

*Two Rivers
Behavioral Health
Recovery Center*

Feasibility Study

**Prepared for
Kennewick Public Hospital District
In Cooperation with**

**Benton Franklin
Recovery Coalition**

**Benton County Commissioners
Franklin County Commissioners**

October 2020

*"No Wrong Door"
Crisis Services for anyone, anywhere at any time*

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EXECUTIVE SUMMARY

The recent Community Health Needs Assessment dramatically showed that tragically absent from our community is any detoxification or residential rehabilitation facility necessary to combat the opioid epidemic. The Kennewick Public Hospital District in consultation with the Benton Franklin Recovery Coalition are seeking to address this public healthcare crisis. The message from our community and the Commissioners and Sheriffs of our two Counties was that Substance Abuse Disorder is inextricably intertwined with mental health needs, collectively treated as Behavioral Health.

LifePoint's has committed to the sale of the Trios Auburn Campus to the District. This will provide the unique opportunity to gather all these services under one roof and offer "no wrong door" to anyone in crisis. The project will incorporate appropriate changes to that building to meet all State requirements.

This Feasibility Study incorporates the Business Plan and Proforma prepared by Ascension Recovery Services and the conversion analysis prepared by Arculus Technical Design and Services.

The results of the Studies performed are:

The Ascension Feasibility Study determined there are sufficient numbers of potential guests with sufficient reimbursement sources to assure financial viability.

The Arculus Feasibility Study determined the costs of conversion are significantly less than the costs of constructing a new facility with the existing facility and with significant room for expansion of services and number of guests.

Originally the vision focused on Substance Use Disorder treatment and has expanded to address the more inclusive Behavior Health.

Conclusion

The Recovery Center will meet an urgent public need.

The facility once constructed will be self-sufficient or require less public and private support than creating a new publicly or privately owned facility.

The facility will use local service providers and regional providers for a no wrong door behavior health Recovery Center.

VISION

No Wrong Door

Behavioral Health and Recovery Services for Anyone, Anywhere and Anytime

Campus of Connections

Clients stay in a welcoming facility with a bi-cultural approach. Connections for each level of recovery offer support to individuals living with behavioral health challenges. Our goal is to provide our clients with hope and recovery through individual, group and peer services demonstrating recovery is possible for everyone, no matter the circumstances.

Community Referral Point

Referral point for local business, local providers, including hospital emergency departments, physicians and other healthcare providers. A 10-minute drop-off for all law enforcement agencies will be available. Additionally, the Center will accept self and family referrals, as well as from drug courts, day report centers and other justice system and correction-oriented programs.

Secured and Unsecured Withdrawal Management and Residential Treatment

Secure withdrawal management and stabilization services will be provided to individuals to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, or to medically stabilize the individual after acute intoxication, in accordance with ASAM¹ criteria.

The facility will also offer “Inpatient/Residential Substance Use Treatment Services”, including diagnostic evaluation and face-to-face individual or group counseling using therapeutic techniques directed toward individuals who are harmfully affected by the use of mood-altering chemicals or have been diagnosed with a SUD. Techniques have a goal of assisting individuals with SUDs in their recovery. Services will be offered in accordance with the following ASAM criteria.

- ASAM 3.7 Medically Monitored Intensive Inpatient Services Withdrawal Management
- ASAM 3.5 Clinically Managed High-Intensity Residential Services
- ASAM 3.2 Clinically Managed Residential Withdrawal Management

Evaluation and Treatment Center

A secured evaluation and treatment (E&T) center for those experiencing severe behavioral health incidents will be the center-point of the facility with a 16-bed residential treatment facility that offers an alternative to hospitalization (24/7, 365 days per year) for persons experiencing behavioral health incidents.

(Footnotes) ¹ ASAM - American Society of Addiction Medicine

Highlights of the Two River Behavioral Health program will include:

- Residential inpatient SUD treatment
- Medically Managed Withdrawal (detoxification)
- Crisis stabilization
- Integrated, bi-directional care
- Individualized treatment plans
- Individual counseling
- Group counseling
- Family programs
- Self-help support groups
- Peer recovery support services
- Trauma-informed care
- Mindfulness-based cognitive therapy
- Holistic approaches to care
- Relationships with quality aftercare providers
- Referrals to Quality Aftercare
- Medication-assisted treatment (MAT)
- Intensive Out Patient Services
- Chemically Using Pregnant (CUP) Womens's Program

Repurpose and Conversion Costs of the Trios Auburn Campus to a Behavioral Health Recovery Center

Capital Costs to Repurpose	
Facility purchase cost	\$1,600,000
A&E fees (includes project management & inspection)	1,120,000
Construction costs (includes ancillary costs)	11,200,000
Sales tax	963,200
Total Capital Costs to Repurpose	\$14,883,200

Capital Costs to Build New	
New square foot cost @ \$375	\$15,878,625
Land purchase	1,800,000
A&E fees (includes project management & inspection)	1,587,863
Sales tax	1,317,925
Total Capital Costs to Build New *	\$20,584,413

** Does not include the potential for expansion that is provided in the Auburn campus*



ASCENSION
Recovery Services

Kennewick Public Hospital District

Business Plan

Two Rivers Behavioral Health Recovery Center
Kennewick, WA

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Introduction to the Founders

The Two Rivers Center's operation will be overseen by the Kennewick Public Hospital District (KPHD), a Washington municipal corporation in Benton County, that also will serve as the owner and landlord for the facility. The District is governed by an elected seven-member Board of Commissioners consisting of citizens Gary Long, President, Wanda Briggs, Dr. Len Dreisbach, Marvin Kinney, Steve Blodgett, Rick Reil, and Mike McWhorter. The District Superintendent is Leland Kerr.

The District is associated with the Benton Franklin Recovery Coalition to provide subject matter guidance and community fund raising assistance. The Benton Franklin Recovery Coalition is a qualified, local non-profit organization whose mission is to partner within Benton and Franklin Counties, WA to advocate for recovery and treatment opportunities, educate to destigmatize the disease of addiction and reduce barriers to recovery for people suffering from SUD. The Coalition is managed and operated solely by volunteers, and is the largest organization of its kind in eastern Washington.

An Advisory Board made up of local professionals and service providers also will offer operational and policy guidance to the District for the Center. With the availability of the physical facility from RCCH Trios Health, LLC ("LifePoint"), sufficient qualifying space is available to house all the necessary services in one location.

