

KPHD

Kennewick Public Hospital District
Board of Commissioners
Packet

Thursday, Oct. 29, 2020
Meeting via Zoom

5:00 p.m.

Kennewick Public Hospital District
Kennewick, Benton County, Washington

Consent Agenda
Oct. 29, 2020

All Materials under the Consent Agenda are considered routine by the Board of Commissioners and will be adopted by one motion in the form listed below. There will be no separate discussion of these items. An item may be removed from the Consent Agenda and considered separately if the board members or the public desire further discussion.

1. Approval of Minutes:

- a. Board Meeting Sept. 24, 2020

2. Approval of Warrant Register/Revenue Fund

3. Acceptance of Financial Report:

- a. Approval of P&L Statements Sept. 2020

Kennewick Public Hospital District

5:00 PM

Public Hearing: Property Tax Levy

Public Hearing: Budget

Regular October Board meeting

Thursday, October 29, 2020 | Remote Meeting Via Zoom

I. DISTRICT BUSINESS:

A. PUBLIC HEARINGS

1. Property Tax Levy

2. Budget

A. Resolution 2020-4 Adopting District Budget for 2021 and Approving Limit Factor*

B. Resolution 2020-5 Certifying the Increase in Regular Tax Levy*

II. Regular Board Meeting Business

A. Approval of Consent Agenda*

B. Public Comment related to the regular board agenda

III. NEW BUSINESS:

A. Executive Report – Lee Kerr

1. Acceptance of feasibility studies*

2. General update

a. Authorization for Superintendent to sign donation agreement from Lourdes*

B. Committee Reports/Recommendations

1. Finance & Audit – Steve Blodgett, Finance Chair / Nathan Burt

a. September financial statements

b. Treasurer’s Report: Status of Audits

c. Finance committee

2. Planning Committee – Len Dreisbach and Lee Kerr

3. Adult Day Services – General Update Steve Blodgett / Rick Reil

4. Governance Committee Updates – Gary Long

a. Authorization for Lee Kerr to sign Office Lease with RCCH*

b. Resolution 2020-6 A Resolution Appointing the Agent to Receive Claims Against the District*

c. Vacancy on the commission.

d. Officer recommendations for 2021

5. Public Records Requests and Updates – Heidi Ellerd and Salem Thompson

a. Update on email migration plan and SharePoint

III. COMMISSIONER COMMENTS

A. Upcoming items –

IV. BOARD MEETINGS/EVENTS/EDUCATION:

Next Regularly Scheduled Board Meeting – Thursday November 19, 2020 @ 5:00p.m.

ADJOURNMENT

Note - Items noted with an asterisk constitute possible action by the Board of Commissioners.

Minutes

**KENNEWICK PUBLIC HOSPITAL DISTRICT
BOARD OF COMMISSIONERS
BOARD MEETING
MINUTES**

Thursday, September 24, 2020 | Remote Meeting Via Zoom

Join Zoom Meeting

<https://us02web.zoom.us/j/84524457700?pwd=bUI5RjRwdGEvbXh2RDgzOTNhaHJ3dz09>

Meeting ID: 845 2445 7700

Passcode: 376986

CALL TO ORDER 5 pm

Commissioners Present: Wanda Briggs, Len Dreisbach, Marv Kinney, Gary Long, Steve Blodgett, Rick Reil

Commissioners Excused: Mike McWhorter

Executive Support: Heidi Ellerd, Salem Thompson, Lee Kerr

Due to the state of emergency and the Governor’s proclamation relating to in-person public meetings, the meeting was held with all parties participating remotely via Zoom. Commissioner Long called the meeting to order at 5:00 p.m., after confirming that all parties were connected and could hear and participate in the meeting. One member of the public was in attendance.

