King County

Harborview Leadership Group Agenda – 6/26/19

MEETING OUTCOMES

- Discuss supplemental analyses and information regarding housing and behavioral health facility options, including their relationship to one another and the Behavioral Health Institute
- Discuss the Leadership Group's decision-making process for finalizing its recommendations in January 2020
- Review the Leadership Group's community engagement process

AGENDA

6:00 pm	Welcome & Meeting Goals – Christina Hulet, Facilitator • Agenda overview • Approval of May meeting minutes
6:10 pm	Public Comment
6:15 pm	Behavioral Health Additional Analyses – Sub-Committee Team
6:40 pm	Housing Additional Analyses – Sub-Committee Team
7:10 pm	Discussion: Decision-Making – Christina Hulet, Facilitator
7:30 pm	Community Engagement Process – Kelli Carroll, Director of Special Projects, King County's Executive's Office
7:45 pm	Wrap-up and Next Steps – Christina Hulet, Facilitator • First Hill Representative
8:00 pm	Adjourn

King County Harborview Leadership Group Meeting
Wednesday, May 22, 2019
Minutes

COMMITTEE MEMBERS:

ORGANIZATION	MEMBER	PRESENT	MEMBER	PRESENT
King County Executive	Rachel Smith	No	Kelli Carroll	Yes
King County Council	Rod Dembowski Kristina Logdson (Designee)	No Yes	Joe McDermott	Yes
HMC Board of Trustees	Lisa Jensen	No	Lee Ann Prielipp	Yes
Mission Population	Gregory Francis	Yes	Nancy Dow	Yes
Labor Representatives	Lindsay Grad	No	Rod Palmquist	Yes – via telephone
HMC Executive Director	Paul Hayes, RN	Yes		
HMC Medical Director	Rick Goss, MD	Yes		
UW Medicine CHSO	Lisa Brandenberg Cynthia Dold (Designee)	No Yes		
First Hill Community	Sam Russell	Yes		

ADDITIONAL ATTENDEES:

- Sid Bender, King County PSB
- Brigitte Folz, UW Medicine
- Kelli Nomura, King County Behavioral Health and Recovery
- Lan Nguyen, King County Council
- Kera Dennis, UW Medicine
- Ian Goodhew, UW Medicine via telephone
- Leslie Harper-Miles, King County FMD
- Christina Hulet, Consultant
- Ted Klainer, Harborview Medical Center
- The Honorable James Rogers, King County Superior Court, Presiding Judge
- The Honorable Mary Roberts, King County Superior Court
- Paul Sherfey, King County Superior Court

- Maria Yang, King County Behavioral Health and Recovery
- Bailey Bryant, King County Executive Office
- April Putney, King County Executive Office

CALL TO ORDER
Christina Hulet called the meeting to order at 6:09 p.m.

INTRODUCTIONS – Christina Hulet
Introductions were made.

APRIL MEETING MINUTES – Christina Hulet
Approved, none opposed, no abstentions.

PUBLIC COMMENT
None.

ITA COURT SUBCOMMITTEE FOLLOW UP PRESENTATION
Leslie Harper-Miles welcomed and introduced presenters for ITA Court Subcommittee Presentation

- James Rogers, Presiding Judge – King County Superior Court
- Mary Roberts ITA Court Judge – King County Superior Court

ITA Presentation Materials provided in meeting packet

FEEDBACK & QUESTIONS ON ITA COURT SUBCOMMITEE PRESENTATION
QUESTIONS POSED TO GROUP:
A question was posed as to why the ITA court needs to be located at Harborview as opposed to any other hospital?

- Presenters responded that in addition to Harborview being a central location in King County, Harborview has a level of behavioral health care and mental health services that ITA patients benefit greatly from having close by.

BEHAVIORAL HEALTH SUBCOMMITTEE PRESENTATION
Leslie Harper-Miles welcomed and introduced presenter for Behavioral Health Subcommittee Presentation

- Dr. Maria Yang, Medical Director – King County Behavioral Health and Recovery Division

Behavioral Health Presentation Materials provided in meeting packet.