To help fulfill the goal of establishing a comprehensive bi-county Recovery Center, the founders have identified and engaged Ascension Recovery Services (Ascension), the industry leader in developing behavioral health facilities, to assist in developing plans for the Two Rivers Center.

Ascension Recovery Services

As a leading behavioral health consulting firm, Ascension works on a national basis assisting large health systems, municipalities, governments, and private investors in developing comprehensive behavioral health treatment programs across the full continuum of care, including sober living homes/recovery residences, detoxification, and residential treatment facilities, outpatient programming, peer support services, and job reintegration. Its customized programs provide the highest quality clinical care with a sustainable business and financial model. Ascension is based in Morgantown, West Virginia, and has an intimate knowledge of the current behavioral health treatment landscape not only in WV but across the country due to its vast experience in developing effective treatment facilities nationally.

Facility Development

A pioneer in the field of facility development, Ascension has served providers in 17 states. In 2019, Ascension assisted the West Virginia University Health Sciences Center with opening the Center for Hope and Healing, a state-of-the-art 42-bed facility in Morgantown, WV, providing both detoxification and residential services. Also in 2019, Ascension developed the Treatment and Support Center (TASC), a comprehensive outpatient program for individuals experiencing SUD, for Columbus Regional Hospital in Columbus, Indiana, and developed an outpatient facility for SUD for Providence Recovery Services in Craig, Colorado. Ascension currently is involved in the development of a recovery campus for the city of Boston, Massachusetts, that will include every level of care across the entire continuum.

Grant Development

Ascension has written and received state and federal grants totaling \$7.2 million in 2018 alone and is continuously evaluating funding opportunities for our clients during the program development process. These grant funds will help to underwrite start-up costs or supplement operating revenue. Ascension received \$2 million from the Ryan Brown Fund, a highly competitive grant fund appropriated through the West Virginia Department of Health and

Human Resources and the West Virginia Legislature. In 2017, Ascension developed a proposal for expanding treatment capacity through SAMHSA and secured \$3.6 million in funding a dynamic outpatient SUD treatment program for Columbus Regional Health.

Business Principles

1. **We believe in a “warm hand-off.”** Every encounter with a person experiencing behavioral health should be an opportunity to connect them with treatment, counseling, medication, and/or supportive housing.
2. **We turn no one away.** We work to ensure no one struggling with addiction is turned away without being referred to treatment.
3. **We advocate for innovation.** We advocate for modified practices in medicine, the legal system, and other areas to address addiction as a disease.
4. **We educate.** We provide educational materials and hold meetings and forums to teach the community about addiction and thereby remove stigma, shame, and secrecy from it.

Components of a Successful and Comprehensive Behavioral Health Treatment Program:

- **Incorporate Cultural Competence:** Commitment to building cultural competence in all staff. All services and levels of care will be designed intentionally to be culturally competent and accommodating to diverse populations, including people of color, non-English speaking people, and people from the LGBTQ+ community. The program will implement an outreach strategy specifically targeting our most underserved populations.
- **Reduce Stigma:** The program will implement specific strategies to identify and mitigate stigma surrounding SUD and mental health disorders.
- **Provide Evidence-Based Practices:** The program will utilize proven evidence-based practices and will ensure access to and maintenance of the highest levels of medical care, social services, and treatment for all clients and staff.
- **Explore and integrate promising and innovative forms of care:** Research and understand some of the new, effective approaches from around the country, such as more fully integrating physical health, meditation, expressive arts, and other opportunities for holistic wellness into the service continuum, and making workforce development and job training opportunities more readily available to individuals in recovery.
- **Bolster the region’s continuum of care:** Create innovative ways for all people to access the care they need. The proposed services will bridge critical gaps as well as strengthen and bolster the existing services in the region.
- **Empower Person-Centered Care -- Give clients a say:** Build opportunities for clients to participate in choosing the recovery path that is best suited for them, by meeting them where they are.
- **Connect resources:** Facilitate connections with additional social services to assist in a seamless transition for clients as they transition care.
- **Work Toward Integrating Care:** Facilitate integration among SUD, mental health, and primary medical care providers.

- **Honor Multiple Pathways to Recovery:** Include multiple pathways to recovery, including MAT, to be integrated throughout all levels of care.
- **Practice Individualized Data-Driven Care:** Suggested length of stay determined by an individual’s functional capacity, needs, strengths, performance, progress, and readiness, not by mandatory lengths of stay, which fail to recognize individualized differences and abilities. (This will be monitored by using the ASAM criteria.)
- **Allow for Multiple Points of Entry (a.k.a “No Wrong Door”):** Ensure that everyone suffering from Mental Health issues and SUD can get the help they need when they need it through universal screening and assessment tools ensuring rapid access to needed services regardless of the entry point.
- **Include and Encourage Professional Development:** Participation in ongoing training and quality control efforts, with a commitment to ensuring the wellness of staff and providing opportunities for professional and personal development. Assisting in training and education to provide opportunities for advancement.
- **Include Peer Support:** Integration of peer recovery coaches throughout programs.
- **Utilize Interdisciplinary Treatment Teams:** Full collaboration of interdisciplinary treatment teams to establish a holistic plan of care with each client.
- **Provide as much of the full continuum of Mental Health issues and SUD care as is reasonable:** To include developing the right sized proportions of the following types of care, or working with other community providers to connect services in the following areas:
 - Prevention
 - Withdrawal management (detoxification)
 - Residential treatment
 - Partial hospitalization programming (PHP)
 - Intensive outpatient programming (IOP)
 - Outpatient therapy (OP)
 - Medication-assisted treatment (MAT)
 - Recovery residences (sober housing)
 - Job training and workforce reintegration
 - Peer recovery coach networks
 - Community engagement, education, and outreach

Benefits of Providing Services to Clients and Families

Washingtonians are dying daily from SUDs and untreated mental health issues. These issues exist in both Benton and Franklin counties. Benton County has a higher overdose death rate than the state average, at a rate of 21.3 per 100,000 deaths from 2013-2017¹. This rate is up from 15.2 in 2008-2012, indicating an increasing need for additional treatment facilities. Two-thirds of these deaths involved an opioid². Unfortunately, the increase in the rate of opioid and overdose deaths has not been met by an equivalent increase in treatment availability

In addition to rising rates of overdose death, suicide has reached an all-time high across our nation, state, and Benton and Franklin counties. For example, Benton County had a rate of 15.2 suicide deaths between 2012-2016³. This rate is higher than the state rate of 14.9.