I. DISTRICT BUSINESS:

A. Approval of Consent Agenda*

The materials listed under the Consent Agenda are considered routine by the Board of Commissioners and are adopted by one motion. There will be no separate discussion of the following items

- Approval of the previous month’s Board minutes
- Approval of warrant register/revenue fund
- Acceptance of financial report

However, an item may be removed from the Consent Agenda and considered separately if the Board members desire further discussion. As of this date, the Board of Commissioners unanimously approves by a majority vote, the payment of those items included in the Consent Agenda and further described as follows:

IT WAS MOVED AND SECONDED TO APPROVE THE CONSENT AGENDA AS SUBMITTED. NO DISCUSSION. MOTION CARRIED.

B. Public Comment - None

I. NEW BUSINESS:

A. Executive Report – Lee Kerr

Lee discussed the Ayers property related to the potential actions listed in the agenda. Feasibility studies remain in draft form and under review. The hope was an option agreement would be received to purchase the Auburn campus, but it has not been received. Since all components are not available, the studies are still on hold. The St. Joseph’s grant applied for was not received. The WA DOC grant is behind schedule for awards, original date was end of August 2020. They expect to have final internal approvals by the end of September to make awards. All

applicants will be contacted by email regardless of award status.

Lease for the Spaulding building office space occupancy is still being updated to accurately reflect the terms of the Community Care Agreement.

The 805/807 Auburn building will likely be listed with Kimele and Hagood for sale.

The proposed recovery center at the Auburn campus location hinges on finalized language in an option agreement. Trios/Lourdes has retained a consultant to look at the services to aid in determining the scope of services needed in the area and what agencies are fulfilling current needs and what gaps need to be filled.

The creditor's trust still has some outstanding obligations and Lee has received some updates. Specifically, the Home Health Escrow has received a claim which is being addressed. It is the goal of the creditor's trust to complete the bankruptcy within the three-year timeframe.

B. Committee Reports/Recommendations

1. Finance & Audit – Steve Blodgett, Finance Chair / Nathan Burt
 - a. August financial statements – General review of statements was provided. Most of the cash accounts are restricted funds. Adequate funds are available at this time. An outstanding expense in the near future is the Eide Bailly invoice for the audit (when completed) and the ADS quarterly loan payment.
Question on the excise taxes potentially due on the Ayers property. Heidi's office and Nathan's office are working on obtaining any balances due.
In regard to authorization to make these payments, further discussion pertaining to this matter will be held during executive session after which a motion can be entertained if needed to make any additional authorizations needed are obtained.
 - b. Treasurer's Report: Status of Audits – Both audits (State and accountability) are underway. The ADS portion is taking some additional time. The State Auditor's office reached out to Steve and their audit will likely start the end of October, early November. By that time, the Eide Bailly audit will likely be complete and will aid the accountability audit by the state.
 - c. Finance committee – No additional items to report. Chad Bartram attended as a volunteer community member and has valuable insight to give the District in his capacity.
3. Planning Committee – Len Dreisbach and Lee Kerr – No additional items to report.
 - a. Status of feasibility studies and funding from counties – Rick has volunteered to help with graphic design on the studies when they are finalized. Wanda will assist with a final edit when the studies are ready.
2. Adult Day Services – General Update Rick Reil or Steve Blodgett – The regular board meeting was delayed until 9.30.20. Steve provided an update on their financials. They did apply for and received the PPP loan with many thanks to Nathan Burt's office.
3. Governance Committee Updates – Gary Long
 - a. Board authorization for Lee to sign quit claim deed for Ayers property and distribution of funds from collected rents from Ayers property. *** Actions listed below.**
 - b. Execution of Resolution 2020-3 Transfer of Ayers Property* **Actions listed below.**
 - c. Upcoming budget and ad valorem meeting schedule for 2020 – Gary leads into this section and Steve continues. The budget committee is meeting Sept. 28. The proposed budget will then be available for the public to view for the statutorily required timeframe. Copies of the proposed budget will be available at the offices of Nathan Burt at a new location:
Burt Tax and Accounting / Epic Trust
1305 Fowler St Ste 1D, Richland, WA 99352.
The finance committee meets on Oct. 13.
The public hearing will be held prior to the regular October board meeting; the

Ad Valorem hearing will be held prior to the October board meeting – details forthcoming.

