and grounds for increased patient activities, including freedom of movement with a secure and safe environment. A rehabilitation program builds on their strengths rather than focusing on their illnesses as a general hospital would do. This requires a mix of use

of facilities and outdoor space. Recreational, pre-vocational, and vocational outlets are increasingly more apparent in the speed of recovery and permanence of improvement of hospitalized patients. It includes a patient quadrangle at Western State, that would be safe both inside and outside with less or minimal need for staff supervision, and a more active, activities-based recreational outside program at Eastern State Hospital, improving access to patios for patients on secure wards, and greenhouses at both state hospitals.

CSTC Safety: Assure that Child Study & Treatment Center is a safe and secure facility. Those features of CSTC must be closely monitored and enhanced as necessary, as its population and service plans change. In the last few years, CSTC has experienced a surge of youth with Conduct Disorders and who are on Mentally Ill Offender court orders. These patients have greatly accelerated the deterioration of facility orate of walls, floor surfaces, ceiling, doors and furniture. The cottages, with insecure windows, multiple exits and lack of security infrastructure were not designed to ensure against elopements.

Develop Hospitals as Centers of Professional Expertise: The state hospitals are focuses of professional expertise, research capability and training potential for the larger Community Mental Health market. Physical assets for training facilities can be put back into use at both major hospitals. At Western State, signage, available public parking, implementation of traffic studies and renovated auditoriums are important needs. The Spokane public sector, with minimal facilities for meetings, could particularly benefit over decades by the renovation of Eastern State Hospital's Auditorium. Video conferencing recently introduced at each hospital shows great potential for education and consultation.

Ancillary Services: Assure effective and efficient provision of ancillary services for increasingly clinically complex patients. As the problems and treatments of patients become more differentiated, there is an increasing impact on the facilities and equipment in ancillary services such as pharmacy, laboratory, food service, laundry and plant maintenance. It is important to provide these in an efficient and effective manner.

RSN Use of Hospitals: As/if vacant buildings occur, respond to the needs of the local mental health services in furtherance of SHB 5400, which gives the state hospital's host-RSN a right of first consideration for the use of any vacancy. This integrates mental health resources, whether state-owned or locally administered, for the overall benefit of patients.

Meet Federal State/County Standards in an Environment of Changing Funding and Clients: As the state hospitals make changes in accordance with state-wide program needs, their management must continue their work to ensure that state hospital practice is in compliance with the review expectations of federal and JCAHO surveyors in order to avoid loss of the federal portion of hospitals financial support, as well as loss of third party insurance. State and county fire codes also require scrutiny by planners and strict monitoring of construction by managers.

**LIST OF MAJOR PROGRAMMATIC PROJECTS:**

- Construct a new WSH Legal Offender Unit
- Renovate ESH's Legal Offender Unit
- Renovate WSH's Building #9
- Develop a Safe & Secure Patient Quadrangle Yard for WSH's Central Campus
- Re-develop CSTC's outside recreational Therapy and Activity Facilities

## WESTERN STATE HOSPITAL FACT SHEET

### ACCREDITATION / CERTIFICATION:

- Accredited by the Joint Commission on Accreditation of Hospital's (JCAHO).
- Certified by the Health Care Finance Administration (HCFA).

### ESTABLISHED:

- 1871 - Second oldest state institution  
University of Washington first - 1865

### AUTHORITY:

- State of Washington ..... Governor Mike Lowry
- Department of Social & Health Services ..... Lyle Quasim, Secretary
- Mental Health Division ..... Jann Hoppler, Acting Director
- Western State Hospital ..... Jerry L. Dennis, CEO, WSH

### SERVICE AREA:

- Western Washington - 19 counties

### FACILITIES:

- 264 Acres, 34 Buildings, 32 Wards, 1.1 million square feet.

### BIENNIAL BUDGET

- 1995-1997 - 186 Million appropriated by State Legislature.

### AVERAGE DAILY COST / PATIENT

- (April 1996) ..... \$335.00/Day

### HOSPITAL CAPACITY (8-95):

- Adult Psychiatric Unit ..... 347
- Gero Psychiatric Medical Unit ..... 271
- Legal Offenders Unit ..... 225
- In-Patient Total ..... (845)
- Program for Adaptive Living Skills ..... 159
- (PALS)  
    Total Census Capacity ..... (1002)

AVERAGE NUMBER OF ADMISSIONS:

- ..... Approx. 150/Month

AVERAGE LENGTH OF STAY:

- Adult Psychiatric Unit (Admissions) ..... 72 Hrs. to 14 Days  
(Extended Care)..... 18 to 24 Months
- Gero-Psychiatric Medical Unit..... 180 Days
- Legal Offenders Unit ..... 36 Months

AVERAGE BUDGETED STAFF:

- ..... 1805 Employees

AVERAGE TREATMENT STAFF:

- Psychiatrists/Physicians/Dentists ..... 55
- Psychologists ..... 36
- Social Workers ..... 42
- Registered Nurses ..... 273
- Rehabilitative Services ..... 103
  - Occupational Therapy ..... 17
  - Recreational Therapy/Specialists ..... 57
  - Audiology/speech Pathology ..... 3
  - Education Services ..... 9
  - Ancillary ..... 17
- Additional Nursing Services/Support Personnel ..... 1304

MAJOR TREATMENT COMPONENTS:

- Psychotropic medications
- Group/Individual therapy
- Psycho-Social Rehabilitation model
- Family Therapy
- Drug & Alcohol Education
- Behavioral psychotherapy

## **I. Recommendations**

**MASTER PLAN DESIGN OPPORTUNITIES**

- Identify methods to allow the institution to continue to evolve and meet the needs of the people of Washington State
- Develop design options which allows Western State Hospital to meet building needs with minimal impacts to adjacent property.
- Develop solutions for future development which respects and enhances the historical significance of the site.
- Develop safe, patient oriented outdoor space with appropriate security and activity areas.
- Establish clear and safe circulation routes, throughout campus, for pedestrians, private autos and service/delivery vehicles
- Relocate the central pharmacy from its existing location and reuse the building for patient activities or related patient use.
- Identify areas for future service buildings, patient housing, patient therapy/program space and areas for future reserve.
- Indicate areas on campus or methods where future utilities can be added which will help facilitate future building construction.

## **RECOMMENDATIONS**

### **INTRODUCTION**

The master plan evaluation developed two possible scenarios for the future of patient care at Western State Hospital. These two scenarios are included in this report as Option A and Option B (see page xx), with detailed descriptions of the conceptual components of each option. In defining the future needs of WSH, the following concepts are shared by either option.

### **EXISTING FACILITIES**

The existing facilities (Buildings 9, 17, 18, 19, 20 and 21) have been renovated in the last 10 year period. The renovations have maintained the exterior character but the interior functions and treatment space is not flexible due to the restrictions of building widths, shape and structural bay dimensions. In approximately 25 to 30 years these buildings will have reached the end of their useful life in their ability to provide an environment for providing psychiatric care. While these facilities can continue to provide for support services and administrative needs, it is the recommendation of the master planning team that no further renovations occur within the existing building to provide patient care units. Future project funds for the construction of replacement inpatient units is a more effective use of capital for the care of patients at WSH.

**HEIGHT OF FACILITIES** Access to outside environments is a significant patient need and an integral component of the psychiatric medical model. Patient access to these outside activity areas needs to be effective and efficient for staff to control and monitor. For these reasons, the master planning team recommends that future inpatient units be designed in one- to two-story buildings predominately, and where indicated by the specific program elements a three-story structure would be considered the maximum building height.

### **VEHICULAR TRAFFIC**

The existing mix of visitor, staff, and service vehicular traffic patterns is in need of reorganization, especially where these pathways interface with pedestrian/patient pathways. The master planning process has defined a goal to separate visitor traffic from staff/service flows to avoid traffic flows through patient/public outdoor activity zones.



## **MASTER PLAN**

## **Western State Hospital** LAKEWOOD, WASHINGTON

### **PARKING**

The master planning process has documented the goal to provide separate parking for visitors and staff in positions convenient to the destination building area. As part of a long-range plan to manage staff traffic WSH will investigate opportunities to stagger shifts in order to avoid deficit parking situations during shift changes.

### **SERVICE FACILITIES EXTENSION**

The existing kitchen facility in Building #16 brings inappropriate service vehicle traffic into the heart of the patient outdoor activity zone the existing central courtyard. Various studies have been done to recommend alternative food service concepts for WSH. It is the recommendation of the master planning team that the kitchen facility be relocated to a new facility outside the existing courtyard.

### **PHARMACY/ CENTRAL SUPPLY**

The Pharmacy/Central Supply which is currently located in Building #13 is relocated to a new facility on either of two sites. One site is the existing location of Building 7 which is recommended to be razed. The other is the site presently occupied by Building 8 and portions of Building 9. Either of these locations will provide the necessary vehicular access and close proximity to all campus buildings. See the attached plan Option A and Option B.

### **COMMISSARY**

The existing commissary facility is outdated and not supportive to the current physical needs of this use. As such, this facility should be scheduled for replacement. This facility is treated differently in Option A vs. Option B. The recommended location for Option A, is consistant with the new location of the Pharcy and Central Supply facilities. (See above) The functions of these facilities are relativly compatable and could easily be located in the same building. See the attached plans Option A and Option B.



## OPTION A

**INPATIENT FACILITIES** Option A is based on the replacement of inpatient units starting to the west of Building #9, and as needs arise additional new construction counter-clockwise from this point will ultimately enclose the existing patient courtyard, and eventually through demolition of the existing wings replace the facility in total.

The west end of the campus is proposed to be a zone for the PALS program. Building #29 and the LOU addition create an east campus facility that could be developed for patients requiring a higher degree of security. The area south of Building #29 is proposed for new cottages to support adult programs which may include a Hospice program. The greenhouse is shown relocated adjacent to the historic cottages. A covered walkway is proposed to link the Central Campus Building #9 to Building #27.

**VEHICULAR TRAFFIC**

Separate traffic flow zones are proposed for visitor vs. staff/service flows. Main staff entries are proposed off Farwest Drive and 85th Street. Main visitor entry to Central Campus, Building #29 and CSTC is reconfigured for ease of wayfinding and traffic safety. There is an option for the creation of a new visitor entry to the PALS zone.

A zone of service functions flows along the service drive which is along the north side of the campus.

**SERVICE FUNCTIONS**

This option recommends the initial replacement of the kitchen in Building #16, and eventually the Pharmacy and Commissary Buildings. The recommended location for these services is in a new building positioned adjacent to Building #9 or free-standing in the support service zone. The kitchen facility is proposed to be redeveloped as a patient recreation component of the courtyard concept.

**FUTURE EXPANSION**

This option locates total replacement facilities sized, based upon the current patient population at WSH, around the existing Central Campus Courtyard. If future patient capacities grow significantly beyond current levels, the areas to the north of Building #29 or to the South of

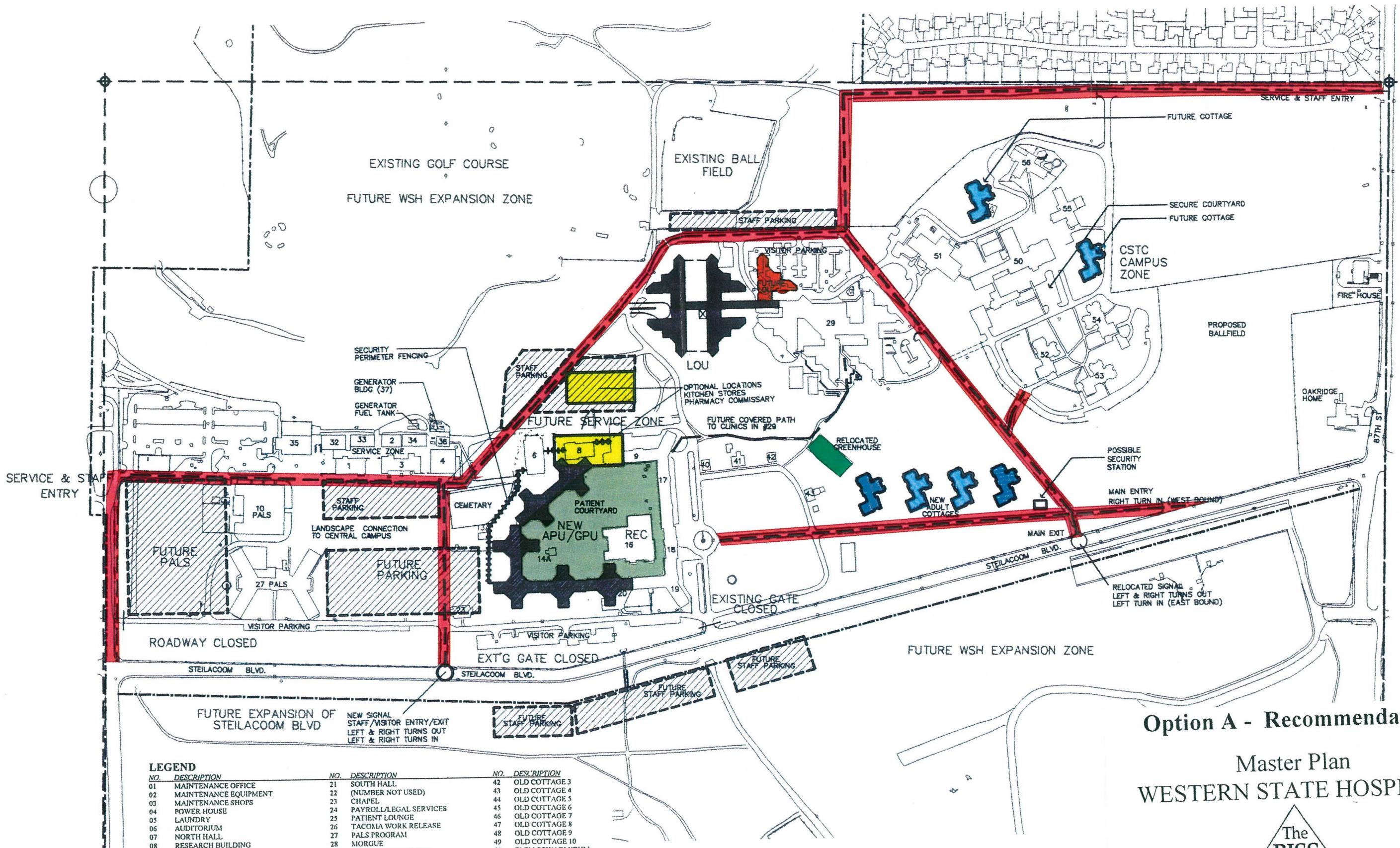


Steilacoom Boulevard should be designated for an alternate site for total replacement facilities of greater capacity than can be accommodated in the Central Campus Courtyard site.

## **PHASING for OPTION A**

The Master Plan recommendations indicated on the enclosed plans represent a period in time approximately 25 years in the future. The various changes must happen in a sequential manner to suite the needs of the hospital, make the best use of the existing structures and to most efficiently use the resources of the State of Washington.

<b>Phase</b>	<b>Description</b>
1.	Greenhouse relocation
2.	Legal Offender Unit construction adjacent to Building 29
3.	Building #7 demolition and construction of the service drive revisions for the new service zone and staff parking
4.	Revise the main entry and the on campus road system east of the main campus buildings
5.	Phase VII renovation of Building #9 revised to:  Exclude inpatient wards from this building  Include Dining Hall and Library Uses  Potential to include service functions of Dietary/Pharmacy/Stores
6.	Build a new inpatient unit adjacent to Building #9
7.	Potential PALS expansion at West Campus
8.	Potential Adult Cottages south of Building #29



## Option A - Recommendation

# Master Plan WESTERN STATE HOSPITAL



## Architects and Planners

## OPTION B

**INPATIENT FACILITIES** Option B is based upon the development of total replacement facilities for APU, GPU and PALS programs to the west of the LOU and Building #29. Eventually the existing campus building will no longer house psychiatric patients. The reuse of these facilities is not addressed in this master plan. The LOU and Building #29 becomes a secure inpatient facility. The area southeast of Building #29 is proposed for new cottages to support adult programs which may include a hospice program. The green house is shown relocated adjacent to the historic cottages.

**VEHICULAR TRAFFIC** Separate traffic flow zones are provided for visitor vs staff/service flows. The main staff entries are proposed off Farwest Drive and 87th Street. The main visitor entry to the new north campus and CSCT leads off the existing administration drive. A zone for service functions flows along the service drive which is along the north side of the existing campus and extends northeast past the former site of Building #7 and then loops behind and south of the new APU, GPU and PALS programs.

**SERVICE FUNCTIONS** This option also recommends the initial replacement of the kitchen in Building #16 to a new facility either linked to the Building #9 renovation of Phase 7 or as part of a new facility built along this service zone. The pharmacy and commissary programs can remain as is until their inclusion in a replacement facility can be justified.

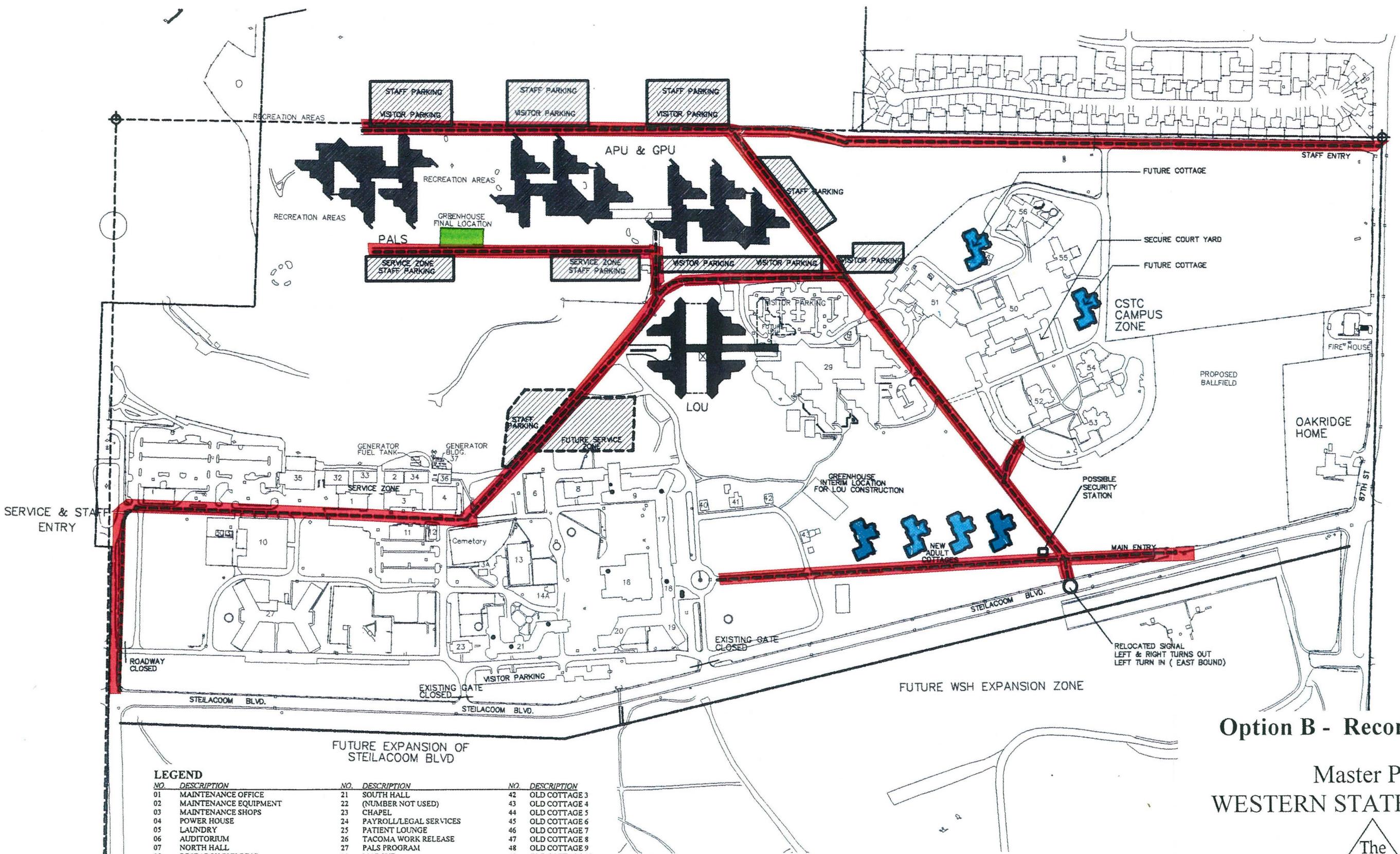
**FUTURE EXPANSION** This option locates the total replacement facilities sized based upon the current patient population at WSH to the north portion of the WSH campus. If future patient capacities grow significantly beyond current levels, the area to the south of Steilacoom Boulevard should be designated for an alternate site for total replacement facilities of greater capacity than can be accommodated on the north campus site.



## **PHASING for OPTION B**

Option B recommends the future expansion to occur north of the main hospital facility on the other side of the wooded ravine. Several of the first phases of construction for both Option A and B are the same and then diverge when the existing in patient units become obsolete and new inpatient beds are required.

<b>Phase</b>	<b>Description</b>
1.	Greenhouse relocation to temporary site.
2.	Legal Offender Unit construction adjacent to Building 29
3.	Building #7 demolition and construction of the service drive revisions for the new service zone and staff parking
4.	Revise the main entry and the on campus road system east of the main campus buildings
5.	Phase VII renovation of Building #9 revised to:  Exclude inpatient wards from this building  Include Dining Hall and Library Uses
6.	Build replacement facility for APU/GPU patients in North Campus  Include Dietary/Pharmacy/Stores/Commissary
7.	Potential Greenhouse relocation from temporary location
8.	Potential PALS expansion at North Cottage
9.	Potential Adult cottages south of Building #29



Option B - Recommendation

Master Plan  
WESTERN STATE HOSPITAL

LEGEND					
NO.	DESCRIPTION	NO.	DESCRIPTION	NO.	DESCRIPTION
01	MAINTENANCE OFFICE	21	SOUTH HALL	42	OLD COTTAGE 3
02	MAINTENANCE EQUIPMENT	22	(NUMBER NOT USED)	43	OLD COTTAGE 4
03	MAINTENANCE SHOPS	23	CHAPEL	44	OLD COTTAGE 5
04	POWER HOUSE	24	PAYOUT/LEGAL SERVICES	45	OLD COTTAGE 6
05	LAUNDRY	25	PATIENT LOUNGE	46	OLD COTTAGE 7
06	AUDITORIUM	26	TACOMA WORK RELEASE	47	OLD COTTAGE 8
07	NORTH HALL	27	PALS PROGRAM	48	OLD COTTAGE 9
08	RESEARCH BUILDING	28	MORGUE	49	OLD COTTAGE 10
09	WARDS	29	EAST CAMPUS/WARDS	50	ELEM SCH/ADM/GYM
10	ACTIVITIES THERAPIES	30	PORTABLE/WEST	51	HIGH SCHOOL
11	COMMISSARY	31	PORTABLE/EAST	52	CAMANO COTTAGE
12	SUPPLY OFFICE	32	INVENTORY CONTROL	53	KETRON COTTAGE
13	PHARMACY/CENTRAL SUPPLY	33	CARPENTER SHOP	54	ORCUS COTTAGE
13A	OLD MORGUE	34	MAINT. WAREHOUSE	55	MAIN. BUILDING
14A	OLD BUTCHER SHOP	35	DOC WAREHOUSE	56	DAY CARE CENTER
15	GREENHOUSE	36	CHILLER BUILDING	57	OAKRIDGE HOME
16	DIETARY/STAFF DVLPL.	37	GENERATOR BUILDING		
17	WARDS	38	RESERVED FOR WSH		
18	GENERAL ADMINISTRATION	39	RESERVED FOR WSH		
19	WARDS	40	OLD COTTAGE 1		
20	WARDS	41	OLD COTTAGE 2		

## **II. Analysis**

**RECENT CAMPUS IMPROVEMENTS (PRIOR 10 YEARS)**

- Renovations of buildings 17, 18, 19, 20, 21, and 27
- New buildings 32, 34, 35(DOC) and 51
- Addition to building 50
- Electrical upgrades per recommendations of consultant Study dated 22 June 1987 Entitled "Comprehensive Electrical Study of Western State Hospital" by Doyle Engineering, Inc.
- Sanitary Sewer Improvements
- Storm Water Improvements based on report dated 8-90 "Storm Drainage Outfall Study for Western State Hospital" by Horton Dennis & Associates and report dated 1988 "Western State Hospital Inflow and Infiltration Study" by Parametrix, Inc. Full compliance with recommendations in these reports is not fully complete.
- Improvements to the domestic water system have been made at various locations on campus. A major project was recently completed east of the Administration Building
- A fiber optic cable network has been added to the campus communication network systems.
- A new chiller system has been added to the campus services.
- An additional emergency electrical generator has been added to the electrical system.
- Boiler upgrades have been made and a new boiler is scheduled for installation.
- A pre-design study has been completed for Building 9. Requests for funds has not been applied for to date. Modifications to the predesign study is required to comply with the updated master plan recommendations.
- A pre-design study has been completed for a new Legal Offender Unit, requests for funds will be made in 1997.

## HISTORIC BUILDINGS AND AREAS

In 1974 the Site of Western State Hospital was nominated and subsequently entered in the National Register of Historic Places. The boundary of the Historic District is the original United States Military Reservation boundary of one square mile contained within portions of Sections 28, 29, 32 and 33 Township 20N, Range 2E and Sections 4 and 5, Township 19N, Range 2E Willamette Meridian.

The district contains numerous structures which have been classified based on historical significance. These are indicated on the attached map and listed below.

### Primary List

Ft. Steilacoom Officers Row  
Old Bakery  
Old Morgue

### Map Designation

40, 41, 42, 43  
14A  
13A

### Secondary List

#### *Structures north of Steilacoom Boulevard*

State Hospital Buildings and Support facilities  
Power House  
Maintenance Shop  
Laundry  
Frame Cottages  
Geriatrics Building (PAL)  
Nurses' Dormitory (DOC)

6, 7, 8, 9, 16, 17, 18, 19, 20, 21  
4  
3  
5  
45, 46, 47, 48, 49  
27  
26

#### *Structures south of Steilacoom Boulevard*

Caretaker Residence  
White Building ( Farm workers Dormitory)  
Farm Buildings

B  
D  
H, I, J, K, L, M, N, O, P

### Historic Sites and Landscape Features

Orchards and Vineyards

See map

First Catholic Church in the Puget Sound Vicinity Built 1885 (the church has been moved to Steilacoom and the original site of the church has not been positively located)

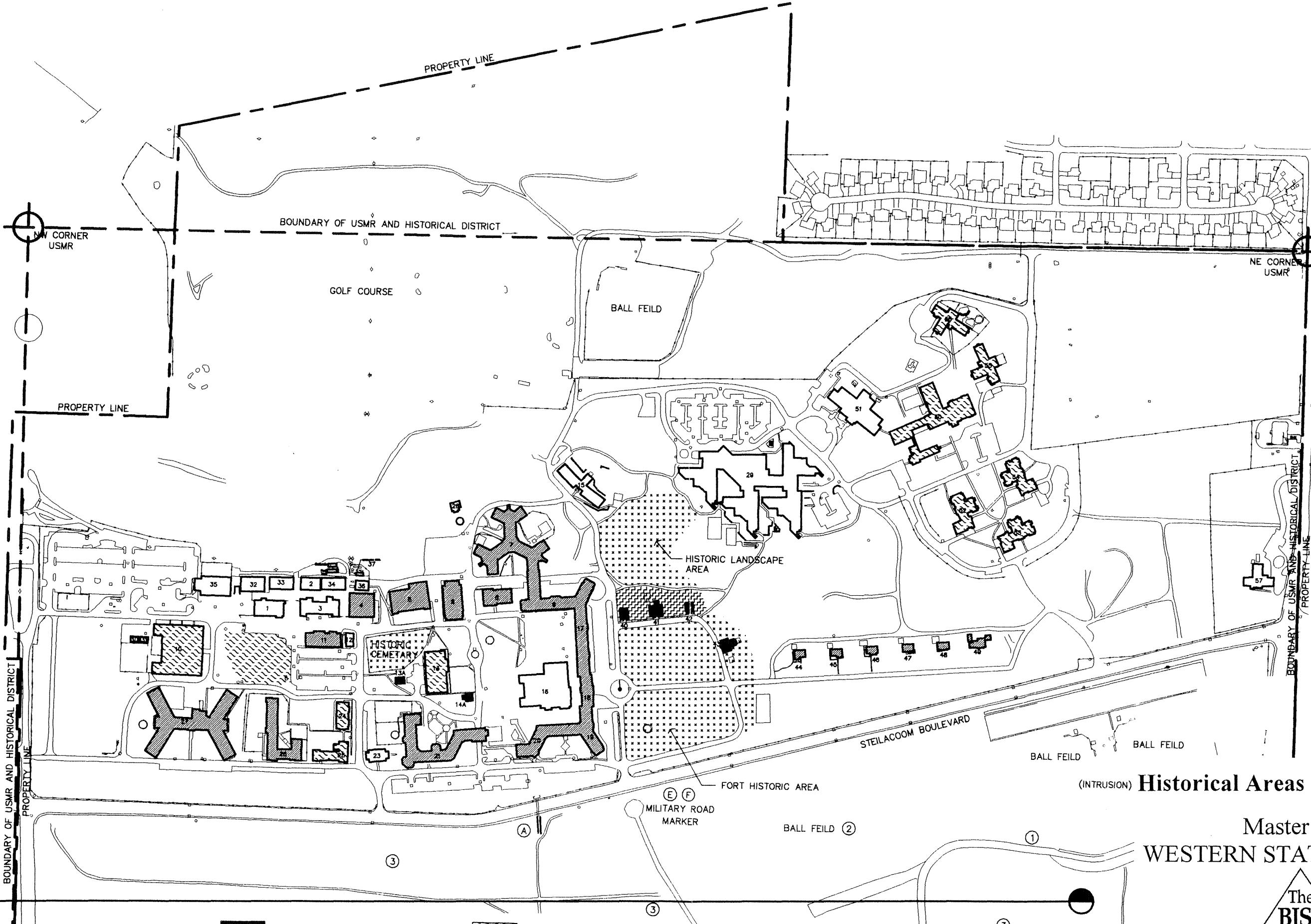
## **MASTER PLAN**

**Western State Hospital**  
**LAKEWOOD, WASHINGTON**

### Intrusions to Historic District

Recreation Center	10
Pharmacy and Central Supply	13
Child Study and Treatment Center	50, 52, 53, 54, 55, 56
Baseball Development and Playfields	Located South of Steilacoom Boulevard

- \* The only structures designated as intrusions are those that do not conform to the uniform architectural treatment of the hospital complex because of dissimilar scale, materials and design.

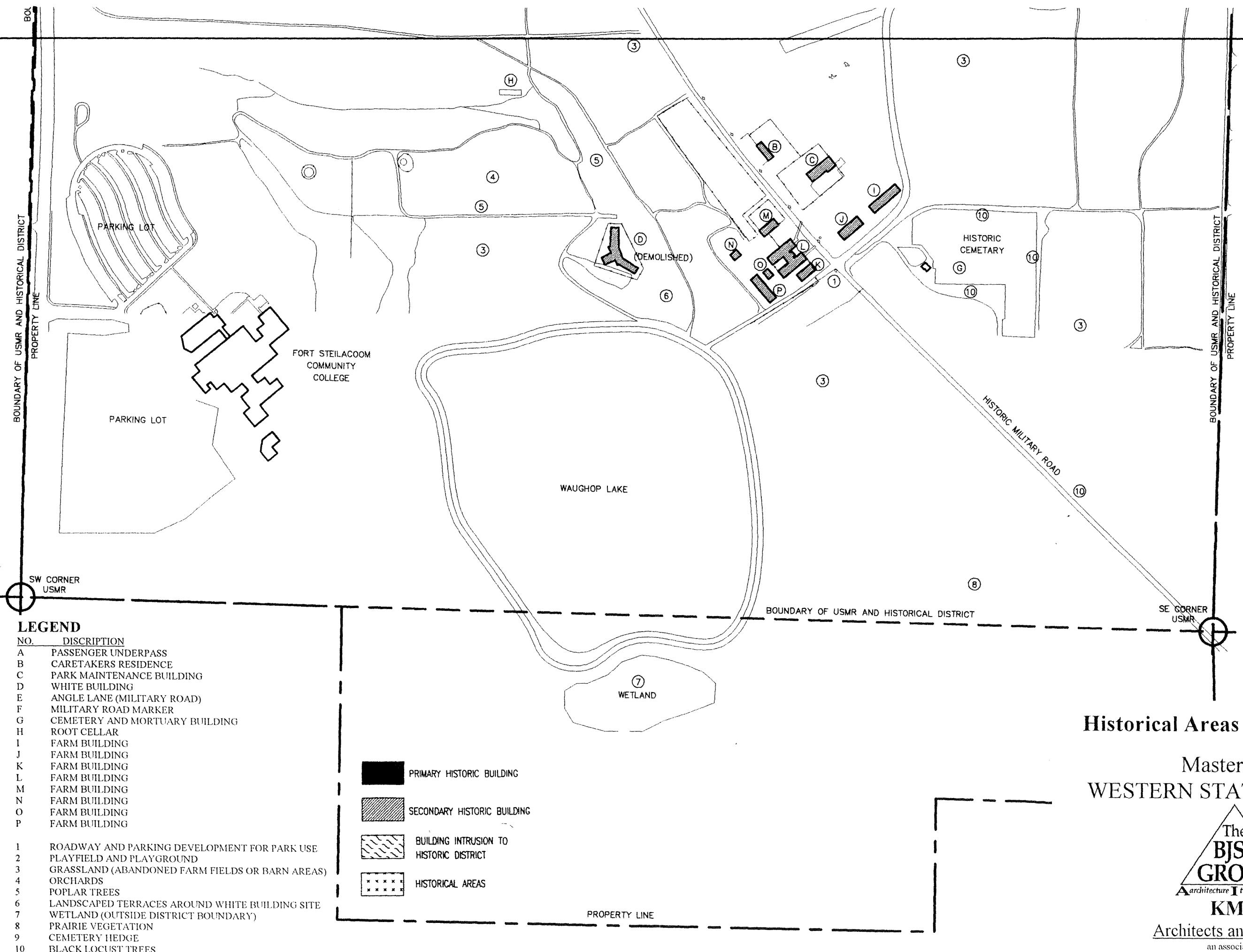


NO.	DESCRIPTION
01	MAINTENANCE OFFICE
02	MAINTENANCE EQUIPMENT
03	MAINTENANCE SHOPS
04	POWER HOUSE
05	LAUNDRY
06	AUDITORIUM
07	NORTH HALL
08	RESEARCH BUILDING
09	WARDS
10	ACTIVITIES THERAPIES
11	COMMISSARY
12	SUPPLY OFFICE
13	PHARMACY/CENTRAL SUPPLY
13A	OLD MORGUE
14A	OLD BUTCHER SHOP
15	GREENHOUSE
16	DIETARY/STAFF DVL.P.
17	WARDS
18	GENERAL ADMINISTRATION
19	WARDS
20	WARDS
21	SOUTH HALL
22	(NUMBER NOT USED)
23	CHAPEL
24	PAYROLL/LEGAL SERVICES
25	PATIENT LOUNGE
26	TACOMA WORK RELEASE
27	PALS PROGRAM
28	MORGUE
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30	PORTABLE/WEST
31	PORTABLE/EAST
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33	CARPENTER SHOP
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51	HIGH SCHOOL
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53	KETRON COTTAGE
54	ORCUS COTTAGE
55	MAIN BUILDING
56	DAY CARE CENTER
57	OAKRIDGE HOME

### (INTRUSION) Historical Areas and Structures

## Master Plan WESTERN STATE HOSPITAL





## Historical Areas and Structures

### Master Plan WESTERN STATE HOSPITAL



## **PROBLEM / OPPORTUNITY STATEMENT**

### **ACTIVITY FACILITIES**

#### **DESCRIPTION**

The existing activity facility located in Building 10 was constructed in 1961. When it was constructed, it provided activity space for a patient population which is very different than the typical adult patient currently at Western State Hospital. The location on site makes it out of reach by many of the current population or is not suited for their use. The PALS program is the largest single group which currently uses Building 10. Limited smaller groups are escorted to the building from other wards to use the building. The existing exterior swimming pool, west of building 10, is no longer operational and is too small for efficient use. Other outside activity spaces on campus are either limited in area, are compromised by vehicle traffic in and around service buildings or service entries, or are not well suited for the current patient population.

#### **PROBLEMS:**

- Most of the activity spaces are not well suited for general patient use.
- The location on campus of Building 10 is too remote from the general ward areas.
- The exterior pool is to small, non operational and difficult to maintain.
- There is a lack of adequate drinking fountains or restrooms on the grounds for patient use.
- There is a lack of properly equipped exterior space and facilities to accommodate large numbers of people for annual functions.
- The site lacks clear pedestrian circulation routes linking activity areas or buildings to separate foot traffic from vehicular traffic.
- The existing center of campus is not accessible to large numbers of patients due to lack of adequate safety and security features.
- Most exterior patient areas are not well suited for year round use.

#### **OPPORTUNITIES:**

- Use Building 10 for the exclusive use of the PALS program and develop a stronger link to Building 27.
- Remove the existing parking lot from the area around the existing food service building and the routine service vehicle circulation routes from the center of campus
- Organize the center of campus to provide a safe and secure exterior retreat where individuals or large groups of people can use and feel comfortable in both active and passive activities.



## **MASTER PLAN**

**Western State Hospital**  
**LAKEWOOD, WASHINGTON**

- Provide new activity space adjacent to, or in, a new central campus courtyard
- Develop activity space suited to the abilities of the current and anticipated future patient population.
- Provide weather protected space in the courtyard which can be used year round.
- Provide facilities such as paths, walkways, and covered walks which will encourage walking in all weather conditions.
- Provide interior activity space adjacent to, or integral with, new ward facilities.
- Provide passive exterior space for patients and their visitors.
- Provide drinking fountains and restroom facilities accessible from the patient courtyard.
- Provide an indoor therapeutic pool facility
- Remove building 13 or remodel it for more directly related patient activities.



## FOOD SERVICE FACILITY

### DESCRIPTION

The existing food service building is housed in Building 16. This building was originally constructed as the main power plant for the institution and has undergone numerous remodels and additions to become the present facility. As several food service studies have indicated the existing building and the method of food preparation are obsolete and needs to be updated to improve the efficiency of the process.

### PROBLEMS:

- The method of food preparation and delivery is obsolete and labor intensive
- The kitchen layout is compromised due to existing building restraints.
- The location of Building 16 requires service vehicles to circulate into the center of campus which conflicts with private autos and pedestrians.
- The dining room facility which is associated with the food preparation area is not used to the capacity it was designed due to the change in the patient population over the years.

### OPPORTUNITIES:

- Construct a new dietary facility which maximizes the newest technology and methods for food preparation and distribution.
- Locate a new facility on campus which improves access for deliveries and distribution to the entire campus.
- Remove the existing food service facility and its associated service vehicles from the central campus area.
- Demolish portions of Building 16 which will provide additional exterior ground level area in the courtyard.
- Remodel remaining main floor portions of Building 16 into patient oriented activity areas or treatment space.
- Consolidate other related displaced service facilities into a single building which takes advantage of economies of scale and which can share common facilities.



## **GREENHOUSE**

### **DESCRIPTION**

The green house provides space for flower growing and provides a working facilities for patient therapy program(s).

### **PROBLEMS:**

- The building is in need of repair.
- The current location is in conflict with the proposed site for the new LOU building.
- The building is in a relatively remote location for both visitors and patients.

### **OPPORTUNITIES:**

- Provide a new facility which maximizes usable area and locates it more convenient to either patient access or visitor access.
- Locate the new facility to enhance the historical area of campus



## CENTRAL SUPPLY

### DESCRIPTION

The central supply is located in Building 13 which it shares with pharmacy. Central Supply handles distribution of medical supplies to treatment wards and sterilization of equipment. The building is serviced by vans on the west side of the building which it also shares with pharmacy.