¹ Drug Overdose Deaths in the United States – NORC - <https://opioidmisusetool.norc.org>

² 2019 Community Health Needs Assessment – KPWA - <https://about.kaiserpermanente.org/content/dam/internet/kp/comms/import/uploads/2019/09/Washington-Region-CHNA-2019.pdf>

³ Suicide in Washington State – University of Washington - <http://www.intheforefront.org/resources/suicide-data/>

These needs are amplified by the lack of intensive inpatient unit beds in the state. With just two state-owned psychiatric hospitals, Western State Hospital and Eastern State Hospital, residents of Benton County must travel over two and a half hours to reach treatment. (More importantly, acceptance criteria is very restrictive and the average length of stays is very short at these state facilities.) Private licensed psychiatric hospitals are scattered throughout the state, but insurance acceptance is varied. Additionally, travel time to these facilities ranges from three and one half to five hours, as they are mostly located around the Seattle hub⁴. When patients are treated in residential locations far from home, families cannot participate effectively in treatment. Lack of family involvement lowers success and recovery rates.

Southeast Washington state, the location of Benton and Franklin counties, ranks among the lowest regions of the state in terms of access to behavioral health providers.⁵ In addition, it has some of the highest drug overdose rates in the state⁶ of In a 2019 Community Needs Assessment, Washingtonians prioritized mental health, access to care, and unhealthy substance use in the top five areas to address within the state, and adults in southeast Washington reported insufficient access to social and emotional support.⁷

The primary objective of the Two Rivers Center will be to provide high quality, effective treatment for those persons struggling with severe or chronic behavioral health disorders who otherwise may not be able to receive treatment due to a lack of resources in the area. Rather than being placed on an extensive waitlist, driving up to three hours to receive care, or never receiving care, persons will be provided readily available resources at the Center. This local availability that will increase the number of clients who can receive the treatment necessary to achieve and maintain long-term recovery. The window for willingness to enter treatment for someone with behavioral health disorders can be very small, and the value of providing “treatment on demand” is immeasurable.

The Two Rivers Center can help alleviate the burden on residents struggling with SUD and other behavioral health disorders by offering detox and residential inpatient services in Kennewick, WA. The insufficient number of credentialed behavioral health providers in the area requires residents to travel for services and creates a significant barrier to receiving treatment. The Two Rivers Center can bridge this gap in treatment in an effective and efficient manner, greatly helping the community and further accomplishing its mission.

A unique philosophy of the services provided at the Two Rivers Center will be an individualized approach to each client’s plan of care. The Center, as planned, will understand that each client has an individual history of experiences, both positive and negative, that have molded him or her into the individual he or she has become. Treatment plans will be designed to emphasize each client’s strengths while assisting in developing the skills necessary for staying in sustained long-term recovery.

The Center will be able to offer treatment in a way that will better serve clients and be financially sustainable. A major component for sustaining the services of the facility is ensuring a healthy mix of payors. The Two Rivers Center will ensure it is serving individuals from diverse backgrounds, accepting payment from Medicaid as well as commercial insurance and other payors. This range of payors will ensure that the Center is treating those most in need of services and making effective treatment readily available to all populations.

⁴ Private Psychiatric Hospitals – Washington State Department of Health - <https://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/Hospitals/PrivateandPsychiatricHospitals>

⁵ 2018 Washington State Health Assessment, Access to Behavioral Health Providers, Washington State Department of Health, p. 150. Retrieved at <https://www.doh.wa.gov/Portals/1/Documents/1000/SHA-AccessstoBehavioralHealthProviders.pdf>

⁶ Ibid, p. 133.

⁷ 2019 Community Health Needs Assessment – KPWA

Community Benefits to Providing Services

- -Reduce crime and recidivism, thus lowering local law enforcement costs and burdens, and increasing public safety & hygiene
- -Reduce repeat visits to Emergency Rooms by addicted persons in crisis
- -Assist physicians and other health care providers by providing a place where they can send patients who need SUD care that primary providers are not equipped to offer
- -Provide a key asset for employers in attracting high-quality workers to Benton and Franklin Counties
- -Provide substantial Return on Investment (ROI) to employers currently sending employees and their family members to treatment centers throughout the U.S.
- -Keep treatment dollars in Benton and Franklin Counties (instead of being spent in Seattle, Spokane or other areas)
- -Attract more and highly qualified medical & mental health providers to Benton and Franklin Counties
- -Raise the profile and pride of the Bi-County region as a place of medical excellence in all fields

Program Model

The mission of the Two Rivers Center is to reduce the impact of the lack of mental health and SUD services in the Greater Tri-Cities Area. The center will offer a full spectrum of services using evidence-based programs to provide the highest quality treatment for those seeking help.

The Two Rivers Center will serve as a referral point for local providers, including emergency rooms, physicians, and other providers. Additionally, the Center will accept self-referrals and referrals from drug courts, day report centers, and other justice system and correction-oriented programs as well as privately insured persons through employment.

The Two Rivers Center will contract with dynamic, credentialed professionals who are knowledgeable and highly trained in the field of mental health and addiction counseling and mindful of providing judgment-free care to clients. Those clients specifically struggling with SUD will be assessed and referred to the appropriate level of care following a thorough biopsychosocial assessment. SUD services will include secured and unsecured withdrawal management (ASAM level 3.7 and 3.2), residential care (ASAM level 3.5), as well as MAT. The types of care offered at the Center also will include Medical Clearance Exam services on site, Crisis Response, individual counseling, group counseling, family programming, and peer recovery support services. As clients' needs change, they will transition seamlessly through the levels of services provided, ensuring the full continuum of care close to home.

For the initial start-up of the facility, Ascension recommends the following staff:

- Program Director
- Clinical Supervisor
- Designated Crisis Responders
- Substance Use Disorder Professionals (SUDPs)
- Case Managers
- Interns
- Unit Clerk
- Medical Physician
- Licensed Clinical Social Workers (LCSWs) and Licensed Independent Clinical Social Workers (LCISWs)
- Licensed Professional Counselors (LPCs)

- MSW (2)
- Registered Nurses
- Advanced Registered Nurse Practitioners (ARNPs)
- Office Manager
- Accountant
- Office Administrative Support Personnel
- Psychiatrist
- Security Officers
- Intake and Discharge Coordinator
- Outreach Coordinator
- Kitchen staff/groundskeeper

Specific to SUD, the Two Rivers Center will offer a wide array of services, including MAT, and clients will be given the opportunity to customize the treatment plan they wish to pursue. Clients who decide to pursue MAT will flow from the intake/discharge coordinator to the medical assistant. The medical assistant will be a registered nurse (RN) who will check vital signs in the client and conduct a urine drug screen (UDS). Once this has occurred, the client will see the medical director. The medical director will be a medical doctor (MD), advanced registered nurse practitioner (ARNP), or physician assistant (PA) who has received specialized training in addictions according to standards of SAMHSA and has received approval from the Drug Enforcement Agency (DEA) to administer MAT. At the Center, the medical director will ensure MAT is an appropriate treatment option for the client. Once this visit has occurred, the behavioral health professional will then schedule the appropriate program as determined by the client's initial assessment.