FEEDBACK & QUESTIONS ON BEHAVIORAL HEALTH SUBCOMMITEE PRESENTATION
QUESTIONS POSED TO GROUP
What was the criteria used to prioritize the programs?

- Presenter indicated that the Behavioral Health Subcommittee did not use a specific rubric, but chose to prioritize options that helped fill gaps in the Behavioral Health Continuum of Services in King County. Further, the group felt programs offered further upstream helped limit the number of individuals ending up farther down the continuum in more restrictive services.

Would there be opportunity to expand outpatient clinics offsite in the community?

- A representative from Harborview indicated that current clinic space that serves downtown areas is crowded and currently the focus of expansion to grow programs, but coordination with other neighborhood clinics to increase and improve Behavioral Health Services is an option.

Discussion surrounding the accessibility, funding, and implementation of certain options followed.

ACTION ITEMS & FOLLOW UP:

- Request for additional information on Outpatient/Inpatient and Telehealth Services currently offered at Harborview
- Request for information on Partial Hospital Programs (Day Programs), space needed and other examples in the community.
- Request for information on space required for emPATH units.
- Request for information on the Behavioral Health Institute and overlap with the options and programs presented.

UPDATES:

COMMUNITY ENGAGEMENT UPDATE – Kelli Carroll
Discussion draft attached in meeting materials was reviewed.

LEGISLATIVE UPDATE – Ian Goodhew & April Putney
Legislative handouts distributed (attached in minutes)

State budget was passed with additional revenue streams to fund a variety of different initiatives and issues the state legislature faces, one of them being reform to the State's Behavioral Health System.

NEXT STEPS – Christina Hulet
The next Leadership Group meeting is scheduled for June 26th where the Housing and Behavioral Health Subcommittees will be presenting their additional analyses.

ACTION ITEMS:

- Housing Subcommittee Follow-Up Presentation
- Behavioral Health Subcommittee Follow-Up Presentation
- Community engagement update

ADJOURNMENT – Christina Hulet
With no further business, the meeting was adjourned at 7:49 p.m.

Behavioral Health Budget and Policy Issues of Potential Interest to Harborview - 5/22/19

Inpatient Treatment

University of Washington Teaching Hospital & Behavioral Health Institute ($33.75 million capital)

- $33.25 million in capital funding for a 150-bed UW teaching hospital.
  - Mix of long-term inpatient, geriatric psychiatric, medical/surgery psychiatric, and stepdown
  - HB 1593 supports development of this hospital, as well as various UW Medicine workforce and training interventions, as part of a behavioral health innovation and integration campus
- $500,000 for predesign for Behavioral Health Institute at Harborview Medical Center

Long-Term Inpatient Beds in Community Settings ($45.45 million operating + $89 million capital)

- Capital and / or operating funding for:
  - 48-bed mixed-use civil commitment facility (long-term, short-term, stepdown) - capital
  - 16-bed state-operated civil commitment facility (long-term) - capital
  - 71 new community long-term inpatient beds in state FY20, 48 beds in FY21, and 162 new beds by FY23, per HB 1394; unclear if beds will be additive vs replace acute care beds - operating
  - 132-138 bed mixed-use psychiatric facility in Auburn (long-term, short-term, crisis stabilization) - capital
  - Closes a civil ward at Western State Hospital (60 beds) in FY20

Acute Care: Secure Withdrawal Management (SWM or Secure Detoxification) and Evaluation and Treatment (E&Ts)

- Increases SWM bed rates, adds capital and operating funding for 2 new SWM facilities in FY20 & FY21
- Provides competitive capital funding for additional E&T facilities and peer respite centers

Funding for Core Community-Based Services

Medicaid Rates

- Budget appears to include funding for certain rate increases for services in primary care settings

Other Behavioral Health Funding Issues

- Institutions for Mental Disease (IMD) backfill funding (related to a federal rule change that limited the use of Medicaid) is continued - appears insufficient to meet needs in FY20
- Behavioral health enhancement funds, a key infusion of additional funding for the community system that started in state FY19, are continued at roughly the same level