### PROBLEMS:

- The existing space is not adequately sized for the present functions and storage requirements.
- Existing services utilities need upgrading and repair.
- Building 13 is located in a key area of the campus which is recommended to be patient oriented functions rather than service functions.
- The architecture of Building 13 is incompatible with adjacent structures.
- Service vehicles to Building 13 must pass into areas of campus which conflict with pedestrian traffic.

### OPPORTUNITIES:

- Relocate Central Sterile to a new facility with adequate space and better loading facilities.
- Consolidate other relocated service facilities into a single building which takes advantage of economies of scale and which can share facilities.
- Remove building 13 or remodel it to be used for patient activity space.

## **COMMISSARY**

### **DESCRIPTION**

Building 11 was built in 1933 to serve as a cannery. It contains two floors above grade and a basement. Each floor contains approximately 9000 square feet. The main floor is approximately 4 feet above exterior grade. The major materials which are handled are Patient clothing, food and office supplies.

*commissary*

### **PROBLEMS:**

The building has been remodeled several times to serve as the institutions main commissary. The following are some of the most critical building concerns:

- Due to the multiple floors moving materials is extremely labor intensive requiring a lot of hand work.
- The low ceiling height does not permit the use of fork lifts for moving materials.
- The location of the loading dock conflicts with other campus traffic and pedestrians.
- Control of inventory is compromised due to multi- floor configuration of the building.

### **OPPORTUNITIES:**

- Relocate to an area of campus which where other vehicle traffic is not impacted.
- Provide a new facility which is on one level with appropriate ceiling height to use fork lift equipment.
- Consolidate other service oriented facilities into the same new building for economies of scale and shared use of appropriate facilities. (loading docks, offices etc.)
- Locate the commissary to allow easy access to all of the campus.
- Remove Building for additional parking spaces or remodel for other more appropriate use suited to the buildings structural characteristics.

## LAUNDRY

### DESCRIPTION

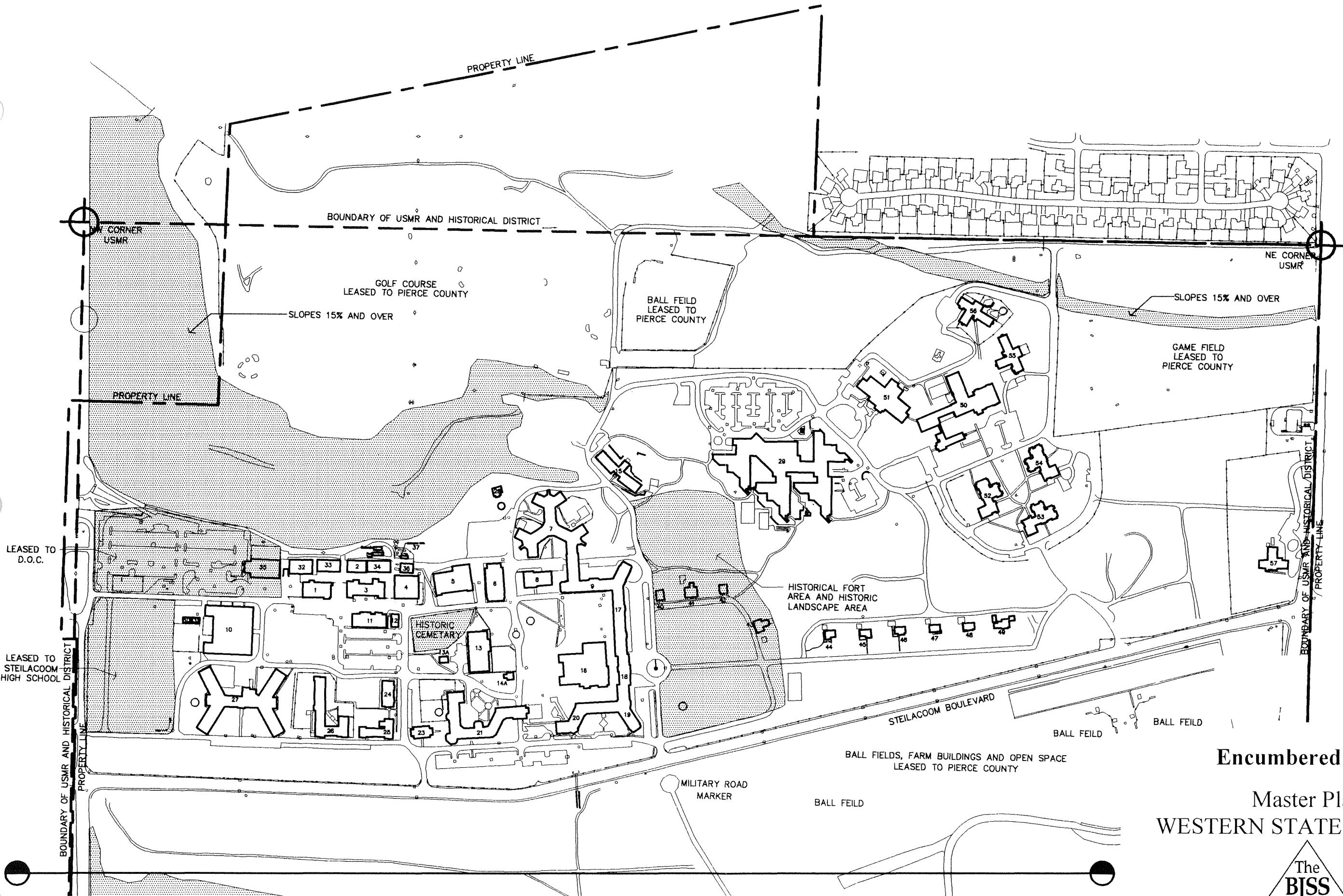
- The present laundry is located in Building 5. The building was constructed in 1917.

### PROBLEMS:

- The location of the existing laundry forms one portion of the north edge of the service zone boundary adjacent to the power plant. If the service road is extended to better serve East Campus the laundry building needs to be removed.
- The existing facility was sized for much more capacity than the current need.
- The existing equipment is requiring more and more maintenance to keep operational.
- There has not been a laundry study to review needs, methods or operational procedures for the institution in the last 10 to 15 years to determine if the laundry facility should be upgraded or if the service should be outsourced.

### OPPORTUNITIES:

- A laundry study is recommended to determine the best course of action.
- If relocation is recommended by a laundry study it could be incorporated into a service building which contains other functions which can share common facilities.
- The removal of this building would provide a good route for the extension of the service road linking East Campus with main campus.



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51	CAMANO COTTAGE
52	NETRON COTTAGE
53	ORCUS COTTAGE
54	MAIN BUILDING
55	DAY CARE CENTER
56	OAKRIDGE HOME
57	

## Encumbered Land

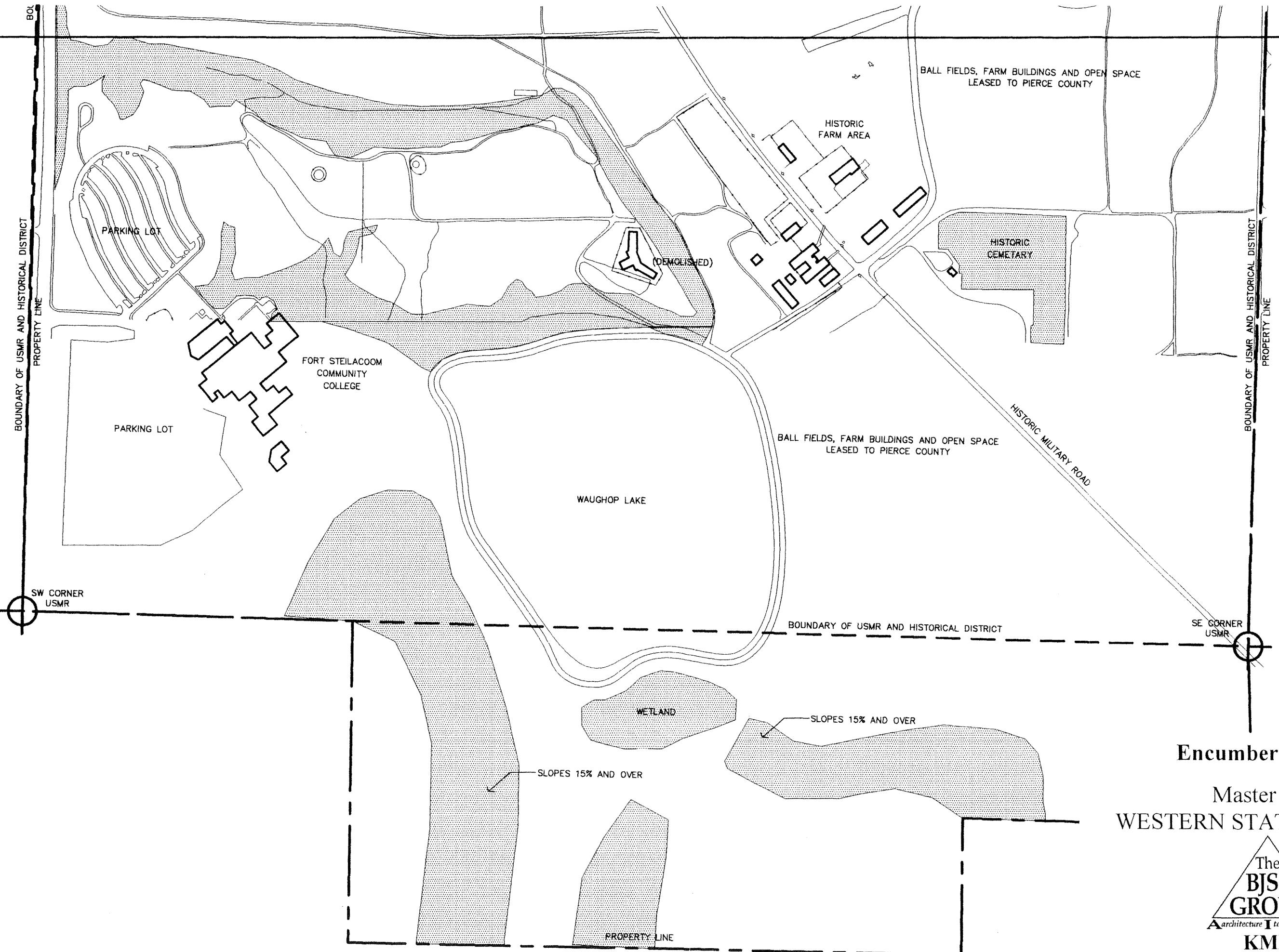
### Master Plan WESTERN STATE HOSPITAL



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**Encumbered Land**  
Master Plan  
WESTERN STATE HOSPITAL



## **TRAFFIC ANALYSIS**

This analysis was made based on the field and telephone investigations, the Traffic Study prepared by Tudor Engineering Company in January 1993, comments from those present at the Master Plan Organizational Meeting on October 22, 1996 and in response to the Master Plan recommendations contained in this document.

### **Parking:**

This campus has a numerous parking areas scattered throughout the grounds, as shown in the attached existing condition site plan, page xx. The sizes and shapes vary and there is no designation of the specific parking areas as to which buildings or areas they are intended. In some areas the visitors and maintenance vehicles park in the same lots without any attempt to control. Access to/from the parking areas is also uncontrolled and conflicts with frequent walking areas.

Parking strategy and control needs are integrated as a part of the Recommended Master Plan Options. The new buildings will have the parking areas associated with the building and its destination. The following are the components to be addressed during planning and design of the various areas of the campus:

1. Visitor parking separated from maintenance and service vehicles
2. Parking areas planned in conjunction with new and existing buildings.
3. Designated walkways, some of them covered, need to be developed to provided access from parking to buildings to eliminate conflicts.
4. Maintenance and service traffic needs to be separated from visitors and staff..

### **Vehicular Traffic.**

Traffic systems in and around the WSH complex consist of internal campus circulation, access points, and outside traffic on Steilacoom Boulevard.

### **Internal Circulation:**

With the exception of the visitor information entry, the existing system of roads and vehicular paths is quite irregular. There is no circulation system and there are several conflict points, some quite hazardous, between pedestrian and vehicular traffic. As with the parking, there is no separation of visitor traffic from maintenance and service. There are no directional signs for different building



destinations. We have observed several drivers stopping in their travel and asking to be directed to a certain location.

When new plan are being implemented for vehicular circulation in the campus, the directional signing and traffic safety signing will need to be a part of the plan.

#### **Access Points and Steilacoom Blvd. Traffic:**

There are total of seven entrance/exit points to/from the campus area. All of them are unattended, left open to wandering of anybody who wishes to do so. This can produce a security problem for the institution. The following proposals were developed based on the assumption that the entrance to the whole complex may need to be fully controlled and monitored.

The original new entry proposal illustrated in the Tudor Engineering Traffic Report provides for a good access point, except its location is very close to the intersection of Steilacoom Boulevard and 87th Avenue. There may not be enough space to store queue of vehicles waiting to enter the campus, of those waiting for traffic signal phase.

Also, the traffic on Steilacoom Boulevard is growing rapidly, has relatively high speed, and the alignment bend in the middle, just west of the main entrance, produces a serious sight distance problem. Vehicles intending to enter the Hollywood Gate need to slow down to enter and their maneuver can not always be seen by drivers in the following cars. This is a high potential for rear-end accidents.

The two options described in the attached sketches provide different solutions for the project, based on the two Master Plan Options.

#### Option A:

Option A provides for a signalized main entrance/exit point at the easterly location, that could be guarded and monitored. A separate signalized staff entrance/exit location near existing Hollywood Gate. The main entrance can be accessed from the east by a separate right turn and the secured gate and directional information will be located inside the campus . All other entrances along Steilacoom Blvd. would be closed. Other points at west and north sides would be designated for maintenance and staff access only and would be controlled electronically if possible. There are several options, for mechanical or electronic monitoring to provide a secure entrance or exit operation only at these gates.

With this option the main gate. would offer a good opportunity to provide directional information to visitor unfamiliar with the campus. Visitors could be directed to the visitor information center for additional assistance, while vehicles bound for the CSTS or know their destination, could continue.



The other entrance would be designated for staff only and the necessity of the traffic signal at this location will need to be determined by a traffic analysis.

The improvements at Steilacoom Blvd. will be either left as is, widen to construct additional left turn/right turn lanes, the installation of additional traffic signals, or a combination of the above. A traffic study will be required to determine best operation based on current and projected traffic volumes on the Steilacoom Blvd..

Option B:

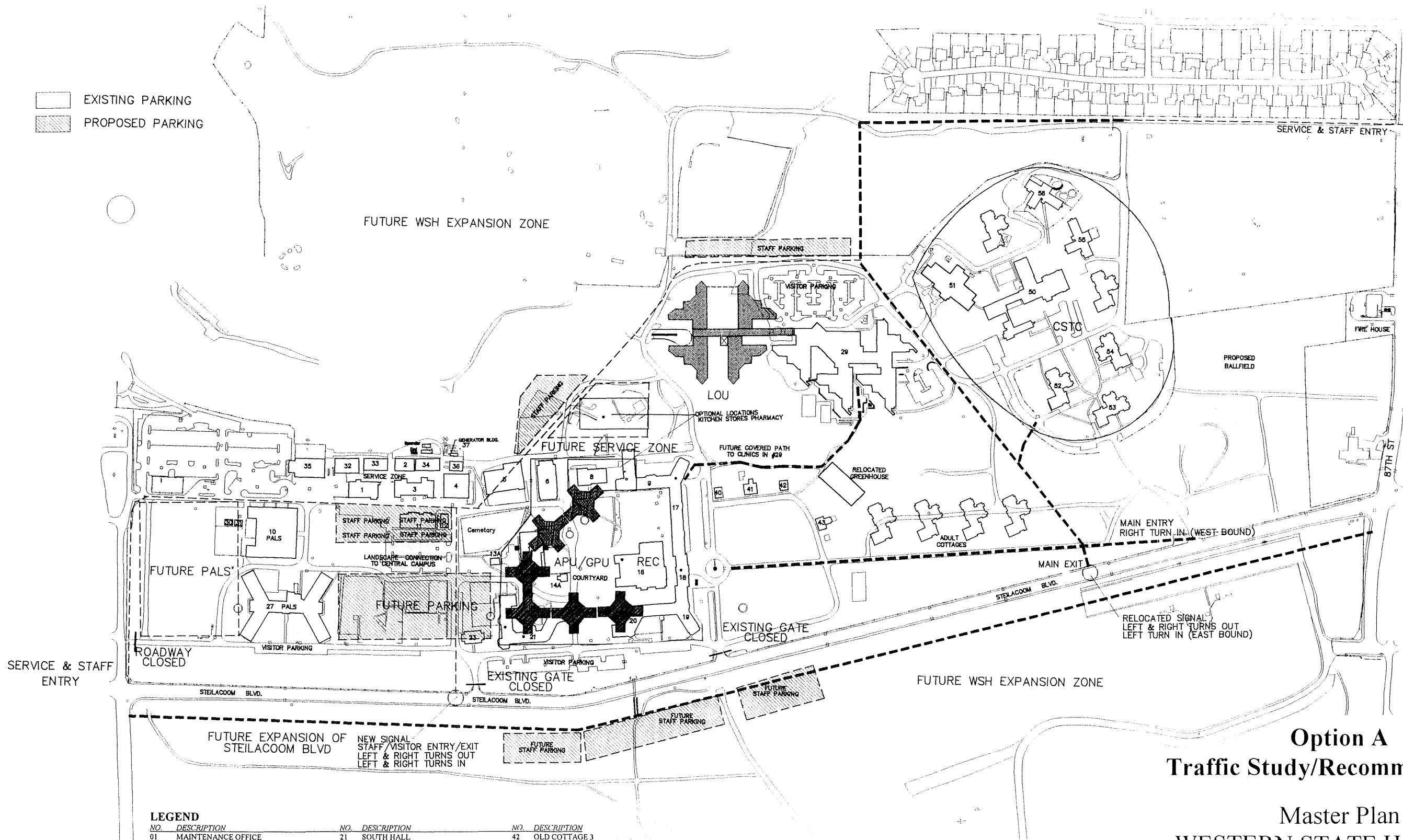
This concept uses the same main entrance point as Option A, as the only access point off of Steilacoom Blvd.. The rest of the entry points along the Steilacoom Blvd. will be closed and the three side and north points will be exit only as was in Option A..

**Steilacoom Blvd.:**

The portion of Steilacoom Blvd. in front of the Western State Hospital is within Lakewood area, while the west portion, beginning at Far West Intersection is in the jurisdiction of Town of Steilacoom. The town of Steilacoom does not have any improvements planned in their Comprehensive Master Plan in the near future. The traffic signals along the Steilacoom Blvd. are maintained by Pierce County.

Steilacoom Boulevard is currently four lane facility with almost no shoulders and no sidewalks. The gravel walkway exists along north side of the Boulevard. Ancient trees along both sides of the Boulevard will make the widening a challenge. The stone wall along north side of the Boulevard creates the sight distance problem around the roadway bend and makes the widening on that side very difficult.





## Option A Traffic Study/Recommendations

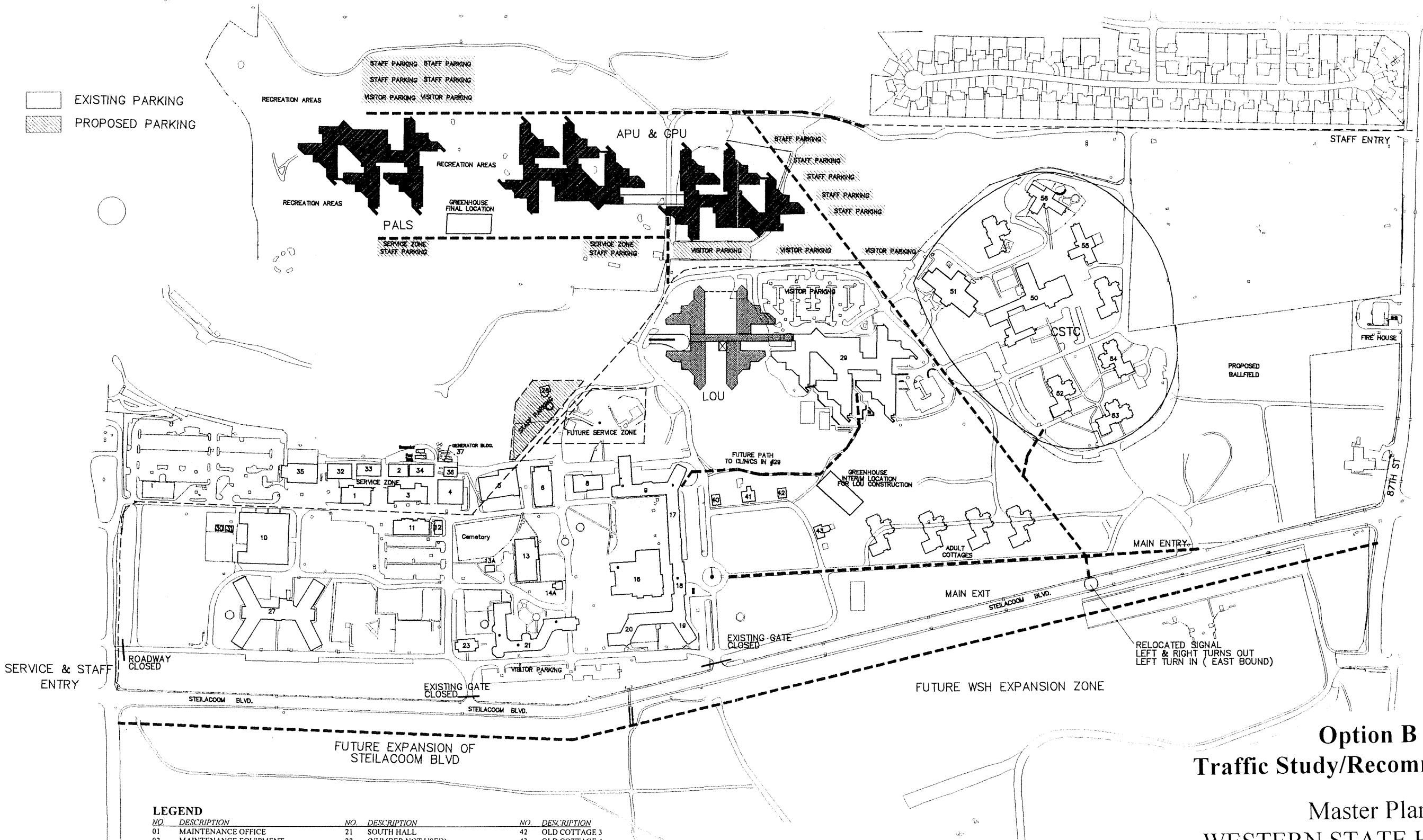
Master Plan  
WESTERN STATE HOSPITAL



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LEGEND					
NO.	DESCRIPTION	NO.	DESCRIPTION	NO.	DESCRIPTION
01	MAINTENANCE OFFICE	21	SOUTH HALL	42	OLD COTTAGE 3
02	MAINTENANCE EQUIPMENT	22	(NUMBER NOT USED)	43	OLD COTTAGE 4
03	MAINTENANCE SHOPS	23	CHAPEL	44	OLD COTTAGE 5
04	POWER HOUSE	24	PAYROLL/LEGAL SERVICES	45	OLD COTTAGE 6
05	LAUNDRY	25	PATIENT LOUNGE	46	OLD COTTAGE 7
06	AUDITORIUM	26	TACOMA WORK RELEASE	47	OLD COTTAGE 8
07	NORTH HALL	27	PALS PROGRAM	48	OLD COTTAGE 9
08	RESEARCH BUILDING	28	MORGUE	49	OLD COTTAGE 10
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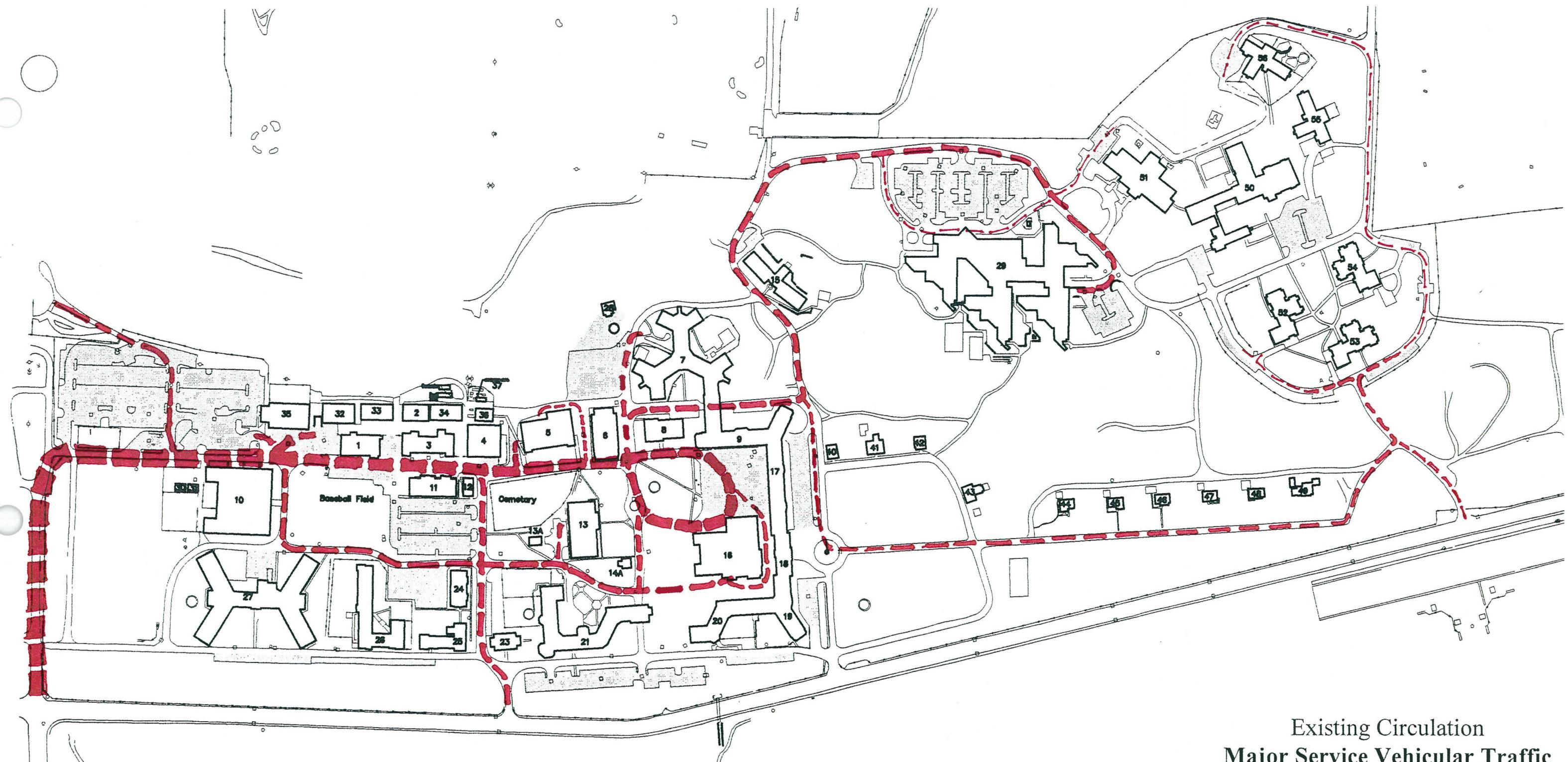
#### LEGEND

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## Option B Traffic Study/Recommendations

Master Plan  
WESTERN STATE HOSPITAL





Existing Circulation  
Major Service Vehicular Traffic

LEGEND			
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PARKING



NORTH

0

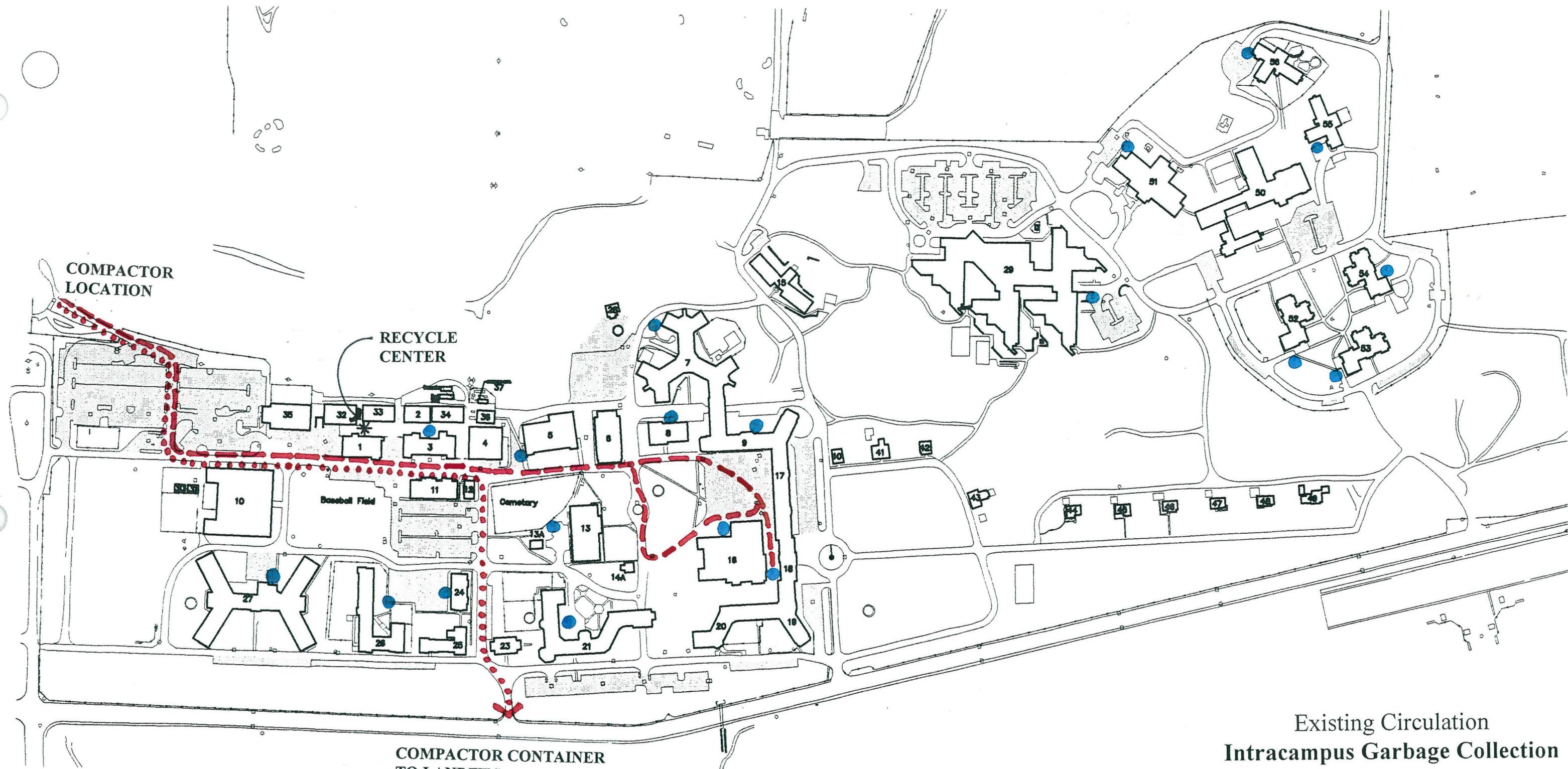
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Existing Circulation  
Intracampus Garbage Collection

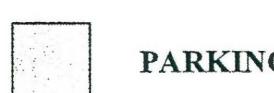
Master Plan  
WESTERN STATE HOSPITAL



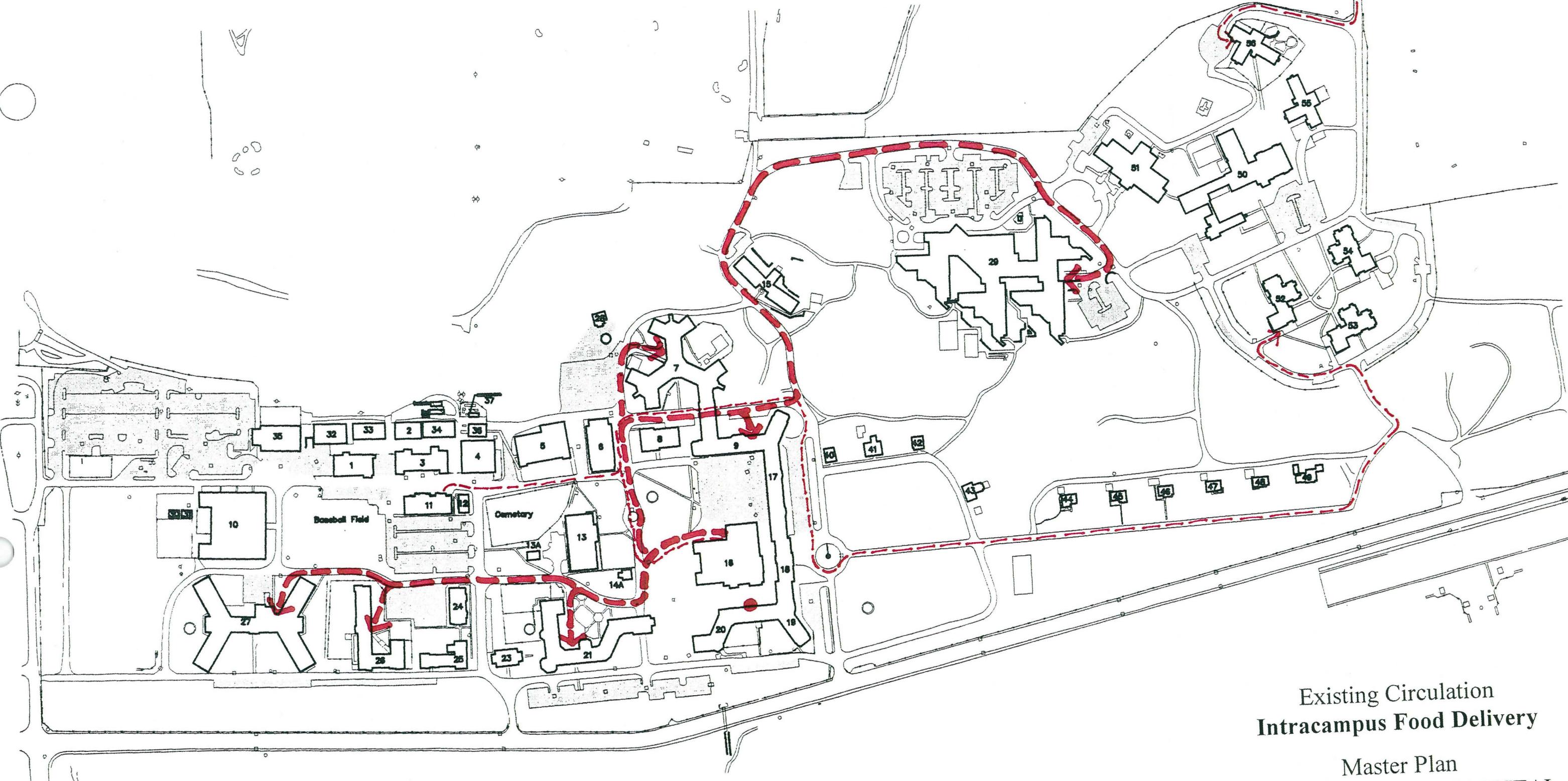
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**LEGEND**

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0 500 1000



Existing Circulation  
Intracampus Food Delivery

Master Plan  
WESTERN STATE HOSPITAL

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07	NORTH HALL	27	PALS PROGRAM	48	OLD COTTAGE 9
08	RESEARCH BUILDING	28	MORGUE	49	OLD COTTAGE 10
09	WARDS	29	EAST CAMPUS/WARDS	50	ELEM SCH/ADM/GYM
10	ACTIVITIES THERAPIES	30	PORTABLE/WEST	51	HIGH SCHOOL
11	COMMISSARY	31	PORTABLE/EAST	52	CAMANO COTTAGE
12	SUPPLY OFFICE	32	INVENTORY CONTROL	53	KETRON COTTAGE
13	PHARMACY/CENTRAL SUPPLY	33	CARPENTER SHOP	54	ORCUS COTTAGE
13A	OLD MORGUE	34	MAINT. WAREHOUSE	55	MAIN. BUILDING
14A	OLD BUTCHER SHOP	35	DOC WAREHOUSE	56	DAY CARE CENTER
15	GREENHOUSE	36	CHILLER BUILDING	57	OAKRIDGE HOME
16	DIETARY/STAFF DVLP.	37	GENERATOR BUILDING		
17	WARDS	38	RESERVED FOR WSH		
18	GENERAL ADMINISTRATION	39	RESERVED FOR WSH		
19	WARDS	40	OLD COTTAGE 1		
20	WARDS	41	OLD COTTAGE 2		



PARKING

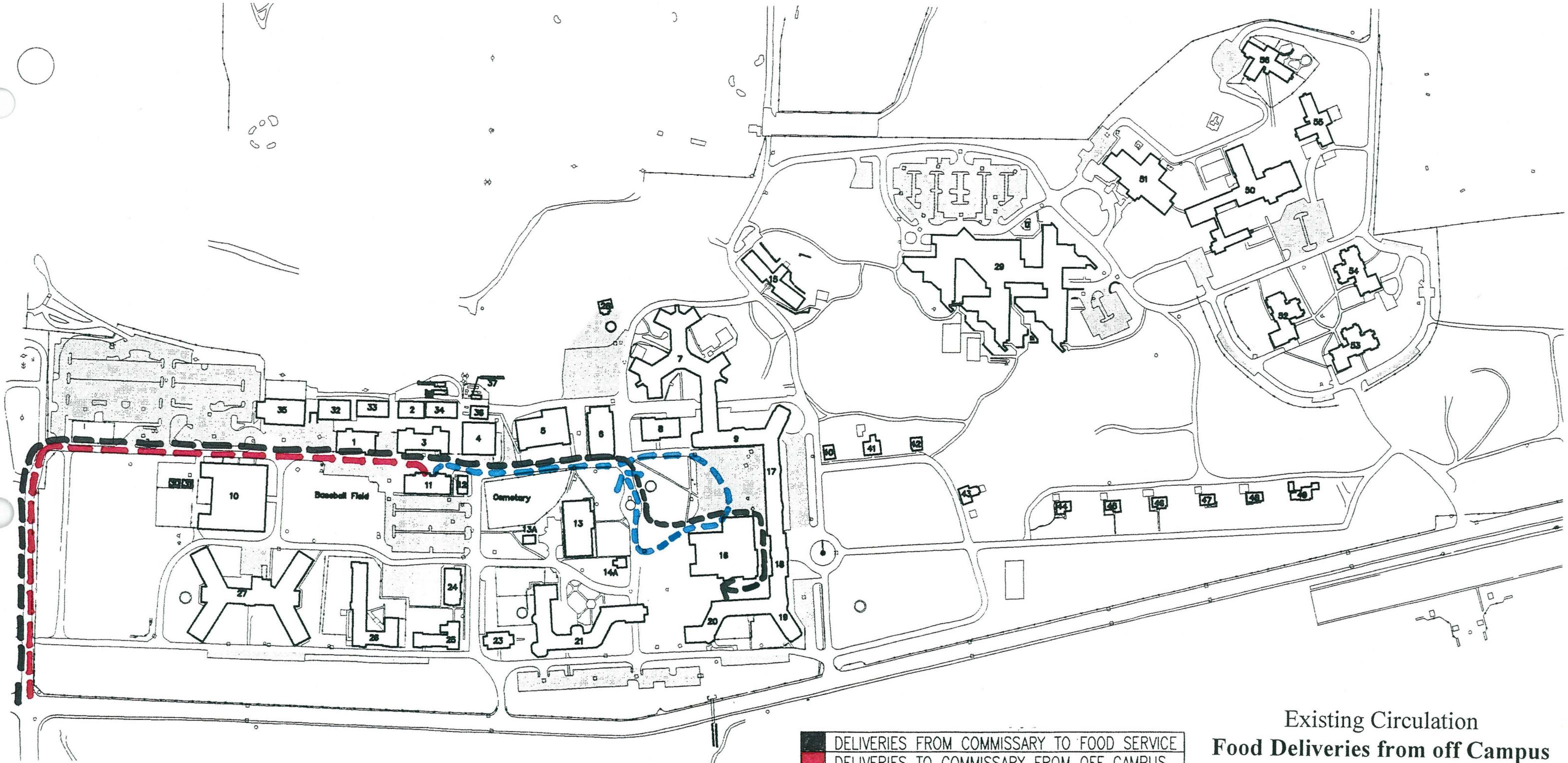


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■ DELIVERIES FROM COMMISSARY TO FOOD SERVICE  
■ DELIVERIES TO COMMISSARY FROM OFF CAMPUS  
■ DELIVERIES TO FOOD SERVICE FROM OFF CAMPUS