The Two Rivers Center will operate a residential unit that will include individual counseling, group counseling, family programming, and holistic activities. The behavioral health professional will schedule the client into the appropriate group, as well as schedule the client's individual session with a licensed counselor. The counselor may, in the first or following visits, then recommend additional holistic activities or family programming which will be scheduled by the administrative assistant.

The licensed counselor will hold a master's degree in social work, counseling, or psychology, and preferably be licensed to practice independently. This professional will be a fully licensed psychologist, licensed clinical social worker (LCSW), or licensed professional counselor (LPC). These licensed practitioners are vital to the Two Rivers Center's ability to contract with both Medicaid and commercial insurance payors. In addition, fully licensed practitioners provide a level of comfort for clients who enter the facility. The director of substance abuse treatment will oversee the licensed SUD Professional (SUDP). This individual will be licensed with a minimum of five years of experience in providing SUD treatment as well as having provided previous supervision to licensed counselors in a drug and/or alcohol treatment setting. While serving more of an administrative role in supervising counselors, this behavioral health professional will also maintain a small caseload of clients.

The social worker/case manager is a professional who has received at least a master's degree in social work. The Center's clients will often bring with them barriers to their ability to remain in treatment. These barriers can include a vast list of issues, including absence from work, childcare, or legal matters. The social worker/case manager will assist clients in overcoming these barriers so that they may freely and actively participate in needed treatment.

The program director will oversee all activities at the Two Rivers Center clinical program. The program director will have a master's degree in psychology, social work, or counseling, a full license to practice independently, and 10-15 years of management experience in a behavioral health setting. While the director is managing clinical caseloads of clinical staff and ensuring that effective evidence-based treatment is being provided, the program director provides a vital role serving as the face of the facility to the community, and working effectively with the Center's owners to ensure the facility is assisting clients to achieve the most positive outcomes possible. Figure 2 below illustrates the flow of client services at the Two Rivers Center.

Assessment

All clients will receive a comprehensive biopsychosocial assessment before placement into the appropriate level of care. This includes gathering a physical health history and behavioral health history. After completion of this assessment, each client will be placed into the correct level of care. Within 24 hours of being admitted into the appropriate level of care, clients will create a treatment plan with their counselor outlining the major presenting problems, along with goals, objectives, and appropriate interventions.

Each client will also receive peer recovery support services as needed. If a client requires a different level of care than those offered at the Two Rivers Center, a referral to the appropriate level of care will be made.

Medically Monitored Withdrawal Level 3.7

Medically monitored withdrawal can be the first step of the rehabilitation process to treat SUD. This process involves refraining from drug or alcohol use in a medical treatment center. Completely clearing a client's body of these toxins is critical to ensure success in later stages of treatment. During detox in a medical treatment center, healthcare providers can ease the transition and help with the side effects of withdrawal. This process typically takes between three and ten days, depending on the circumstances of the addiction.

When the intake/discharge coordinator determines that a client would benefit from medically monitored withdrawal, he or she will be escorted to these services immediately following the initial assessment. A pre-authorization will be approved for the client to be admitted for a short time frame, usually three to five days. Each client will be seen by a physician within 24 hours of being admitted. If necessary, a comfort medication may be provided to help the client cope with withdrawal symptoms until he or she sees the physician and is prescribed a necessary taper.

The client will have full access to a counselor during the day and access to nursing staff 24 hours a day. Clients at this level of care will participate in group and individual counseling. These sessions will serve to educate clients and give them a platform to express their thoughts with those who share similar experiences.

When the duration of the pre-authorized time has been completed, a review will be completed by the client's counselor. Based on a client assessment, a determination will be made whether to continue withdrawal treatment, discharge, or transfer to residential treatment.

Residential

Clients will be assigned to residential care either after transfer from withdrawal management or following an initial assessment by the intake/discharge coordinator. Within 48 hours of admission, clients will meet with their Case Manager or SUDP to create or update their treatment plans with appropriate goals to fit their treatment needs, based on ASAM Patient Placement Criteria (PPC) II-R. Clients with SUD may still be utilizing MAT services as determined by their counselor and the treatment plan.

Clients will participate in individual, group, and family therapy sessions. Sessions at this level will involve assignments given to clients focused on problem areas and barriers to recovery. These sessions will help clients process new ways of thinking, challenge distorted ways of thinking, learn new concepts, and look at their lives from a fresh perspective that is recovery focused.

Groups in the residential setting are mandatory for clients and continued missed attendance can result in discharge. Groups in this setting will cater to the specific treatment needs of residents, with individuals with SUD, mental health diagnoses, or dual diagnoses being scheduled to attend groups appropriate for their personal treatment needs.

The residential program at the Two Rivers Center will involve a variety of group and individual counseling modalities. These methods include trauma-informed care, mindfulness therapy, motivational interviewing, cognitive behavior therapy, dialectical behavior therapy, 12-step facilitation therapy, and other evidence-based practices. Additionally, peer recovery support services and holistic programming will be provided.

Medication-Assisted Treatment

MAT uses medication to help individuals maintain abstinence during treatment and after. Drugs associated with MAT at the Two Rivers Center include buprenorphine, or Suboxone, and injectable naltrexone, also referred to as Vivitrol. These drugs work as blockers for opioids and help clients maintain a baseline while implementing changes into their daily lives. Buprenorphine comes in a pill or sublingual form and is taken regularly. Vivitrol is a slow-release injectable method that lasts for a period of one month. Clients will work in conjunction with their physician and counselor to determine the best course of action with regards to MAT options, as not all clients are appropriate for MAT.

Benefits of Suboxone

- Suboxone has unique pharmacological properties that help lower the potential for misuse.
- It diminishes the effects of physical dependency on opioids, such as withdrawal symptoms and cravings.
- It increases safety in cases of overdose.

Benefits of Vivitrol

- Clients given Vivitrol decreased opioid cravings and were less likely to relapse.
- Vivitrol can only be given in a physician's office and has no addictive properties.
- Vivitrol is administered once per month by injection.
- It increases safety in cases of overdose.