Community Discharge Options ($50.8 million operating; $38 million capital)

Assertive Community Treatment

- Budget adds 8 new PACT teams statewide, which offer individualized community-based support to people with severe mental health conditions and high service needs

Intensive Behavioral Health Treatment Facilities

- HB 1394 creates a new licensing category: "intensive behavioral health treatment facilities"
  - Intended for people with higher levels of behavioral health challenges than existing alternative facilities can accommodate; targets patients taking first steps into the community from long-term inpatient care
  - Budget provide operating and partial capital funding for facilities

Other Behavioral Health Policy Legislation of Interest

- SB 5432 addresses behavioral health integration responsibilities, and regional government role
- SB 5380 modernizes opioid policy and brings to scale opioid work King County has started
  - prevention, medication-assisted treatment, prescription monitoring, and overdose response
- SB 5444, accompanied by significant funding, implements the *Trueblood* settlement agreement to improve services for those not competent to stand trial; most changes in King County start in 2021
- SB 5720 modifies involuntary treatment act initial detention periods and updates detention standards
- HB 1767 creates a statewide grant program to expand programs providing alternatives to arrests like Law Enforcement Assisted Diversion (LEAD) to the rest of the state. $8.2 million.

Impacts of Final State Budget for Community Behavioral Health (BH) in King County **May 13, 2019**

OPERATING	Budget Amount	King County Impact
Medical Assistance Program Integrity Savings Assumption	Assumes savings of **-$351.6M** **Indeterminate impact in KC**	Assumes savings in the overall medical assistance program through program integrity (fraud, waste, and abuse) recoveries from implementing federal recommendations. Assumptions may be unrealistic which if not backfilled next year, could result in less funding for behavioral and physical health care.
Behavioral Health Enhancement Funds	**Maintained** new funding from last year	Maintenance level funding is provided to BH organizations for community BH service enhancements. 93% of this funding goes to Medicaid rates, with 7% as non-Medicaid. A proviso requires reporting on distribution, and seeks guidance for future directed payments to support providers. **Additional funding is needed to maintain local crisis services to ensure adequate access to non-Medicaid eligible programs.**
IMD Federal Rule Change Backfill	FY 19 $13.8M **backfill** FY20 **maintenance** FY21: $0 **waiver assumed**	These are reimbursements for services already provided to backfill lost federal funding from limitations on the use of Medicaid in Institutions for Mental Disease (IMD). If state provides inadequate funding, local dollars would have to be redirected. King County is waiting for $6M for FY19; the $13.8M is likely inadequate to ensure full reimbursement. For FY20, the funding is also lower than anticipated need. A proviso directs HCA to better account for these costs moving forward. No funding is provided in FY21 because a federal waiver is presumed to be secured by 7/1/20.
Community Diversion and Discharge Programs	**$50.8M** increase **~$14M possible in KC**	New investments will assist people with behavioral health needs who are in crisis, helping to reduce hospital admissions and/or expedite discharge. Statewide, funds 8 new PACT teams, 5 mental health peer service centers, intensive BH treatment facilities, wraparound discharge services, and clubhouse programs.
Long-Term Inpatient Beds in Community Hospitals and E&Ts	**$89M** increase	Regional alternatives to state hospital are positive for BH reform. Funds 71 new community beds in FY20 and 48 additional beds in FY21. Potential positive impact is substantively offset by anticipated reductions in state hospital beds.
State Hospital Civil Ward Closure	**Ward closures assumed in FY20**	Civil beds at Western State Hospital are mandated to be reduced by 60 in FY20, with the assumption that they will be replaced by community long-term inpatient beds contracted by HCA. New contracted beds in the community are not operating yet, so removing state hospital civil capacity at this time is premature. By January 1, 2020, HCA must establish an implementation plan for transferring full risk of long-term inpatient care to BH entity (MCO and BHASO) contracts.
Trueblood Misdemeanor Diversion	**$11.6M** increase **~$3.5M possible in KC**	Funds non-Medicaid costs for crisis triage, outpatient restoration, or other diversion programs for people with BH conditions arrested for misdemeanor crimes. Other new Trueblood funding will be available in King County in FY21.
LEAD and Diversion Grants	**$8.2M** increase **~$0.7M possible in KC**	Majority of Law Enforcement Assisted Diversion (LEAD) funding is limited to outside of King County ($5.8M). Remainder can fund diversion programs anywhere.
Secure Detox Rates and New Facilities	**$15.6M** increase **~$4.7M possible in KC**	Increases rates for secure withdrawal management (SWM) and stabilization facilities (also known as secure detoxification), and provides for expanded capacity, including 2 new facilities. The first such facility in King County will open later this year in Kent.