PARKING



NORTH

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**LEGEND**

NO.	DESCRIPTION	NO.	DESCRIPTION	NO.	DESCRIPTION
01	MAINTENANCE OFFICE	21	SOUTH HALL	42	OLD COTTAGE 3
02	MAINTENANCE EQUIPMENT	22	(NUMBER NOT USED)	43	OLD COTTAGE 4
03	MAINTENANCE SHOPS	23	CHAPEL	44	OLD COTTAGE 5
04	POWER HOUSE	24	PAYROLL/LEGAL SERVICES	45	OLD COTTAGE 6
05	LAUNDRY	25	PATIENT LOUNGE	46	OLD COTTAGE 7
06	AUDITORIUM	26	TACOMA WORK RELEASE	47	OLD COTTAGE 8
07	NORTH HALL	27	PALS PROGRAM	48	OLD COTTAGE 9
08	RESEARCH BUILDING	28	MORGUE	49	OLD COTTAGE 10
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15	GREENHOUSE	36	CHILLER BUILDING	57	OAKRIDGE HOME
16	DIETARY/STAFF DVL.P.	37	GENERATOR BUILDING		
17	WARDS	38	RESERVED FOR WSH		
18	GENERAL ADMINISTRATION	39	RESERVED FOR WSH		
19	WARDS	40	OLD COTTAGE 1		
20	WARDS	41	OLD COTTAGE 2		

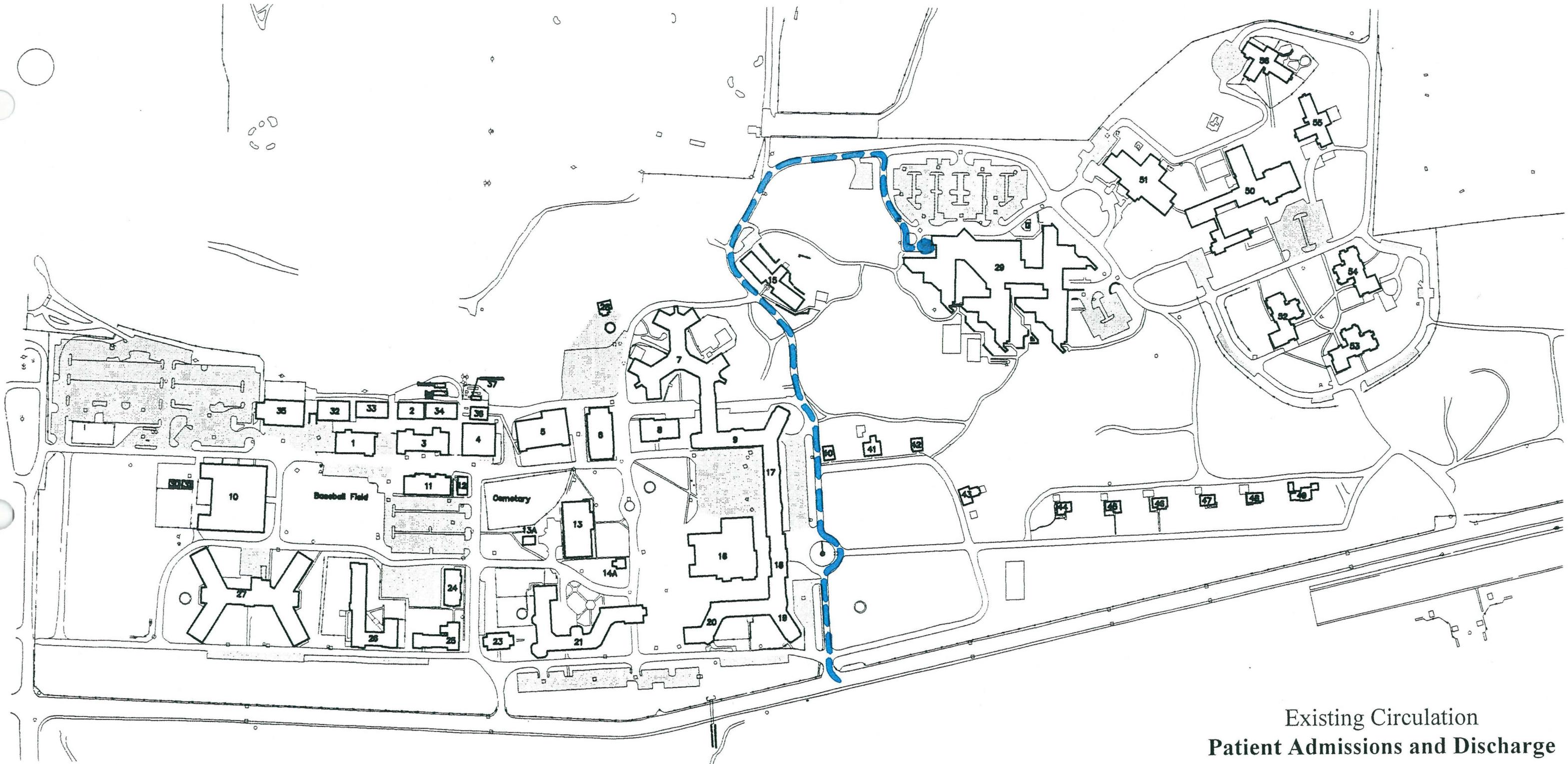
Existing Circulation  
Food Deliveries from off Campus

Master Plan  
WESTERN STATE HOSPITAL



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Existing Circulation  
Patient Admissions and Discharge

LEGEND	
NO.	DESCRIPTION
01	MAINTENANCE OFFICE
02	MAINTENANCE EQUIPMENT
03	MAINTENANCE SHOPS
04	POWER HOUSE
05	LAUNDRY
06	AUDITORIUM
07	NORTH HALL
08	RESEARCH BUILDING
09	WARDS
10	ACTIVITIES THERAPIES
11	COMMISSARY
12	SUPPLY OFFICE
13	PHARMACY/CENTRAL SUPPLY
13A	OLD MORGUE
14A	OLD BUTCHER SHOP
15	GREENHOUSE
16	DIETARY/STAFF DVLP.
17	WARDS
18	GENERAL ADMINISTRATION
19	WARDS
20	WARDS
21	SOUTH HALL
22	(NUMBER NOT USED)
23	CHAPEL
24	PAYROLL/LEGAL SERVICES
25	PATIENT LOUNGE
26	TACOMA WORK RELEASE
27	PALS PROGRAM
28	MORGUE
29	EAST CAMPUS/WARDS
30	PORTABLE/WEST
31	PORTABLE/EAST
32	INVENTORY CONTROL
33	CARPENTER SHOP
34	MAINT. WAREHOUSE
35	DOC WAREHOUSE
36	CHILLER BUILDING
37	GENERATOR BUILDING
38	RESERVED FOR WSH
39	RESERVED FOR WSH
40	OLD COTTAGE 1
41	OLD COTTAGE 2
42	OLD COTTAGE 3
43	OLD COTTAGE 4
44	OLD COTTAGE 5
45	OLD COTTAGE 6
46	OLD COTTAGE 7
47	OLD COTTAGE 8
48	OLD COTTAGE 9
49	OLD COTTAGE 10
50	ELEM SCH/ADM/GYM
51	HIGH SCHOOL
52	CAMIANO COTTAGE
53	KETRON COTTAGE
54	ORCUS COTTAGE
55	MAIN. BUILDING
56	DAY CARE CENTER
57	OAKRIDGE HOME

PARKING



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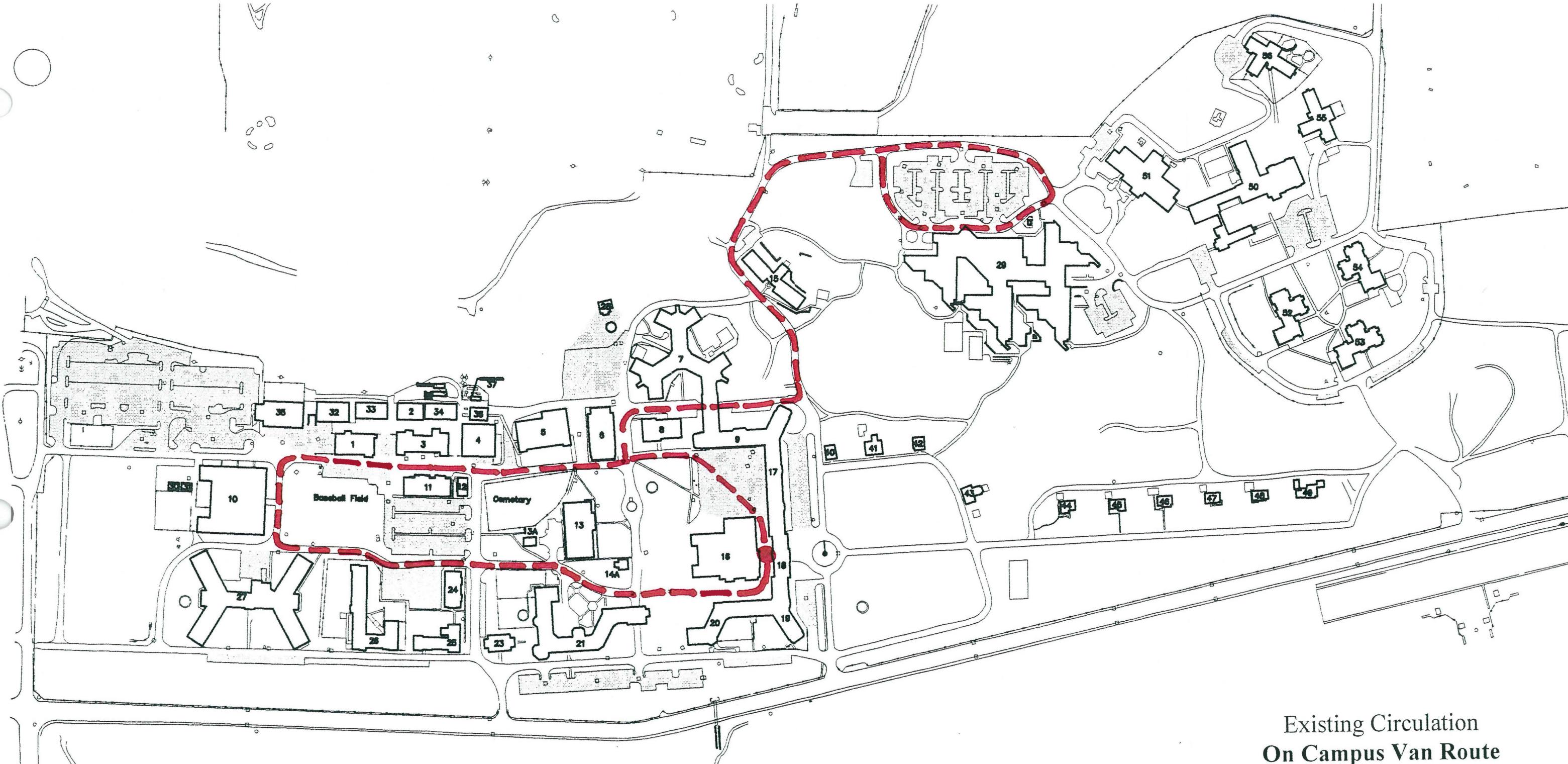
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Master Plan  
WESTERN STATE HOSPITAL



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Existing Circulation  
On Campus Van Route

**LEGEND**

NO.	DESCRIPTION	NO.	DESCRIPTION	NO.	DESCRIPTION
01	MAINTENANCE OFFICE	21	SOUTH HALL	42	OLD COTTAGE 3
02	MAINTENANCE EQUIPMENT	22	(NUMBER NOT USED)	43	OLD COTTAGE 4
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17	WARDS	38	RESERVED FOR WSH		
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19	WARDS	40	OLD COTTAGE 1		
20	WARDS	41	OLD COTTAGE 2		



PARKING



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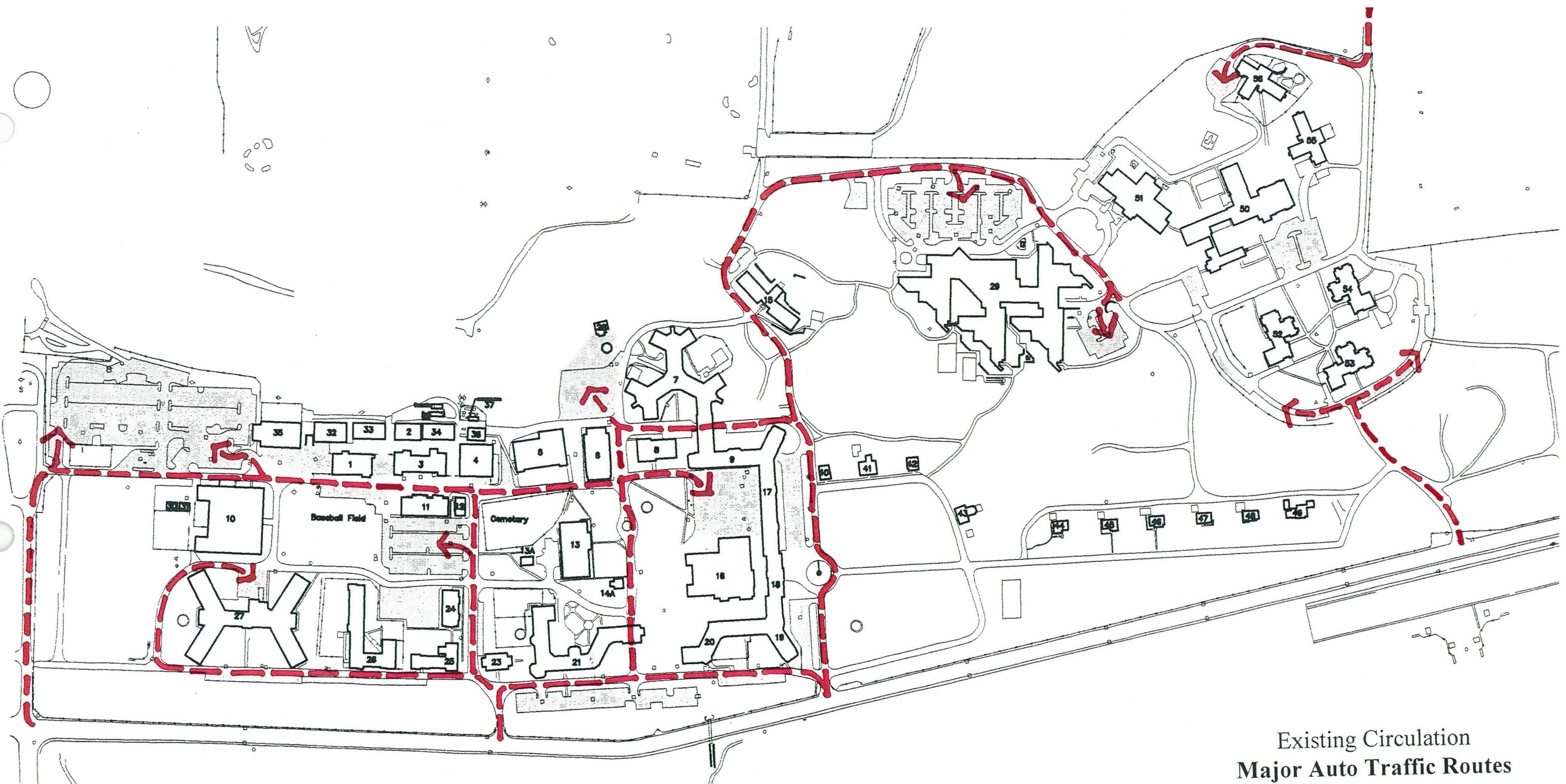
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Master Plan  
WESTERN STATE HOSPITAL



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Existing Circulation  
Major Auto Traffic Routes

Master Plan  
WESTERN STATE HOSPITAL



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LEGEND

NO.	DESCRIPTION	NO.	DESCRIPTION	NO.	DESCRIPTION
01	MAINTENANCE OFFICE	21	SOUTH HALL	42	OLD COTTAGE 3
02	MAINTENANCE EQUIPMENT	22	(NUMBER NOT USED)	43	OLD COTTAGE 4
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20	WARDS	41	OLD COTTAGE 2		



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### **III. Boundary Investigation**

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## **BOUNDARY INVESTIGATION**

As a result of the initial investigation as to the status of the Hospital boundaries, records, and the current occupation, we have compiled this brief synopsis. It generally outlines the definition and methodology of a real property survey, summarizes the findings of the initial research, and defines the final survey and its intended uses.

Land Surveying and the recordation of the information garnered in the performance of the survey of real property boundaries are essential for orderly land ownership and use. As an attorney may examine the chain of title to real property for the legal conveyance to another party, the title insurance company can guarantee the title against loss due to defects in the records. However the land surveyor defines the physical existence of the property legally described. He determines the size and location of the real property and determines that the deed actually describes the piece of ground intended by the description.

The U.S. General Land Office(GLO) sectionized the land which the Western State Hospital now occupies in the mid-1800's, further, they defined the locations of various Donation Land Claims(DLC) and U.S. Military Reservation(USMR) corners relative to the section geometry at that time. These section, DLC and USMR corners were each physically set in the field according to the GLO plat, and over the years they are generally lost due to construction, vandalism or decay. Some of them have been replaced and they, along with original corners may have been used to determine boundaries of individual parcels. Because the same corners may not have been used to establish adjacent boundaries, discrepancies become evident due to the irregularity of the theoretical sections. The State of Washington recognizes these possibilities and had created the Survey Recording Act of 1973, the purpose of which is "to provide a method of preserving evidence of land surveys by establishing standards and procedures for monumenting and recording a public record of the survey." These standards are defined in the Revised Code of Washington section 58.09, to which parameters all recorded surveys are to be prepared.

With this GLO plat information, the next step is to determine the existence of these recorded surveys within each section of land on which the Hospital sits. In review of the records of the Pierce County Auditor, the authority which is charged with making these records public, we have determined that although various surveys have been performed and recorded since 1973, no comprehensive attempt has been made to reestablish the subdivision boundaries for each of the sections on which the Hospital sits. In checking with the Department of Natural Resources, the original GLO notes and



plats are the only record evidence of the corners having been set. Original drawings archived at the Hospital which were prepared in the early 1900's seem to have the best evidence for original monuments (stone monuments) which were set at the USMR corners and their geometric relationship with the section corners. In order to recreate the boundaries of the Hospital, it is imperative that these original corners are looked for and their positions held if found. Other controlling corners are determined by the deed calls and the date of conveyance. (One deed may have senior rights over another; that is to say that an earlier recorded deed may have precedence in determining the location of a line over a later deed.) Once these corners are found, they are located according to their relationship with the section geometry and then the lines are analyzed as to how they fit with record calls.

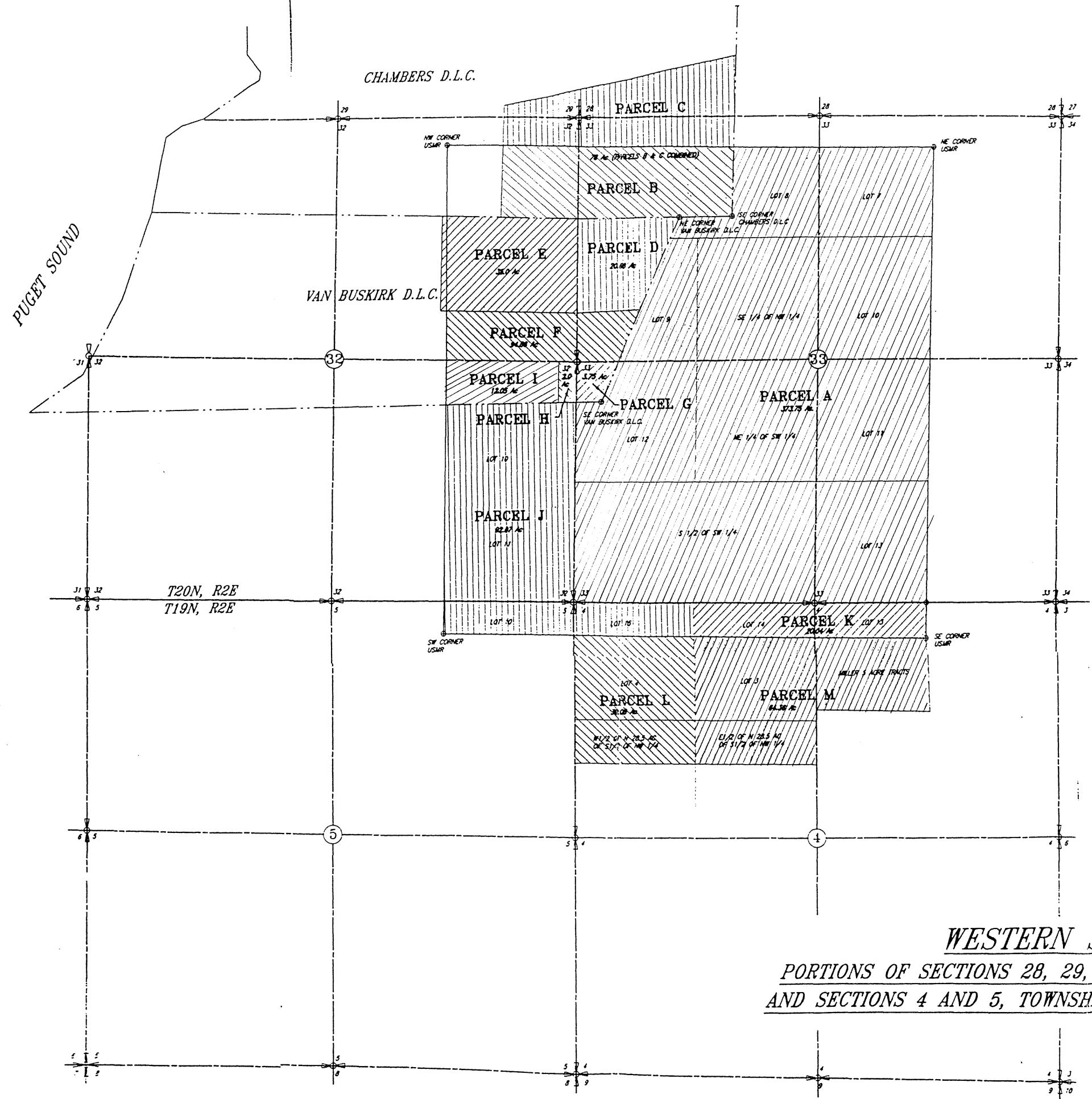
In making the decisions as to where to set boundary corners during this process, CTS relies on several different sources to review these decisions. Ken Gregory, PLS has been licensed since the 1950s and has vast experience with land boundary surveying, Ken McAfee, PLS has nearly twenty years of experience as well. In the recreation of the positions of section corners, the Department of Natural Resources (DNR) will issue a written opinion as to the prescribed method for restoration of obliterated corners, essentially checking the surveyors decision prior to establishing the corner in the field. Additionally, we may file a Land Corner Record with the DNR consistent with the requirements of the Washington Administrative Code Chapter 332-130.

These are the steps in apportioning the boundaries as described in the various deeds of transaction supplied by the State. As much of the land surrounding the Institution has been platted, and some parcels abut dedicated roads, these lines will be somewhat easier to determine, however we will survey all these perimeter boundaries to ensure that encroachments onto the Institution are located and shown on the record drawing. There may be areas where the legal descriptions are ambiguous or occupation lines are not consistent with the property lines determined as a result of the survey, and we will identify these places on the drawing as well.

The final step is to physically set permanent monuments at the Institution's corners, document the size and type of monument, its location relative to the boundaries and prepare the record of survey which reflects the intended positions. This drawing is prepared consistent with the requirements established in RCW 58.09 and is the document used as reference for any subsequent survey information which is intended to be relative to the Institution's boundaries.

The survey will enable Western State Hospital to accurately determine areas of encroachment, define precise locations and areas for the current leases, and show any known easements or encumbrances which affect the property. A current, updated ALTA title report should be secured by the State in order to make certain references are made to all easements of record.





WESTERN STATE HOSPITAL  
PORTIONS OF SECTIONS 28, 29, 32 AND 33, TOWNSHIP 20N, RANGE 2E,  
AND SECTIONS 4 AND 5, TOWNSHIP 19N, RANGE 2E, WILLAMETTE MERIDIAN

**NOTES**  
PARCELS SHOWN BASED ON INFORMATION PROVIDED IN THE LIMITED LIABILITY INFORMATION LETTER  
NO. JOSGS-1 DATED 14 JANUARY 1991.  
  
THIS MAP DOES NOT REFLECT PERFORMANCE OF A BOUNDARY SURVEY. LINES SHOWN ARE BASED  
ON AVAILABLE INFORMATION INCLUDING ASSESSORS MAPS, THEORETICAL SECTION GEOMETRY, RECORDS  
OF SURVEYS, RIGHT OF WAY PLATS, GLO PLAT MAPS, AND PARCEL LEGAL DESCRIPTIONS. NUMEROUS  
DISCREPANCIES EXIST BETWEEN THE RECORD AND ACTUAL DISTANCES, BEARINGS BETWEEN CONTROLLING  
MONUMENTS, ALTHOUGH THE POSITION OF INDIVIDUAL SECTION CORNERS, US MILITARY RESERVE  
CORNERS, AND DONATION LAND CLAIM CORNERS ARE SHOWN ON VARIOUS RECORDS, ACCURATE RELATIVE  
POSITION OF MONUMENTS IN THE SIX SECTIONS INVOLVED APPEARS TO BE UNAVAILABLE.



A horizontal scale bar with tick marks at 600, 300, 0, 600, 1200, and 1800. The segments between the first three and last three values are shaded black, while the segments between 0 and 600, and 600 and 1200 are white.

**IV. Utility Study**

## UTILITY SYSTEMS

With any institution the age of Western State Hospital, the service utility systems require constant attention to keep in operation and properly repaired. In addition, the growth of an institution also requires additional system capacity for new buildings or new technologies. WSH is no exception, the number of buildings on campus has grown and obsolete building have replaced with new. To support the changes existing utilities have been extended or upgraded. In many cases old lines have been abandoned and forgotten, only to be found later during later excavation projects.

The master utility plans which has been updated for this report clearly indicates that there has not been a strong priority to organize or group the routing of utility lines. The exception are those lines which run through the main steam tunnels which serve central campus. Most campus utilities when installed have connected point A to point B in the most direct and shortest route. The economy of this approach can be short lived if at the next project, major utilities need to be rerouted to avoid conflicts. In addition the sheer number of lines make it difficult to select future building site without the need to relocate numerous systems. The method to keep current information regarding location and conditions of existing lines is vital to avoid costly overruns in the form of change orders during later capital improvement projects or emergency repairs if a breakdown occurs unexpectedly.

The development of a utility corridors through campus which would be designates for new utilities and updating of existing systems would provide an organizing element for these distribution systems. Such a corridor would provide the backbone which branch lines could tie into to serve both existing and new facilities. Ideally the corridor would allow maintenance space as well as space for additional capacity. The location of a corridor depends on the future expected growth and proper phasing or scheduling to take advantage of the planning opportunity.

Based on the two options explored in this study there appears to be an opportunity to provide a new utility corridor which could be advantages to both Option A and B. The route of the new corridor would follow the new service road which starts near Building 5 and extend northeast to the location of the new LOU. This corridor would connect to the existing utility steam tunnel near the Powerhouse Building #4 on one end and to the LOU on the other. The basement level of future inpatient unit buildings would be designed to be continuous and connected into the existing utility steam tunnel to allow the continuation of new utilities in an easily maintainable space.

## SYSTEMS

The following is a brief review of the various utility systems on campus and their status. All of these systems have had improvements over the last 10 years based on the recommendations of various engineering reports. (See Report Bibliography). Many of the recommendations which have not been implemented are still valid and may be included in this Master Plan Study. The successful completion of those recommendations which have not been completed will require additional analysis to update statistic and planning criteria.

### Steam:

The existing steam system serves the major campus buildings with a system of steam pipes located in the underground tunnels, or direct buried insulated steam pipes. The two existing boilers are located in building #4. The steam plant is fueled by natural gas with wood pellets as a backup fuel. The wood pellet system, when installed, promised to be a cost effective solution for institution as back-up fuel system. The backup fuel system allows WSH to obtain better rates for natural gas. Since the alternate fuel system has been installed the cost and availability of wood pellets have become problematic. The cost has risen and there is no longer a local source for the product. In addition the cost of maintenance on the equipment is higher than anticipated. The steam plant is also in need of maintenance and expansion. A third boiler has also been proposed to meet the heating needs and maintenance requirements of the existing boilers. This new boiler is proposed to use diesel fuel for backup.

Several other concerns have been raised regarding the existing steam system which have monetary implications. A structural report for the power plant indicated that the existing chimney requires substantial structural reinforcement or should be removed to avoid seismic damage or collapse. Further investigation regarding this condition should be pursued.

The majority of campus building depend on the central steam plant for heat. The distribution system relies on steam lines which are either direct buried or are routed through the steam tunnel and building chases. As the systems age the insulation can become physically damaged or damaged from water intrusion. The resulting damage seriously affect the systems efficiency due to the loss of energy. The greater the length the more susceptible the system will be to damage and energy loss.

Alternate methods for heating new buildings should be considered to avoid further dependence on the existing steam plant and its existing distribution system.

### **Domestic Water:**

The water main appears to enter the site at the pedestrian tunnel under Steilacoom Boulevard. From the entry point, the water main serves the irrigation systems, domestic water system and fire flow systems. The looping of the fire flow system is adequate.

As recommended in the report by JWM&A Jerome W. Morresette and Associates Inc. P.S. Civil and Municipal Engineering and Planning, dated August 1991, "future improvements to the Domestic Water System should be held off until specific facility improvements are identified and planned for on a case by case basis".

The relocation of specific buildings and functions as indicated on the current 10 year Master Plan will need to be reviewed by a civil engineer to determine the impacts on the water system. A hydraulic analysis of the system will be necessary to verify adequate fire flows , connections points, routing etc.

### **Storm Sewer:**

The existing storm drainage system consists of a closed system serving some buildings and impervious surfaces, and various individual infiltration systems (drywalls). The best way to describe this system will be to divide it into the following areas it serves.

1. Oakridge Home does not have any storm drainage indicated.
2. The Old Cottages have downspout and splash block system.
3. Daycare and Maintenance Buildings are using a common drywell for roof drains. No catch basins for the A.C. pavement are indicated.
4. Elementary School, and Camano, Kentron and Orcus Cottages share the same drywell. Some catch basins are shown connected to this system but no oil/water separator is indicated. Paved areas around these buildings do not have any catch basins.
5. High School has its own closed system terminating in an oil/water separator and a drywell. The catch basins around high school are connected to this system.
6. East Campus/Wards Building has several infiltration systems for roof drains and one drywell for the parking lot system. No oil/water separator is shown.



## **MASTER PLAN**

## **Western State Hospital** **LAKEWOOD, WASHINGTON**

7. Greenhouse has no storm drainage indicated. The main access entry has a system with two catch basins and a drywell without an oil/water separator.
8. The closed storm drainage system starts at the Circle and runs north collecting catch basins and some downspouts from Wards. Northeast from the Research Building this system turns west and serves Research, Kitchen, Auditorium, Laundry, Steam Plant, Chiller, Generator, Wards, Maintenance, Commissary, Maintenance Shops, Office, Equipment, DOC Warehouse, Supply Office and surrounding paved areas. There is no oil/water separator on this system and it leaves the site at the northwest corner.
9. There is a large infiltration drainfield west of Pharmacy serving this building, South Hall and surrounding paved areas. There is no oil/water separator indicated. The parking lot south of South Hall has catch basins connected to a 18" dia. perforated infiltration pipe without an oil/water separator.
10. Chapel, Payroll/Legal Services, Patient Lounge, Tacoma Work Release, PALS Program have their own individual infiltration systems without oil/water separators.

The study prepared by Parametrix, Inc. Entitled: "Western State Hospital Inflow and Infiltration Study", dated 1988, identified areas on campus where the storm system was inadequately sized to handle the storm load and also portions of the storm system which were connected to the Sanitary Sewer System. The maintenance department has isolated the known portions of the storm system from the sanitary sewer and have diverted the storm water into new drywells or made connects to the existing storm sewer. Additional areas remain on campus which are still subject to flooding during heavy rain fall. The systems in these areas will require additional attention as budget permits. Several additional new storm lines have been recommended to provide the necessary capacity and to mitigate the dependence of infiltration to the ground for major quantities of storm water.

The addition of new buildings, relocation of parking lots and roadways will also affect the storm system. These proposed changes will require consideration to insure adequate capacity of the system and appropriate routing.

### **Sanitary Sewer:**

The existing sanitary sewer is a combination of a gravity system and force main system. The general direction of the system is from the east to the west of the site. The gravity sewer begins at Oakridge Home due west and on its way picks up Camano, Kentron, and Orcus Cottages and all ten Old



## **MASTER PLAN**

## **Western State Hospital** **LAKEWOOD, WASHINGTON**

Cottages. In a manhole north of Old Cottage No. 1 this sanitary sewer branch picks up a force main from a pump station located northeast of Old Cottage No. 3. The pump station collects gravity waste from East Campus Wards, High School, Elementary School, Maintenance Building and Daycare Center. The gravity line continues west with connections for a force main from Greenhouse, Research Building, North Hall, Morgue, Auditorium and Laundry. A major branch from Wards, General Administration and Kitchen together with a force main from Laundry building joins the main line just north of laundry.

The main line continues west serving Chiller, Generator, Maintenance Warehouse, Equipment, Carpenter Shop, Inventory Control, Maintenance Office, Maintenance Shops, DOC Warehouse buildings with branches to Commissary, Chapel, Payroll/Legal Services, Patient Lounge, Tacoma Work Release, PALS Program and Activities Therapies.

The sanitary sewer exits the site at the southwest corner via 21" dia. pipe into a public system.

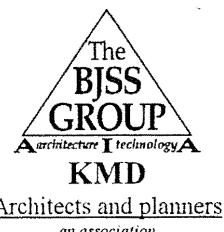
Two reports addressed problems with the sanitary sewer, one report by Morse Stafford Partnership, dated, 1 March 1984, the other and more specific by Whitacre Engineers, Inc. dated September 1984, entitled "Sanitary Sewer System Evaluation, Western State Hospital". In each of these reports the main emphasis was to reduce the amount of storm water infiltration into the system. The maintenance department has succeeded in making the necessary modifications, diverting the storm water into drywell or into new storm lines. Also recommendations to correct the problem with the septic system which serve the Child Treatment Center have been implemented by connecting these facilities to the sanitary sewer system. The existing septic system has been abandoned.

The sewer system which will be required to serve future central campus buildings under Option A may utilize the existing system provided it has adequate capacity. The proposed buildings PALS, APU, and GPU under Option B will require a separate sanitary sewer system.

### **Electrical Distribution:**

Overhead power supply comes from FarWest Drive into the facility substation from which it is distributed to each one of the buildings in a direct burial system.

An analysis of the electrical distribution system was conducted by Doyle Engineering Inc., and dated June 22, 1987. Discussions with the maintenance department indicates that the major recommendations from the Doyle report were completed relatively recently. It was also noted that due to the addition of the new chiller facility behind the Power Plant, (Building #4), the electrical system is again at capacity. Also the Tacoma City Light Substations which serve the campus, may



not have the capacity necessary to provide the future anticipated requirements. Another electrical study is anticipated to address the capacity concerns.

### **Telephones/Fiber Optics**

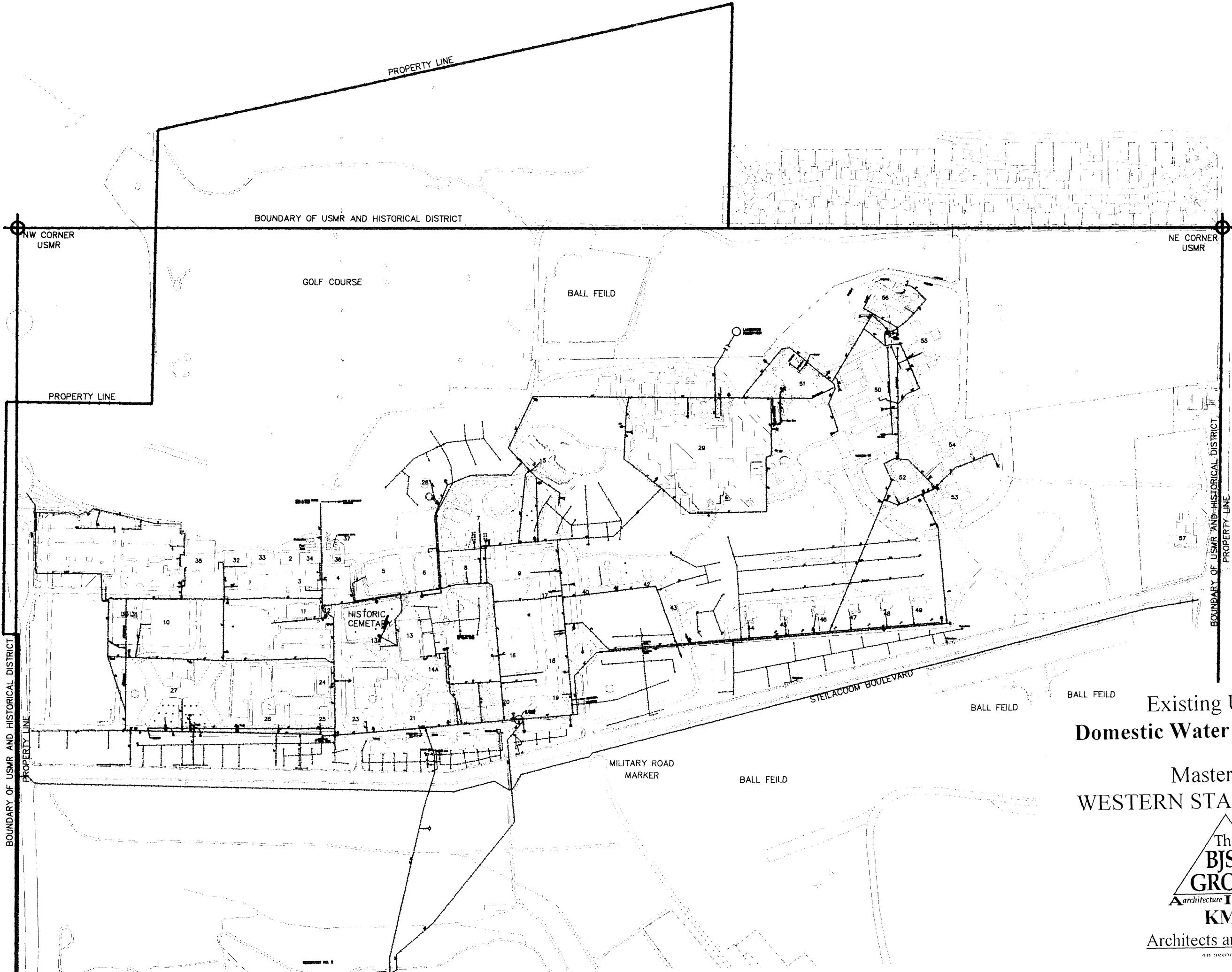
The fiber optic system provides a communication backbone for most of the WSH campus. The recent additions to the fiber optic system closely follows the routing of the existing phone cable system throughout campus.. The fiber optic system contains 12 fibers, with 4 of them currently allocated for use.