Comprehensive Opioid Addiction Treatment

The Comprehensive Opioid Addiction Treatment program (COAT), known nationally as the West Virginia Model, will be used at the Center. The COAT model utilizes 30-minute group medical visits in addition to group and individual therapy. COAT requires random urinalysis drug screenings. Each time a client transitions to a lower level of care, they will meet with his or her physician and counselor to determine whether MAT still is a beneficial course of treatment, and his or her treatment plan will be updated to reflect as such.

MAT Regulation

MAT is governed by federal statutes and regulations which require certification and accreditation processes. The Two Rivers Center will abide by these regulations including maintaining clear and concise client records and documentation and supervising the practice. While neither Suboxone or Vivitrol are a controlled substance, practitioners must apply for and receive a waiver from the DEA prior to beginning MAT services. The Center will secure these waivers.

Treatment Modalities

Trauma-Informed Care

Trauma-informed care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. The symptoms of the clients' trauma that directly affect their ability to remain sober will be addressed, and the clients will be given tools to help with the healing process associated with trauma. All staff will be trained in trauma-informed care and encouraged to practice it during any interaction with clients.

Mindfulness Therapy

Mindfulness-based cognitive therapy incorporates mindfulness techniques and practices, such as meditation, with cognitive behavioral therapy. Mindfulness techniques can help clients be more aware and present in the moment and can assist clients with recognizing emotions or sensations that may be triggers to their substance use or mental health linked behaviors. All staff will be trained in techniques that reflect principles involved with mindfulness.

Motivational Interviewing

Motivational interviewing is a counseling style that helps clients recognize and resolve their ambivalence with recovery and find the intrinsic motivation they need to change behaviors. Motivational interviewing has been found to reduce substance use among individuals with substance abuse and dependence symptoms listed in the Diagnostic and Statistical Manual of Mental Disorder, edition 5 (DSM-V). This technique has also been beneficial for those with depression, anxiety, and other mental health disorders. This technique involves open-ended questions and focuses on the goals of the clients. The goal is to facilitate clients through the Stages of Change and find the motivation to make behavioral changes.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a form of treatment that has been shown to be effective in treating many types of behavioral health conditions and substance abuse. CBT involves helping clients change their thinking patterns by recognizing unhelpful thoughts and behaviors, and focusing on developing more productive thought patterns and coping skills.

Dialectical Behavioral Therapy

Dialectical Behavioral Therapy (DBT) is an effective combination of cognitive and behavioral therapies. The goal of DBT is to transform negative thinking and destructive behaviors into positive outcomes. DBT has four modules of care which are mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation.

12-Step Facilitation Therapy

12-step facilitation therapy is a strategy designed to increase the likelihood of a client with SUD becoming actively involved in 12-step help groups. There are three key goals in 12-step facilitation: acceptance, surrender, and active involvement in 12-step meetings and related activities. Clients establish a foundation to serve as a support system and fellowship outside of their regular treatment.

Peer Recovery Support Services

Peer recovery support is a crucial part of the long-term recovery process that provides accountability and encourages clients in their recovery journey. Peer Recovery Coaches (PRCs) offer unique support for clients suffering from SUD, helping clients cross the gap that exists between treatment and recovery. This gap often is where many seeking recovery fall short and relapse into active addiction.

PRCs bring lived experience and provide non-clinical assistance to support clients in their long-term recovery. Clients create their own recovery plans and receive assistance in achieving their goals on their road to lasting recovery. PRCs provide emotional support and help to connect clients with critical information such as local 12-step meetings, employment, housing opportunities, and a host of other resources.

Holistic Programming

In addition to therapeutic and recovery services, several types of holistic programming also will be available at the Two Rivers Center. These programs will be available during residential services. Participation in these programs is voluntary for clients, but programs are all research-backed to support those in recovery from SUD or those with a mental health diagnosis.

Yoga and Mindfulness Training

Mindfulness programs will occur several times per week and will be led by an experienced instructor. These programs will incorporate both yoga and mindfulness practices. Sessions allow individuals with SUD or a mental health diagnosis to develop the skill of relaxation and to learn good de-escalation practices. Yoga also teaches self-discipline, helps achieve a balanced lifestyle, and is an excellent coping mechanism.

Art Therapy

Art therapy can range from painting to sculpting classes. These programs will occur several times per week and will be led by an experienced instructor. This form of therapy improves cognitive and sensorimotor functions, boosts self-esteem, and stimulates the emotion and creative centers of the brain. This therapy has been beneficial to individuals with SUD, mental health diagnosis, dual diagnoses, and PTSD⁸. Creating art in a therapeutic setting can also be maintained after discharge, creating a foundation for recovery.

Music Therapy

Similar to art therapy, music therapy is a valuable therapeutic tool that can extend past the treatment timeline. Music can help individuals express themselves or communicate on topics that they might not yet feel comfortable disclosing in traditional therapy settings. This form of therapy also boosts mood, improves physical and emotional relaxation, and promotes social functioning.⁹ This form of therapy is helpful for individuals with SUD and mental health diagnoses.

Electronic Medical Records

The Two Rivers Center will utilize electronic medical records (EMRs) in the provision of SUD and mental health treatment services. Client records will meet all requirements of 42 CFR, Part 2. EMRs improve the efficiency of service providers by allowing access to needed information, including client progress notes and diagnoses. This

⁸ Art Therapy – American Art Therapy Association - <https://arttherapy.org/about-art-therapy/>

⁹ Music Therapy Interventions in Trauma, Depression, and Substance Abuse – American Music Therapy Association - https://www.musictherapy.org/assets/1/7/bib_mentalhealth.pdf

access informs practitioners of the client's current status, decreasing the likelihood of medication errors and increasing the effectiveness and accuracy of treatment services.

EMRs also are tied to key data points that inform facility staff of the effectiveness or lack of effectiveness of their treatment program. EMRs come equipped with reporting capabilities that help inform staff of needed changes to treatment programs. For instance, EMRs assist with providing attendance rates of facility clients to treatment. This data can assist the facility program director in troubleshooting correlations between access to care and attendance rates, allowing the program director to use data in implementing programmatic changes.

The collection of data will be a crucial piece in the development of the treatment program at the Two Rivers Center. Data assists facilities in recognizing the problematic areas of each program, as well as the strengths. As an example, a facility may recognize a decrease in census at its evening intensive outpatient programming through its monthly reporting mechanism. This data will assist the facility staff in identifying the problem and addressing the concern through a data driven solution. Through the consistent gathering of data, the Center will be informed in advance of the need for programmatic expansion, allowing the facility to grow strategically with client-centered outcomes in mind.