4. Public Records Requests and Updates – Heidi Ellerd and Salem Thompson -
 - a. Update on email migration plan and SharePoint – Still in progress. Gary asks the commissioners to complete their access by the next board meeting. Heidi had no additional items to report on public record requests.

III. EXECUTIVE SESSION: pursuant to RCW 42.30.110(1)(i) potential litigation*

Executive session started at 5:47pm for 20 minutes.

Open for action 6:07pm: extension for 10 minutes.

At 6:08 executive session continued for an additional 10 minutes.

At 6:18pm OPEN FOR ACTION

- a. Resolution 2020-3 Transfer of Ayers Property – TITLE DESCRIPTION READ ALOUD BY RICK REIL. MOTION TO APPROVE,, SECONDED. ALL IN FAVOR. MOTION CARRIED.
- b. AUTHORIZE LEE RE: QUIT CLAIM DEEDS FOR AYERS PROPERTY AND DISTRIBUTION OF FUNDS FROM COLLECTED RENTS FROM AYERS PROPERTY. MOTION TO AUTHORIZE LEE KERR TO SIGN ALL CLOSING DOCUMENTS TO TRANSFER THE AYERS PROPERTY TO UPS MOVED SECONDED. ALL IN FAVOR. MOTION CARRIED. No DISCUSSION
- c. MOTION TO AUTHORIZE NATHAN BURT TO TRANSFER RENT MONIES TO UPS AND KLT AND TO PAY THE STATE FOR ANY OWED LEASEHOLD EXCISE TAX. MOVED. SECONDED. ALL IN FAVOR. MOTION CARRIED.

IV. COMMISSIONER COMMENTS

A. Upcoming items – None at this time.

V. BOARD MEETINGS/EVENTS/EDUCATION:

Next Regularly Scheduled Board Meeting – Thursday October 29, 2020 @ 5:00p.m.

ADJOURNMENT – 6:35 pm

Financials

9:33 AM
10/14/20

Kennewick Public Hospital District
Statement of Cash Flows
September 2020

	<u>Sep 20</u>
OPERATING ACTIVITIES	
Net Income	-4,848.54
Adjustments to reconcile Net Income to net cash provided by operations:	
2020 - Accounts Payable	30,617.48
2023 - US Bank Corp Payment Syste...	146.59
	<u>25,915.53</u>
Net cash provided by Operating Activities	25,915.53
Net cash increase for period	25,915.53
Cash at beginning of period	578,303.43
Cash at end of period	<u>604,218.96</u> ¹

9:33 AM
10/14/20

Kennewick Public Hospital District
Statement of Cash Flows
September 2020

1. These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them. Additionally, management has chosen to omit notes to the financial statements.
-

Kennewick Public Hospital District
Statement of Financial Activity
September 2020

	Sep 20	Jan - Sep 20
Ordinary Income/Expense		
Income		
100 · Property Tax Revenue	32,595.42	862,357.33
Total Income	32,595.42	862,357.33
Cost of Goods Sold		
200 · Community Care Agreement	26,076.34	622,036.47
Total COGS	26,076.34	622,036.47
Gross Profit	6,519.08	240,320.86
Expense		
VOID	0.00	0.00
301 · Health Initiative Contributions	0.00	31,480.00
305 · Bank Fees	280.84	2,186.26
315 · Commissioner Mtg Stipend	1,536.00	18,688.00
320 · Facilities Expense		
321 · Building Association Dues	434.00	1,736.00
323 · Utilities	398.90	2,602.23
Total 320 · Facilities Expense	832.90	4,338.23
326 · Insurance	183.80	12,663.40
330 · Legal and Professional		
331 · Attorney Fees	424.25	88,946.42
332 · Accounting	1,300.00	11,700.00
333 · Audit Expense	0.00	18,347.70
335 · Administrative Support	2,200.00	19,800.00
336 · Other Professional Fees	0.00	1,865.00
Total 330 · Legal and Professional	3,924.25	140,659.12
339 · Licenses and Taxes	0.00	318.25
340 · Office Expenses	146.59	917.41
345 · Other Operating Expenses	0.00	108.54
346 · Public Records Request	1,453.25	9,232.75
347 · Public Election Costs	0.00	28,685.82
360 · Superintendent Compensation	3,000.00	24,000.00
380 · Payroll Expenses		
381 · Benefits	0.00	242.27
Total 380 · Payroll Expenses	0.00	242.27
Total Expense	11,357.63	273,520.05
Net Ordinary Income	-4,838.55	-33,199.19
Other Income/Expense		
Other Income		
900 · Richmond Trust Income	0.00	9,775.74
930 · Gain on Disposal of Assets	0.00	341,000.00
950 · Worker's Comp Reimbursements	9,165.81	112,845.17
960 · Interest and Dividend Income	2.51	128.38
970 · Rent Income	0.00	0.00
Total Other Income	9,168.32	463,749.29
Other Expense		
800 · Workers Comp Claims Paid	9,178.31	108,480.74
810 · Interest Expense	0.00	13,945.22
Total Other Expense	9,178.31	122,425.96
Net Other Income	-9.99	341,323.33
Net Income	-4,848.54	308,124.14