With voice, data and video technology evolving at an extremely fast pace it is expected that technologies will merge, and more fibers within the existing cable will be required and will be put into service. It is conceivable that in 3 to 5 years, all of the available fibers will be used.

A review of existing voice and data systems, as they relate to the programmatic needs of WSH, is recommended in combination with a study to evaluate how technology will impact programmatic needs in the future. The outcomes of a review/study will provide the data necessary to effectively plan for infrastructure and technology upgrades throughout the WSH campus.

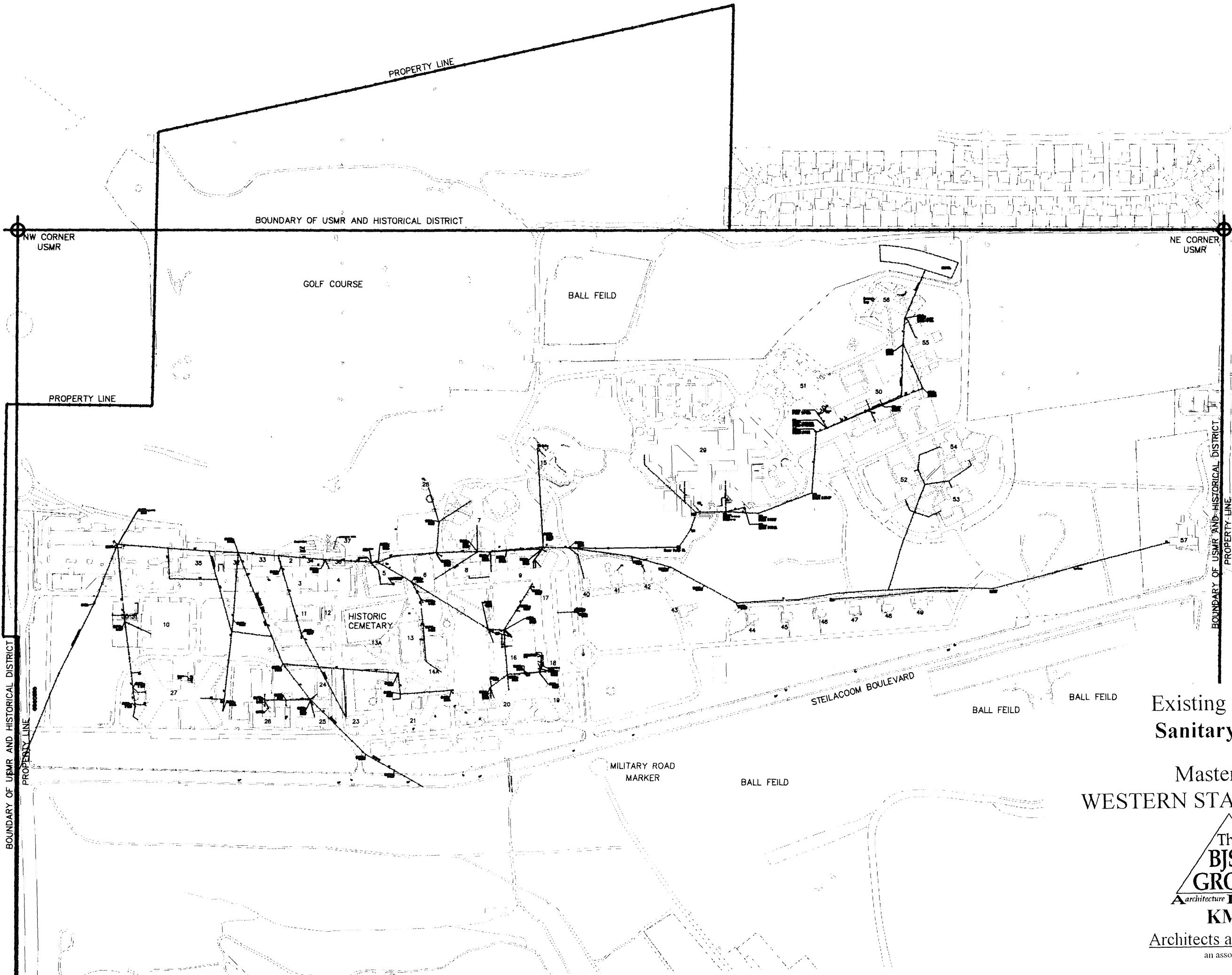
### **Gas**

The supply line to the site is connected to the gas main in FarWest Drive. From this connection the gas line goes directly east to the steam plant building.



Existing Utilities  
Domestic Water and Irrigation

Master Plan  
WESTERN STATE HOSPITAL



Existing Utilities  
Sanitary Sewer

Master Plan  
WESTERN STATE HOSPITAL

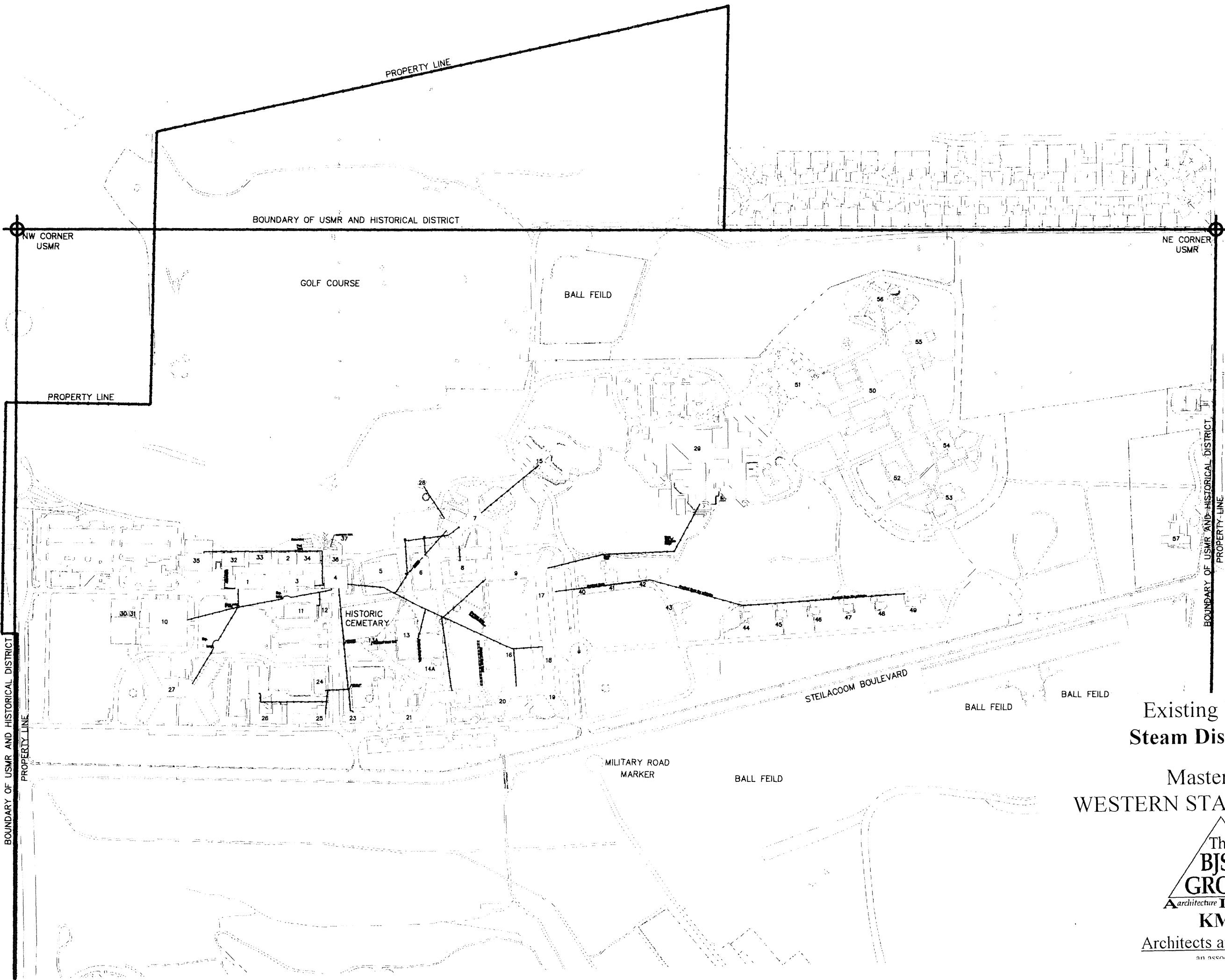


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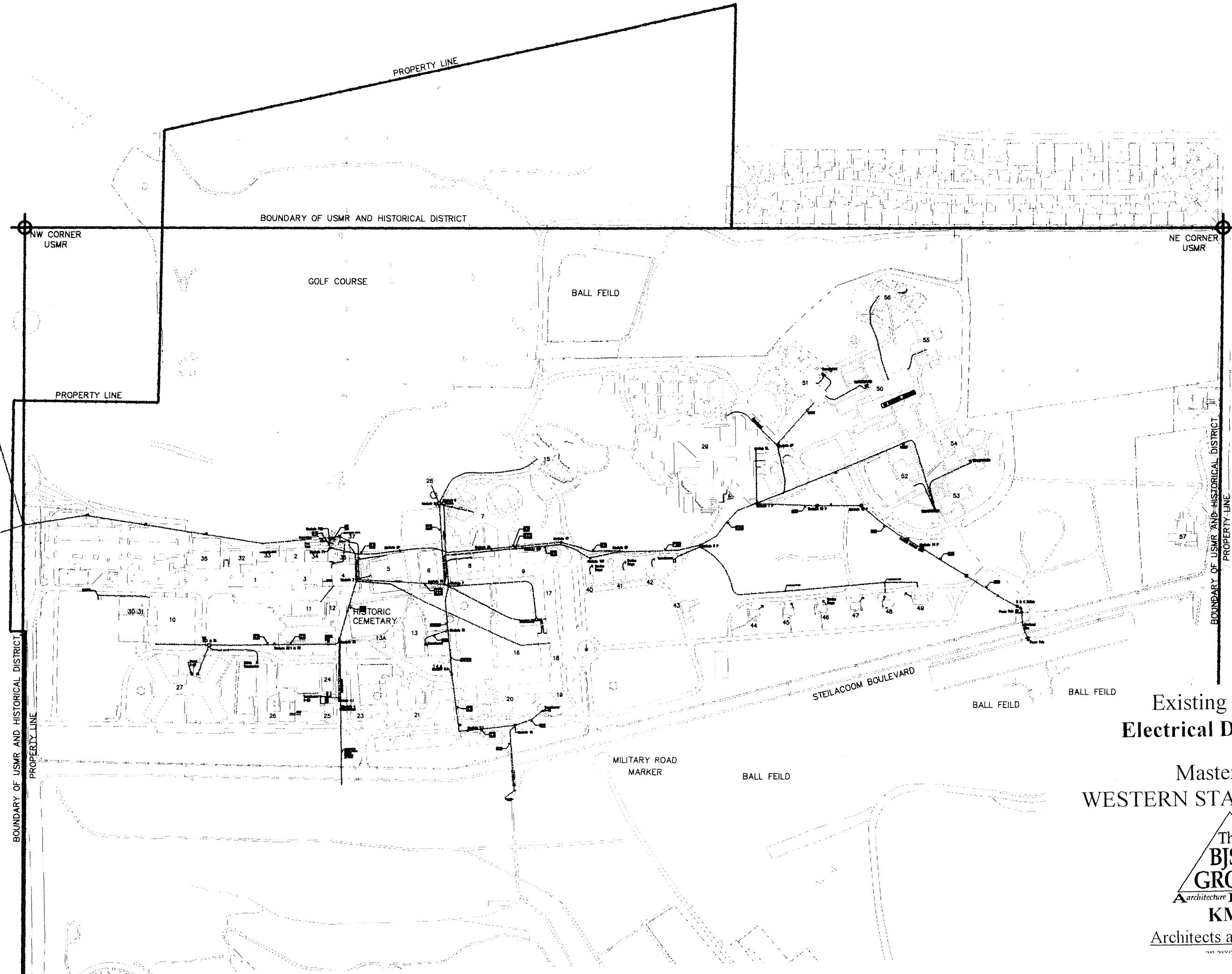
Existing Utilities  
Storm Sewer  
Master Plan  
WESTERN STATE HOSPITAL



## Existing Utilities Steam Distribution

## Master Plan WESTERN STATE HOSPITAL

The  
**BJSS**  
**GROUP**  
Architecture I technology A  
KMD  
Architects and Planners  
an association

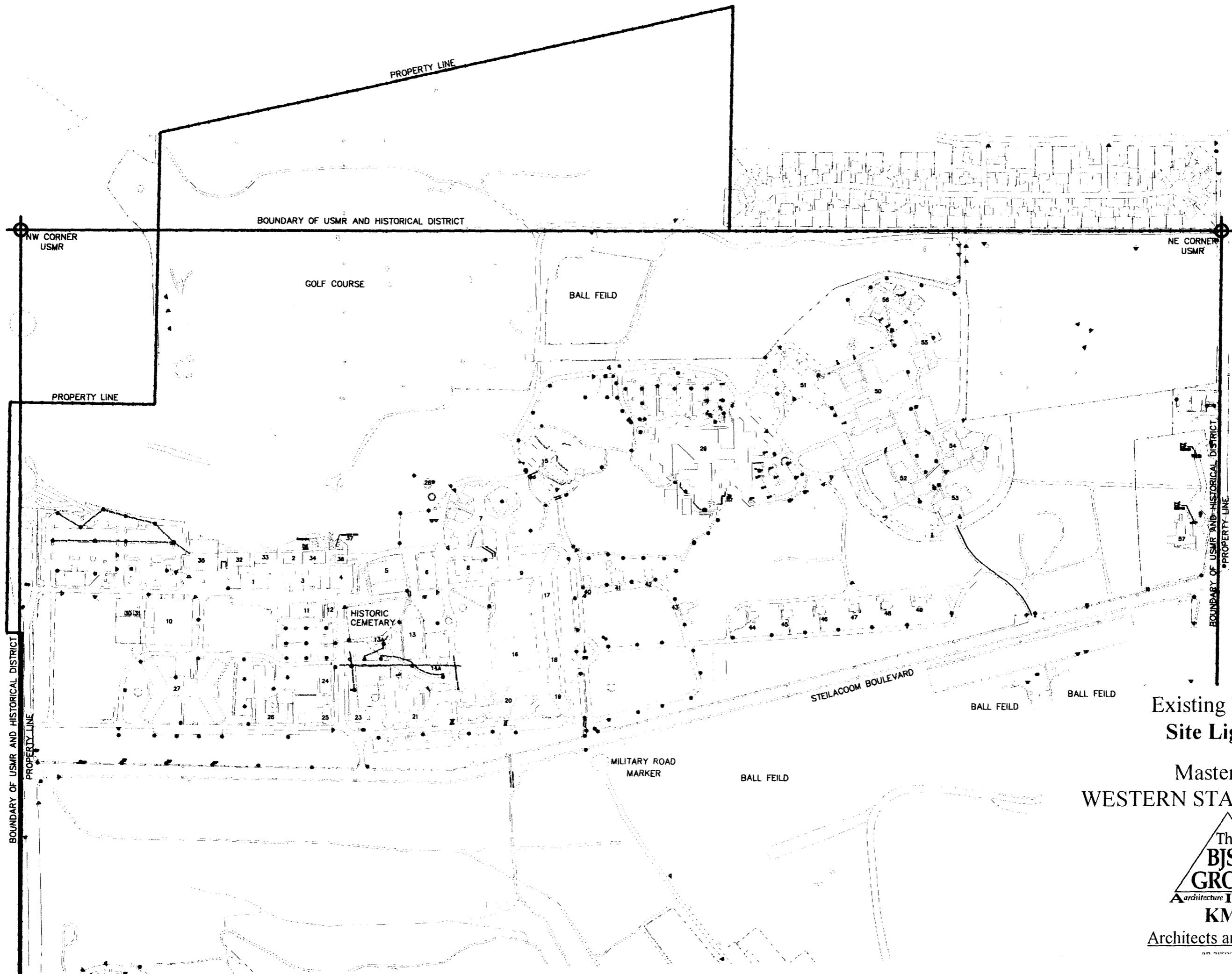


## Existing Utilities Electrical Distribution

Master Plan  
WESTERN STATE HOSPITAL



Architects and Planners  
an association



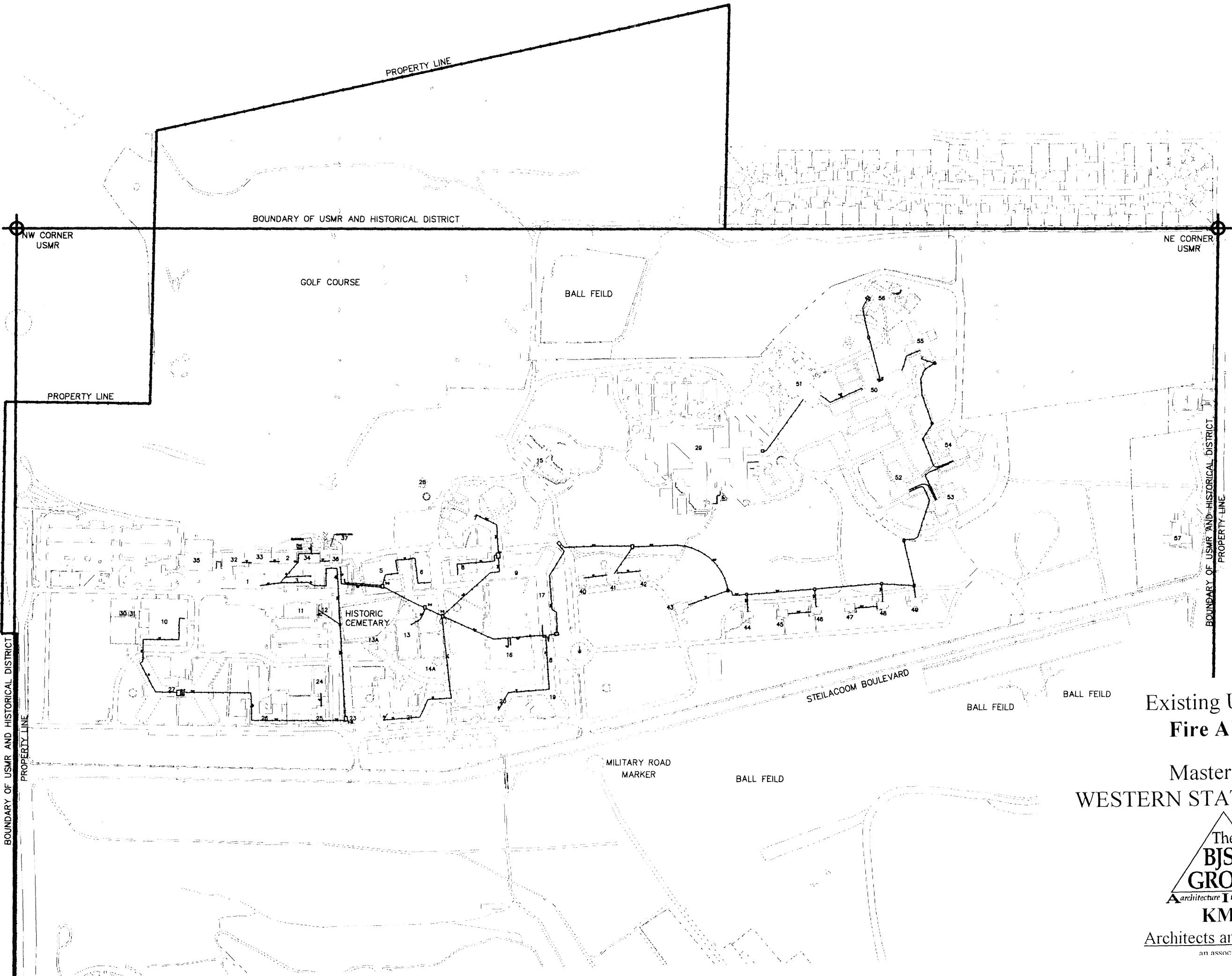
## Existing Utilities Site Lighting

## Master Plan WESTERN STATE HOSPITAL



KMD

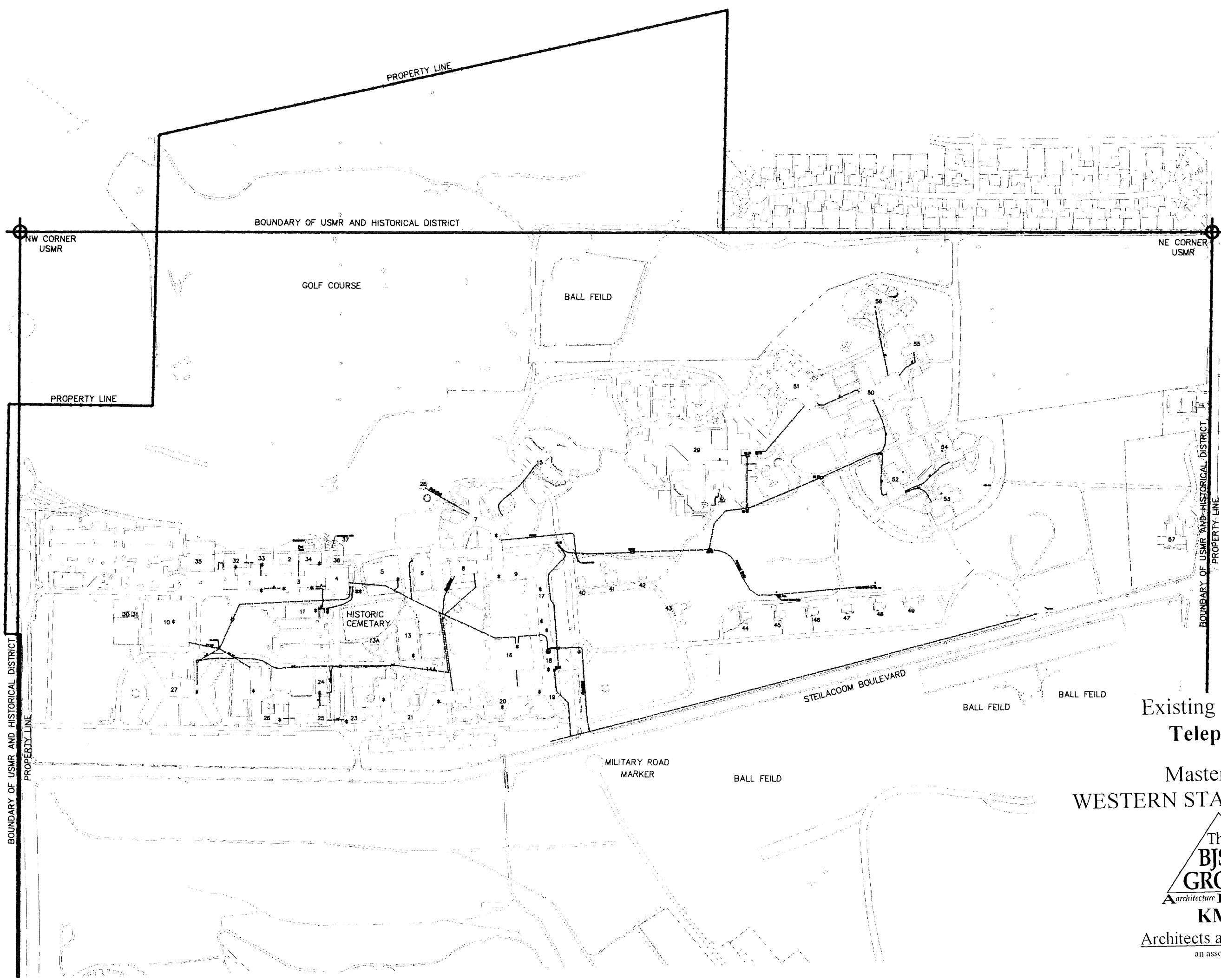
Architects and Planners  
an association



Existing Utilities  
Fire Alarm

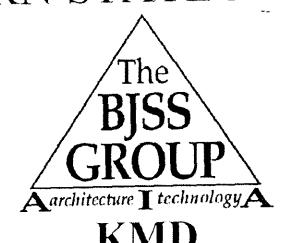
Master Plan  
WESTERN STATE HOSPITAL





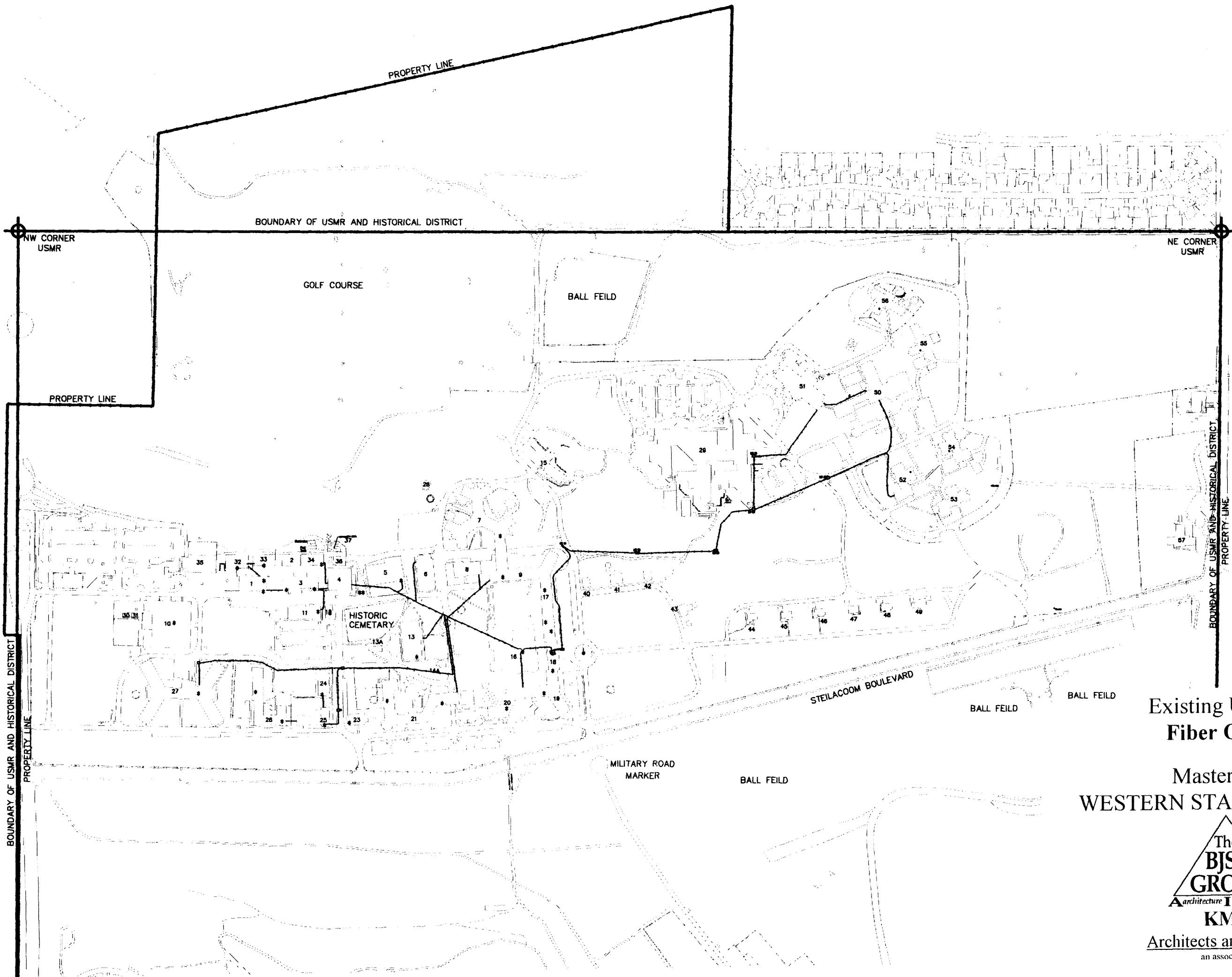
Existing Utilities  
Telephone

Master Plan  
WESTERN STATE HOSPITAL



KMD

Architects and Planners  
an association



Existing Utilities  
Fiber Optics

Master Plan  
WESTERN STATE HOSPITAL



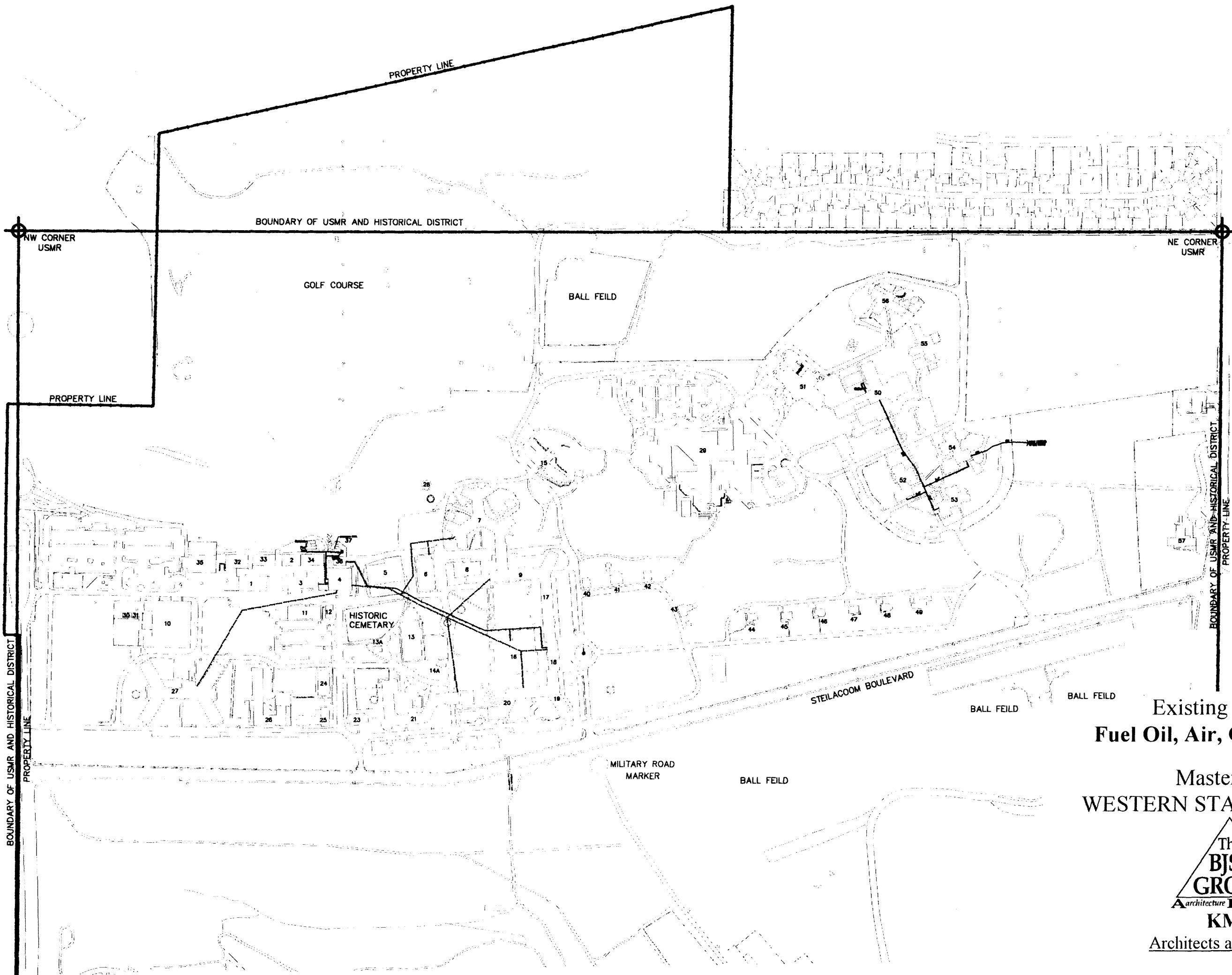
Architects and Planners  
an association



Existing Utilities  
Natural Gas

Master Plan  
WESTERN STATE HOSPITAL





Existing Utilities  
Fuel Oil, Air, Chilled Water

Master Plan  
WESTERN STATE HOSPITAL



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Architects and Planners



**WESTERN STATE HOSPITAL**  
**MASTER PLAN BUILDING INVENTORY**  
 10/8/96

<b>Building</b>	<b>Name</b>	<b>Year Constructed 2</b>	<b>Last Remodeled</b>	<b>Description 2</b>	<b>Expected Life</b>	<b>Historical Significance1</b>
01	Maintenance Office Contains plant manager office, Motor Pool	1937 office and storage for automobiles	NRR	1 story - frame	5 to 10 yrs	N
02	Maintenance Equipment Storage of Miscellaneous equipment	1958	NRR	1 story -stl. fr	5 to 10 yrs	N
03	Maintenance Shops Contains plumbing, steam ,paint, garage , glass and machine shops	1917	NRR	1 story -masonry	5 to 10 yrs	N
04	Power house Contains boiler room and Electrical shop	1917	?	2 story - concrete	10 to 15yrs	2
05	Laundry Main Laundry	1917	?	2 story - concrete	5 to 10 yrs	2
06	Auditorium Auditorium, ceramic shop, sewing ,CAP Program	1933	NRR	3 story - conc/brick	needs repair	N
07	North Hall Legal Offender Unit	1934	NRR	5 story conc/ brick	1999	2
08	Research Building Library Offender Offices, Safety Offices, Offices and Amphitheater	1948	None	3 story -conc/ brick	needs repair	N

<b>Building</b>	<b>Name</b>	<b>Year Constructed <sup>2</sup></b>	<b>Last Remodeled</b>	<b>Description <sup>2</sup></b>	<b>Expected Life</b>	<b>Historical Significance<sup>1</sup></b>
09	Wards Adult Psychiatric Wards	1954	Predesign	5 story -conc/ brick	2004.	2
10	Activities Therapies Gym, bowling alley, exterior swimming pool, block shop, club room and Christmas storage	1961	None	1 story brick/conc	2011	INT
11	Commissary	1933	NRR	2 story - concrete with basement	2025	N
12	Supply Office	?	?	1 story wood	2000	N
13	Pharmacy/ Central Supply	1975	None	Concrete	2005	INT
13A	Old Morgue	1887 - 89	NRR	1 story - brick	Historical	1
14A	Old Butcher Shop	1887 - 89	NRR	1 story -conc/ brick	Historical	1
15	Green house	1940	none	1 story glass	2000	N
16	Dietary/Staff Development Kitchen, Dining and Educational Center	1930	?addition	1-3 story conc/brick	needs repair	N
17	Wards Adult Psychiatric Wards and Administrative Offices	1938	1992	4 story -conc/ brick	2022 yr.	2
18	General Administration Administrative Offices	1934	1994	4 story -conc/ brick	2024 yr.	2

<b>Building</b>	<b>Name</b>	<b>Year Constructed <sup>2</sup></b>	<b>Last Remodeled</b>	<b>Description <sup>2</sup></b>	<b>Expected Life</b>	<b>Historical Significance</b>
19	Wards	1934	1994	4 story - conc/brick Upper floor contain Adult Psychiatric Wards Lower floors , Home Care Offices, Post Office, Social Work Offices	2025 yr.	2
20	Wards	1934	1991	4 story -conc/brick Upper floor contain Adult Psychiatric Wards, lower floor ,Medical Records Department, Inventory control storage	2025	2
21	South Hall	1948	1989	5 story - conc/brick Upper floor contain Geriatric Medical Wards	2014.	2
22	does not exist					
23	Chapel	1925	NRR	2 story -wood/ stucco Chapel and living quarters for chaplaincy intern	2010	2
24	Payroll/Legal Services	1938	NRR	2 story -conc/ brick	2000	INT
25	Patient Lounge	1938	NRR	2 story - conc/brick ???????	2000	INT
26	Tacoma Work Release	1945	NRR	2 story - wood/brick Contains the Tacoma Work Release Training Program	2000	N
27	PALS -Wards	1945	1987	1 story -conc/ brick	2017.	2
28	Morgue	1934	NRR	1 story - conc/brick	5 to 10 yrs	N

<b>Building</b>	<b>Name</b>	<b>Year Constructed 2</b>	<b>Last Remodeled</b>	<b>Description 2</b>	<b>Expected Life</b>	<b>Historical Significance</b>
29	East Campus/Wards Geriatric Psychiatric Wards, support functions and related Offices	1982	None	1 -2 story - concrete	2032.	N
30	Portable /West Storage	?	None	1 story wood frame	1998	N
31	Portable /East Storage	?	None	1 story wood frame	1998	N
32	Inventory Control	1985	?	1 story steel	2005	N
33	Carpenter Shop Carpentry Shop and Storage	?	?	?	2005	N
34	Maintenance Warehouse Warehouse Storage for Maintenance Department	1979	None	1 story steel	2019	N
35	DOC Warehouse	1992	None	1 story steel	2020	N
36	Chiller Building	1994	None	1 story steel	2024	N
37	Generator Building	1994	None	1 story steel	2024	N
38	Reserved for WSH	-	-	-	-	-
39	Reserved for WSH	-	-	-	-	-

<b>Building</b>	<b>Name</b>	<b>Year Constructed</b>	<b>Last Remodeled</b>	<b>Description</b>	<b>Expected Life</b>	<b>Historical Significance</b>
40	Old Cottage 1	1857	1980	1 1/2 story - frame	Historical	1
41	Old Cottage 2	1857	1980?	1 1/2 story - frame	Historical	1
42	Old Cottage 3	1857	1980?	1 1/2 story - frame	Historical	1
43	Old Cottage 4	1857	1980?	1 1/2 story - frame	Historical	1
44	Old Cottage 5	1934	NRR	1 1/2 story - frame	>5yr	2
45	Old Cottage 6	1934	NRR	1 1/2 story - frame	>5yr	2
46	Old Cottage 7	1934	NRR	1 1/2 story - frame	>5yr	2
47	Old Cottage 8	1934	NRR	1 1/2 story - frame	>5yr	2
48	Old Cottage 9	1934	NRR	1 1/2 story - frame	>5yr	2
49	Old Cottage 10	1934	NRR	1 1/2 story - frame	>5yr	2
50	Elementary Sch/Admin/Gym	1961	1992	1 Story	2022	N
51	High School	1994	NRR	1 Story	2044	N
52	Camano Cottage	1961	NRR	1 Story	2011	N
53	Ketron Cottage	1961	NRR	1 Story	2011	N



<b>Building</b>	<b>Name</b>	<b>Year Constructed 2</b>	<b>Last Remodeled</b>	<b>Description 2</b>	<b>Expected Life</b>	<b>Historical Significance1</b>
54	Orcus Cottage	1987	NRR	1 Story	2037	N
55	Maint Building Cottage	1987	NRR	1 Story	2037	N
56	Day Care Center	1987	NRR	1 Story	2037	INT
57	Oakridge Home	1969	NRR	1 Story wood frame	2019	N

**Structures South of Steilacoom Boulevard associated with the Hospital Farm Complex**

B	Caretakers Residence	1916 to 1931	NRR	wood frame	-	N
D	White Building	1916 to 1931	NRR	(demolished)	-	N
H	Root Cellar	1916 to 1931	NRR		-	2
I	Farm Building	1916 to 1931	NRR	wood frame	-	2
J	Farm Building	1916 to 1931	NRR	wood frame	-	2
K	Farm Building	1916 to 1931	NRR	wood frame	-	2
L	Farm Building	1916 to 1931	NRR	wood frame	-	2
M	Farm Building	1916 to 1931	NRR	wood frame	-	2
N	Farm Building	1916 to 1931	NRR	wood frame	-	2

<b>Building</b>	<b>Name</b>	<b>Year Constructed<sup>2</sup></b>	<b>Last Remodeled</b>	<b>Description<sup>2</sup></b>	<b>Expected Life</b>	<b>Historical Significance<sup>1</sup></b>
O	Farm Building	1916 to 1931	NRR	wood frame	-	2
P	Farm Building	1916 to 1931	NRR	wood frame	-	2

NRR = no recent renovations

N/A = not applicable

1 = "Primary" historical significance<sup>\*</sup>

2 = "Secondary" historical significance<sup>\*</sup>

N = Not indicated to have historical significance

INT = Building Intrusion into Historical District, Additional buildings may be considered intrusions but are not indicated on the registration documents

1. The information regarding the historical significance of various building has been obtained from the National Register of Historic Places Inventory Nomination Form. A copy can be obtained from the State Historical Society, Olympia , Washington.