**Numbers and items will be updated as we continue to learn more about impacts of the final budget.
"Possible in KC" estimates the amount if KC/providers received funding proportionate to KC's share of WA population.

OPERATING	Budget Amount	King County Impact
SUD Recovery Support Interventions	**$8.3M** increase ~$2.5M possible in KC	Provides for the inclusion of substance use disorder (SUD) peer support services and increases the number of peer support specialists. New funding is also provided for SUD recovery support interventions such as housing loans, family navigators, collegiate recovery grants, recovery cafes, and recovery housing certification and technical assistance.
Federal BH Grants for Opioid Response	**$45.1M** Indeterminate modest benefit in KC	Provides pass-through funding for multiple federal grant awards to address SUDs. Based on current state opioid response grant plans, modest funding may go to King County-based agencies for opioid treatment networks and/or recovery support.
Permanent Supportive Housing (PSH) Operations	**$7M** increase	Funds are for operation, maintenance, and service costs for permanent supportive housing projects funded by the state Housing Trust Fund. **This is the first time that PSH has received state general fund support.** This is a welcome new investment that could help 200 households. For scale, King County alone needs 3,000 PSH beds.
CAPITAL	**Budget Amount**	**King County Impact**
Housing Trust Fund (HTF) BH Set-Aside	**$35M**	With rising rents and increased homelessness across most of urban WA, these investments are critical. King County region traditionally receives 30-40% of the competitive funds awarded by the HTF. The total HTF appropriation is $175M which will build nearly 5,000 new homes statewide, of which $35M specifically funds capital costs for PSH for people with chronic mental illness, including projects that provide BH services or partner with a BH provider.
UW Behavioral Health Teaching Hospital	**$33.25M in KC**	For predesign, siting, and design of a 150-bed University of Washington facility, (50 beds long-term civil commitment, 50 geriatric psychiatric beds, 50 medical/surgery psychiatric beds, other services including telehealth).
Behavioral Health Institute	**$500K in KC**	For predesign to create a Behavioral Health Institute at Harborview Medical Center to help system engage more proactively with people in crisis.
Intensive BH Treatment Facilities, Peer Respite, Secure Detox & other Community Grants	**$38M** Indeterminate benefit in KC	Competitive grants are set up to fund specific community BH resources including: 4 intensive BH treatment facilities, 5 mental health peer respite centers, and 2 secure detox facilities. Additional competitive grant funding is provided for youth services, recovery housing capital improvements, and other regional needs.
Long-Term Inpatient Beds in Community Hospitals and E&Ts	**$8M** Indeterminate benefit in KC	Competitive grants are established for community hospitals or E&Ts to increase capacity to serve people being transitioned from or diverted from the state hospital. Potential positive impact is substantively offset by anticipated reductions in state hospital beds.
Community-Based Inpatient Behavioral Health Facilities	**$45.35M** Indeterminate benefit in KC	Provides funding for preliminary construction of one 48-bed mixed-use civil commitment facility and initial funding for another one; a 132- to 138-bed Auburn mixed-use facility; and a 16-bed state-operated facility. Acute and crisis stabilization capacity, and community BH services generally, are included as part of mixed-use facilities. Potential positive impact is substantively offset by anticipated reductions in state hospital beds.

