

REPORT TO THE LEGISLATURE

Columbia Cottage Maple Lane Residential Treatment Facility, 2022 Status Report

Engrossed Substitute Senate Bill 5092, Section 202(1)(r)
(Chapter 334, Laws of 2021)

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EXECUTIVE SUMMARY

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

...operate the Columbia cottage at Maple Lane as a 30-bed facility to serve individuals who have been acquitted of a crime by reason of insanity and subsequently ordered to receive treatment services under RCW 10.77.120. The department must develop and implement a protocol to assess the risk of patients being considered for placement in this facility and determine whether the level of security and treatment services is appropriate to meet the patient's needs. The department must submit a report to the office of financial management and the appropriate committees of the legislature by December 1, 2022, providing a description of the protocol and a status update on progress toward the opening of Columbia cottage.

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

PROGRAM SCOPE

The goal of the Columbia Cottage Not Guilty by Reason of Insanity (NGRI) program at Maple Lane campus, hereafter referred to as the “program,” is to serve individuals who have been acquitted of a crime by reason of insanity and subsequently ordered to receive treatment services under RCW 10.77.120. The program strives to encourage and motivate residents to participate in long-term planning for mental health treatment and rehabilitation, and focuses on the following outcomes:

1. To identify and address safety concerns and develop or strengthen behaviors, skills and habits that will lead to a successful recovery;
2. To improve personal care, social, communication, and practical living skills toward community reintegration.

The design of the facility and the treatment program will specifically address the security and clinical needs of adult NGRI patients that have achieved higher privilege levels per court order following review by the treatment team, risk review board, Public Safety Review panel, and DSHS Secretary’s designee. The department remains committed to improving its NGRI treatment program in which progress is dynamically tied to increased privileges and community reintegration. The addition of 30 NGRI treatment beds at the Maple Lane campus enables DSHS to gain much needed bed space for Trueblood residents at Western State Hospital (WSH) while also allowing DSHS to enhance its NGRI treatment system. Opening new beds at a unique location creates not only bed space, but a substantial opportunity for greater specialization within the statewide NGRI treatment system.

The department plans to provide treatment through highly qualified and competent interdisciplinary treatment teams. The core treatment team consists of the resident, psychiatric provider, nurse, social worker, psychologist, and recreation therapist. The treatment team members will individually and collectively assess and identify the underlying causes of the resident's admission to the program. The treatment team will work with the resident and any of their identified supports, to develop a treatment plan that includes measurable goals and objectives with interventions designed to assist the resident in achieving their recovery goals.

ACCREDITATIONS AND LICENSURE

Currently, the plan is for the program to seek licensure by the Department of Health (DOH) as a residential treatment facility (RTF) in accordance with Washington Administrative Code (WAC) 246-337. DSHS will apply for Behavioral Health Agency approval as an Adult Evaluation and Treatment program in accordance with WAC 246-341 as well as the Pharmacy Health Care Entity Licensure and Drug Enforcement Agency (DEA) registration required for handling medications.

The Department is committed to seeking accreditation for the program that supports high quality inpatient psychiatric care. The options for RTF accreditation include the Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC). After reviewing both accrediting bodies, the program intends to seek CARF accreditation after opening.

FACILITY DESIGN

The Columbia Cottage on the Maple Lane campus will be remodeled from a 64-bed juvenile detention facility to a 30-bed RTF. Existing space on campus will also be refurbished and used for the resident treatment mall and staff offices. The living facility contains single occupancy resident bedrooms, group areas for resident activities, a resident laundry room, a resident meeting room, a comfort room, an exam room, and classrooms. Additionally, an outdoor resident patio will be available. The building floorplan and essential services are operationally appropriate to support the proposed clinical program. The facility concept includes adequate size and specialized functionality to provide exceptional care and treatment. The physical environment was designed to be hardened and structured to reduce ligature and violence risks, as is necessary for this target population, but also to allow for treatment in a warm, therapeutic space, allowing for optimal recovery.

The remodel plan will promote humanity and dignity and allow for a more residential feel by:

- Installing updated and improved flooring
- Allowing for resident personalization
- Applying new paint, with a softer pallet of colors
- Replacing bathroom doors
- Removing unneeded lock mechanisms
- Installing residential furniture
- Installing engaging fixtures and lighting within the ceiling space

- Creating “neighborhoods” via color and furniture
- Adding color to restrooms
- Replacing plumbing fixtures with more residential fixtures
- Introducing non-institutional trauma-informed wall finishes
- Cleaning and repairing the visitation courtyard

TIMELINE

Building permits were obtained in July 2022 and construction bids were submitted in August 2022. Jones and Roberts Company was hired as the general contractor responsible for completing construction, which will begin in October 2022. Construction is projected for completion in June 2023. Upon attaining the building occupancy permit, BHA will initiate an 8-week move-in process that will result in operational readiness to accept patients in September 2023.