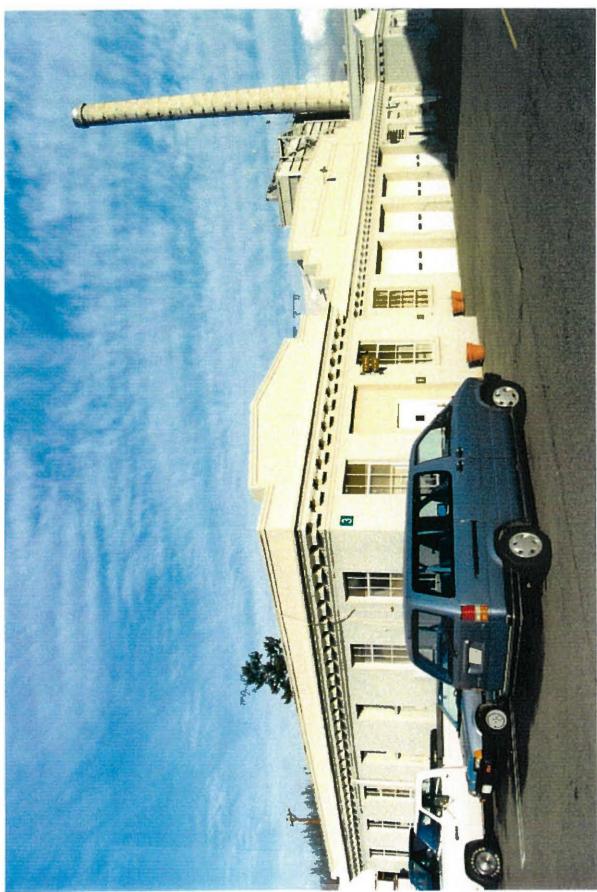
2. The information regarding building names, date of construction and construction materials has been obtained from the "Department of Social and Health Services Facility Assessment Program" and other sources. For additional building information refer to the full document dated 8/30/95.

## PHOTO LOG OF CAMPUS BUILDINGS 1996

The following photographs are a general representation of the condition and character of the existing campus buildings. These are not intended to depict the entire structure but to provide a visual reference only.



01 MAINTENANCE OFFICE



03 MAINTENANCE SHOPS



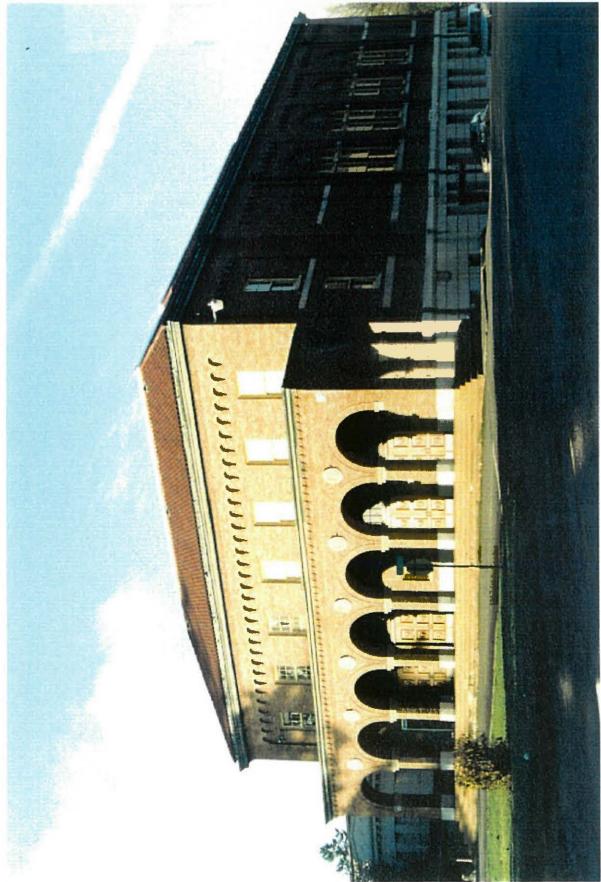
04 POWERHOUSE



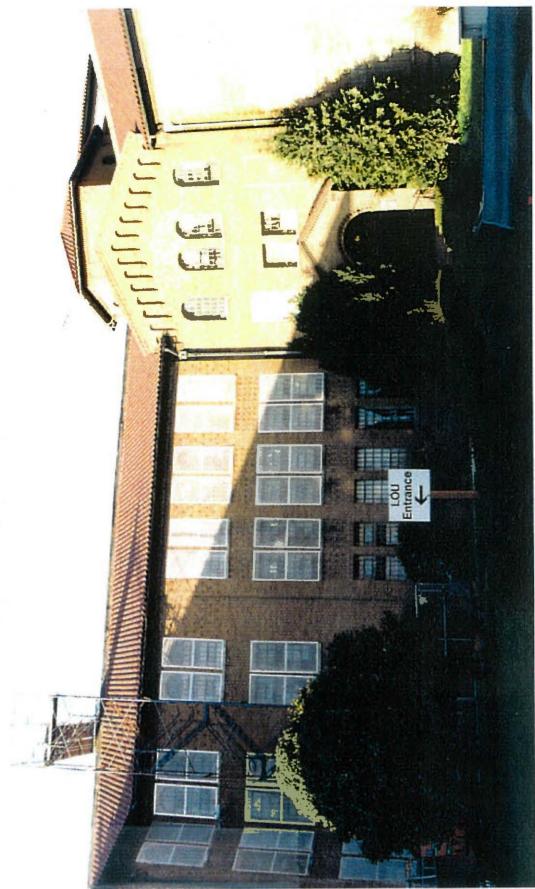
05 LAUNDRY



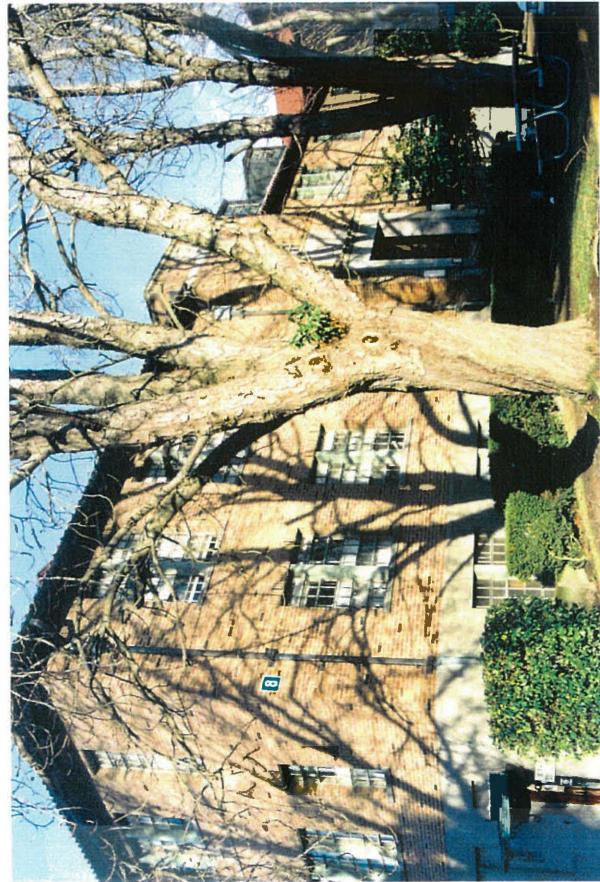
02 MAINTENANCE EQUIPMENT



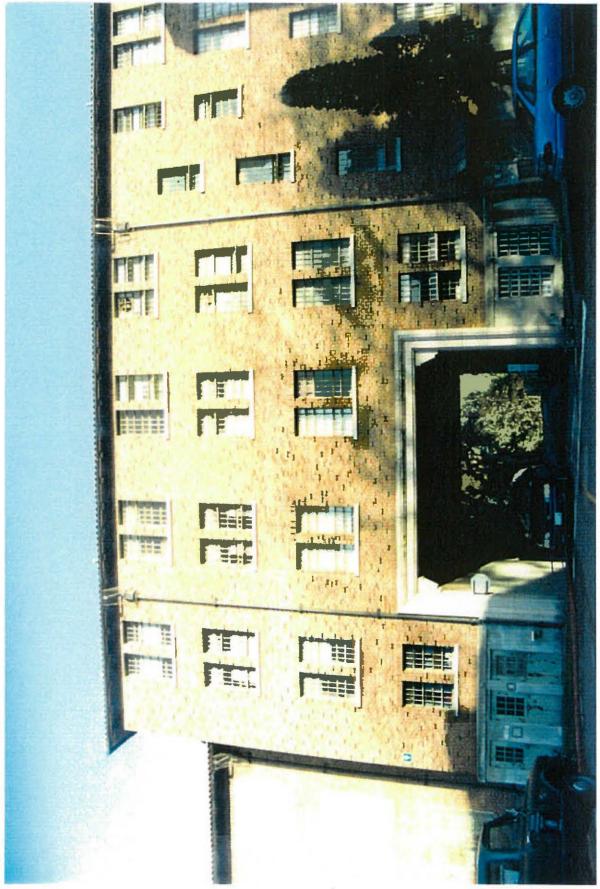
06 AUDITORIUM



07 NORTH HALL



08 RESEARCH BUILDING



09 WARDS BUILDING



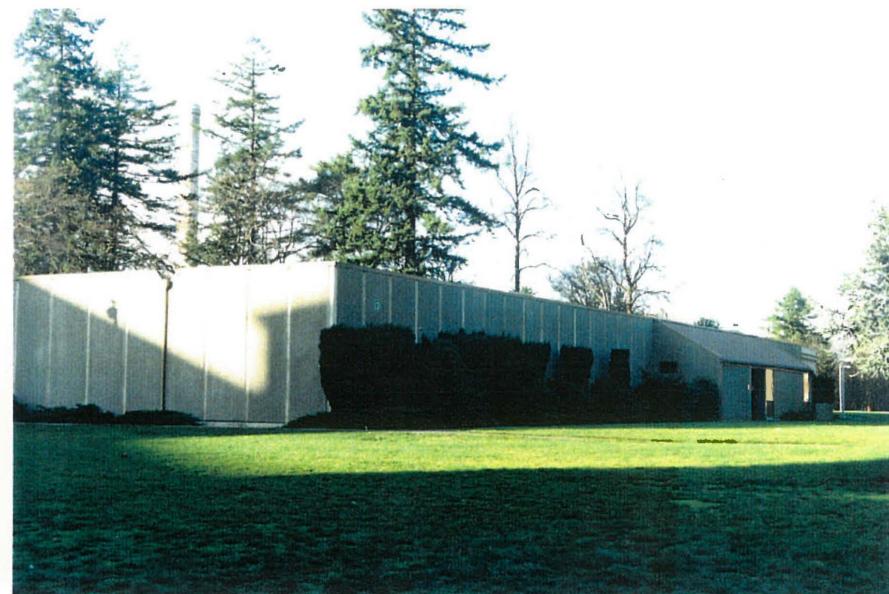
10 ACTIVITIES BUILDING



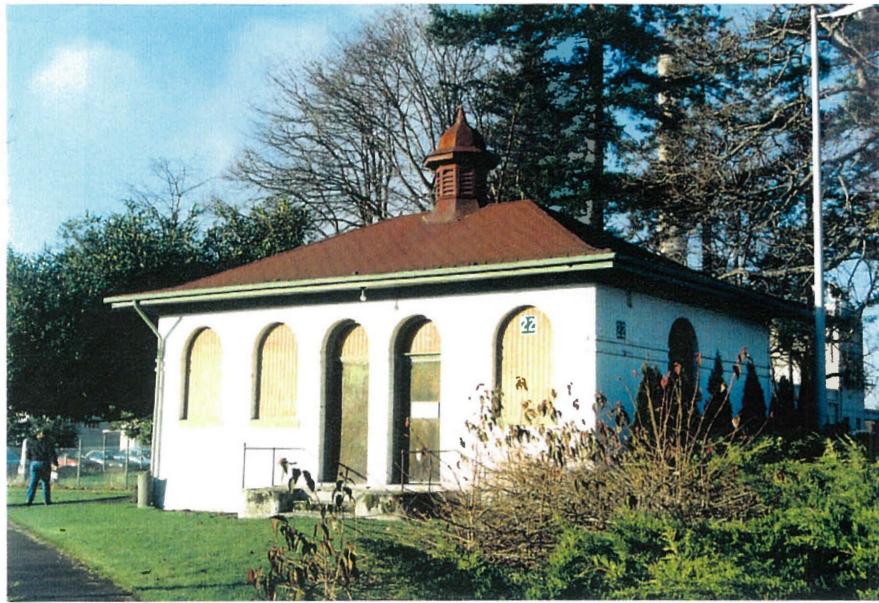
11 COMMISSARY



12 SUPPLY OFFICE



13 PHARMACY/ CENTRAL SUPPLY



13A OLD MORGUE



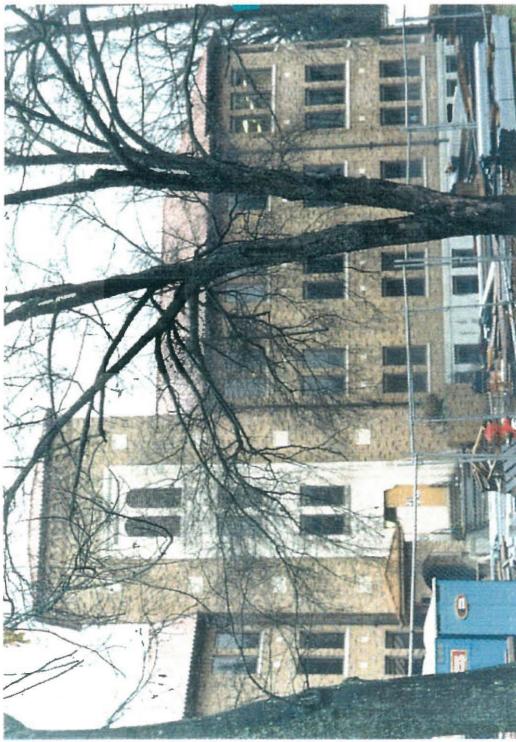
14 A OLD BUTCHER SHOP



15 GREENHOUSE



16 DIETARY/STAFF DEVELOPMENT



17WARDS BUILDING



18GENERAL ADMISSIONS



19WARDS BUILDING



20WARDS BUILDING



23 CHAPEL



21 SOUTH HALL



25 PATIENT LOUNGE



24 PAYROLL/LEGAL SERVICES



26 WORK RELEASE



27 PALS PROGRAM



28 MORGUE



29 EAST CAMPUS WARDS



30 PORTABLE WEST



30 PORTABLE EAST



32 INVENTORY CONTROL



33 CARPENTER SHOP



34 MAINTENANCE WAREHOUSE



35 DOC WAREHOUSE



36 CHILLER



37 GENERATOR BUILDING



FORT STEILACOOM INFORMATION SIGN



FORT CANNON



STONE FENCE AND IRON GATE



40 OLD COTTAGE 1



42 OLD COTTAGE 2



44 OLD COTTAGE 4



41 OLD COTTAGE 1



43 OLD COTTAGE 3



45 OLD COTTAGE 6



46 OLD COTTAGE 7



47 OLD COTTAGE 8



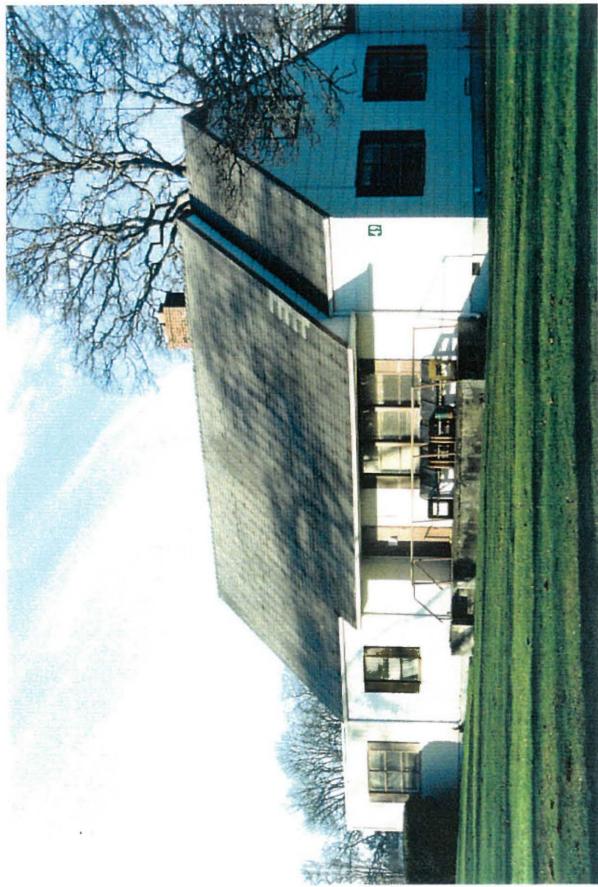
48 OLD COTTAGE 9



50 ELEMENTARY SCHOOL/ ADMIN



52 CAMPANO COTTAGE



49 OLD COTTAGE 10



51 HIGH SCHOOL



53 KETRON COTTAGE



54 ORCUS COTTAGE



55 MAINTENANCE BUILDING



56 DAY CARE CENTER



B CARETAKER HOME



C MAINTENANCE SHOP



I FARM BUILDING



J FARM BUILDING



L FARM BUILDING



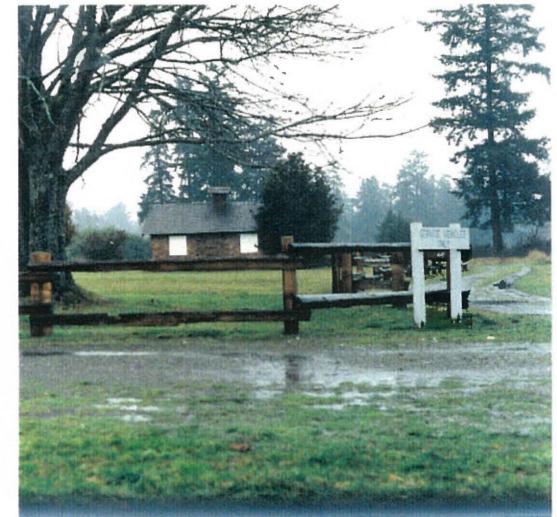
N FARM BUILDING



O FARM BUILDING



P FARM BUILDING



MORTUARY BUILDING

**MASTER PLAN**

**Western State Hospital**  
**LAKWOOD, WASHINGTON**

**BIBLIOGRAPHY**

**WESTERN STATE HOSPITAL EXISTING REPORTS AND STUDIES**

<b>DATE</b>	<b>TITLE</b>	<b>PREPARED BY</b>
1. 10-27-77	Study and Cost Estimate for Renovation of Utilities. Project No. 770699A	Allen V. Creten, PE and Associates, Inc. Tacoma, WA
2. 1-5-79	Water System Report A Study of Western State Hospital Renovation for Dept. of Social & Health Services State of Washington	Joseph J. Millegan & Associates, Inc. Seattle, WA
3. 3-1-84	Architectural/Engineering Report Book 1 of 3	Morse Stafford Partnership Apra Brown & Caldwell
	Food Services Report Book 2 of 3	H K Kim George Bundy
	Treatment Programs Report Book 3 of 3	
4. 5-5-87	Master Site Planning Site Review and Analysis State Project No. 83-300A	Harris Tsang Architects Tacoma, WA
5. 1988	Final Report - Western State Hospital Inflow and Infiltration Study	Parametrix, Inc. Sumner, WA
6. 8-90	Storm Drainage Outfall Study for WSH	Horton Dennis & Associates Kirkland, WA
7. 7-31-90	Steam Plant Upgrade Report Phase I - Site Investigation	Wood/Harbinger, Inc. Bellevue, WA



**MASTER PLAN**

**Western State Hospital**  
**LAKEWOOD, WASHINGTON**

- |                                  |   |  |
|----------------------------------|---|--|
| 8. 8-91                          | Water System Study -<br>Analysis/Recommendations<br><br>Exhibits A - C              | Jerome W. Morissette &<br>Associates, Inc. PS<br>(Civil and Municipal<br>Engineering & Planning) |
| 9. 8-92                          | Accessibility Study for Building No. 6 -<br>Auditorium                              | Masini Sanford Gabriele<br>and Schoenfeldt Architects<br>Olympia, WA                             |
| 10. 9-17-92                      | Food Service Facilities Study<br>Western State Hospital<br>State Project No. 90-052 | FORMA Food Facilities<br>Planning Department<br>Seattle, WA                                      |
| 11. 5-93                         | The Old Bakery Building<br>State Project No. 92-404                                 | Masini Sanford Gabriele<br>and Schoenfeldt Architects<br>Olympia, WA                             |
| 12. 7-94                         | Predesign Phase 7<br>Buildings 9 and 17 North<br>State Project No. 94-340           | Tsang Partnership, Inc.<br>Tacoma / Seattle  |
| 13. 6-87                         | Comprehensive Electrical Study<br>Project No. 87-022                                | Doyle Engineering, Inc.  |
| 14. 12-1995                      | LOU Predesign<br>Project No. 96-028   | BJSS + KMD<br>Architects and Planners<br>Olympia, WA   |
| 15. 13-4-1993<br>for Building 21 | Indoor Air Quality Assurance Report<br>Building Control<br>Project No. 96-028       | Honeywell Home and<br>9555 S.E. 36th Street<br>Mercer Island, WA 98040                           |



**MASTER PLAN**

**Western State Hospital**  
**LAKEWOOD, WASHINGTON**

16. 8-1992	Building No. 8 Research Building Accessibility Study and Renovation State Project No. NONE	Masini Sanford Gabrielse and Schoenfeldt Architects Olympia, WA
17. 8-1990	Sanitary Sewer Pretreatment Facility Specifications and Contract Documents State Project No. 98-043H	Horton Dennis & Assoc. 320 Second Ave South Kirkland, WA 98033
18. 1989	A Pictorial History	Western State Hospital Historical Committee
19. 10-19-1988	Sanitary Sewer Contaminant Spill Plan State Project No. 88-052	Parametrix, Inc P.O. Box 460 Sumner, WA 98390
20. 1986	Archaeological Investigations of the Fort Steilacoom Historic District 45PI105H State Project No. NONE	Pierce College at Fort Steilacoon Dept of Anthropology
21. 9-1984	Sanitary Sewer System Evaluation State Project No. 84-120A	Whitacre Engineers, Inc 2124 South K Street Tacoma, WA 98405
22. No Date	Building Square Footage Study State Project No. NONE	WSH
23. 8-30-95	Facility Assessment Program State Project No. NONE	DSHS Olympia, WA
24. 1-13-93	Western State Hospital Traffic Study Final Report State Project No. 92-380	TUDOR Engineering Company 801 2nd AVE, Suite 516 Seattle, WA 98104



**MASTER PLAN**

**Western State Hospital**  
**LAKEWOOD, WASHINGTON**

- |             |   |   |
|-------------|---|---|
| 25. 1-31-95 | Transaction Screening Report<br>Western State Hospital<br>Surplus Properties                                      | Washington State Depart.<br>of Natural Resources<br>Olympia, WA |
| 26. Varies  | Property Legal Discriptions/Lease<br>Agreements/Letters of Interpretations/<br>Misc Property Information          | Varies  |
| 27. 1/14/96 | Limited Liability Information Letter<br>Number 30606-1  | Unit 1<br>Title Officer Steve Barradale                         |
| 28. 6/23/94 | Patient Population Characteristics, 2004  | Jerry L. McKain, Ph.D.<br>Director, Quality Assurance           |
| 29. 1974    | National Register of Historic Places Inventory -- State of Washington<br>Nomination Form and Associated Documents |   |



**MASTER PLAN**

**Western State Hospital**  
LAKEWOOD, WASHINGTON

**BIBLIOGRAPHY**

**WESTERN STATE HOSPITAL RECORD DRAWINGS**

October 8, 1996

**Drawing Sets:**

<b>DATE:</b>	<b>TITLE</b>	<b>PREPARED BY</b>
1. 1 Aug. 1992	Child Care Facility Project No. NONE	Jeffrey B. Glander, ASLA Landscape Architecture 2626 12th Court SW Olympia, WA 98502
2. 15 Feb. 1991	Electrical System Upgrade phase 2 and 3 Project No. 90-071	Bitterling, Crick & Everson Engineers, Inc. 4905 Pacific Highway E, Suite 4 Tacoma, WA 98424
3. 14 Jun 1996	Boiler Replacement Project No. 90-071	Hultz & Associates Consulting Engineers 506 S 11th Suite 2 Tacoma, WA 98402
4. 2 Nov 1994	New Generator Facility' Project No. 94-035	Bitterling, Crick & Everson Engineers, Inc. 4905 Pacific Highway E Suite 4 Tacoma, WA 98424
5. 3 Jun. 1994	Reroof Project for Day Care Center Project No. 94-078	Rue Butler Marshall Associates, Architects, PS 732 Pacific Avenue Tacoma, WA 98402
6. 8 Aug. 1991	South Hall Parking Lot Project No. NONE	Jeffrey B. Glander, ASLA Landscape Architecture 2626 12th Court SW



**MASTER PLAN**

**Western State Hospital**  
**LAKEWOOD, WASHINGTON**

		Olympia, WA 98502
7. 15 Mar 1994	DOC Parking Lot at Western State Hospital Project No. 94-112	Masini Sanford Gabrielse & Schoenfeldt Architects 510 South Capitol Way Olympia, WA 98502
8. 4/16/93	Storm Sewer Outfall Plan Project No. 96-7327	Horton Dennis & Associates 320 Second Ave South Kirkland, WA 98033
9. 6 Apr 1994	Child Study and Treatment Center Elementary School Addition and Renovation Project No. 94-405A	The Tsang Partnership, Inc. 748 Market Street, Suite 300 Tacoma, WA 98402
10. 11 May 1992	Phone and Fiber Optic Cable Plan Schematic layout Project No. NONE	AT&T
11. 30 Nov 1992	Phone Room Remodel Building 9,16,,17,18 Project No. 89-001	The Tsang Partnership, Inc. 748 Market Street, Suite 300 Tacoma, WA 98402
12. 21 Jun. 1994	Fire Alarm Site Plan (Main Campus) Project No. NONE	ABACUS 401 Second Ave. S. Suite 201 Seattle WA 98104.
13. 27 Jun. 1993	Fire Alarm Site Plan (Main Campus) Project No. NONE	Automated Communications 1819 South Central , Suite 72/73 Kent, WA 98104,
14. No Date	As-Built Domestic Water (hand drafted) Project No. NONE	WSH Maintenance Department
15. 5/15/90	Building 21 Site Improvements	Horton Dennis & Associates



**MASTER PLAN**

**Western State Hospital**  
**LAKEWOOD, WASHINGTON**

	(north side) Project No. 89-043	320 Second Ave South Kirkland, WA 98033
16. 1995	Campus Water System Improvements (progress set) Project No. 94-392	Jerome W. Morresette, and Associates Inc. PS 1700-B2 Cooper Pt. Road Olympia, WA 98502
17. 12/14/92	Child Study and Treatment Center New Secondary School Project No. 90-094	The Tsang Partnership, Inc. 748 Market Street, Suite 300 Tacoma, WA 98402
18. 3/25/92	Parking Lot Design (south of Building 11) Project No. None	Howard Godat & Associates. 2708 Westmoor Court Olympia, WA 98502
19. 3/25/92	Parking Lot No 1 (south of Building 20) Project No. None	Howard Godat & Associates. 2708 Westmoor Court Olympia, WA 98502
20. 11/11/94	Oakridge Group Home Site improvements Project No. 94-270H	Howard Godat & Associates. 2708 Westmoor Court Olympia, WA 98502
21. 10/23/95	Building #20 Grades and Drainage Improvements Project No. None	Howard Godat & Associates. 2708 Westmoor Court Olympia, WA 98502

**CADD Files**

C-1.	Campus Utilities Project No. None	Horton Dennis & Associates 320 Second Ave South Kirkland, WA 98033
C-2 1995	Aerial Survey Project No. None	Washington State Department of Transportation



**MASTER PLAN**

**Western State Hospital**  
**LAKWOOD, WASHINGTON**

C-3. 1996	Campus Water System Project No. 94-392	Jerome W. Morresette, and Associates Inc. PS 1700-B2 Cooper Pt. Road Olympia, WA 98502
C-4. 1996	Storm Water Improvements in Steilacoom Boulevard and New Water Tank Project No. None	Lakewood Water District 11900 Gravelly Lake Dr.S.W. Lakewood, WA 98499-0729
C-5. 3/25/92	Parking Lot Design (south of Building 11) Parking Lot No 1 (south of Building 20) Project No. None	Howard Godat & Associates. 2708 Westmoor Court Olympia, WA 98502
C-6. 11/11/94	Oakridge Group Home Site improvements Project No.94-270H	Howard Godat & Associates. 2708 Westmoor Court Olympia, WA 98502
C-7. 10/23/95	Building #20 Grades and Drainage Improvements Project No.None	Howard Godat & Associates. 2708 Westmoor Court Olympia, WA 98502



**VI. Appendix A**

**WESTERN STATE HOSPITAL**

**FORT STEILACOOM, WASHINGTON**

## WESTERN STATE HOSPITAL

### Mission Statement

The mission of Western State Hospital is to evaluate and treat individuals referred from the community who are suffering from the most complicated, long-term psychiatric disorders.

### Vision

Western State Hospital's vision is quality treatment taking place within an environment which ensures public safety while still emphasizing patient choices and furthering individual dignity; and reflects a safe, interactive, minimally restrictive and patient-focused setting.

Wards have patients in numbers strictly in accordance with appropriate physical space, allowing for a safe, reasonably quiet, clean, and therapeutic environment, and allowing a welcome to and involvement of family members and meaningful others. Programs will dictate the skill mix of staff; will seek active patient participation in individualized, outcome-based treatment; will change to meet the evolving needs of patients, families, and community; and will include patient education and auxiliary programs determined by data and current literature/research findings.

Quality treatment takes place where staff values diversity, is competent, proud of its work, shows positive regard for patients and all staff members, and is engaged in leading-edge training offerings from staff development. A computerized network of information gathering and dissemination unifies Western State Hospital and community mental health providers in a state-wide network.

## WESTERN STATE HOSPITAL FACT SHEET

### ACCREDITATION / CERTIFICATION:

- Accredited by the Joint Commission on Accreditation of Hospital's (JCAHO).
- Certified by the Health Care Finance Administration (HCFA).

### ESTABLISHED:

- 1871 - Second oldest state institution  
University of Washington first - 1865

### AUTHORITY:

- State of Washington ..... Governor Mike Lowry
- Department of Social & Health Services ..... Lyle Quasim, Secretary
- Mental Health Division ..... Jann Hoppler, Acting Director
- Western State Hospital ..... Jerry L. Dennis, CEO, WSH

### SERVICE AREA:

- Western Washington - 19 counties

### FACILITIES:

- 264 Acres, 34 Buildings, 32 Wards, 1.1 million square feet.

### BIENNIAL BUDGET

- 1995-1997 - 186 Million appropriated by State Legislature.

### AVERAGE DAILY COST / PATIENT

- (April 1996) ..... \$335.00/Day

### HOSPITAL CAPACITY (8-95):

- Adult Psychiatric Unit ..... 347
- Gero Psychiatric Medical Unit ..... 271
- Legal Offenders Unit ..... 225
- In-Patient Total ..... (845)
- Program for Adaptive Living Skills (PALS)  
Total Census Capacity ..... (1002)

AVERAGE NUMBER OF ADMISSIONS:

- ..... Approx. 150/Month

AVERAGE LENGTH OF STAY:

- Adult Psychiatric Unit (Admissions) ..... 72 Hrs. to 14 Days  
(Extended Care) ..... 18 to 24 Months
- Gero-Psychiatric Medical Unit ..... 180 Days
- Legal Offenders Unit ..... 36 Months

AVERAGE BUDGETED STAFF:

- ..... 1805 Employees

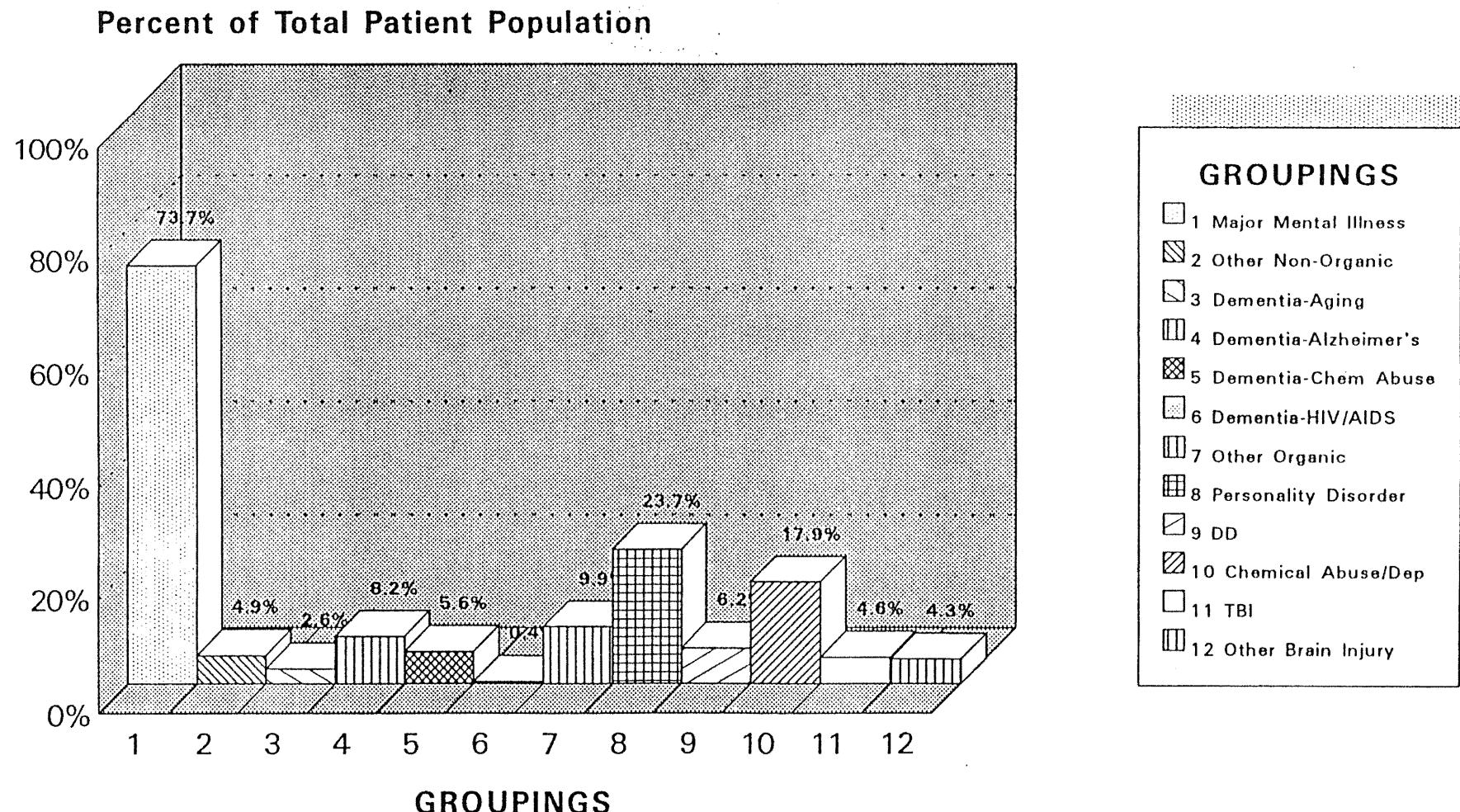
AVERAGE TREATMENT STAFF:

- Psychiatrists/Physicians/Dentists ..... 55
- Psychologists ..... 36
- Social Workers ..... 42
- Registered Nurses ..... 273
- Rehabilitative Services ..... 103
  - Occupational Therapy ..... 17
  - Recreational Therapy/Specialists ..... 57
  - Audiology/speech Pathology ..... 3
  - Education Services ..... 9
  - Ancillary ..... 17
- Additional Nursing Services/Support Personnel ..... 1304

MAJOR TREATMENT COMPONENTS:

- Psychotropic medications
- Group/Individual therapy
- Psycho-Social Rehabilitation model
- Family Therapy
- Drug & Alcohol Education
- Behavioral psychotherapy

# PATIENT POPULATION GROUPINGS FOR ALL REASONS PATIENT REMAINS HOSPITALIZED *WESTERN STATE HOSPITAL*



**PATIENT POPULATION GROUPINGS  
FOR ALL REASONS PATIENT REMAINS HOSPITALIZED  
WESTERN STATE HOSPITAL**

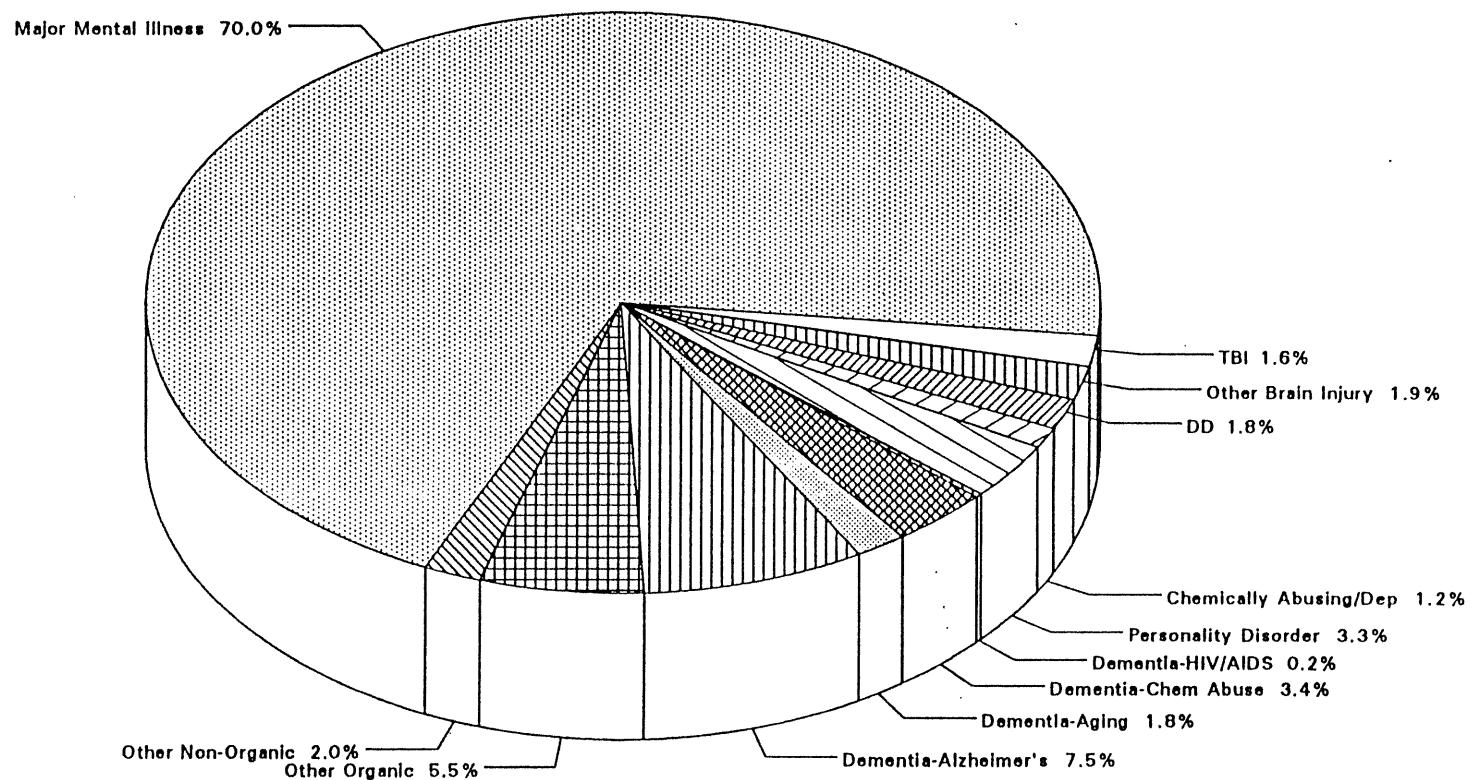
MAJOR MENTAL ILLNESS	
Number of Patients.....	632
Percent of Total Patient Population.....	73.7%
OTHER NON-ORGANIC MENTAL DISORDER	
Number of Patients.....	42
Percent of Total Patient Population.....	4.9%
DEMENTIA-ASSOCIATED WITH AGING	
Number of Patients.....	22
Percent of Total Patient Population.....	2.6%
DEMENTIA-ASSOCIATED WITH ALZHEIMER'S DISEASE	
Number of Patients.....	70
Percent of Total Patient Population.....	8.2%
DEMENTIA-ASSOCIATED WITH CHEMICAL ABUSE	
Number of Patients.....	48
Percent of Total Patient Population.....	5.6%
DEMENTIA-ASSOCIATED WITH HIV/AIDS	
Number of Patients.....	3
Percent of Total Patient Population.....	.4%
OTHER ORGANIC MENTAL DISORDER	
Number of Patients.....	85
Percent of Total Patient Population.....	9.9%
PERSONALITY DISORDER	
Number of Patients.....	203
Percent of Total Patient Population.....	23.7%
DEVELOPMENTALLY DISABLED (DD)	
Number of Patients.....	53
Percent of Total Patient Population.....	6.2%
CHEMICALLY ABUSING/DEPENDENT	
Number of Patients.....	153
Percent of Total Patient Population.....	17.9%
TRAUMATIC BRAIN INJURY (TBI)	
Number of Patients.....	39
Percent of Total Patient Population.....	4.6%
OTHER RELATED BRAIN INJURY	
Number of Patients.....	37
Percent of Total Patient Population.....	4.3%

Sums to more than 100% as patients can belong to more than one grouping.