Market Research Summary

The Greater Tri-Cities Area is in southeastern Washington state. Its residents fail to gain access to services that may be granted to those in western Washington. With a poverty rate of 14.2%, higher than the national average, this region of the state also is highly diverse, has a high rate of unemployment, and its residents more frequently seeks public assistance¹⁰. It is, therefore, no surprise that access to SUD and mental health treatment are reportedly difficult to find. The Hanford Site is located in Richland, Washington. Decades of federal investment created a community of highly skilled scientists and engineers. As a result of this concentration of specialized skills, the Hanford Site was able to diversify its operations to include scientific research, test facilities, and commercial nuclear power production.

Over 30% of Washingtonians rely on Medicaid or Medicare, while nearly 10% have no health insurance at all.⁸ In Benton County, the rate of uninsured is among the highest in the state, at nearly 15%.² However, even for those who are insured, the closest psychiatric hospital for those seeking care is more than two hours distant.⁵ Additionally, no accredited and effective residential SUD treatment facilities exist within Benton or Franklin counties¹¹. The outpatient facilities in the region also are insufficient when filtered by acceptable insurance carriers, age of the client, and those with dual diagnoses.

In Benton and Franklin Counties the ratio of mental health providers per 100,000 citizens is substantially smaller than the rate seen surrounding the Seattle hub (191.1 and 303.8, respectfully). Individuals who are impoverished, do not speak English as a first language, or who lack access to care, are at even higher mental health risks, further exacerbating the problem in Benton County.

The Washington State Opioid Response Plan outlines the goals, strategies, and actions that state agencies are implementing or planning to implement in the near future. The four priority goals are¹²:

1. Prevent opioid misuse and abuse
2. Identify and treat opioid use disorder
3. Reduce morbidity and mortality from opioid use disorder

¹⁰ Kennewick, WA – DATA USA - <https://datausa.io/profile/geo/kennewick-wa/>

¹¹ Behavioral Health Treatment Services Locator – SAMHSA - <https://findtreatment.samhsa.gov/locator>

¹² 2018 Washington State Opioid Response Plan - <https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf>

4. Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions

Financials

In order for a facility to provide quality effective treatment, a thorough understanding of expenses and required revenue is required. Ascension has provided a full proforma detailing needed staffing, census, reimbursement, and payer mix for the two Rivers Center to be successful. A summary of the proforma is included with this business plan. Accompanying this business plan is the completed financial proforma Ascension has produced for the Two Rivers Center. The financial summary below represents the Earnings Before Interest, Taxes, Depreciation, and Amortization (EBITDA) on a cash basis. This summary does not take into consideration the start-up costs for this program. However, those costs are detailed and considered in the full proforma completed by Ascension.

Two Rivers						
Yearly Summary - Detail						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
REVENUES						
MH and SUD Assessments	482,625	716,040	716,040	716,040	716,040	3,346,785
Withdrawal Management ASAM 3.7	2,505,375	3,848,256	3,848,256	3,848,256	3,848,256	17,898,399
Residential ASAM 3.5	2,543,755	4,284,000	4,284,000	4,284,000	4,284,000	19,679,755
Withdrawal Management Level III.2	260,258	289,176	289,177	289,177	289,177	1,416,965
Total Revenues	5,792,013	9,137,472	9,137,473	9,137,473	9,137,473	42,341,904
Bad Debts / Denials	(347,523)	(526,824)	(526,824)	(526,824)	(526,824)	(2,454,819)
Charity Care	(57,920)	(87,810)	(87,810)	(87,810)	(87,810)	(409,160)
Management Fee	(347,523)	(548,244)	-	-	-	(895,767)
Net Revenues	5,039,047	7,974,594	8,522,839	8,522,839	8,522,839	38,582,158
Timing Difference in Billing/Receipts	(1,214,344)	(22,710)	(83,608)	-	-	(1,320,662)
Cash Receipts	3,824,703	7,951,884	8,439,231	8,522,839	8,522,839	37,261,496
Total Wages & Burden	(3,739,350)	(5,057,508)	(5,290,020)	(5,586,000)	(5,780,940)	(25,453,818)
Gross Profit (Cash Basis)	85,353	2,894,376	3,149,211	2,936,839	2,741,899	11,807,678
Total General and Administrative Expenses	1,924,429	2,147,544	2,020,908	2,043,528	2,069,144	10,205,553
EBITDA (Cash Flow)	(1,839,076)	746,832	1,128,303	893,311	672,751	1,602,121

Conclusion

The Two Rivers Behavioral Health Recovery Center will serve clients and families in the region with professional, caring, integrated care based on the best practices in the field of SUD and mental health treatment. It will make care timely, available, and patient-oriented. The Center also will be an asset to all sectors of the community and region, and will be financially sustainable. It will partner with existing local services to enhance all behavioral health opportunities and options in the region, and can serve as an innovative referral point for outpatient facilities in Benton and Franklin Counties. Thus, it will fill the gap in services that exists within this area and help to put southeast Washingtonians on a path to treatment and recovery.

Contributors

Two Rivers

1. Gary Long, Board President
2. Leland Kerr, Superintendent

Benton Franklin Recovery Coalition

3. Jason Bliss
4. Joel Chavez
5. Michele Gerber
6. Virginia Ochoa
7. Cynthia Preszler
8. Kyle Sullivan

Ascension Consulting Team

9. Douglas M. Leech, Founder & CEO
10. Greg Eger, Chief Operating Officer
11. Anne Christopher, CPA, Financial Modeling
12. Travis Bailey, MBA, Financial Analyst
13. Bill Coleman, LCSW, Program Development
14. Angela Kudurogianis, Engagement Manager
15. Morgan Henson, Program Development
16. Steve Burton, MSW, LCSW, Program Development
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18. Lauren DeWitt, Business Development Manager
19. Lauren Seggie, Program Development
20. Julie Kniceley, Implementation Manager



ASCENSION
Recovery Services

Kennewick Public Hospital District Proforma

Two Rivers
Kennewick, WA

Disclaimer: These financial projections are potential estimates on what a program could result in.

These are estimates and ranges, not exact numbers. These are to give a broad stroke on the financial possibilities of a program. It is solely the responsibility of the Management / Director of the facility to run the business in a manner that yields financial profitability. Ascension claims no responsibility over the financial success of this program, as we have been engaged to simply consult on the development of the program and not run the operation.