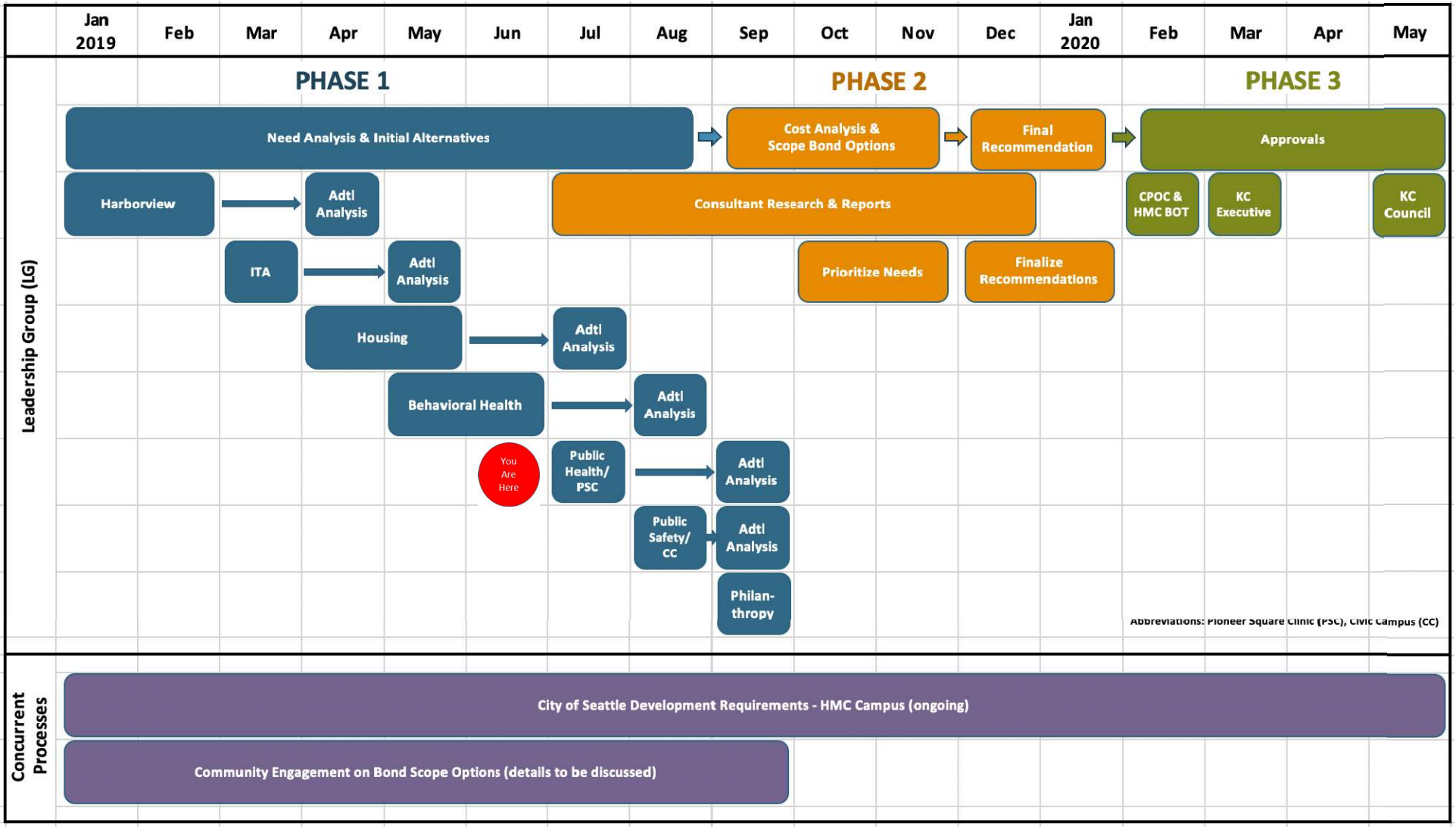
**Numbers and items will be updated as we continue to learn more about impacts of the final budget.
"Possible in KC" estimates the amount if KC/providers received funding proportionate to KC's share of WA population.