SOURCE: S.B. 6319 Survey 7/21/93 (N=857)  
Prepared by Quality Assurance, August 1993

# PATIENT POPULATION GROUPINGS FOR PRIMARY REASON PATIENT REMAINS HOSPITALIZED *WESTERN STATE HOSPITAL*

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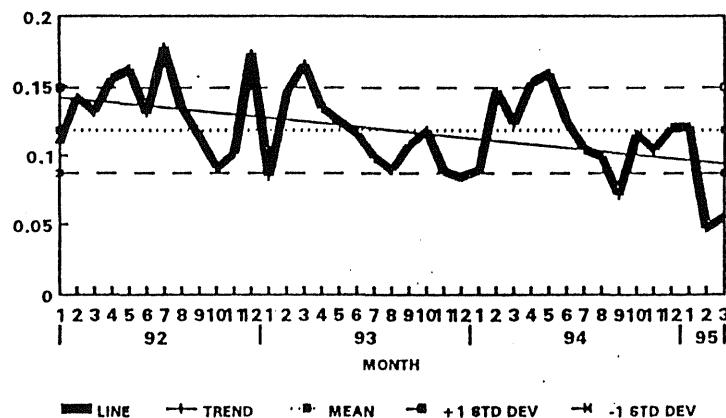
**PATIENT POPULATION GROUPINGS  
FOR PRIMARY REASON PATIENT REMAINS HOSPITALIZED  
WESTERN STATE HOSPITAL**

<b>PRIMARY REASON PATIENT REMAINS HOSPITALIZED</b>	<b>Number of Patients</b>	<b>Percent of Total</b>
Major Mental Illness.....	600	70.0%
Other Non-Organic Mental Disorder.....	17	2.0%
Dementia-Associated with Aging.....	15	1.8%
Dementia-Associated with Alzheimer's Disease.....	64	7.5%
Dementia-Associated with Chemical Abuse.....	29	3.4%
Dementia-Associated with HIV/AIDS.....	2	.2%
Other Organic Mental Disorder.....	47	5.5%
Personality Disorder.....	28	3.3%
Developmentally Disabled (DD).....	15	1.8%
Chemically Abusing/Dependent.....	10	1.2%
Traumatic Brain Injury (TBI).....	14	1.6%
Other Related Brain Injury.....	16	1.9%
<b>TOTAL.....</b>	<b>857</b>	<b>100.0%</b>

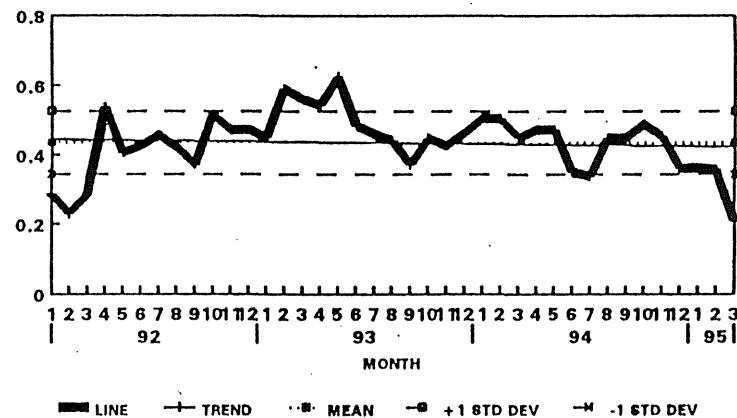
SOURCE: S.B. 6319 Survey 7/21/93 (N=857)  
 Prepared by Quality Assurance, August 1993

# Go Verify Correctly for Improvement Directions.

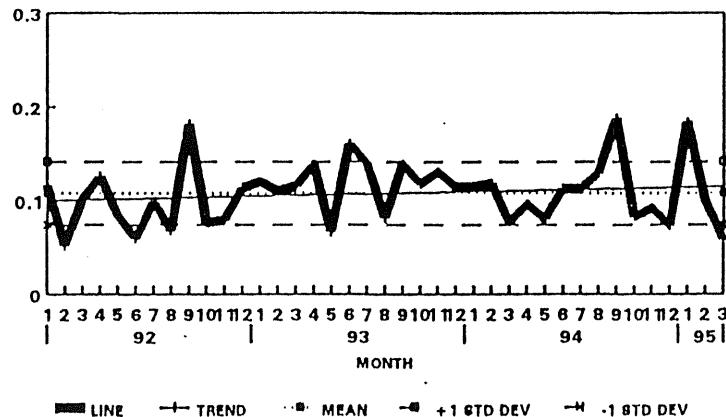
**AROI: PATIENT TO STAFF ASSAULTS**  
PER 100 PATIENT DAYS  
**WESTERN STATE HOSPITAL**



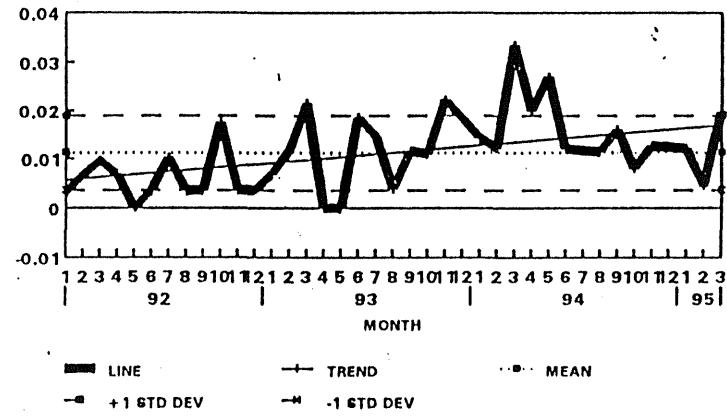
**AROI: PATIENT TO PATIENT ASSAULTS**  
PER 100 PATIENT DAYS  
**WESTERN STATE HOSPITAL**



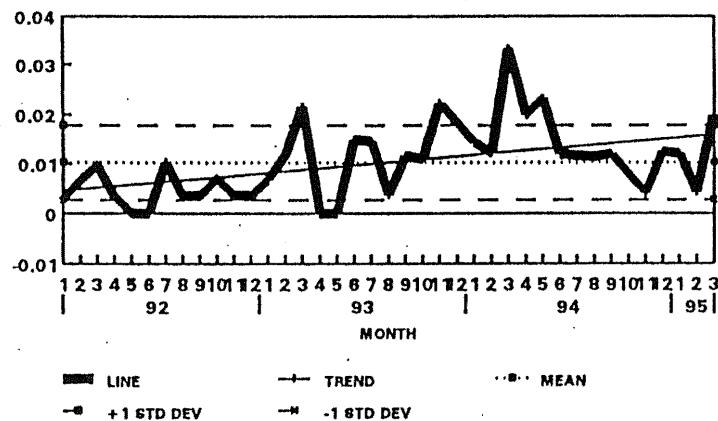
**MEDICATION INCIDENT REPORTS**  
PER 100 PATIENT DAYS  
**WESTERN STATE HOSPITAL**



**TOTAL DEATHS**  
PER 100 PATIENT DAYS  
**WESTERN STATE HOSPITAL**

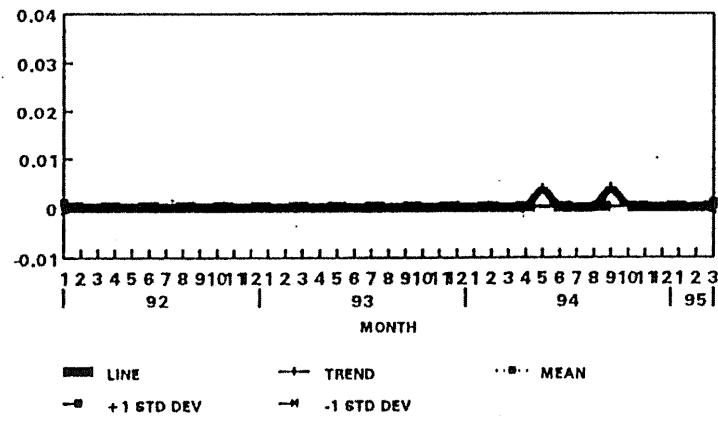


**TOTAL DEATHS: NATURAL CAUSE ONLY  
PER 100 PATIENT DAYS  
*WESTERN STATE HOSPITAL***



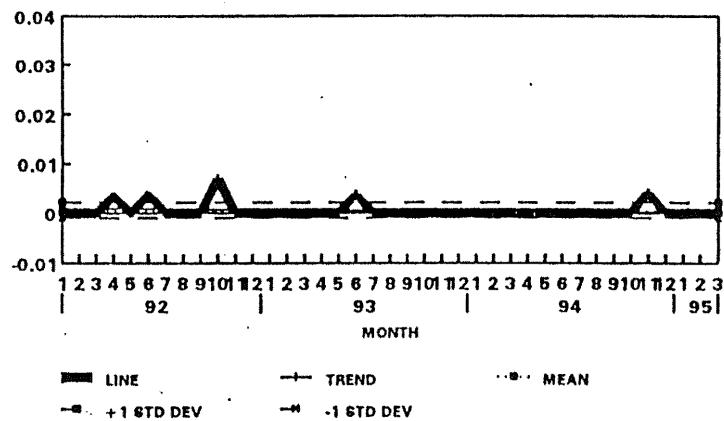
Prepared by Quality Assurance Department  
May 1995

**TOTAL DEATHS: ACCIDENTAL CAUSE ONLY**  
**PER 100 PATIENT DAYS**  
**WESTERN STATE HOSPITAL**



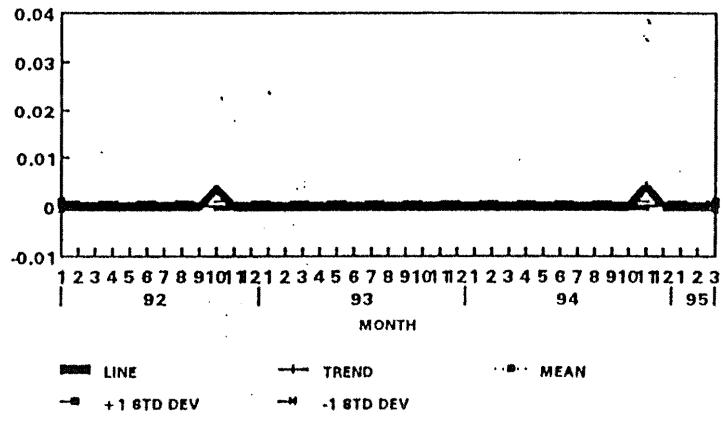
Prepared by Quality Assurance Department  
May 1998

**TOTAL DEATHS: SUICIDE ONLY  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL**



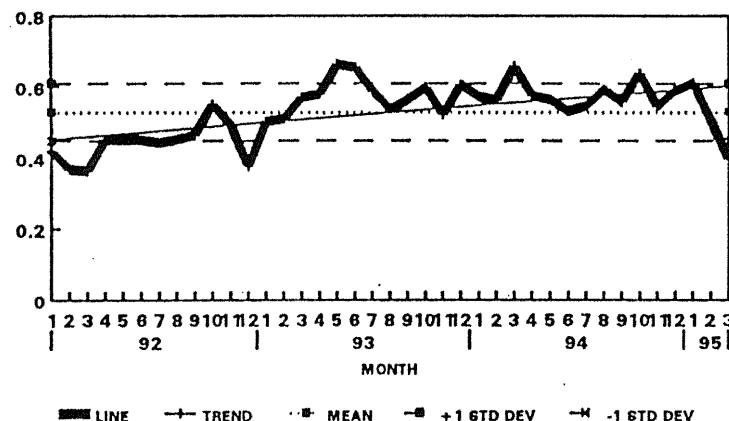
Prepared by Quality Assurance Department  
May 1995

**TOTAL DEATHS: HOMICIDE ONLY  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL**

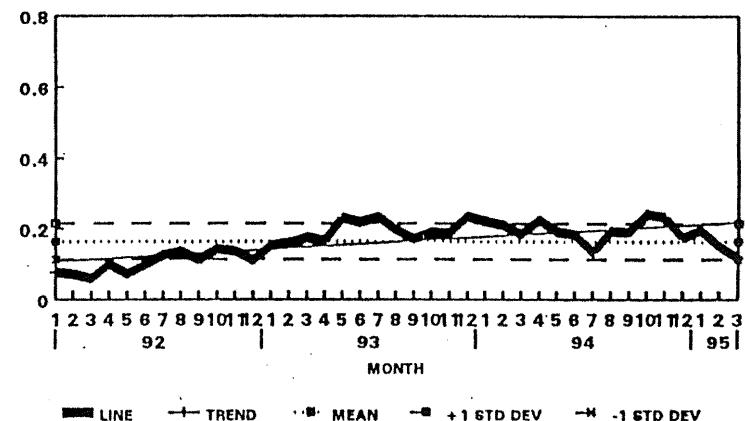


Prepared by Quality Assurance Department  
May 1995

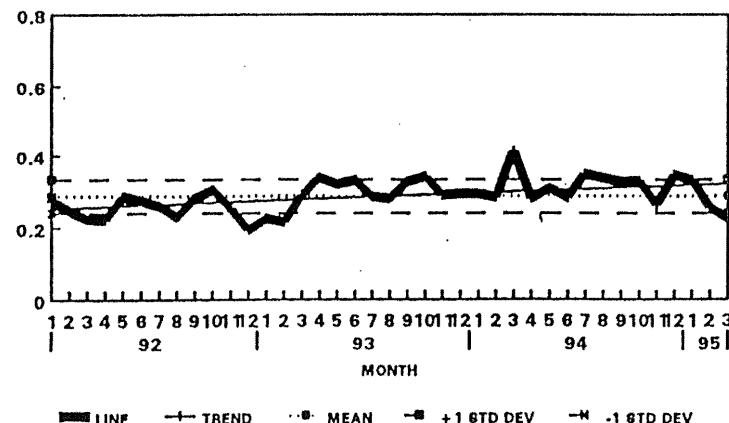
PATIENT INJURY: NUMBER OF INCIDENTS  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL



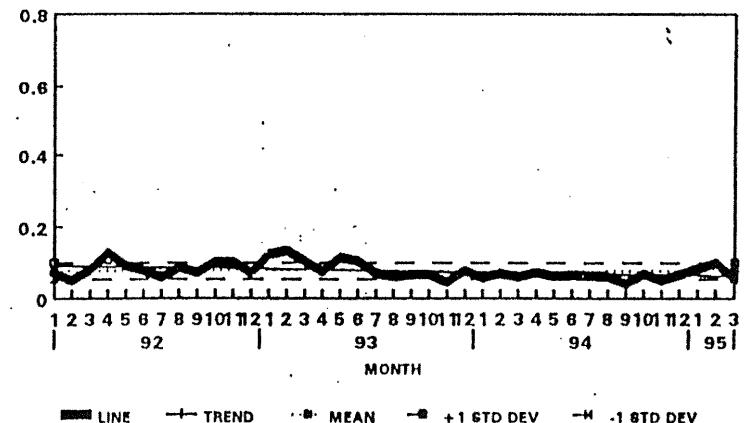
PATIENT INJURY: ASSAULT INCIDENTS  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL



PATIENT INJURY: NON-ASSAULT INCIDENTS  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL



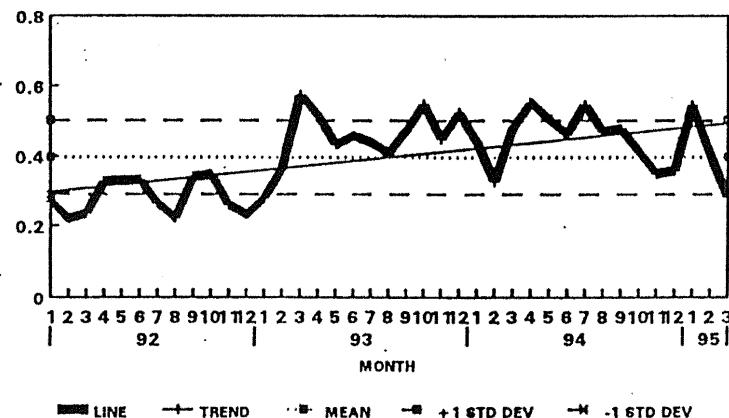
PATIENT INJURY: UNKNOWN IF ASSAULT INCDT  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL



Prepared by Quality Assurance Department  
May 1995

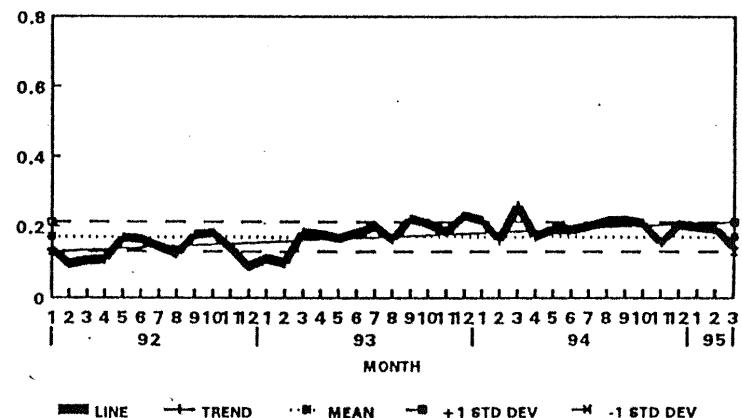
Prepared by Quality Assurance Department  
May 1995

PATIENT FALLS: NUMBER OF INCIDENTS  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL



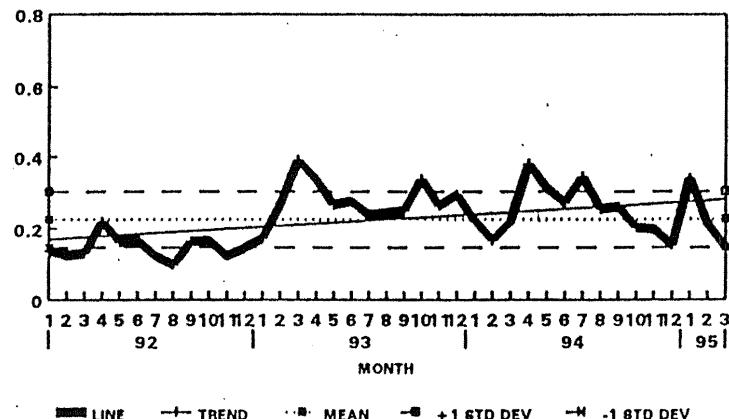
Prepared by Quality Assurance Department  
May 1995

PATIENT FALLS: INJURY RELATED  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL



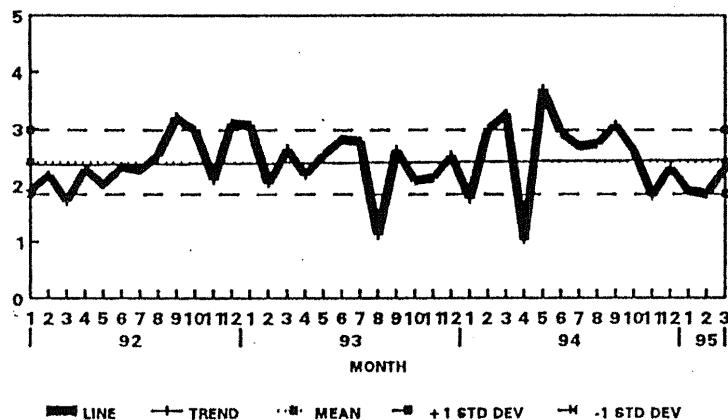
Prepared by Quality Assurance Department  
May 1995

PATIENT FALLS: NON-INJURY RELATED  
PER 100 PATIENT DAYS  
WESTERN STATE HOSPITAL



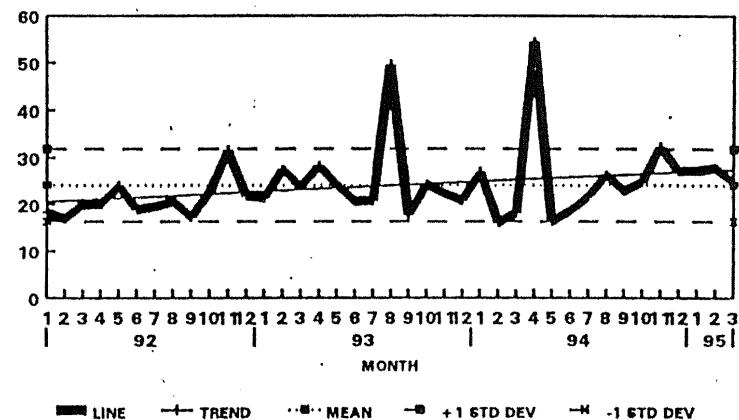
Prepared by Quality Assurance Department  
May 1995

**L & I CLAIMS FILED  
PER 100 FTE'S  
WESTERN STATE HOSPITAL**



Prepared by Quality Assurance Department  
May 1995

**TIME LOSS IN DAYS PER L&I CLAIM FILED  
WESTERN STATE HOSPITAL**



Prepared by Quality Assurance Department  
May 1995

## WASHINGTON STATE SUMMARY: MENTAL HEALTH REFORM ACT OF 1989

2SSB 5400, the Mental Health Reform Act of 1989, made significant changes to the Washington state mental health system. This summary describes the key features of the Act and related WAC revision:

- I. **Local Responsibility** -- shifts more of the responsibility administering programs from the state to localities. Counties are encouraged to form **Regional Support Networks (RSNs)** comprise of a single county or groups of counties to jointly administer mental health programs. The bill details timelines for a **first wave** and **second wave** for recognizing RSNs.
- II. **Available Resources** -- financial resources are redefined to include all state and federal funds **except** Title XIX revenues (Medicaid program). DSHS must consolidate all funds by 7/1/93 in a single grant to ensure that first wave RSNs have maximum flexibility in deploying funds. DSHS was required to develop a **distribution formula** by 10/1/89 for equitably distributing available resources.
- III. **Priority Populations** -- Priority populations for Regional Support Networks (RSNs) were redefined to delete the specific **order** for acute, chronic, and seriously disturbed consumers. In addition, only the RSN, at its "sole discretion" may determine which of the seriously disturbed are priority. RSNs continue to be obligated to improve services to the **underserved populations**, which include: ethnic minorities, children, elderly, and disabled.
- IV. **New Services** -- RSNs must develop several new services, including:
  - A. **Resource Management Services** -- the "managed care" component of the system. Resource managers have ongoing responsibility for each consumer's care. They develop, with the consumer, a service plan (ISP), and following that plan, refer and place consumers in community support and residential services. RSNs have the latitude to provide resource management services themselves, delegate it to a provider, or merge the function with case management services. Regardless of location, the key is to ensure effective and targeted use of services.
  - B. **Community Support Services** -- redefined for RSNs and includes: case management, crisis intervention, discharge planning, medications and counseling. In RSNs, case managers have primary responsibility for discharge planning for committed consumers both evaluation and treatment programs and state hospitals.
  - C. **Crisis Response System** -- investigation and detention are knit together with crisis outreach and stabilization, with greater emphasis on working with the consumer to avoid unnecessary hospitalizations. A new facet of this system is "**crisis respite**" in which services are brought to the consumer in his/her home or another home-like setting.
  - D. **Residential Services** -- previously ancillary to the community mental health program, residential services are introduced here as a licensed service. RSNs must ensure access to a continuum of services emphasizing placing consumers in permanent homes and bringing support services to them. Residential components include:

1. **Crisis Respite** – also part of the Crisis Response System and entails bringing support services to the consumer in his/her own home or other home-like setting
2. **Supported Living** -- this model is similar to tenant support programs in which the provider develops permanent housing stock (e.g., houses, apartments, section 8 certificates, etc.) and brings support services to the consumer's home.
3. **Supervised Living** -- also called Congregate Care Facility program with an additional payment for mental health services.
4. **Long-Term Rehabilitative Services** -- also called the Adult Residential Treatment program. Services are provided within the facility to severely disabled consumers who require intensive structure and supervision.
5. **Evaluation and Treatment** -- involuntary treatment as provided under the Involuntary Treatment Act (RCW 71.05). These are inpatient programs for treating people who are detained or committed.

V. **85% Expectation:** By 7/1/93 (First Wave RSNs) or 7/1/95 (Second Wave RSNs), each RSN becomes responsible for treating 85% of all short-term commitments locally. RSNs will also pay some of the costs of care for consumers in state hospitals.

VI. **Client Tracking** -- DSHS must develop an interim system for locating each consumer's case manager must be in place by 1/1/90. The final system must be in place by 1/1/93.

VII. **Confidentiality** -- confidentiality requirements were amended to allow increased flexibility in sharing necessary treatment information.

VIII. **State Hospitals** -- several changes were made to the state hospitals by amending RCW 72.23

- A. **Boards** -- the act established an advisory board at each state hospital.
- B. **Institutes**-- the act established Institutes for the study and treatment of mental disorders. The Institutes are intended to improve recruitment, retention, clinical care and training, and are jointly operated by DSHS and state universities.

X. **Reports** -- the bill required several reports and studies, including:

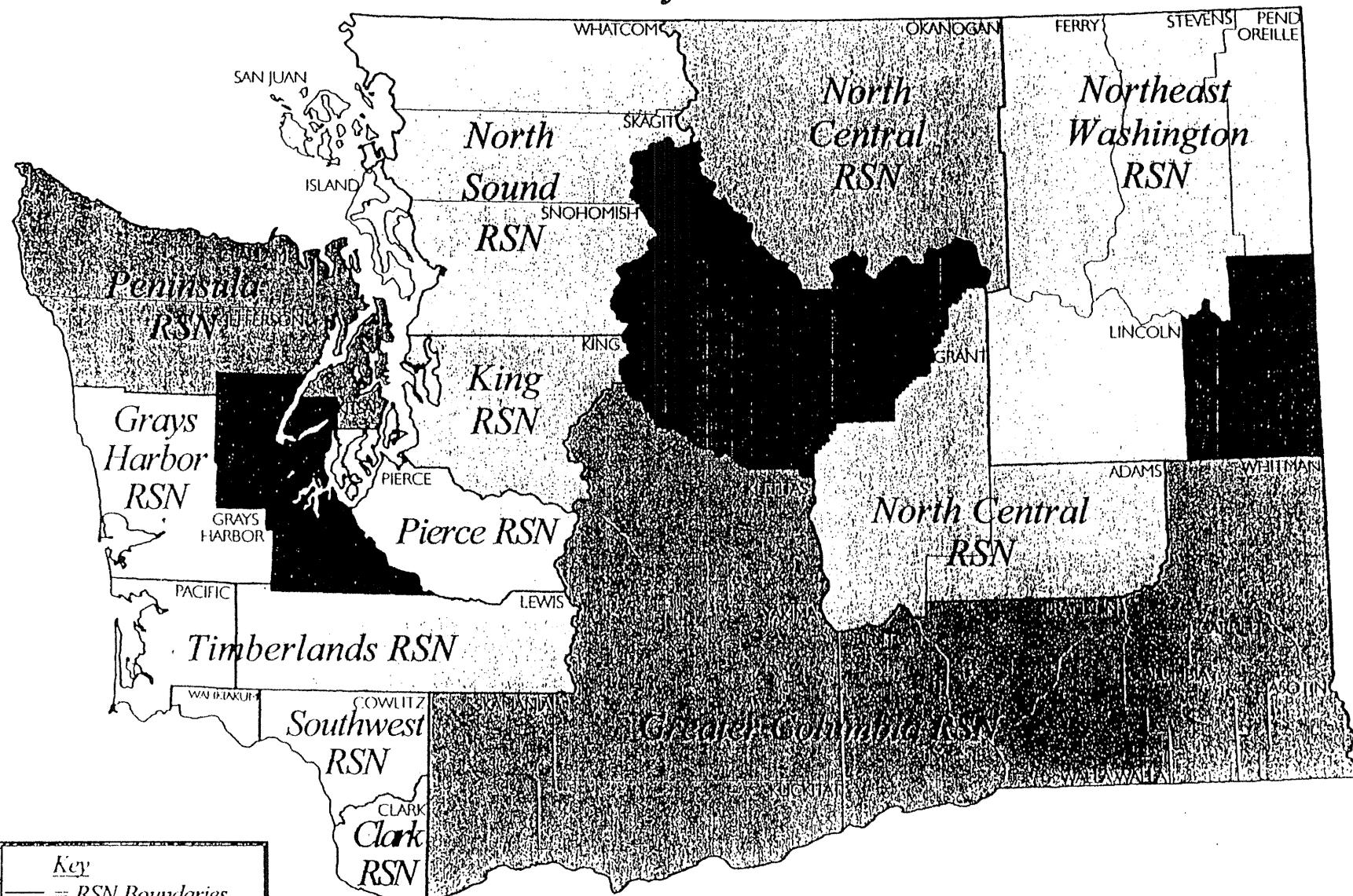
- A. Inpatient cost study
- B. Title XIX study
- C. Training and recruitment study
- D. OFM study of administrative costs
- E. Discharging state hospital clients to nursing homes
- F. OFM Involuntary psychiatric rate study
- G. LBC evaluation of system change

XI. **Amendments** -- subsequent amendments to the Act included:

- A. Assistance to secure work is a required service
- B. RSNs must contract with local evaluation and treatment facilities or psychiatric units for short-term inpatient care
- C. RSNs establish inter-agency agreements with other agencies, including: Developmental Disabilities, Drug Abuse and Alcoholism, Aging and Adult Services, and AIDS Net.
- D. RSNs develop plans for children services.

# *Washington State Regional Support Networks*

July 1995



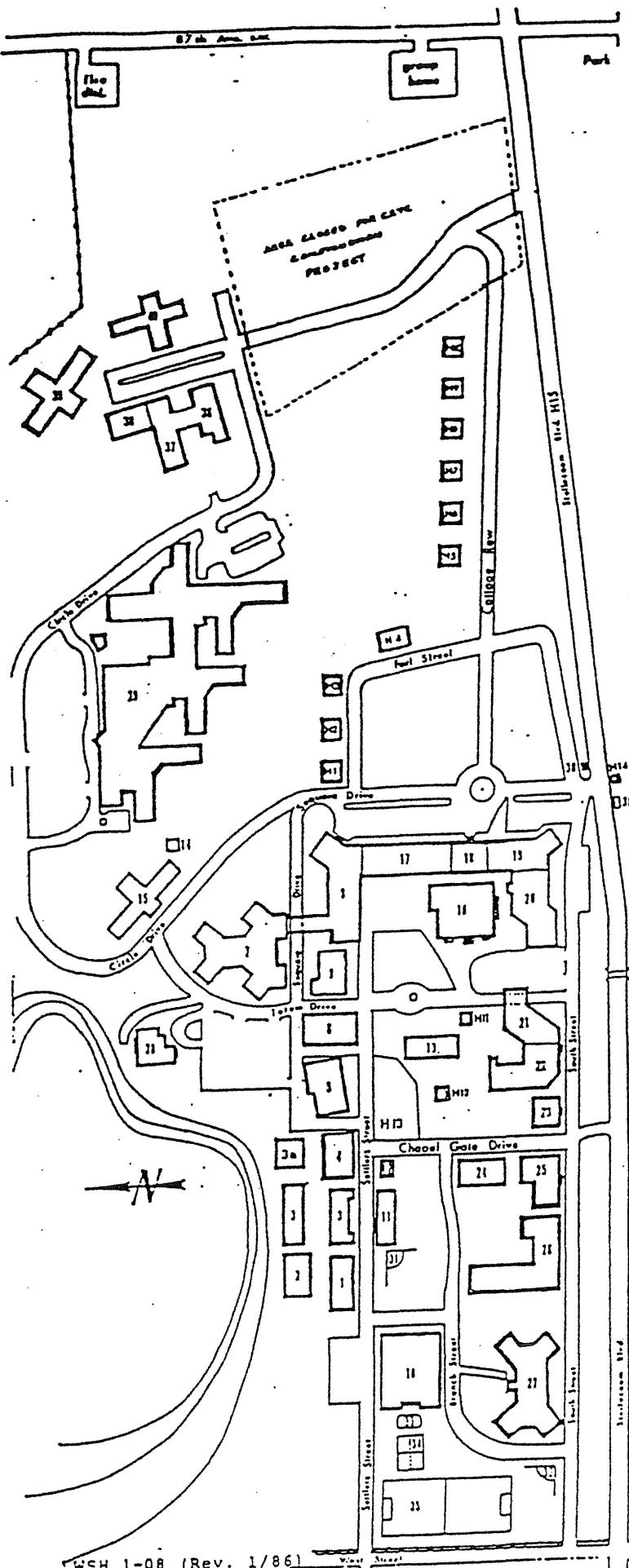
Key

- = RSN Boundaries
- = County Boundaries

## MENTAL HEALTH MILESTONES

1844 - 1993

- |      |   |
|------|---|
| 1961 | CHILD STUDY and TREATMENT CENTER                |
| 1973 | NORTHERN STATE CLOSED                           |
|      | INVOLUNTARY TREATMENT ACT                       |
| 1976 | FIRST COMPREHENSIVE STATE<br>MENTAL HEALTH PLAN |
| 1979 | PORTAL  |
| 1982 | COMMUNITY MENTAL HEALTH<br>SERVICES ACT         |
| 1984 | PALS  |
| 1989 | MENTAL HEALTH REFORM ACT                        |



**VII. Appendix B**

# **WESTERN STATE HOSPITAL**

**Strategic Planning  
1995 - 2001**

**Jerry L. Dennis, MD  
Acting Chief Executive Officer**

**October 1995**

## INTRODUCTION

As Western State Hospital faces many difficult and complex issues currently, it is expected that over the next several years significant changes will be occurring in the overall operations, patient care programming, facilities, financial and staffing resources, patient population, support services, and community care alternatives. In the face of these issues, Western State Hospital herein presents a six year strategic plan. Hopefully, through this strategic planning effort, Western State Hospital will be able to further its leadership role in the provision of mental health care for the citizens of western Washington.

Strategic planning meetings were held on the following dates: August 14, 1995; August 25, 1995; August 31, 1995; September 8, 1995; and September 22, 1995. The following individuals are hereby acknowledged for their contribution and participation in the strategic planning effort:

WSH Staff:

Dick Bever, Personnel Manager  
Steve Brockel, RTS  
Julio Buenaventura, MD  
Chris Campbell  
Vicki Carter  
Sandy Cheah, RN  
Bob Fitzsimmons, Assistant CEO  
Jalane Hagerott, Nursing Director  
R. Darrell Hamilton, MD  
G. Steve Harmon Sr.  
LaVonne Holzborn, RN  
Mike Hoover, Safety Officer  
Ira S. Klein, MD  
Bob Kozuki, MSW  
Suzanne Leichman, CNS  
Eugene McMillen  
Rick Mehlman, PhD  
Dai Nakashima, MSW  
Marianne Neff-Daniels, Ombudsman  
Dan Nelson, MSW  
Marjory Preston, PhD  
William Proctor, PhD  
Rick Ramseth, Management Analyst  
Keith Renstrom  
Teckna Riley, RN  
Susan Ryan, MSW  
Mark Seling, PhD  
Ray Smith  
James Sprague  
Margaret Webster, ACSW

Washington Institute Staff:

Paul Peterson, PhD

RSN Management:

David Beatty - Grays Harbor  
Lesley Bombardier - Southwest  
Anders Edgerton - Peninsula  
Margaret Lopic - Southwest  
Fran Lewis - Pierce  
Steve Maynard - Clark  
Jo Moore - Pierce  
Karen Spoelman - King  
Mary Williams - Thurston/Mason

Advocacy Representatives:

Irene Lawseth  
Pat Lovett  
Carol Starr

# WESTERN STATE HOSPITAL

## *Mission Statement*

The mission of Western State Hospital is to evaluate and treat individuals referred from the community and who have the most complicated long term psychiatric disorders.

## *Vision Statement*

Western State Hospital's vision is quality treatment taking place within an environment which ensures public safety while still emphasizing patient choices and furthering individual dignity; and reflects a safe, interactive, minimally restrictive and patient-focused setting.

Wards have patients in numbers strictly in accordance with appropriate physical space, allowing for a safe, reasonably quiet, clean and therapeutic environment, and allowing a welcome to and involvement of family members and meaningful others. Programs will dictate the skill mix of staff; will seek active patient participation in individualized, outcome-based treatment; will change to meet the evolving needs of patients, families and community; and will include patient education and auxiliary programs determined by data and current literature/research findings.

Quality treatment takes place where staff values diversity, is competent, proud of its work, shows positive regard for patients and all staff members, and is engaged in leading-edge training offerings from staff development. A computerized network of information gathering and dissemination unifies Western State Hospital and community mental health providers in a state-wide network.

## **GOAL STATEMENT**

Western State Hospital will continue to strive to become a center of excellence for patient care and programming. Through this strategic planning effort, we have reviewed our current mission statement and project that over the next six years this mission will continue based upon the contributions of Western State Hospital staff, Regional Support Network administration, patient and family advocates, consumer advocates, community representatives and union representatives.

### **Goals**

1. Improve the quality and diversity of patient care services provided through continuing to be a center of excellence in patient care and further development of specialized treatment programming.
2. Improve the quality of staff through becoming a center of excellence in staff education and training.
3. Improve the quality of life for consumers through consumer empowerment and provision of quality patient and family education.

## PATIENT POPULATIONS AND CENSUS

Several issues will impact projections and planning for the populations and census for Western State Hospital. Potential changes in federal revenues to support patient care services under Medicare and Medicaid programs are anticipated. National and state health care reform and mental health care reform may bring about dramatic changes in the next several years. The control of resources will undoubtedly play an important role as we move further into Managed Care and "Administer-A-Portion" concepts with the potential for the Regional Support Networks to administer up to 100% of hospital budgets. Capital Program issues will also play an important role as the hospital strives to improve facilities and attain appropriate facilities to meet the needs of a changing patient population.

The Division of Mental Health central office has anticipated further reductions in the size of state hospitals. As of October, 1995, the total WSH facility bed capacity stands at 1002. Current populations are divided between three inpatient clinical units and one adult residential treatment facility.

Adult Psychiatric Unit - Capacity: 347  
12 wards including 2 admission wards.