STARTUP BUDGET

Operations

Consulting	80,000
Marketing Agency	15,000
Advertising	4,000
Logo / Branding	4,500
Payor Contracting / Credentialing	15,000
Licensure	2,500
Utilities & Rent	49,785
Furnishings	500,000
Van - Transportation	30,000
Staffing Costs Prior to Opening	296,041
Supplies	24,000
Medical Supplies	100,000
Program Materials	5,000
Misc / Contingency	100,000
Computer Hardware & EMR	60,000
Software (COR-12)	4,424
Training	20,000
Certificate of Need (CON)	40,470
Accreditation	3,000
Legal	15,000
Insurance (General Liability)	45,000
Permitting & Fees	2,000
Travel	15,000
Recruiting & Background Screening	1,000
Janitorial	7,000
Printing	500
Security Cameras	30,000
Total Operations	1,469,220
Property Purchase and Renovation	13,500,000
TOTAL STARTUP BUDGET	14,969,220

Two Rivers

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Total Revenues	5,792,013	9,137,472	9,137,473	9,137,473	9,137,473	42,341,904
Bad Debts / Denials	(347,523)	(526,824)	(526,824)	(526,824)	(526,824)	(2,454,819)
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Total General and Administrative Expenses	1,924,429	2,147,544	2,020,908	2,043,528	2,069,148	10,205,557
EBITDA (Cash Flow)	(1,839,076)	746,832	1,128,303	893,311	672,751	1,602,121
Total Startup Budget	(14,969,220)	-	-	-	-	(14,969,220)
Free Cash Flow (Cumulative) with Startup costs	(16,808,296)	(16,061,464)	(14,933,161)	(14,039,850)	(13,367,099)	(13,367,099)

October 16, 2020

Kennewick Public Hospital District dba Two Rivers Health District
Attn: Gary Long, Cynthia Prezler, MA, LMHC, Lee Kerr, Atty
P.O. Box 6974 Kennewick, WA 99336

Re: Two Rivers Behavioral Health Recovery Center, Kennewick, WA. Feasibility Study for repurposing the North Wing of the Trios Women's and Children's Hospital 1st and 2nd floors to a Recovery Center and Mental Health Facility.

SECTION 1. DESCRIPTION OF WORK

The following is a feasibility Study for the repurpose Trios Women's and Children's Hospital North Wing 1st and 2nd floors to LifePoint Services and BF Recovery Center.

SECTION 2. LOCATION

The hospital is located at 900 S Auburn Str. in the south end of the central civic area of Kennewick. The building is located in the northwest quadrant of the intersection created by Auburn and 10th and the campus extends one block north of 10th between Auburn and Dayton Street to the west. The hospital site is also located on the south edge of the primary civic area of Kennewick. It is also in close proximity to the Kennewick police department headquarter building and many basic service associations. To the east are provider offices and a Red Apple grocery store, to the south is the Trios Care Center in the south half of the building which also includes the Birthing Center, to the west is the Spaulding building and across from the medical block is Columbia Industries. To the north is the civic athletic Complex consisting of primarily baseball fields near the project and Tri-Cities Residential Services. On the opposite side of the athletic field block to the north is the Kennewick police station. Further out to the west, south and east of the hospital block are residential areas and to the north downtown Kennewick.



Local Trios Hospital Block

Current Owner: RCCH TRIOS HEALTH LLC
Site Address: 900 S AUBURN ST KENNEWICK, WA 99336
Geo ID: 101894000016001
Land use: K1-K1
Zone: Primary Commercial/Industrial Land
Property ID: 300,137
Acres: 8.92, (388,555 sq.ft)
Legal Description: THAT PORTION OF THE SOUTHEAST QUARTER OF SECTION 1,
TOWNSHIP 8 NORTH, RANGE 29 EAST, W.M. BENTON COUNTY, WASHINGTON,
LYING SOUTHERLY OF THE SOUTH RIGHT OF WAY LINE OF WEST EIGHTH
AVENUE, NORTHERLY OF THE NORTH RIGHT OF WAY LINE OF WEST 10TH
AVENUE



Project

SECTION 3. SPACE AND INTERRELATIONSHIPS

Floor	Old Area Designation	New Area	Square Footage
1	Old surgery	Secure	
		Short term rooms	1,101sf
		Security Entry and circ	930
		De-con, triage, time-out	484
		Control Station	185
		Non- Secure	
		Short term and circ	614
		Group Therapy	235
		Nurse's station and RR's	3,310
		Circulation incl elevator/mach.	1,380
		Offices/ exam rooms	361
		Treatment rooms/ med-room	487
		Multi-purpose room	1,411
1	Old Pharmacy	Provider's office & Security	1,298sf
		Main admin offices	
		Discreet helpline area	
1	Old Entry	New waiting areas	1,646sf
		Public entrance	
		Reception/ visitation	
1	Old Imaging (NW Corner)	Short-term recovery and	1,690sf
		Group Therapy	
1	Old records and West Imaging		9,452sf
		Mental Health Entry	
		Waiting room	
		Reception,	
		Client rooms (16)	
	Support spaces		
2	Old East wing	Non-secure recovery	8,317sf
		Nurse's Station	
		Support rooms incl elev.	
2	Old West wing	Secure recovery	4,313sf
		Nurse's Station	
		Support rooms	
2	Old ICU	Chemical Using Pregnant (CUP)	4,859sf
		Program, Women's recovery,	
		Nurse's Station and support rooms	
	First Floor Net:		23,548sf
	Second Floor Net:		18,795sf
	Total:		42,343af
1	Carport	Enclosed/ secure garage	1,410sf

Space Interrelationships, existing physical space and determine if the existing spaces have been determined to be adequate for new space requirements and functions. Review of the previous plans and specifications and gathered background information along with numerous meetings with groups and representatives who have programmatic interest, code and groups representing those that may be housed here have indicated that the existing space and conceptual plans for the new spaces are more than adequate for their programs and we have determined that the interrelationships of the conceptual and schematic drawings also work out very well. Those that have reviewed and walked the site are very excited with the prospect of having their related programs housed in this facility. The representatives that toured the hospital spaces believed that their programs fit in very nicely into the existing spaces.

The interrelationships included a drop-off garage on the north side with an existing ambulance entry that can be used for incarcerated and non-incarcerated people needing the services related to a recovery center versus an emergency room or jail cell. The holding area here would be for those who needed help for an up to 3-day stay. Off of the garage entry is a triage and decontamination room and beyond that is a short- term recovery room, also included in that area is an observation/ time-out room.