Harborview Leadership Group Work Plan ~ Approved 1/29/19

Below is the Leadership Group's (LG) draft work plan for review. As a reminder, the LG's charge is to analyze and make recommendations on:

- HMC clinical facility master plan needs
- Public Health Department needs
- Housing needs for the mission population
- Involuntary Treatment Act, client/court needs
- Behavioral health needs
- Public health facilities beyond HMC campus
- Other public safety infrastructure needs
- Private philanthropy opportunities
- Prospective bond size and scope

In order to meet a potential November 2020 general election ballot measure, final recommendations and legislation would need to be transmitted to the King County Council by May 2020 for a July election filing deadline. The chart below provides a high-level overview, followed by a detailed timeline of Leadership Group meetings. Dates may change per the Leadership Group.



Introduction: Over the coming months, the Harborview Leadership Group will be presented with a variety of facility options to consider as they develop and prioritize recommendations for a potential capital bond measure to support the county-owned Harborview Medical Center (HMC) pursuant to Motion 15183.

In order to assist the Leadership Group to conduct its options analysis, a consistent analytical structure that can be applied to all proposals has been developed. The framework is structured with four overarching areas, each with specific impact elements.

Each facility proposal/option will be examined using the criteria below.

Area 1: People Impact
- Mission Population
- Patients and clients
- Labor and employees
- Neighbors and community

Area 2: Service/Operational Impact
- Delivery of emergency services
- Addresses facility deficiencies and needs
- Supports innovation, best practices, and/or new models of care

Area 3: Equity and Social Justice
- Service models that promote equity
- Influenced by community priorities
- Addresses Determinants of Equity
- Access to healthcare and improved health outcomes

Area 4: Fiscal/Financial Impact
- The long-term financial position of Harborview and King County
- Existing facilities
- Opportunities for other funding

Area 1: What is the impact to people?

A. How would the proposal impact clients, patients, and the community in the following areas?
    1. Prioritizes the needs of the Mission Population, providing for new or expanded services to address gaps
    2. Increase and/or ease of access
    3. Improves care

B. How would the proposal impact labor and employees in the following areas?
    1. Increases job opportunities
    2. Enhances employee and patient safety
    3. Supports more efficient workflow and productivity
    4. Supports recruitment and retention

C. How would the proposal impact neighbors and surrounding communities in the long-term?
    1. Decreases in traffic and/or noise
    2. Increase in availability and accessibility by community
    3. Improves neighborhood safety
    4. Supported by neighbors and communities
    5. Responsive to changing population patterns and geographic needs of county residents

Area 2: What is the impact to services and operations?

A. How would the proposal impact delivery of emergency services?
    1. Ensures functionality of public resource of Level 1 trauma center
    2. Provides surge capacity during high census periods, natural disasters, or mass casualty events
    3. Stabilizes facility to fulfill regional emergency preparedness role

B. How would the proposal address facility needs/deficiencies?
    1. Provides for seismic upgrades and requirements
    2. Modernizes building systems (e.g. HVAC, elevators, lighting)
    3. Incorporates green building practices
    4. Maximizes use of existing facilities

C. How does the proposal support innovation, best practices, and/or new models of care?
    1. Enables modern infection control standards
    2. Improves safety, effectiveness, and efficiency of patient care
    3. Supports innovative service delivery
    4. Positions the facility to accommodate future growth or service demands

Area 3: What is the equity and social justice impact?

A. Does the proposal advance new service models that promote equity?
B. How has the proposal been influenced by community priorities?
C. What determinants of equity are impacted by the facility proposal? See King County Determinants of Equity
D. How would the proposal promote access to healthcare and improve health outcomes for communities of color, communities where English is not the primary language, and other marginalized communities?

Area 4: What is the fiscal impact?

A. How does the proposal strengthen long-term financial position of Harborview and King County?
B. What opportunities to renovate existing facilities to house the service would be included in the proposal?
C. Does the proposal provide opportunities for philanthropic, federal, state, or other facility funding?

Harborview Leadership Group
Behavioral Health Follow Up

JUNE 26, 2019

Recap of May 22, 2019 Behavioral Health Subcommittee Presentation

- "Behavioral health disorders" is an umbrella term for both mental health and substance use disorders, such as depression, schizophrenia, alcohol use disorder, and opiate use disorder.