Geriatric Medical Unit - Capacity: 271  
10 wards including 1 admission ward, a medical infirmary ward, medical psychiatric ward, and neuropsychiatric ward.

Legal Offender Unit - Capacity: 225  
8 wards including one admitting ward and one community program for conditionally released patients.

Program for Adaptive Living Skills - Capacity: 159.  
An adult residential treatment facility, intensive level

Currently, the Mental Health Reform Act of 1989 involves community Regional Support Networks in the provision of care for civilly committed populations in the Adult Psychiatric Unit, Geriatric Medical Unit and PALS. The current in residence census (IRC) for WSH is 777, per working agreements between WSH and the RSN's. The IRC excludes the Legal Offender Unit population.

Population reductions may be possible in several areas over the next six years:

1. With further development of short term evaluation and treatment programs and facilities at the community level to serve the general adult psychiatric population,

the Adult Psychiatric Unit may be able to reduce the census by 2 or 3 wards or 56 to 84 patients. This could include a reduction in the current 60 bed, 2 ward APU admissions capacity.

2. With expanded community resources for dealing with the geriatric population through furthering community efforts to provide mental health services to nursing homes or the development of specialized geriatric mental health facilities, the geriatric unit population could also decrease by 2 wards or 56 beds.
3. The Legal Offender Unit population may be decreased in a couple of different ways. First, through development of an alternative process for the evaluation of competency of pre-adjudicative individuals, the number of competency evaluations could be substantially reduced. However, it is not anticipated that the LOU would close its admission/observation and evaluation ward, as there will continue to be a need for inpatient evaluations to occur in a secure setting for the most complex cases. The community program for conditionally released patients may be targeted for relocation to a community setting and subsequently reduce the Legal Offender Unit population. Community acceptance of this program being relocated to a transitional facility away from the WSH campus may present a major obstacle to being able to reduce this population from the WSH census.

With the increased focus on public safety and violence in society, as well as several legal issues regarding criminals and containment of criminal behavioral problems, overall it is expected that the population of the Legal Offender Unit may grow while other portions of the hospital decrease. Therefore, currently this planning will anticipate a Legal Offender Unit population of 240 to 255 by the year 2001.

4. The PALS program may be able to make the largest reduction provided that community based, comprehensive treatment alternatives be developed for chronically mentally individuals transitioning from state hospital care to community living. With appropriate development of comprehensive community based resources for transitional care, the PALS population could reduce by as much as 120 beds.

Bed reduction projections for the six year strategic planning period are outlined in Table A.

By October 1977, 2 options for population reductions are presented. In option A, a 120 bed reduction is noted, with a WSH capacity of 880. In option B, an 80 bed reduction is noted, with a WSH capacity of 920. An explanation follows in the Capital Program section of this plan.

By October 1999, a 175 net bed reduction would result in a total bed capacity of 825. This includes a projected increase in the LOU capacity to 240. The In Residence Capacity of 585 would be possible if APU and GMU together were reduced by 84 beds (3 x 28 bed wards) and PALS was reduced by 109, for example.

By October 2001, a 225 net bed reduction would result in a total bed capacity of 775. This includes a projected increase in the LOU capacity of 255. The In Residence Capacity of 520 would be possible if APU and GMU together were able to reduce by 140 beds (5 x 28 bed wards) and PALS was reduced by 117 beds also, for example.

In reviewing population/census projections, serious concerns are raised regarding planning for reduction in state hospital capacities in the face of the rapid growth of the overall population in western Washington. Currently available forecasts anticipate the population growth for Washington State may proceed at a rate of approximately 6% over the course of this planning period and may be even more rapid for western Washington. Clearly, any population growth must anticipate an increase in the numbers of mentally ill and chronically mentally ill to be served. Also, depending on the successes or failures of mental health reform, managed care, and the ability of the community to provide an adequate variety and diversity of services and quality of services, the future projections for state hospital census may vary significantly.

The increasing concerns for public safety and violence in society may lead to demands for more restrictive treatment planning for all chronically mentally ill populations. With the aging of the overall population, the numbers of elderly individuals with Alzheimer's disease and associated serious psychiatric and behavioral syndromes will increase. If community resources to address this population are not developed, the geriatric population in the state hospital will also grow.

In all, interested parties who contributed to this planning process are quite concerned about any planned reductions in the overall size of the hospital and, in some areas, increases in hospital capacity are being projected.

POPULATION REDUCTION PROJECTIONS				
Date	In Residence Capacity	LOU Capacity	Total Capacity	Net Reductions
October 1995	777	225	1002	----
October 1997	655	225	880	120 beds 12%
	777	225	1002	0 beds 0%
Option B-1	695	225	920	80 beds 8%
	777	225	1002	0 beds 0%
Option B-2	585	240	825	175 beds 17.5%
	520	255	775	225 beds 22.5%
Option C				
October 1999				
October 2001				

TABLE A

## CAPITAL PROGRAMS

With the goal of improving the quality of facilities for patient care, and anticipating an increase in special populations served, the facilities at WSH will need to be upgraded in a manner that maintains basic life safety issues while facilitating specialized patient care programming and services. Currently, WSH is in Phase 6 of a long term Capital Programs improvement project. Phase 6 will provide three new wards in Central Campus. The projected completion date is October 1997.

The Division of Mental Health has already prioritized Phase 7 to be a new Legal Offender Unit. The goal is to vacate North Hall and to no longer utilize this facility for housing patient populations. The option selected for relocation of the Legal Offender Unit poses significant problems for population projections and degree of reductions required in order to proceed with the construction of a new Legal Offender Unit. If options are selected for utilizing the South Hall building #21 or the PALS building #27, the selected building must be vacated for significant renovation and construction to occur to meet the facility needs for security as is required for a Legal Offender Unit population.

OBSCUE  
INFO

### Option A:

If South Hall is the selected option, the current eight wards in that building must be relocated as early as October 1997. As there are no other vacant facilities available, population decreases would need to occur. South Hall's current 240 bed capacity could be relocated to 90 newly completed beds from Phase 6, and 90 beds to current PALS building #27. This would leave 60 beds or 2 wards of inpatient capacity to be reduced. This would also necessitate the relocation of PALS residents from building 27 so that it could be utilized for inpatient services. The PALS program would be consolidated in Central Campus unrenovated space and house a maximum of 100 patients, therefore reducing the PALS population by 60 beds. However done, at a minimum, a 120 bed total reduction would be necessary by October 1997 for this LOU option to be realized. This would leave the total facility capacity at approximately 880 by October 1997.

### Option B:

If the PALS building #27 option is selected for the new Legal Offender Unit, PALS residents would need to be relocated from the building.

Option B-1:

With the opening of 90 beds when Phase 6 is completed, 3 inpatient wards would be relocated from South Hall to this area. 90 PALS residents could then be relocated to South Hall wards. However done, no overall census reduction would be necessary by October 1997.

Option B-2:

Alternatively, a census reduction could be planned for although it would not be absolutely necessary. The PALS program could reduce capacity to approximately 80 from the current 160, for an 80 bed capacity reduction by October 1995. Alternatively, one or two 30 bed inpatient wards could be closed, with a reduction in the number of PALS beds to be closed. However done, approximately 80 total beds could be reduced to make this LOU option feasible (PALS building #27). This would anticipate a total facility population of 920 by October 1997.

Option C:

If a Legal Offender Unit option is selected and funded for a totally new free-standing Legal Offender Unit building on campus, no population reductions would be required by October 1997.

Other Capital Program Issues:

Other Capital Program issues for the remainder of the six year strategic planning include the fact that all buildings on campus are slowly but surely deteriorating and several will require significant improvements.

Currently, it is expected that following the completion of Phase 7 (LOU option), the completion of the Central Campus remodeling/construction project would be desired for Phase 8, with a completion date in the year 2000. Finishing Phase 8 of the Central Campus project would provide at least three renovated wards and needed additional patient care support and activities areas.

## PATIENT POPULATIONS AND PROGRAMMING

This strategic plan calls for an increase in the diversification and specialization of services. Specialized programming would be developed to deal with the following specialized patient care needs:

1. Geriatric behavioral care programming to deal with aggressive/assaultive behaviors, sexual acting out behaviors, and resistiveness to care in the geriatric psychiatric populations including dementia care. Specialized dementia care wards and furthering of the Gentle Care model are anticipated.
2. Medical psychiatric care: Specialized programs to deal with the increasing medical complexity of the chronically mentally ill populations is needed. This could include consideration of a specialized traumatic brain injury program, a physical/medicine rehabilitation program, a hospice care program for terminal medical disorders, neuropsychiatric programming for individuals with degenerative neurologic disorders, and increased medical intensive care or infirmary services.
3. Increased combined service program capacity for individuals with developmental disabilities. Further subspecialization of developmental disability services may be needed for dealing with individuals with developmental disabilities who are also sexually inappropriate or sexually predatory, for example. Specialized programs may be needed for diversifying services to those who have varying levels of developmental disabilities combined with mental and behavioral disorders.
4. Mentally ill chemical abuse (MICA) programs for individuals with combined serious and chronic mental illness as well as psychoactive substance abuse and dependence disorders.
5. Specialized capacity for severely aggressive/assaultive populations with intense behavioral programming in each clinical unit.
6. Acute care and short term capacities developed on an RSN specific basis, i.e., King County ward. These could be competitively contracted program services which compete with developing community E&T facilities.
7. Transitional care programming: specialized program capacities could be developed within the PALS program for transitioning of specialized populations described above and be competitively contracted services purchased by RSN's.

8. Legal Offender programs for specialized populations in some of the areas described above may need to be developed, in addition to the recently developed competency restoration program.

## STAFFING NEEDS

In order to become a center of excellence in patient care and programming, increasing specialization of staffing resources will be necessary. Maintenance of current staff to patient ratios or increases in the staff to patient ratios are anticipated to be required in order for more specialization of programs to be developed.

Increased specialization in staffing will be needed in the following areas:

1. Specialized behavioral treatment, physical medicine and rehabilitation including:
  - a) occupational therapy
  - b) physical therapy
  - c) speech therapy
  - d) audiology
  - e) neuropsychiatry
  - f) psychology - behavioral treatment experts
2. Developmental disabilities specialists
3. Dementia care specialists
4. Geropsychiatric specialists
5. MICA/drug and alcohol treatment specialists
6. Forensic program specialists

We anticipate becoming a center of excellence in terms of staff education and training through increases in student, intern and residency programs for clinical disciplines of nursing, social work, clinical pharmacy, clinical psychology, rehabilitation service specialists and psychiatry including advanced fellowships for specialized geriatric, forensic and administrative psychiatry training programs. Various support services areas could also further develop student placements, for example in laboratory services, dental services and medical records.

Enhanced staff education and training initiatives are necessary in terms of the hospital's overall improvement of organizational performance in an effort to ensure the competency of staff, to provide top quality orientation and annual update training for current staff, and to provide a variety of additional education and training programs to further hospital staff development and the development of community mental health care providers. Our current initiatives include the Gentle Care model in the treatment of dementia patients, the case manager training and "Boot Camp" for community case managers, the certified nurse assistant (CNA) program for nursing staff, the psychosocial rehabilitation and active treatment training programs for hospital and community staff, and the Patient/Family Education Program. It is expected that further development in education and training programs in collaboration with area colleges and universities will need to be expanded.

The movement of staff and training resources from hospital to community, and community to hospital, are foreseen in an effort to develop a fully integrated service care delivery system which facilitates patient movement from community to hospital, and back to the community.

## SUPPORT SERVICES

It is essential that support services also undergo further improvement and development in order to meet the needs of the changing population. The most critical support service for change is food service. The food service delivery system currently in place at Western State Hospital is archaic and badly in need of a new design and approach. An entirely new food service system is needed which would provide for improvements in the quality of meal services provided to patients. The bulk food delivery system must be replaced with a fully modernized food service which can provide quality meals and special diet services utilizing a cook-chill system.

Pharmacy services must also be continually upgraded and improved to provide a fully modernized state-of-the-art pharmacy delivery system throughout the facility. This also will require continual improvements in computerization of services.

These as well as other support services including laundry, custodial and maintenance services should be carefully reviewed and considered for potential contracting out of services. Expensive equipment needs will continue to be programmed for support services, such as laundry equipment, maintenance equipment, pharmacy equipment, and food service preparation equipment unless immediate steps are taken to move toward contracted out services. The most cost efficient method for providing quality specialized support services for patient care will need to be the direction for planning future support services.

## PATIENT FAMILY EDUCATION AND SUPPORT SERVICES

Patient and family surveys will become a routine and intrical part of our efforts to improve patient care and organizational performance. Improvements in ward based patient/family education programs and services will be necessary. Patient/consumer advisory forums for all clinical units have been recently developed and will need to be further expanded upon and integrated with overall patient family education services, especially in identifying patient and family education and support needs, and in development of the resources necessary to provide them.

## COMPUTERIZATION

Currently, WSH has a hospital integrated information service (HIIS) and a quality assurance program which utilizes a variety of formats for assisting the organization in tracking and monitoring patient care and staff performance. However, several areas lag behind and are badly in need of computerization in order to assist the hospital in maintaining a modern system and competitive edge in the future. Computerization is sorely needed in the following areas: 1) patient medical records; 2) individualized patient accounting services; 3) professional staff billing services; 4) inventory control; 5) equipment control; 6) food supply control and dietary services; 7) maintenance and repair services, 8) laboratory services; and 9) pharmacy services.

The computerization and management of information through computerization will require careful planning and consideration over the term of this strategic plan in order to ensure that adequate financial resources are available to move the hospital into the 21st century and to remain a viable cost effective patient care setting which is able to competitively bid for and provide services.

## LEGAL AND OTHER CONSIDERATIONS

Several legal considerations have been identified that will need to be addressed over the course of the next six years.

1. Commitment laws specifically dealing with legal offenders under RCW 10.77 will require some revision in order to allow us to proceed with alternative procedures and processes for the evaluation of competency and dangerousness of legal offenders in community jails, or through an outpatient clinic or court clinic model. A central authority is needed for state-wide coordination of Legal Offender services and to bring together interested parties involved with local jails, state hospitals, community corrections, and mental health providers.
2. Legislative changes pertaining to the mental health reform act (5400) are also needed to specifically address the legal offender population. Central responsibility versus community responsibility for evaluation and treatment of legal offenders should be addressed in order to proceed with further development of options as described above. Also, the mental health reform act may also need to be changed to include RSN responsibility for care and treatment for conditionally released legal offenders.
3. Currently RCW requires that any services that have been traditionally provided by state workers cannot be contracted out. In order to proceed with any consideration of contracting out major services, it will be necessary to address the RCW, so as to free the state from this restrictive approach to contracting.
4. Labor contract issues: Current labor contracts have not been negotiated since 1973. These contracts are badly in need of reconsideration and renegotiation. The union contracts currently also contain restrictive clauses which would limit or restrict the hospital's ability to consider contracted out services in areas such as dietary, laundry, custodial, maintenance, etc., and also limit the movement of hospital staff to community programs.
5. Other considerations: The working agreements with RSN's will need to be continually revisited. Other interagency agreements need to be carefully addressed. For example, in dealing with the mentally ill, chemically abusing population, which impacts acute care needs on admission wards, services provided by Division of Alcohol and Substance Abuse (DASA) program administration, appear to be inadequate and in need of expansion. RSN's have not been able to develop adequate alternative community based resources for acute or chronic drug and alcohol treatment. A significant proportion of individuals admitted to Western State Hospital and to local E&T's have primary substance abuse disorders and are

more appropriately treated within specialized programs to address these primary needs. Further central office collaboration of the Mental Health Division and DASA would improve the quality of services for this population.

6. Housing and residential treatment options for individuals transitioning from the state hospital to the community are continually inadequate, both in numbers of beds available, and in the quality of housing and program support. The Program for Assertive Community Treatment is a model which is seen as the type of chronic community-based mental health care and housing program that must be developed. Through such programs, successful reductions in state hospital census can be made and maintained. Without them, recidivism and the "revolving door" phenomenon may increase when state hospital population reductions are made.
7. Personnel issues concerning classification and pay will also need to be addressed. Currently, salaries for several classifications are noncompetitive. This will make it difficult to provide specialized staffing resources if we cannot recruit and retain qualified staff. Currently, salaries for physicians, internal medicine specialists, physical therapists, and occupational therapists are the most in need of upgrade.

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**VIII. Appendix C**

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MEETING NOTES of  
November 7, 1996

**Project:** Western State Hospital  
10 year Master Plan  
Organizational Meeting  
Project No. 96-460C.S.

November 7, 1996

**Time:** 1:00 p.m.

**Purpose:** Review draft copy of the Master Plan

**Present:** *See attached sign in sheet for those in attendance*

Copies to: (*)		
	*Mr. Jerry Dennis	WSH Director
	*Mr Bob Fitzsimmons	WSH Chief Operating Officer
	*Mr Bob Ranzenbach	CSTC
	*Mr. Lon Sullivan	DSHS-MHD
	*Mr. Richard Christian	DSHS-DL&B
	*Mr Phil Timpke	E&A Services
	*Mr. Bruce Harvey	WSH
	*Mr. Paul Prochaska	CTS Engineers, Inc
	*Mr. John Jex	KMD Architects
	*Mr Jim Diaz	KMD San Francisco
	*Mr. John Lindstrom	The BJSS Group

(Please distribute additional copies to appropriate individuals in your organization as you feel necessary)

These notes represent discussions items affecting the 10 year Master Plan. The items as noted may not be the final decisions, they represent the discussion on this date. Additional study may be required to work out each item in detail.

***Discussion:***

1. The Architect distributed 10 copies of the draft Master Plan Document and two full size sets of the utility plans to the owner for review. The draft copies are black and white copies in 3 ring binders. The final report will be printed in color where appropriate.
2. Various comments were made relating to the historical graphic, some additional verification will be made by the architect. The architect noted that the information contained in the historical graphic is from existing reports. Classification of some of the building and areas appear to be inconsistent in the various existing reports. The graphic will include a note which will refer to previous documentation for more detail.

*November 9, 1996: A review of the three existing reports provided to the architects, indicates that the information contained in them is not complete. A reference is made in the Morse Stafford Partnership report dated March 1, 1996 noted that a detailed description of the historical buildings and areas are described in the National Register of Historic Places Inventory Nomination Form. This form appears to be the best source for an accurate description. A copy of this information is requested from the State or directions on how to obtain a copy.*

3. The Topographic Map was reviewed. This map indicates property which is in excess of 15% grade and is considered non buildable due to the excessive grade or for economic reasons.
4. The traffic study needs to reflect recommendations of the master plan and visa versa. There are several areas which require additional coordination. Additional meetings with the architects and the traffic engineer are scheduled. Access points to the campus are critical to allow adequate entry and exit for service vehicles and auto traffic but must also be balanced to maintain security and safety concerns. The graphic will be computer generated in the final report.
5. The internal circulation routes were discussed and changes noted. These changes will be incorporated into the final document. The final document will indicate the circulation route in a color. Another graphic will be developed to show which routes are most used by service vehicles.
6. John Jex reviewed the most current options for the master plan. The major comments include the following:
  - The narrative needs to include the siteing of new LOU and how the proposed site, west of building 29, best fits with future campus development. The "Design Opportunities" will also make note of the LOU.
  - Parking facilities must be provided for staff near the proposed location of new ward buildings. A parking lot was suggested at the area between the existing building 27 and building 21.
  - Access to the site from Steilacoom Boulevard must be carefully considered. Deleting the Hollywood gate may not be possible. It was suggested to move this gate to the west slightly to align with the interior road which is just west of the cemetery.
  - The four adult cottages south and east of building 29 may not be possible in this location due to excessive grade.
7. The city of Lakewood is in the process of developing zoning maps for their incorporated area. Currently they have not completed this task and the zoning which is in place at this time is through Pierce

County. It was requested that a zoning map is included in the Master Plan for reference purposes. The map however may not reflect the City's zoning designation for the WSH property. It is the Hospital's position that the WSH property must be designated Institutional to reflect its current use and for all know purposes, its only future use.

8. Boundary investigation: The scope of services proposed for the boundary survey and the associated fees are more than the State feel they need at this time. Richard Christian asked that a revised proposal is developed which will only locate the four corners of the original military reservation and three interior corners described as: the SE corner Van Buskirk D.L.C., the NE corner Van Buskirk D.L.C. and the SE corner Chambers D.L. C. The BJSS Group will ask CTS for a new proposal.

9. It was requested that comments about the draft Master Plan be completed by November 14 and forwarded to the architect , to allow time to incorporate them into the report. Comments can be notes in the margins, typed on separate sheets, or any means most convenient to the reviewer. If additional information is required to be included on the utility plans or there are any corrections to be made these should also be transmitted to the architect by the 14th if possible.

10..The meeting adjourned at 3:50PM

11. No additional group meetings are scheduled at this time.

**Note:** Any corrections and additions to his report must be filed with the Architect within seven (7) calendar days of the receipt of these notes. Response must be in writing and can be marked up on a copy of the notes.

JLL:

PC: all individuals noted above with (\*)



SIGN IN SHEET

*Project:* Western State Hospital  
10 year Master Plan  
Project No. 96-460C.S.

*Date* Thursday November 7, 1996:

<u>NAME</u>	<u>POSITION/TITLE</u>	<u>ORGANIZATION</u>	<u>PHONE</u>
John Lindstrom	Architect	The BJSS Group	360 943-4650
o JOHN JEX	Architect	KMD	206 467-1004
o Lee Chase	FACILITIES Comm	WSH	206-756-2571
o Rich Christian	Senior Architect	DSHS/CAPITAL PROB.	360-902-8157
o Steve Brackel	Rehab Svcs	DSHS/WSH	206-756-2506
o BOB FISCHER	COO	DSHS/WSH	206 756 2717
o DEBBIE Myers	4H Team 793	DSHS/WSH	756-2565
o CAREN DOTLICH	GENERAL SUPPLY	DSHS/WSH	756-2565
o JERRY L DENNIS MD	CEO	WSH	206-756-2345
o JON DAVIS	PSW III	APU	756-2357
o IRV WARNER	PLANT MAINT	MAINT,	756-2519
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MEETING NOTES of  
October 22, 1996

**Project:** Western State Hospital  
10 year Master Plan  
Organizational Meeting  
Project No. 96-460C.S.

October 22, 1996

**Time:** 9:00 a.m.

**Purpose:** Review with the owner the status of the Master Plan diagrams and study outline.  
Collect additional owner input, review information and compare to the hospital goals for the master plan.

**Present:** *See attached sign in sheet for those in attendance*

Copies to: (*)		
*Mr. Jerry Dennis	WSH Director	
*Mr Bob Fitzsimmons	WSH Chief Operating Officer	
*Mr Bob Ranzenbach	CSTC	
*Mr. Lon Sullivan	DSHS-MHD	360-753-4424
*Mr. Richard Christian	DSHS-DL&B	360-902-8157
*Mr Phil Timpke	E&A Services	206-759-6009
*Mr. Bruce Harvey	WSH	206-756-2519
*Mr. Irv Warner	WSH/Steam	206-756-2519
*Mr. Paul Prochaska	CTS Engineers, Inc	206-455-7622
*Mr. John Jex	KMD Architects	206-467-1004
*Mr Jim Diaz	KMD San Francisco	415-398-5191
*Mr. John Lindstrom	The BJSS Group	360-943-4650

(Please distribute additional copies to appropriate individuals in your organization as you feel necessary)

These notes represent discussions items affecting the 10 year Master Plan. The items as noted may not be the final decisions, they represent the discussion on this date. Additional study may be required to work out each item in detail.



SIGN IN SHEET

#1

**Project:** Western State Hospital  
10 year Master Plan  
Project No. 96-460.C.S.

**Date** *Tuesday October 22, 1996:*

<u>NAME</u>	<u>POSITION/TITLE</u>	<u>ORGANIZATION</u>	<u>PHONE</u>
John Lindstrom	Architect	The BJSS Group	360 943-4650
o JOHN JEX	Architect	KMD	206-467-1004
o Ken McAfee	Surveyor	CTS	206-455-7622
o Rich Christian	Architect	DSHS	(360) 902-8157 206-756-2571
o BOB Fitzsimmons Lee Chase	COO WSH Facilities PLANT. MNG-#1	WSH WSH	206-756-2717
o IRV WARNER		WSH	206-756-2519
o Lee Sv.1)ivin	Admin	MHD	206-912-0900
o Mark Soelling	Vice-Chair WSH Hospital Board	WSH	(206) 756-2808
o Joyce Richardson	WSH/MHO		(360) 902-0864
o Catherine Himm	Patient Lounge Historic Committee	WSH	(206) 756-2512
o Ken Rose	Plant Mech. Sup	CSTC	(206) 756-2504 *353
o PAUL PROCHASKA	Civil Engineer	CTS	(206) 455-7622
o PATRICK HUNTERFORD	INTERN ARCHITECT	BJSS	360-943-4650
o Cheri Campbell	Director of Dietary	WSH	(206) 756-2514
o General Contract	Supply Spclist	WSH	(206) 756-2799
o TESSIE CUEVA	RN4 GMU-E	WSH	(206) 756-2876
o CAROL DOTZICH	PRESIDENT 793		(206) 756-2508
o Nancy Donigan	WSH Board consumer	MHD	(360) 902-0743
BOB LENIGAN	VP LOCAL 793		(206) 588-9707



SIGN IN SHEET  
#2

Project: Western State Hospital  
10 year Master Plan  
Project No. 96-460C.S.

Date Tuesday October 22, 1996:

<u>NAME</u>	<u>POSITION/TITLE</u>	<u>ORGANIZATION</u>	<u>PHONE</u>
John Lindstrom	Architect	The BJSS Group	360 943-4650
o Steve Dutelkaya	Liaison		5848080
o Rudy Davis	Safety	WSH	761-3368
o Rick Ramseth	Support Srv.	WSH	756-2962
o Jon Davis	APU/Psw II	WSH	756-2357
o Gene Macmillen	RN/Supervisor	WSH/PAs	756-2338
o Jelene Haynes		WSH	756-2551
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***Discussion:***

1. Introductions were made and a brief overview of the intent of this meeting was made by John Lindstrom, and Bob Fitzsimmons.
2. Additional copies of the last meeting were distributed for review and comment. Items which were brought up were noted by John Lindstrom, these will be incorporated into the notes and a revised set of notes will be included in the appendix of the Master Plan Report. Any additional comments may be made in writing to the architect.
3. Mr. Fitzsimmons indicated that a study is in progress by an engineering firm in Seattle which is looking at the possibility of a large parking structure near the Ferry landing in Steilacoom. There is resistance to this by towns people. If alternative sites are required it is believed that the land south of Steilacoom Boulevard is a likely potential for a large parking area. This site has some advantages for its potential shared use by the college, the hospital, the county park facilities and DOC. Pedestrian access to a parking lot across the boulevard may require improvements to the existing pedestrian tunnel, a new pedestrian overpass or revisions to the signaling system to allow pedestrians to safely cross the street.
4. A question was raised by Lon Sullivan, from the previous meeting notes, regarding the Hospital needs for housing types in the future. It was noted that the existing 4 and 5 story buildings do not meet all the needs of the current population. When these buildings were originally constructed the population group and treatment practices were very different than today. The renovations of these buildings in the last ten years have extended their life but the physical dimensions of the buildings and their shape compromised some of the patient wards functions. Future new buildings must respond to treatment needs and provide the required space and adjacencies to allow the facility to operate efficiently and provide the therapeutic space for patients. A significant question is. What type of facilities are anticipated in 30 to 40 years? What can be anticipated in the future, regarding patient types, their age, mental and medical needs, and the type of facilities required for their treatment and housing? The answer to this question has significant impacts particularly if the future requires a majority of facilities to be low rise detached units rather than buildings similar to building 29. The uncertainties of patient types, patient numbers, staff ratios, and required facilities make it impossible to quantify the amount of land necessary for the future. To base long term land needs on current ward requirements and patient information may be extremely detrimental for the hospitals long term needs.
5. Traffic Study: Paul Prochaska gave an over view of the Traffic Study which was completed in 1993 by TUDOR Engineering Company. His feeling was that it contains information which can be utilized for the development of the master plan. There are however some concerns with the location of the proposed main entry as it relates to available stacking depths along Steilacoom Boulevard for west bound traffic. The location of this gate needs further consideration. Also the 1993 study does not predict the impact of traffic on Steilacoom Boulevard due to the development in the Dupont area for the new Intel plant.

Several staff indicated that during peak periods the traffic going to the college backs up for a considerable distance on Steilacoom Boulevard trying to make a left hand turn onto Farwest Drive. This seems to indicate that the City needs to address some signaling concerns at this and possibly other intersections adjacent to the hospital. The congestion in this area also affects entry and exit for the hospital

A quick survey of traffic concerns was made with those in the meeting, the following items were mentioned.

- There is a problem with the traffic exiting out of the campus during peak traffic periods.

- The current number of access points have security implications
- Access to parking spaces from the entries should be improved
- Traffic on Steilacoom Boulevard is getting heavier and is impeded due to turning traffic
- Should consider designated points into campus for entry and exit
- Should consider increased security onto campus, possibly incorporating a main entry monitor or gate house.
- The hospital may investigate a parking sticker program to help security concerns with unauthorized autos driving on campus.
- Staggering work shifts would help both peak traffic congestion and also the need for double parking stalls at shift change.
- Many areas on campus currently have conflicts with service vehicles, private autos and pedestrians. There are also many blind spots due to buildings or landscaping.
- Need sidewalks for pedestrians and also covered walkways to connect various buildings or areas.
- Sidewalks need to be included with improvements to Steilacoom Boulevard.
- Traffic on Steilacoom Boulevard is too fast to be safe. Additional law enforcement should be requested of the City. Traffic signaling needs to be adjusted to better control the existing traffic load.
- Safer pedestrians crossings on Steilacoom Boulevard in front of WSH need to be provided.

6. Survey. Ken McAfee of CTS reviewed the status of the boundary investigation. A diagram has been produced which illustrates the various pieces of land which comprise WSH property. Several pieces have never been surveyed or recorded. Others are described but require substantial investigation to determine their exact size and relation to the base sections and or land claims. Mr. McAfee described the past methods of setting corners and anticipate percent of error based on the older methods. CTS will prepare a proposal to identify the required effort, not covered in the original scope of work, to investigate the various property boundaries and provide a survey of the entire property. The proposal should be broken into various steps or tasks with a cost for each. The owner will decide which tasks are desired based on need and budget. The survey will be tied to the same coordinate system used for the aerial survey.

7. John Jex reviewed the options for the master plan. (Copies are attached) Each option was reviewed to describe the main idea and the effect on traffic, entries to campus, internal circulation, service areas, location of the various patient units and affect on adjacent properties or functions.

8. From the discussions the following comments were made regarding various topics

- The expansion of DOC facilities on campus is felt to be in conflict with the image and intent of Western State Hospital.
- Hospice facilities and programs may be added to WSH in the future to assist terminal patients.  
The Existing Commissary
  - The existing building was converted from an old cannery.
  - The building does not accommodate the use of fork lifts
  - Ceiling heights are too low
  - The total area of the building may be OK but the building has three floors and requires a lot of hand lifting and moving of materials
  - Delivery and unloading at the present location conflicts with other traffic and patients

The Central Supply

- Requires additional room
- The Central Supply handles medical supplies
- Cleaning sterilizing and packaging is done in this building
- Must be in a facility which can maintain a clean and sterile environment
- Is not required to be connected to the main ward buildings but may be an advantage for the distribution of materials to the wards.
- Needs loading and unloading facilities

Pharmacy

- If the hospital adopts the use of satellite pharmacies the size of the main pharmacy may be reduced
- The main delivery point will require truck loading or unloading facilities
- The existing building 13 is shared between Pharmacy and Central Supply

Activity facilities

- Activity space for patients must respond to the needs and capabilities of the patients. The existing activity building (Building 10) is not being used to its capacity because of the type of patient currently at WSH and its somewhat remote location.
- Outside covered and heated space would be ideal for small patient groups. (Heated by radiant units or systems)
- Pathways, sidewalks and covered walks would encourage walking and exercise.
- Patients and their visitors need places to visit which are off the wards and separated from other groups.
- An indoor heated exercise pool with hydrotherapy pools would provide treatment for many patients who are not capable of supporting their weight or have range of motion disabilities.
- The design for the new patient courtyard needs permanent outdoor patient.toilet facilities.

Dining Room

- The existing dining room facility in building 16 is not used to its capacity. The majority of the current patient population cannot use the dining room. The majority of patients using the dining room are from The PALS program.
- A possible location for a patient dining facility would be to have it associated with "Our Store", rather than with the main food preparation facility.
- It was felt that a decision to totally delete the dining room facility would not be advisable at this time.

Greenhouse

- The present location of the green house is in conflict with the LOU site and will require it to be relocated. A treatment program uses the green house for patient groups which have proved effective. The size for a replacement facility needs study. A possible new location would be north of historic cottage #4 (Building 43).

8..The meeting adjourned at 3:30PM

9. See the enclosed project schedule dated October 7, 1996. Our next meeting will be Thursday November 7, 1996 at 1:00PM Building #10

Note: Any corrections and additions to his report must be filed with the Architect within seven (7) calendar days of the receipt of these notes. Response must be in writing and can be marked up on a copy of the notes.

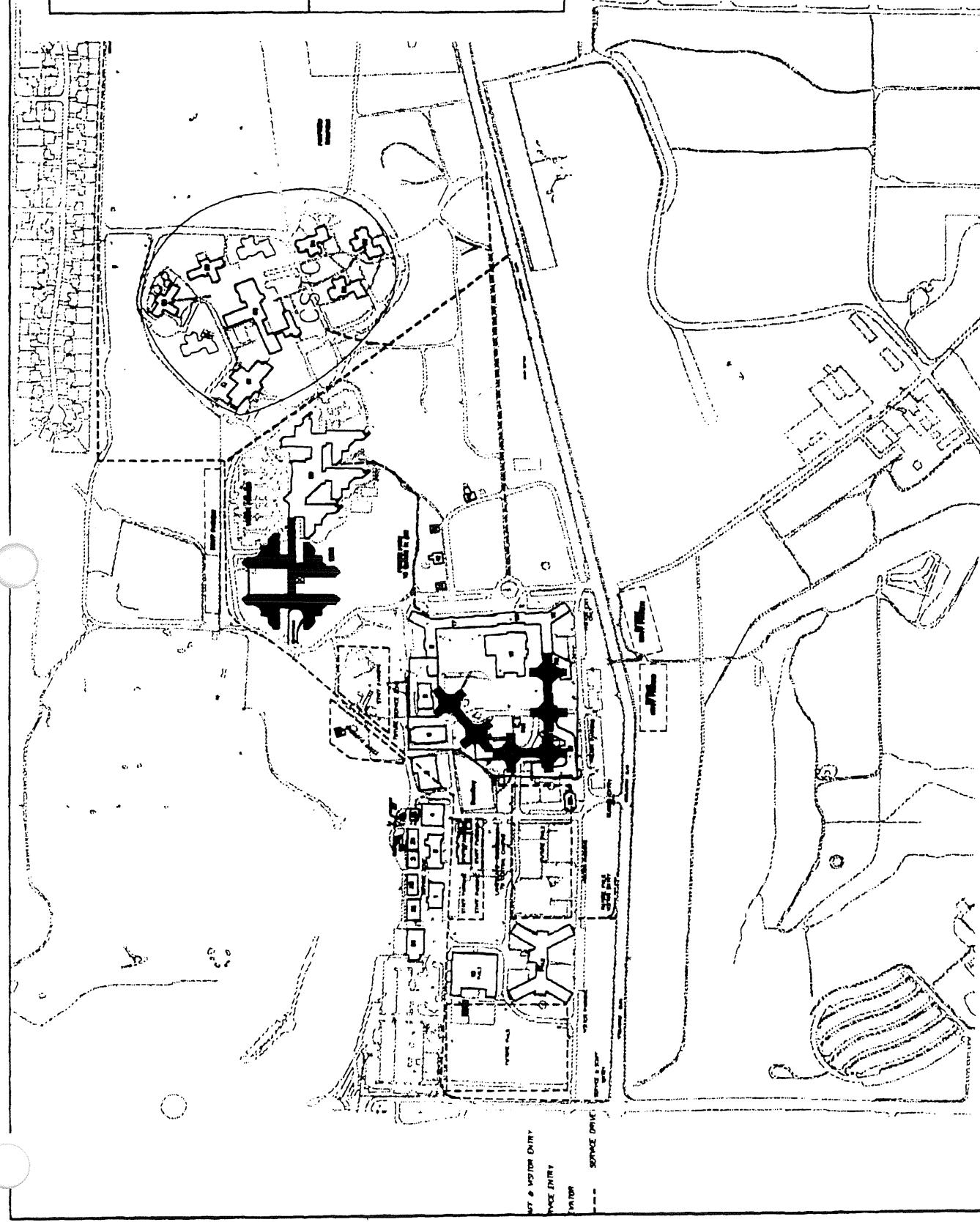
JLL:

Post-It® Fax Note	7671	Date	10/21/96	# of pages	4
To	<u>John Liangs from</u>	From	<u>JJ</u>		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #		Fax #			

10-21-96  
009-301  
**KMID &**

**MASTER PLAN**  
OPTIMIZATION  
009-1  
**BUSS/ARCHITECTS**

## **WESTERN STATE HOSPITAL**



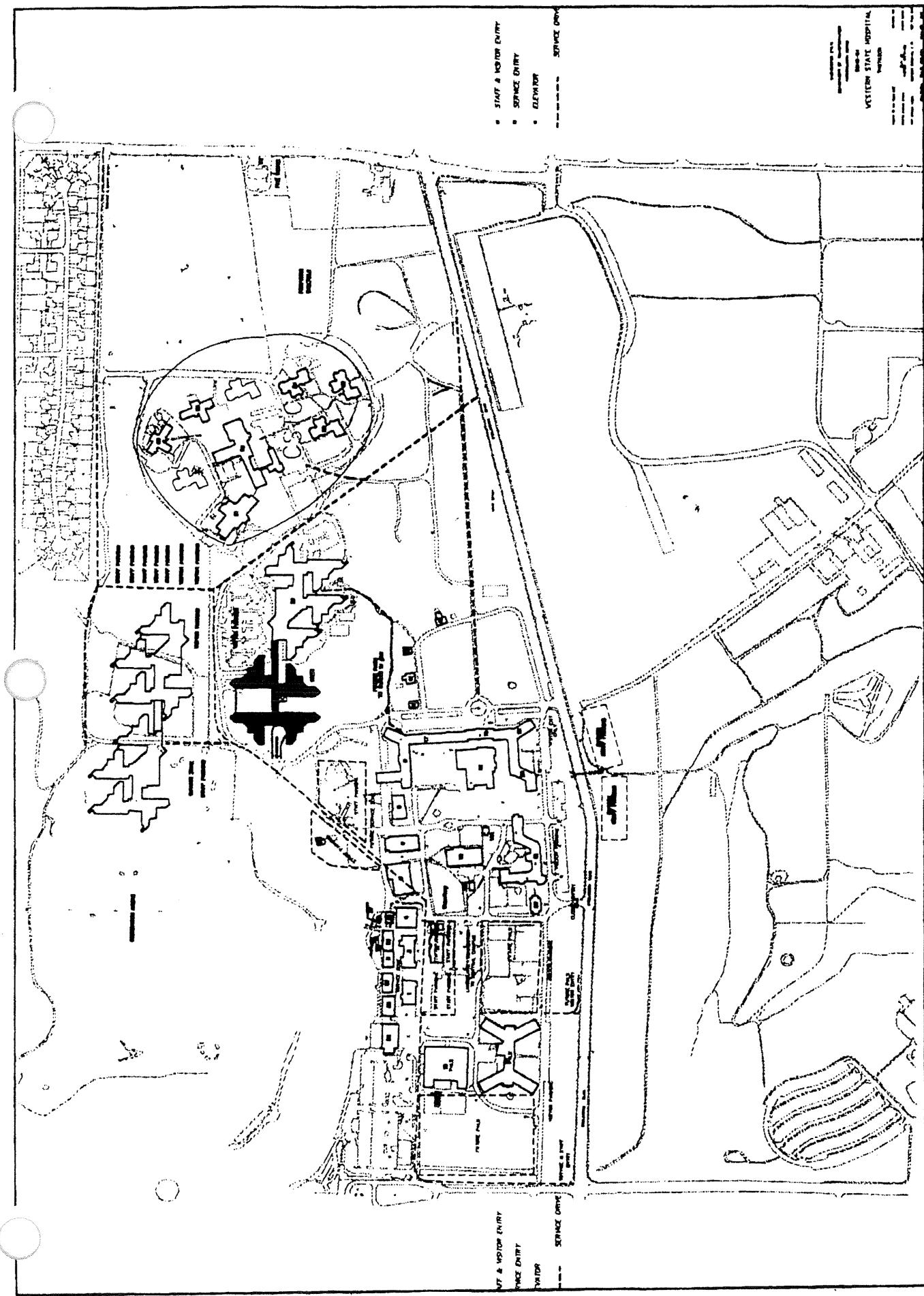
**WESTERN STATE HOSPITAL**

**MASTER PLAN**

1"=600'