Then after this either being housed for a longer term up to three to 6 weeks in a secure and non-secure rooms on the second floor. There is also a section for women and a post partum section at the old ICU area. The existing hospital in the north wing both meets the security and non-secure requirements for those being treated in the facility. The existing infrastructure nearly meets all requirements with some updates mainly being required in the tel-com and data realms even though the rooms and attenuation systems could be used as almost as they exist now. For security application the rooms would have to be reinforced physically and electronically to house the new population.

On the west side of the first floor is a new Mental Health area with an old ambulance that is somewhat screened from the public way which the other elevations of the hospital affront. This entrance is ideally suited for those needing mental health issue attention and for a more discreet entrance and exit.

The south end of the first floor is comprised of an existing main entrance from Auburn that services as a public, staff and provider entrance to the facility. The entry has a reception and security desk along with provider's office and an emergency call center are provided along with exam rooms, visiting rooms and infrastructure support rooms. The first and second floors are serviced by a very centralized elevator that would be mainly used for moving of people staying there from the short term first level to the longer term second level that houses mainly secure and non-secure patient rooms.

SECTION 4. EXISTING SPACES AND CHARACTERISTICS

The interior hospital spaces are an assemblage of existing buildings and spaces. The combined 4 buildings make up an old surgery area, ICU, Imaging, support spaces and many patient rooms mainly on the second floor. The north wing is comprised of multiple additions to the hospital buildings to the south.

The old surgery suite nurse's station will be reconfigured into a reception desk/area for those coming via the police officer from the garage through the old ambulance entrance. The



remainder of the very large nurse's station will be used for support personnel for both the secure and non-secure areas. After an initial study the entire footprint of the nurse's station can be utilized for the police and staff to observe and operate the facility.

The two first floor old surgery rooms will provide more than enough physical space for holding 4 patients each and have ceiling heights applicable for the new use. The existing utilities brought to each room will be removed and covered. The new spaces will be re-sheathed on the interior with all interfacing spaces between the rooms covered. Security grates and baffles will be included at all intervening walls between the rooms. The smaller treatment rooms will be modified in the same way to provide single or double occupancy rooms. Determine work required to facilitate the new spaces and functions.

Currently the existing building does not appear to involve any roadblocks to housing the new functions as shown in the latest conceptual/ early schematic layouts. Items that will require more involved study will be the mechanical equipment at the roof and related ductwork, wall enhancements for security, security door hardware upgrades and resolving structural issues at the west wall of the south rooms in the Mental Health area with the related shear wall and skylight(s). And, finally incorporating new and larger east windows along the east elevation of the building and security and obscured windows on the first and second floor. With the study of the existing documents and field review these items all seem readily attainable without sustaining an inordinate cost.

SECTION 5. FUNCTIONS AND SPACE REQUIREMENTS

Security Intake area from Garage
 Secure Recovery Center – 12 beds
 Non-Secure Recovery Center 4 or 5 beds
 Recovery Center -7 chairs
 Public reception
 Staff support areas
 Multi-purpose and storage rooms
 Mental Health services (16 patient rooms, offices and support spaces)
 Mid-term non-secure Detox corridor, rooms and support areas – 19 beds
 Mid-term secure Detox corridor, rooms and support areas – 16 beds, up to 18 beds
 Chemical Using Pregnant Women's Program – 5 beds + 8 beds (4 double rooms)
 Interfacing connection corridors, security walls and separations.

Current Utility Costs

			2019	2018
	Usage	Monthly Avg	Annual Average	Annual Average
Benton PUD	267040 kWh	\$19,087.26	\$229,047.12	\$298,357.35
City of Kennewick (water)	287 cf	\$786.81	\$9,441.72	14,083.77
Cascade Natural Gas	8469 Therms	\$1,374.62	\$16,495.44	19,388.61
	Total	\$21,248.69	\$254,984.28	\$331,829.73



SECTION 6. PROJECT COSTS:

Summary:

Project	MACC	M/U OH+P	Consult (9%)	Other	Total
Lower floor	\$2,991,798	\$791,227	\$269,262	\$10,000	\$4,062,287
Mental Wing	\$3,327,546	\$810,288	\$299,479	\$15,000	\$4,452,312
Upper Floor					
Secure and non-secure	\$1,489,422	\$412,658	\$134,048	\$5,000	\$2,041,128
Post partum -ICU	\$481,527	\$133,411	\$43,337	\$1,000	\$659,276
Sub-totals:	\$8,290,293	\$2,135,418	\$789,304	\$26,000	
Project total					\$11,215,003
Round to: (w/o WSST)					\$11,200,000

Breakdowns of each space follow in Appendix 1.

SECTION 7. CODES:

Review codes with building the city’s official COK using the most current International Building Codes, National Electrical Code, ANSI and ASHRAE codes, WAC codes for health and mental health facilities in accordance to B, I-1 and I-2 occupancy type design requirements. Also review the spaces and programs with Health official (Steve Pennington of the Dept. of Health) to determine critical areas, separations, security, housing issues and building design requirements. Existing spaces and characteristics,
 Function - Work with the Wash. State Dept. of Health to determining critical areas and separations, I-1 and I-2 design factors, egress and smoke partition issues.
 Review code requirements with the City of Kennewick.

SECTION 8. CONCLUSIONS

At this point in the project we have provided a preliminary estimate which reflects that there are no major changes or additions needed to meet the program(s) requirements. Many of the existing spaces will require minimal work to meet the needs of the new scope. Some areas will require an extensive amount of interior remodeling to fit the new scope primarily in areas requiring a significant amount of wall revisions and security upgrades needed to compartmentalized the people and to have efficient layouts and provide for security doors, door hardware, security windows and electronics. At this point in the investigation there appears to be no inordinate cost issues and the interrelationships of the spaces and functions work very well in the existing facility’s north wing. The building is very well suited for the new functions that are currently programmed to be included in the new facility.

Thank you,

Steve Mallory

Steve Mallory, RA, AIA, NCARB

Arculus Design and Technical Services, PLLC
5822 W. Yellowstone Ave
Kennewick, WA 99336

Thank you to:

Lee Kerr,

Gary Long,

Cindie Prezsler,

Jason Bliss,

Virginia Ochoa,

Jamie Sellar

Steve Pennington DOH,

Julie Tamaro DOH

Allen Spaulding DOH

Tony Ostoja. COK, lead plans examiner

Benton and Franklin County Sherriff's



Aerial view from the East and project location