TABLE 1.

High Level Construction and Admission Schedule*

Activity	Schedule
Design	November 2021 – April 2022
Permitting	April 2022 – July 2022
Bidding and Contract Award	July 2022 – September 2022
Construction to Occupancy Permit	October 2022 – June 2023
Program Move-in & Readiness	July 2023 – September 2023
Patient Admission	September 2023

* Schedule is subject to change based on numerous factors including material procurement and hiring delays.

STAFFING MODEL

This staffing model is being revised as clinical and operational policies and procedures are developed and slight changes in staffing needs will be identified to support full operations. This staffing model represents the base staffing needed to operate the facility annually and does not include one-time, shared, or support services.

TABLE 2

Columbia Cottage Base Staffing Model *

Maple Lane - Columbia Cottage NGRI	
Job Class	FTE
OPERATIONS/ADMINISTRATION	
Director of Nursing (RN4)	1.0
Clinical Director	1.0
Program Administrator (WMS Band 2)	1.0
Administrative Assistant 3	1.0
Administrative Assistant 2	1.0
Medical Records (Forms & Records Analyst 3)	1.0
Quality Manager (WMS Band 2)	1.0
Public Records (Forms & Records Analyst 2)	1.0
IC3: Training Specialist and transport Coordinator	1.0
Total	9.0
DIRECT CARE	
Registered Nurse 3	2.0
Registered Nurse 2	9.4
Institutional Counselor 3	6.0
Institutional Counselor 2	46.8
Therapy Supervisor	1.0
Licensed Practical Nurse 4	7.0
Total	72.2

* This staffing model remains subject to revision as changing clinical and operational needs are identified.

Table 2 continues on the following page.

TABLE 2

Columbia Cottage Base Staffing Model – Continued *

Job Class	FTE
SOCIAL WORK & REHAB	
Alcoholism Therapist 2 (working title Substance Use Therapist)	1.0
Recreation & Athletics Specialist 3	2.0
Occupational Therapists 2	1.0
Peer Counselor (IC2)	1.0
Psychology Associate	8.0
Psychiatric Social Worker 4	1.0
Total	14.0
MEDICAL AND PSYCH	
Psychiatrist	1.0
Psychologist 4	1.0
Total	2.0
FACILITIES	
Custodian 3	1.0
Custodian 2	5.4
Maintenance Mechanic 1	3.6
Maintenance Mechanic 3	1.8
Total	11.8
INFORMATION TECHNOLOGY	
IT Customer Support - Entry	1.0
Total	1.0
Grand Total	110.0

* This staffing model remains subject to revision as changing clinical and operational needs are identified.

POLICIES AND PROCEDURES

Policy and procedure development is in progress. A number of existing BHA policies and procedures will also be applicable to this NGRI population, including those guiding operations in the RTFs. Additional local-level procedures will be developed.

SCREENING PROTOCOL

Residents must meet admission criteria, which includes medical clearance and required diagnostic tests (e.g., review of vital signs, basic neurological screening, questions about substance use, medication use). A licensed nurse completes the screening, which is designed to be repeated as necessary. Residents will also be assessed to ensure a cognitive functioning level sufficient to understand the facility's evacuation and shelter in place processes in the event of an emergency. Residents should be able to respond to alarms and staff direction, to evacuate or shelter in place in an orderly, timely manner with limited staff assistance. Criteria typically excluding admission include:

- Any patient falling outside the medically determined parameters of the facility.

- Heightened risk of violence towards peers or harm to self that cannot be mitigated at the facility.
- Patients with severe developmental disabilities or organic brain syndromes that would preclude participation in emergency procedures.
- Greater risk of elopement.
- Substance use risk that cannot be mitigated at the facility.
- Not redirectable by staff.

A draft screening protocol has been developed to ensure that the needs of admissions can be met within the facility. The screening protocol recommends when residents should remain at a state hospital bed at WSH or ESH due to their acuity/safety risk, or approved privilege level. The screening protocol addresses:

- Physical health needs and appointments
- Infectious diseases requiring quarantine
- Physically and sexually violent behaviors
- Elopement risk
- Appropriate level of treatment engagement
- Appropriate level of treatment progress

COVID-19 IMPACT

The COVID-19 pandemic has created some unique challenges to building and staffing new facilities. The primary impact that is anticipated relates to the ongoing workforce shortage in behavioral health fields. The program will be competing for experienced behavioral health employees in a very tight labor market. Additionally, other DSHS programs on the same campus will also be drawing from the same limited labor pool further constraining the applicant base. Another impact will likely occur when the contractors order building materials that are in high-demand and low-availability. The design and development team have continued thoughtfully planning with these factors in mind and have implemented strategies to minimize these potential delays. Despite the potential impacts of COVID-19, the project is on schedule as of Fall 2022.