9:16 AM

10/14/20

Accrual Basis

Kennewick Public Hospital District
Statement of Financial Activity
September 2020

1. These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them. Additionally, management has chosen to omit notes to the financial statements.
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Kennewick Public Hospital District
Statement of Net Position
As of September 30, 2020

	Sep 30, 20
ASSETS	
Current Assets	
Checking/Savings	
1010 - US Bank Checking 4037	67,284.29
1020 - Health Initiative Reserves 2765	341,000.00
1030 - Restricted - US Bank 6221	174,242.58
1040 - Key Bank Worker's Comp	21,692.09
Total Checking/Savings	604,218.96
Total Current Assets	604,218.96
Fixed Assets	
3000 - District Building	238,350.00
3010 - Accumulated Depreciation	
3010-1 - Accum Depr - Buildings - KPD	-238,350.00
Total 3010 - Accumulated Depreciation	-238,350.00
Total Fixed Assets	0.00
Other Assets	
1013 - Home Health Escrow 2021	301,242.06
2001 - Richmond Trust (Restricted)	676,291.07
Total Other Assets	977,533.13
TOTAL ASSETS	1,581,752.09
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2020 - Accounts Payable	55,947.75
Total Accounts Payable	55,947.75
Credit Cards	
2023 - US Bank Corp Payment Systems	-3,013.68
Total Credit Cards	-3,013.68
Other Current Liabilities	
2030 - Funds held in trust	174,242.58
Total Other Current Liabilities	174,242.58
Total Current Liabilities	227,176.65
Long Term Liabilities	
2100 - Loan from ADS	295,754.41
Total Long Term Liabilities	295,754.41
Total Liabilities	522,931.06
Equity	
3001 - Net Assets	448,072.41
3200 - Retained Earnings	302,624.48
Net Income	308,124.14
Total Equity	1,058,821.03
TOTAL LIABILITIES & EQUITY	1,581,752.09

Kennewick Public Hospital District
Statement of Net Position
As of September 30, 2020

1. These financial statements have not been subjected to an audit or review or compilation engagement, and no assurance is provided on them. Additionally, management has chosen to omit notes to the financial statements.
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Resolutions

**KENNEWICK PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON**

RESOLUTION NO. 2020-4

A resolution of the Commission of Kennewick Public Hospital District, Benton County, Washington (the "District"), adopting the District's budget for calendar year 2021 and approving the limit factor for the District's regular property tax levy for collection in calendar year 2021

WHEREAS, RCW 70.44.060 requires the Superintendent of the District to prepare a proposed budget of the contemplated financial transactions of the District for the ensuing year and to file the budget in the records of the Commission on or before November 1st, and

WHEREAS, RCW 70.44.060 further requires the District to publish public notice of the proposed budget and the date and place of a hearing on the budget, which is required to be held on or before November 15th, for two consecutive weeks in a newspaper printed and of general circulation in Benton County; and