**OPTION 2A**

10-21-96  
009-301  
**KMD & BJSS**

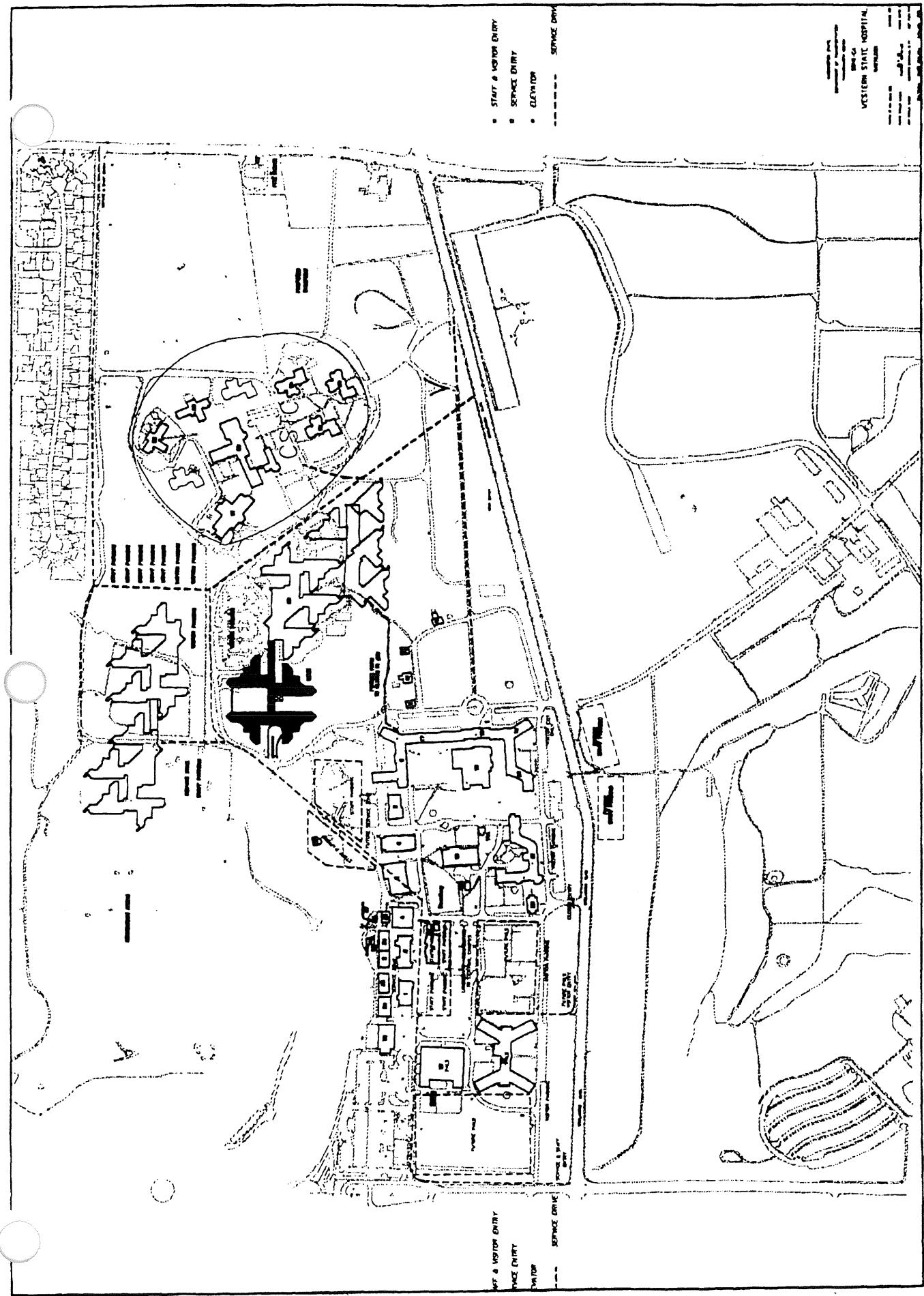


**WESTERN STATE HOSPITAL**

**MASTER PLAN**

1"=600'  
OPTION 2B

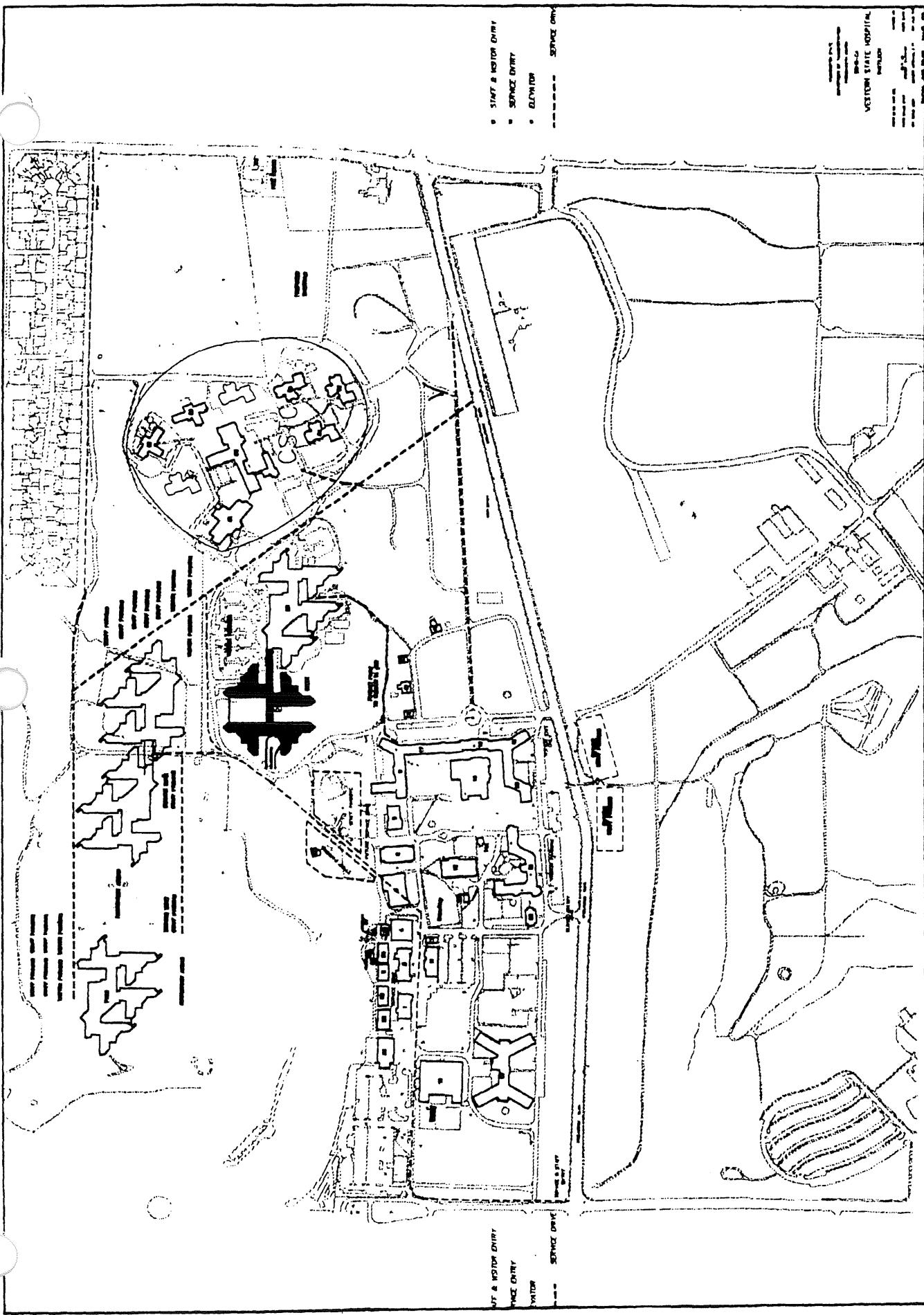
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**KMD & BJSS**



**WESTERN STATE HOSPITAL**

1"=600'  
OPTION 3  
**MASTER PLAN**

10-21-96  
009-301  
**KMD & BJSS**





MEETING NOTES of  
October 4, 1996  
REVISED

**Project:** Western State Hospital  
10 year Master Plan  
Organizational Meeting  
Project No. 96-460C.S.

October 4, 1996

**Time:** 9:00 a.m.

**Purpose:**

The purpose of this meeting was to discuss and identify the owners goals and priorities for the Master Plan Study. The discussion included the anticipated future capacity of the institution and possible state policies or directions which may affect the future direction of Western State Hospital. Also to review diagrams from previous "brainstorm" design options relating to traffic revisions, food service facility, pharmacy, and commissary, parking etc.

**Present:**

*Mr. Bruce Harvey	WSH	206-756-2519
*Mr. Irv Warner	WSH/Steam	206-756-2519
*Mr Phil Timpke	E&A Services	206-759-6009
*Mr. Lon Sullivan	DSHS-MHD	360-753-4424
*Mr Bob Fitzsimmons	DSHS	
*Mr. Richard Christian	DSHS-DL&B	360-902-8157
*Mr Bob Razenbach	CSTC	
Mr. John Davis	APU/PSWIII	360-756-2357
Mr. Rudy Davis	Safety Officer	360-761-3368
Mr. Steven Rrockel	Rehab Services	206-754-2506
Mr. Ken Rose	Plant Mech Sup CSTC	206-756-2504 x3538
Ms. Tressie Cueva RN4	GMU-E	206-756-2876
*Mr. John Jex	KMD Architects	206-467-1004
*Mr Jim Diaz	KMD San Francisco	415-398-5191
Mr. Patrick Hungerford	The BJSS Group	360-943-4650
Mr. John Lindstrom	The BJSS Group	360-943-4650

*Note: Additional individuals attended the meeting, however one sign in sheet could not be found following the meeting.*

**Copies to: (\*)**

*Mr. Jerry Dennis	WSH	
*Mr. Ray Smith	Acting Assist CEO WSH	206-756-2727
*Mr. Paul Prochaska	CTS Engineers, Inc	206-455-7622
Mr. Ken McAfee	CTS Engineers, Inc	206-455-7622

(Please distribute additional copies to appropriate individuals in your organization as you feel necessary)

These notes represent discussions items affecting the 10 year Master Plan. The items as noted may not be the final decisions, they represent the discussion on this date. Additional study may be required to work out each item in detail.

*Discussion:*

1. Introductions were made and a brief overview of the intent of this meeting and the 10 year master plan was made by John Lindstrom, Bob Fitzsimmons, Bob Razebach and Richard Christian.

2. WSH contains 4 major population groups

Adult Psych Unit, Geriatric Medical Unit, PALS and LOU

The Adult Psych Units also contain 44 developmentally disabled patients. 25 of these are considered dangerous. Currently these patients are housed with other patients on the various wards. The state is considering establishing a 15 bed unit at Rainier School for dangerous civilly committed patients. However there is speculation that the unit at Rainier School will not happen because of the existing facilities and programs at WSH.

The Hospital has a program called the MICA Program. Mental Ill Chemical Abuse. These patients have multiple needs and require more specialized and intensive care. This patient group is growing.

The Geriatric Medical Unit includes patients with Traumatic Brain injuries. This population is anticipated to grow in the future and may require more space. The geriatric population has also continued to grow. Evidents of this is that 10 years ago, in 1985, 12 deaths were recorded at WSH, in 1995 the number had grown to 42 in a single year. It is anticipated that this trend will continue and the population of older patients will steadily climb. The older patients will have multiple needs relating to old age and will need facilities and treatment programs which will deal with those needs.

Mr. Fitzsimmons noted that WSH is well prepared for the future. The improvements to the infrastructure , wards etc. over the past several years has allowed WSH to be well positioned for the next several years. Continued anticipation of needs and preparation will be necessary to keep ahead.

One of the functions which WSH is well equipped to perform is to screen suspected felons for trial by the state.

3.) A question was raised whether or not the State was considering consolidating the eastern and western LOU's. Apparently there was some thought to consolidate the two facilities but there has been no major discussion to do so.

3.) Child Services and Treatment Center - CSTC

This facility handles patients up to 17 years old, some of these may transfer to WSH if they are in treatment beyond 17 years old. The population is made up of voluntary, civil and legal commitments. In some cases there are individuals who are more dangerous in this group than in the adult population. One of the existing cottages is being planned to be made more secure to house the more dangerous patients.

It is very critical within CSTC that the facilities reflect a hospital setting rather than a jail setting.

One of the design goal for the existing CSTC facility is to relocate the existing parking lot located south of building 50 and turn this area into a central court yard for patients.

The CSTC population does not mix with WSH and should be kept apart. The only area currently where WSH patients share CSTC facilities is in the High School (Building 51), and this is temporary only. Mix of patient groups is not permitted.

4. Population: The current population of WSH is not anticipated to be reduced. Currently there are 618 adult and geriatric beds funded plus an additional 159 in the PALS Unit. Also there are 225 funded LOU beds. for a total of 1002. In addition the Department of Corrections has 180 beds on campus, for their work release program which is housed in building 26. This program will be moved off campus in the near future which will vacate the building. Buildings 26, plus 25 and 24 are brick veneer wood frame . It is not economical to renovate the building. and they are expected to be removed from the campus to allow for other improvements.

5. Building Height: What is the best building height to serve the expected future population?

It was felt that the maximum height for patient ward buildings is three stories. One or two stories spread out staff too much to remain efficient. Four or more stories make it difficult to let patients access the ground and security issues become more difficult. The floors could separate patient groups so that the less mobile might be located on the first floor. The design of the units may also be a split with two levels having equal access to an exterior space.

6. Building Shapes: The existing ward buildings on the main campus do not lend themselves well to be used for nursing units. The remodeling of these building in the recent years have made good use of the space but the functions of the units are severely compromised because of the limitations of building width, column spacing and basic building configurations. Future wards will require facilities which better meet nursing functions and practices, that are not encumbered by existing building limitations.

New patient facilities should include clinic functions, and educational facilities within the building. Occupational Therapy and Physical Therapy can be off wards but the space should be dedicated for this use.

7. Visiting: Currently there are several entrances where visitors can enter the institution and proceed to an elevator to access a floor. There is no need to check in at a central desk for routine visits. It may be necessary to check in on the initial visit to obtain directions, but this is not required by policy. The main check in facility has negative connotations of a large institution which should be avoided where possible. Visiting also occurs for the PALS program throughout the day.

8. PALS: The PALS program is very popular with the RSN's, it is inexpensive to operate and provides a service which communities rely on a great deal. Currently there are 159 beds associated with this program most are located in Building 27, with the remainder in wards C-15 and C-19. PALS is state funded, if a patients go back to their community, the community must pay for treatment. The west campus is a good location for this program and it should remain there. Building 10 is used extensively by PALS for their programs. This relationship could be reinforced with some additional physical improvements to better the access from building 27 to Building 10.

The transition of a patient from the wards to the PALS program is a positive milestone in their treatment.

9. Food Service: Several dietary/ food service reports have indicated that the existing food service facility and process is outdated and need replacement.

The current food carts used to distribute food to the wards are old and are not good at keeping cold food, cold. A new dietary facility will require the consideration of the entire food preparation, food delivery system and the method of serving. This will have an effect on the dietary building, the wards and transport vehicles. The desire would be to have the capability to serve all meals at the same time rather than two shifts as required on some wards.

CSTC prepare all there own meals, supplies are obtained from the main kitchen and commissary.

The existing patient dining room facility in the same building serves only approximately 250 meals per day. 60% of these meals are from the PALS program the remaining 40% are from the Adult Psych Units. The patient dining room was originally designed and built to serve many more than is currently using the facility. Locating the kitchen to a remote location may cause a problem with the dining room function, but some separation of the kitchen and dining may be possible if there is a link to connect the two functions. The patient mix in the future may influence the need for a patient dining room. If patient become more acute the need for the patient dining room may be further reduced. The "Our Store" may provide the needed dining facility. Further study and consideration is required.

10. Pharmacy: The existing practice for drug distribution is to dispense to the various wards from the main pharmacy. This also includes individual trips to wards on as "as needed basis". The desire of the Pharmacy Department is to develop satellite pharmacies throughout the facilities which would be served from a main pharmacy. Under this method the main pharmacy would not be too much larger than the satellite pharmacies. The existing central pharmacy location would be used for other functions.

11. Solid Waste: The institution no longer incinerates waste. Garbage disposal is contracted out and is taken to a landfill. Medical waste is held in central supply and then picked up and taken to an authorized dump site.

12. Service Area: If additional new service facilities are developed near the existing service area, it would allow the efficient servicing of both the main campus and East Campus areas.

13. Morgue: Does the morgue need to be replaced if the existing building is removed? or would a refrigerated holding room provide adequate facilities? The current facility is used for autopsies but it is not clear if this is a state requirement or an institutional practice.

14. Phase VII. The original purpose of his phase was to remodel building number 9, into additional patient beds with the first floor to contain various patient services. This service area would directly relate to outside courtyard. The program for building 9 needs to be revisited to determine the best alternate for the building and how it fits within the context of the new master plan. An option would be to remodel the building to provide support services.

15. Boiler Status: The existing boiler plant has 2 fairly new boilers and 1 new boiler being added. A new chiller plant (Building 36) was added in 1994, north of the main boiler plant.

16. Laundry: The existing laundry facility was built in 1917 and contains a mix of old and fairly new equipment. If a new facility is built some of the existing equipment may be reused. If the laundry function, is rebuilt, it could be sized to provide laundry service for other Institutions. Another option would be to

discontinue laundry at WSH. No current laundry study exists. A study to review the existing and expected future needs will be necessary prior to modifications in the facility or its operation.

17. The 10 year master plan needs to indicate a location for the possible total replacement of WSH.

Mr. Fitzsimmons indicated that the future development of Western State Hospital south of Steilacoom Boulevard is not in current plans, and should not be considered.

18. Several conceptual options for future campus development were reviewed. All options concentrated development on the north side of Steilacoom Boulevard.

:Option 1. Assumed the ward buildings would remain at their current locations. As the existing building reach the end of their useful life a new building would be constructed and the old building would be razed. In time the existing buildings would be totally replaced. The patient central core concept would remain throughout the process. A new service area would be established in the area of the current building 7. Parking would replace buildings 24, 25, and 26. A new service road would more closely connect the service area to East Campus. Additional cottages would be added to CSTC in concentric rings around the center core. The main entry to campus also shifts to the east to better serve East Campus, CSTC and provide a better orientation point for WSH.

Option 2: This option replaces all Adult Psych bed in a new facilities north and west of the existing Building 29. This is the area of the present golf course. A new service road connects to the existing service area. The existing ward buildings are assumed abandoned, remodeled and used for other state functions or demolished. Additional cottages would be added to CSTS in concentric rings around the center core. The main entry to campus also shifts to the east to better serve East Campus, CSTC and provide a better orientation point for WSH.

Option 3. Is similar to 2 except for the building configuration extends to the Northwest in a more straight configuration.

Option 4. Is similar to 1 except the proposed patient central courtyard is larger and extends farther to the west. The concept of building replacement is the same.

19. Additional Comments: The concept to add to the existing East Campus building (Option 2 and 3), could likely develop a very institutional building complex which is inconsistent with good planning for these types of facilities. .

Separating the institution in two components such as option 1 and 4 reduces the institutional feel of the campus.

The development of the LOU at East Campus, can provide the opportunity to make East Campus (Building 29) a facility which will handle the more difficult patient who require additional security.

The expansion of CSTC would not be desirable as indicated. New development should concentrate near the core area. Spreading out into cottages make it more dangerous to escort patients to various facilities.

20. The meeting adjourned at 3:55PM

21. See the enclosed project schedule dated October 7, 1996. Our next meeting will be Tuesday October 22, 1996 at 9:00AM Building #10

Note: Any corrections and additions to his report must be filed with the Architect within seven (7) calendar days of the receipt of these notes. Response must be in writing and can be marked up on a copy of the notes.

JLL:

PC: all individuals noted above with (\*)



**MEETING NOTES of**  
**September 19, 1996**

*Project:* Western State Hospital  
10 year Master Plan  
Organizational Meeting  
Project No. 96-460C.S.

September 23, 1996

**Time:** 9:00 a.m.

## Purpose:

The purpose of this meeting was to discuss and identify the owners goals and priorities for the Master Plan Study. The discussion included anticipated future capacity of the institution and possible state policies or directions which may affect the future direction of Western State Hospital. The information obtained will be incorporated into the final master plan document(s)

*Present:*

*Mr. Bruce Harvey	WSH	206-756-2519
*Mr. Irv Warner	WSH/Steam	206-756-2519
*Mr. Richard Christian	DSHS-DL&B	360-902-8157
*Mr. John Jex	KMD Architects	206-467-1004
*Mr Jim Diaz	KMD San Francisco	415-398-5191
*Mr. Paul Prochaska	CTS Engineers, Inc	206-455-7622
Mr. Ken McAfee	CTS Engineers, Inc	206-455-7622
Mr. Patrick Hungerford	The BJSS Group	360-943-4650
*Mr. John Lindstrom	The BJSS Group	360-943-4650

Copies to: (\*)

*Mr. Jerry Dennis	WSH	
*Mr. Lon Sullivan	DSHS-MHD	360-753-4424
*Mr Phil Timpke	E&A Services	206-759-6009
*Mr. Ray Smith	Acting Assist CEO WSH	206-756-2727
*Mr. Bob Fitzsimmons	DSHS	

(Please distribute additional copies to appropriate individuals in your organization as you feel necessary)

These notes represent discussions items affecting the 10 year Master Plan. The items as noted may not be the final decisions, they represent the discussion on this date. Additional study may be required to work out each item in detail.

*Discussion:*

1. Introductions were made and a brief overview of the intent of this meeting was made by John Lindstrom and Richard Christian.

2. The Master plan Scope of work was reviewed and consists of five main tasks these include:

- Produce a comprehensive existing Utility Plan
- Verify the existing legal descriptions of WSH property
- Develop a land use plan for the entire WSH property
- Update the Traffic Study
- Update the master plan of the current WSH campus

Additional description is available for each of these items in the Proposal dated June 21, 1996 by The BJSS Group and is included with the contract.

3. The utility plans are in the process of being updated. A copy of the current status of the utilities was left with the owner for review and for further verification and markup. A demonstration was conducted to show the proposed method for layering the various utilities and the ability to select the utilities desired for use.

It was noted that the current plans are from several sources including computer based files, an aerial survey, and as-built documentation from both consultants and maintenance staff. Field verification of the utilities or buildings are not part of the scope of work for this task. Mr. Ken McAfee of CTS noted that prior to any construction or excavation, a hand survey should be conducted to verify the existing conditions with much greater accuracy. The current utility plan provides a good overall understanding of utilities but does not have the dimensional accuracy necessary for most projects. A hand survey, specific to a project, can cover a limited area relating to the site and immediate surroundings.

The current utility plans have several areas which information is lacking. A list of needed information was transmitted to Richard Christian for collection. See attached list.

4. Paul Prochaska and Ken McAfee of CTS reviewed property boundary information which was on file in the maintenance department archives. Mr. McAfee will study this material and proceed with his investigation regarding property boundaries, leases, easements and other encumbrances. It appears that many easements have been granted over the years and the location of property lines in reference to roads, fences other development may be controversial if the property lines are physically located on site.

Additional documentation regarding lease agreements and easements will be necessary to provide a comprehensive report. Some of the easements discussed included

- A access easement to the Steilacoom High School locate near the west property line.
- A utility easement near the west property line for a 21" Sanitary sewer
- A 10' easement on the south side of Steilacoom Boulevard for the Lakewood Water District.

A question was asked regarding descriptions of historical areas. Are Historical areas defined with a clear boundary or are they defined in general terms only? If in general terms only how, or who, decides the boundary for these areas?

State Route 1. The historical road which proceeds from the main entry of the hospital to the south is considered to be a historical place and will need to be indicated in the study.

5. The following discussion items are relating to the Hospital policies and operation.

- Future patients are going to be more acute, with multiple problems. It is also anticipated that there will be a greater need to provide program space for those patients who need transitional care and for those who can not move in to the community but do not require extensive staff involvement.
- The patient population is aging and ailments relating to age are becoming a bigger percentage of the total.
- The existing dining hall, in Building 16, is not utilized to its capacity due to the current patient population. It was estimated that 100 meals are eaten in the dining hall each day and most of these are from the PALS program. Most patients are not physically or mentally able to use this facility. The dining facility will require further discussion to define the hospitals anticipated need for this function.
- One of the scenarios for Phasing the renovation projects is when Building 9 is renovated the PALS program could move into building 9 and Building 27 could be used for a Tacoma RSN facility as a County Psyche Facility.
- The number of licensed beds in the institution is going to be an ongoing debate and is very political. The current status for the desired number of hospital beds has fluctuated from a year ago and appears it will not be reduced to the level anticipated.
- WSH is less costly per patient day than privately owned facilities and will continue to have patients who are not covered by an insurance plan and must be cared for by the state. Also WSH allows "self admits" "this is contrary to most institutions where a patient must be referred by a Doctor

6. The following are items relating to the physical plant or grounds:

- The property South of Steilacoom Boulevard is a political issue. The thought of the Hospital maintaining control over this area as a potential future building site does not appear realistic. The State County and City all have a lot at stake, politically, with this property. The site is a prime candidate for many public uses. The land is leased to the county for recreational purposes. The current leases, to Pierce County were conditional, which required the county to maintain the grounds including the existing farm buildings and provide some new storage facilities for WSH. To date some of these conditions have not been met.
- The food service on campus is in a building which has evolved over the years and is not efficient in both available space and methods of preparing food or its distribution. Several studies has been conducted over the years recommending updating the production and delivery system. The present location requires heavy truck traffic into the center of the campus. This circulation system conflicts with private cars, maintenance vehicles, staff members, and patients.
- The Commissary (Building 11)typically holds nonrefrigerated food, patient shoes and patient clothing.
- Building 13 contains the Pharmacy and Central Supply. The laboratory and clinics are contained in building 29. Patients from the main campus needing clinic services are transported by vans or go on foot.
- The area east of East Campus CSTC needs to be maintained as a pre-adult treatment area. Mixing adult facilities into this area is not desirable.
- The Library (Building 8) is used by some patients. The building has not been upgraded seismically. The interior is quite cut up due to the ramping system. Adaptation to another use would be difficult.
- The Auditorium (Building 6) is not used currently due to *access problems*. Renovation of this building is currently not scheduled until approximately 2002 or beyond.
- The current activities building (Building 10) is not suited to the typical patient at WSH. It is remote from the center of campus and does not address the activities best suited for the typical patient. The development of the central core for patient use should include a facility for indoor patient recreation which better suits the abilities of the patient population.

8. Several site options for future development were explored using computer modeling. These were developed using the CADD equipment brought to the meeting by the Architects. The options explored a number of circulation patterns reconfigurations to separate service vehicles, auto traffic and pedestrian routes. In addition several modification to the entry points from Steilacoom Boulevard were examined.

Two basic options were explored for future replacement of the existing ward buildings. These options assumed that when the existing ward buildings (Buildings 9, 17, 18, 19, 20, and 21) reach the end of their useful life, they will be replaced with new, rather than renovated.

**Option 1**, added new wards connecting to the East Campus Building extending the development to the North and West. This option uses the site where the current golf course is located.

**Option 2** replaces obsolete ward buildings on the present grounds of the hospital. This option would essentially maintain the enclosed courtyard concept . As building become too old and costly to renovate a new building would be built on the perimeter and the old would be removed. The enclosed court yard concept would be maintained.

Additional refinement and study of these options will proceed. Review and discussion relating to these and other master planning issues will be on the meeting agenda of October 4, 1996.

8. The meeting adjourned at 3:45PM

See the enclosed project schedule dated September 23, 1996. Our next meeting will be Friday October 4, 1996 at 9:00AM Building #1

**Note:** Any corrections and additions to his report must be filed with the Architect within seven (7) calendar days of the receipt of these notes. Response must be in writing and can be marked up on a copy of the notes.

JLL:

PC: all individuals noted above with (\*)

# WESTERN STATE HOSPITAL MASTER PLAN

## INFORMATION REQUIRED

9/19/96

The following information is required for the Master Plan Study:

- Site plan information around building ~~21~~ and 53
- Site plan information regarding the parking lot south of building 11
- Site information for the southern portion of property, south of the entrance to Fort Steilacoom College to property line.
- Site information for the northwestern portion of property, north of the golf course
- ~~1994 Traffic Study~~
- ~~Lease land information and legal descriptions of all property, title report(s) etc. if available.~~
- In Book 1 of 3 "Architectural/Engineering Report", by Morse Stafford Partnership/APRA, the text and drawings do not agree, regarding historical structures. Which is correct? How should we indicate the information?
- ~~Is there a legal description regarding historical areas and the lease period?~~
- ~~The MP by Tsang does not have a Legend to explain the historical significance of the various buildings.~~
- What does WSH want to see for the property located south of Steilacoom Boulevard on this master plan?
  - Has the lake south of Steilacoom Boulevard been surveyed to indicate a wetlands boundary?
  - There are several methods to number the buildings for CSTC. What should be used?
  - Little information is indicated for the Oakridge Home. Is more available?
  - Note The utility information indicated on the utility sheets is based on existing computer information, as-builts drawings and input from the maintenance staff. If additional information is desired or more detail required for the utility systems, please provide the information on the progress sets in clear and legible redline markups.



## WESTERN STATE HOSPITAL 10 YEAR MASTER PLAN

### PROJECT SCHEDULE

#### REVISION #3

September 23, 1996

Jun 27, 96	The BJSS Group submits proposal for services
Jun 28, 96	E & A Services begins Preparation of contract for signature
July 3, 96	WSH and E & A Services provides available information to A/E for use
July 8, 96 July 31,96	Architect reviews organizes existing information and catalogs reports etc.
July 15, 96	Architect prepares a proposed MP format
July 16, 96	Begin process of loading information into computer for report development
<u>July 25, 96</u>	Meeting with WSH and Project managers to discuss proposed master planning methods, project goals and project schedule.
Aug 7, 96	Complete base maps of WSH for Master Plan Development use.
<u>Aug 15, 96</u>	BJSS meeting with various Maintenance staff, collect input and prepare utility data for Study
<u>Aug 29, 96</u>	BJSS meeting with Maintenance staff, review revised utility plans and obtain additional required information. BJSS incorporates new information into the utility plan.
Sept 3, 96 Sept 18, 96	Progress utility plans and site backgrounds sent to consultants for use. BJSS+KMD & Consultant review collected information for incorporation into the Master Plan Study
<u>Sept. 19, 96</u>	BJSS+KMD & Consultant meet with owner representatives, Discussion & Identification of owner priorities, discuss future capacity and anticipated State Policies. Collect input and prepare additional data for Study. <i>Site computer modeling.</i>

Sept. 20 96

Oct 2, 96

BJSS+KMD & Consultant Prepare study outline and site diagrams

Oct 4, 96  
(Friday)

BJSS+KMD meeting with Owner to review study outline and diagrams.  
Collect owner input review information with goals of the Master Plan  
*Site computer modeling*

Oct 5, 96

Oct,21,96

BJSS+KMD & Consultants integrate Owner Input.

NEXT MEETING

Oct 22, 96  
(Tuesday)

BJSS+KMD Owner meeting. Review project status, and Diagrams, further refine concepts, Review project goals and priorities.

Oct 23, 96

Nov. 4, 96

Continue report development and incorporate Changes into document.

Nov. 5, 96

Black and white Printing of draft report

Nov. 7, 96

BJSS+KMD Present Draft Master Plan Concepts and documents to Owner for review.

Nov. 18, 96

Dec 6, 96

Changes incorporated into document.

Dec 9, 96

Printing of final report

Dec. 12, 96

Submit final Master Plan Report and computer files to Owner.



MEETING NOTES of  
Aug. 29, 1996

*Project:* Western State Hospital  
10 year Master Plan  
Organizational Meeting  
Project No. 96-460C.S.

AUGUST 29, 1996

*Time:* 9:00 a.m.

*Purpose:* The purpose of this meeting was to continue the review the various campus utility systems to determine where the drawings may require additional updating.

<i>Present:</i>	*Mr. Bruce Harvey	WSH	206-756-2519
	*Mr. John Lindstrom	The BJSS Group	360-943-4650
	Mr. Irv Warner	WSH/Steam	206-756-2519
	Mr. Roy Baker	WSH/ Electrical	X2245
	Mr. Nelson Saez	WSH/Plumbing	206-756-2519(x-2240)
<i>Copies to: (*)</i>	*Mr. Jerry Dennis	WSH	
	*Mr. John Jex	KMD Architects	206-467-1004
	Mr. Jim Diaz	KMD Architects	415-398-5191
	*Mr. Richard Christian	DSHS-DL&B	360-902-8157
	*Mr. Lon Sullivan	DSHS-MHD	360-753-4424
	*Mr Phil Timpke	E&A Services	206-759-6009
	*Mr. Ray Smith	Acting Assist CEO WSH	206-756-2727

(Please distribute additional copies to appropriate individuals in your organization as you feel necessary)

These notes represent discussions regarding utility updates for the 10 year Master Plan. The items as noted may not be the final decisions, they represent the discussion on this date. Additional study may be required to work out each item in detail.

*Discussion:*

1. These meetings covered Sanitary Sewer, Storm Sewer, Electrical Distribution, Telephones, Fiber Optic, Steam System, Natural Gas and Fire Alarm. The systems were reviewed and additional modifications noted. The utility plans currently contain the mark-up from the previous meetings and also incorporate information from numerous contract documents from subsequent completed projects.
2. The base map of the campus has been updated using the aerial survey provided by the State. The computer information with the aerial survey had some discrepancies which relocated portions of the

campus buildings and roadways. The problem was discovered and corrected. The current base map now appears to match building locations of previous campus maps. Additional work to the DOC parking lot have been incorporated in the record drawing. These parking lot additions were constructed after the aerial survey was shot.

3. The domestic water system has not been reviewed to date. The base information from the previous utility master plan was missing water system information in most of East Campus. This information is on computer format with the Civil Engineer who has worked on the water system modifications. The Architect has requested this information so it may be incorporated into the utility plans. When the information is available to the Architect it will be incorporated and reviewed with the maintenance staff for accuracy and additions. (note. the computer disk containing the required information was received by The BJSS Group, on Thursday August 29)

4. Additional information is requested for the following areas:

- The new parking lot south of building 11, currently there is no indication of utilities for the new parking lot. Provide contract documents will indicate storm sewer, electrical, etc.
- Site utilities associated with the renovations of building 19 and 20.
- Site utilities associated with the new High School.
- Site utilities associated with the renovations of building 17 and 9.
- Site information for the most southern portion of property south of Steilacoom Boulevard.
- Site information regarding lease lands, size, length of lease, who it is leased to, etc

5. A new utility sheet will be developed which will include miscellaneous utilities including: fuel oil, chilled water , compressed air, and possibly other limited underground lines.

6. The updates of utilities plans from today's discussions will be incorporated onto the utility plans. Copies of these updates will be forwarded to the maintenance department for review and any additional mark-ups. It is anticipated that possibly one more meeting with maintenance staff will be required to finalize these sets. The final meeting(s) will be scheduled at a later date. (The domestic water system review is anticipated to take several meetings to finalize.)

7. Meetings adjourned at 2:30 PM

**Note:** Any corrections and additions to his report must be filed with the Architect within seven (7) calendar days of the receipt of these notes. Response must be in writing and can be marked up on a copy of the notes.

JLL:

PC: all individuals noted above with (\*)



## SIGN IN SHEET

*Project:* Western State Hospital  
10 year Master Plan  
Project No. 96-460C.S.

*Date* *Thursday August 29, 1996:*

<u>NAME</u>	<u>ORGANIZATION</u>	<u>PHONE</u>	<u>FAX</u>
John Lindstrom	The BJSS Group	360 943-4650	360 357 9022
o Irv Warner	W.S.H.	206-756-2519	
o Nelson Saez	W.S.H.	206-756-2519(x-2240)	



MEETING NOTES of  
Aug. 15, 1996

*Project:* Western State Hospital  
10 year Master Plan  
Organizational Meeting  
Project No. 96-460C.S.

AUGUST 20, 1996

*Time:* 9:00 a.m.

<i>Present:</i>	*Mr. Bruce Harvey	WSH	206-756-2519
	*Mr. John Lindstrom	The BJSS Group	360-943-4650
	Mr. Steve Alderson	WSH / Steam	206-756-2519
	Mr. Irv Warner	WSH/Steam	206-756-2519
	Mr. Ray Branch	WSH/Plumbing	206-756-2519
	M. Les Soli	WSH /Plumbing Superv	845-2482
	Mr. Roy Baker	WSH/ Electrical	X2245
	Mr. Ron Hansen	WSH/Consultant	206-581-1065
	Mr. Steve Saxby	WSH/Telephone System	206-756-2329
	Ms. Wendy Alderson	WSH/Telephone System	206-756-2615

<i>Copies to: (*)</i>	*Mr. Jerry Dennis	WSH	206-467-1004
	*Mr. John Jex	KMD Architects	415-398-5191
	Mr. Jim Diaz	KMD Architects	360-902-8157
	*Mr. Richard Christian	DSHS-DL&B	360-753-4424
	*Mr. Lon Sullivan	DSHS-MHD	206-759-6009
	*Mr Phil Timpke	E&A Services	206-756-2727
	*Mr. Ray Smith	Acting Assist CEO WSH	

(Please distribute additional copies to appropriate individuals in your organization as you feel necessary)

These notes represent discussions regarding utility updates for the 10 year Master Plan. The items as noted may not be the final decisions, they represent the discussion on this date. Additional study may be required to work out each item in detail.

*Discussion:*

1. John Lindstrom started the session with the explanation that the purpose of the meeting was to review the current utility plan(s), to determine the extent of upgrades necessary for the record drawings. Upgrades would include utilities as well as building changes.

2. The discussions focused on the various utility systems including Steam, Sanitary Sewer, Domestic water, Electrical Distribution, , Storm Sewer, Natural Gas, Telephones, and Fiber Optic. Mark-ups of the various systems were received from the maintenance department on the prints provided by the architect. Also additional notations were made at the meeting regarding portions of the system. This information will be incorporated on to the drawings and will re-reviewed at a subsequent meeting. The back ground of the campus will be updated using the aerial survey provided by DSHS.
3. It was noted that the information that was assembled in 1992 and 1993 was missing domestic water system information around the CSTC. A copy of the disk of the water system, as prepared by JWM & Associates in 1991 will be necessary to incorporate into the plan.
4. Several sets of construction documents and as-built drawings were loaned to the architect to incorporate new information into the utility system set.
5. The new information will be incorporated into the record drawing set and re-reviewed. If possible another meeting will be set up the end of next week (August 23, 1996). Verification of the next meeting will be made by Wednesday afternoon.

**Note:** Any corrections and additions to his report must be filed with the Architect within seven (7) calendar days of the receipt of these notes. Response must be in writing and can be marked up on a copy of the notes.

JLL:

PC: all individuals noted above with (\*)



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*Project:* Western State Hospital  
10 year Master Plan  
Project No. 96-460C.S.

*Date*      *Thursday August 15, 1996:*