WHEREAS, the Superintendent has, in compliance with the requirements of RCW 70.44.060, prepared, filed and provided notice of the District's proposed budget; and

WHEREAS, the Commission has held a public hearing on the Budget in compliance with the requirements of RCW 70.44.060; and

WHEREAS, RCW 84.55.010 and RCW 84.55.092 provide that the levy for a taxing district in any year shall be set so that the regular property taxes payable in the following year shall not exceed the "limit factor" multiplied by the amount of regular property taxes lawfully levied for such district in the highest of the three most recent years in which such taxes were levied for such district, or the highest amount that could have been levied in any year since 1985, plus an additional dollar amount calculated by multiplying the increase in assessed value in that district resulting from new construction, increases in assessed value due to construction of electric generation wind turbine facilities classified as personal property, improvements to property, and any increase in the assessed value of state-assessed property by the regular property tax levy rate of that district for the preceding year; and

WHEREAS, RCW 84.55.005 provides that the limit factor for a taxing district that has a population equal to or greater than 10,000 shall be the lesser of 101% or the amount authorized under RCW 84.55.0101 if the taxing district has authorized a limit factor under RCW 84.55.0101 and shall be the lesser of 101% or 100% plus inflation if the taxing district has not authorized a limit factor under RCW 84.55.0101; and

WHEREAS, the Board of Commissioners of the District attests that the population of the District is more than 10,000 (Ten Thousand); and

WHEREAS, RCW 84.55.0101 provides that, upon finding substantial need, the legislative authority of a taxing district may provide for a "limit factor" of 101% or less and requires that any resolution approving such limit factor be approved by no fewer than five members of the Board of Commissioners; and

WHEREAS, the Board of Commissioners of the District has met and considered its budget for calendar year 2021; and

WHEREAS, the Board of Commissioners of the District, in the course of considering the budget for calendar year 2021, reviewed all sources of revenue and examined all anticipated expenses and obligations; and

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSION OF KENNEWICK PUBLIC HOSPITAL DISTRICT, BENTON COUNTY, WASHINGTON, as follows:

Section 1. The Commission hereby adopts the 2021 Operating Budget attached hereto as Exhibit A as the budget for the District for calendar year 2021, which budget includes a regular property tax levy in the amount of approximately \$1,510,506.00.

Section 2. The Commission hereby adopts a limit factor for the District's regular levy for collection in calendar year 2021 of 101% multiplied by the amount of regular property taxes lawfully levied by the District for collection in 2020, and hereby finds that there is substantial need for the use of such limit factor.

Section 3. The County Treasurer of Benton County, Washington, is hereby authorized and directed to collect and deliver on or before the 15th of each month to the Treasurer of the District the sum of all taxes collected on behalf of the District during the preceding month together with a proper accounting thereof.

Section 4. The Superintendent of the District is hereby authorized and directed to deliver a certified copy of the Resolution to the clerk of the Board of County Commissioners of Benton County in compliance with applicable law.

ADOPTED AND APPROVED by the Commission of Kennewick Public Hospital District, Benton County, Washington at a special, open public meeting thereof, held this 29th day of October, 2020.

**KENNEWICK PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON**

Gary Long, President & Commissioner

Steve Blodgett, VP, Treasurer & Commissioner

Marv Kinney, Secretary & Commissioner

Richard L. Reil, Commissioner

Wanda L. Briggs, Commissioner

Leonard Dreisbach, Commissioner

Mike McWhorter, Commissioner



Ordinance / Resolution No. 2020-5
RCW 84.55.120

WHEREAS, the Board of Commissioners of Kennewick Public Hospital District has met and considered its budget for the calendar year 2021; and,

WHEREAS, the districts actual levy amount from the previous year was \$ 1,450,174.00; and,

WHEREAS, the population of this district is [X] more than or [] less than 10,000; and now, therefore,

BE IT RESOLVED by the governing body of the taxing district that an increase in the regular property tax levy is hereby authorized for the levy to be collected in the 2021 tax year.

The dollar amount of the increase over the actual levy amount from the previous year shall be \$ 14,501.74 which is a percentage increase of 1.0% from the previous year.

additional revenue resulting from new construction, improvements to property, newly constructed wind turbines, solar, biomass, and geothermal facilities, and any increase in the value of state assessed property, any annexations that have occurred and refunds made.

Adopted this 29 day of October, 2020.

Three horizontal lines for signatures.

If additional signatures are necessary, please attach additional page.

This form or its equivalent must be submitted to your county assessor prior to their calculation of the property tax levies. A certified budget/levy request, separate from this form is to be filed with the County Legislative Authority no later than November 30th. As required by RCW 84.52.020, that filing certifies the total amount to be levied by the regular property tax levy. The Department of Revenue provides the "Levy Certification" form (REV 64 0100) for this purpose. The form can be found at: http://dor.wa.gov/docs/forms/PropTx/Forms/LevyCertf.doc.

To ask about the availability of this publication in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711. For tax assistance, call (360) 534-1400.

**KENNEWICK PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON
RESOLUTION NO. 2020-6**

**Resolution Appointing Agent to Receive Claims Against
District Under Chapter 4.90 RCW**

WHEREAS, Chapter 4.96 RCW requires that all claims for tortious conduct against a local governmental entity must be filed with the governmental entity before a civil suit may be filed.

WHEREAS, the Chapter further requires that the board of commissioners of the district appoint an agent to receive any claim for damages against the governmental entity.

In compliance with the requirement, the board takes the following action:

THEREFORE, BE IT RESOLVED that the Board of Commissioners of Kennewick Public Hospital District, Benton County, Washington hereby appoints HEIDI ELLERD as the agent to receive any claim for damages against the District under Chapter 4.96 RCW. The agent may be reached at the offices of Kuffel, Hultgrenn, Klashke, Shea & Ellerd, LLP at 1915 Sun Willows Blvd., Suite A, Pasco, Washington, 99301, during normal business hours Monday-Friday, 8:00 a.m. to noon and 1:00 p.m. to 5:00 p.m. Closed at 3:30 p.m. on Fridays from June 1st through August 31st each year.

ADOPTED AND APPROVED by the Commissioners of Kennewick Public Hospital District, Benton County, Washington, at a regular public meeting thereof this 29th day of October, 2020, the following Commissioners being present and voting:

**KENNEWICK PUBLIC HOSPITAL DISTRICT
BENTON COUNTY, WASHINGTON**

Gary Long, President & Commissioner

Steve Blodgett, VP, Treasurer & Commissioner

Marv Kinney, Secretary & Commissioner

Richard L. Reil, Commissioner

Wanda L. Briggs, Commissioner

Leonard Dreisbach, Commissioner

Mike McWhorter, Commissioner

*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>

- 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
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13. Bill Coleman, LCSW, Program Development
14. Angela Kudurogianis, Engagement Manager
15. Morgan Henson, Program Development
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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)
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	2,069,148	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 Security Entry and circ De-con, triage, time-out Control Station Non- Secure Short term and circ Group Therapy Nurse's station and RR's Circulation incl elevator/mach. Offices/ exam rooms Treatment rooms/ med-room Multi-purpose room	1,101sf 930 484 185 614 235 3,310 1,380 361 487 1,411
1	Old Pharmacy	Provider's office & Security Main admin offices Discreet helpline area	1,298sf
1	Old Entry	New waiting areas Public entrance Reception/ visitation	1,646sf
1	Old Imaging (NW Corner)	Short-term recovery and Group Therapy	1,690sf
1	Old records and West Imaging	Mental Health Entry Waiting room Reception, Client rooms (16) Support spaces	9,452sf
2	Old East wing	Non-secure recovery Nurse's Station Support rooms incl elev.	8,317sf
2	Old West wing	Secure recovery Nurse's Station Support rooms	4,313sf
2	Old ICU	Chemical Using Pregnant (CUP) Program, Women's recovery, Nurse's Station and support rooms	4,859sf
First Floor Net:			23,548sf
Second Floor Net:			18,795sf
Total:			42,343sf
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