- There is currently a need for more space on the medical center campus to meet the increasing demand for responses to behavioral health conditions:
  - Unmet needs along the behavioral health continuum potentially lead to involuntary treatment and overuse of the criminal legal system
  - Dozens of people wait in the Psychiatric Emergency Service (PES) and Emergency Department (ED) for psychiatric services

Behavioral Health Subcommittee Options Overview

The Subcommittee considered seven program areas which would have significant improvements to the Behavioral Health system.

- **Option 1**: No Change/Existing Buildings
- **Option 2:** Facilities for New/Expanded Programs
  - 3 prioritized program options
- **Option 3:** Facilities for Additional Programs
  - The remaining 4 programs

…. Or any combination of the seven programs

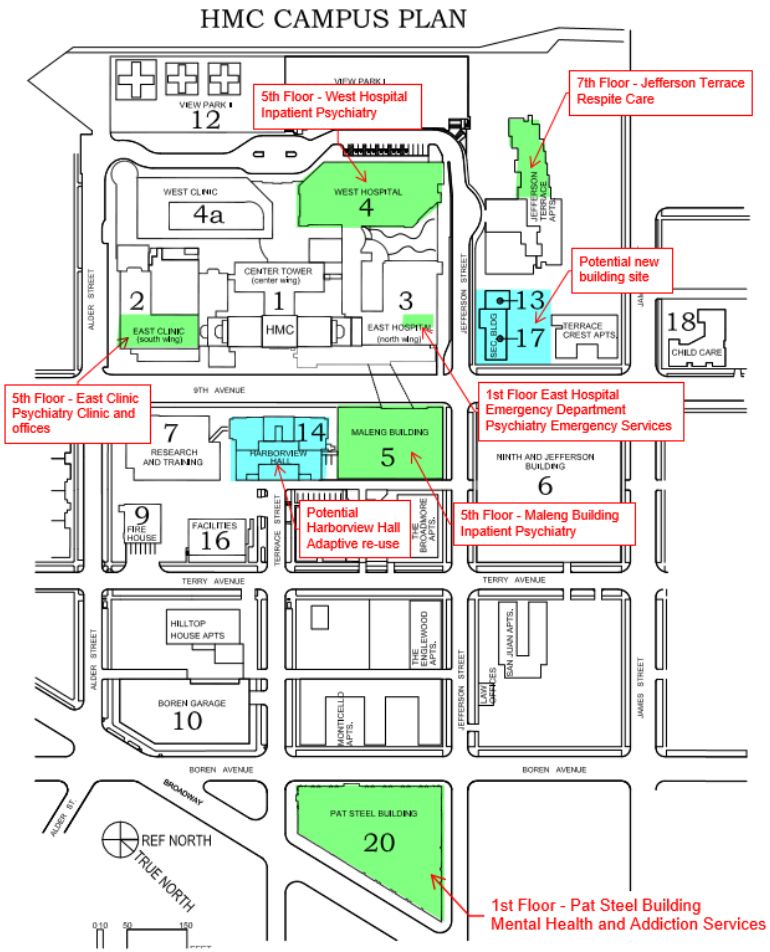
Behavioral Health Program Options Overview

- Prioritized Program Options
  1. Crisis Stabilization Unit
  2. Partial Hospital
  3. Outpatient Clinics

- Additional Programs
  1. Forensic Inpatient Unit
  2. Evidence-Based Practice Training Center
  3. Sobering Center
  4. Telepsychiatry

1. Description of existing outpatient and inpatient Behavioral Health services on the HMC campus.

- There are 15 behavioral health outpatient and inpatient programs and services across the Harborview Campus.
- Additional detailed information and descriptions for each service and its location are provided in the handout.



2. What are the components of the BHI and how will they address the proposals presented?

- HMC has a number of BH related services and programs, but not all fall under the BHI.

- The BHI is envisioned to include four program areas:
  1. First Episode Psychosis Program
  2. Urgent Care Walk In/Crisis Stabilization
  3. Telepsychiatry
  4. Evidence Based Training

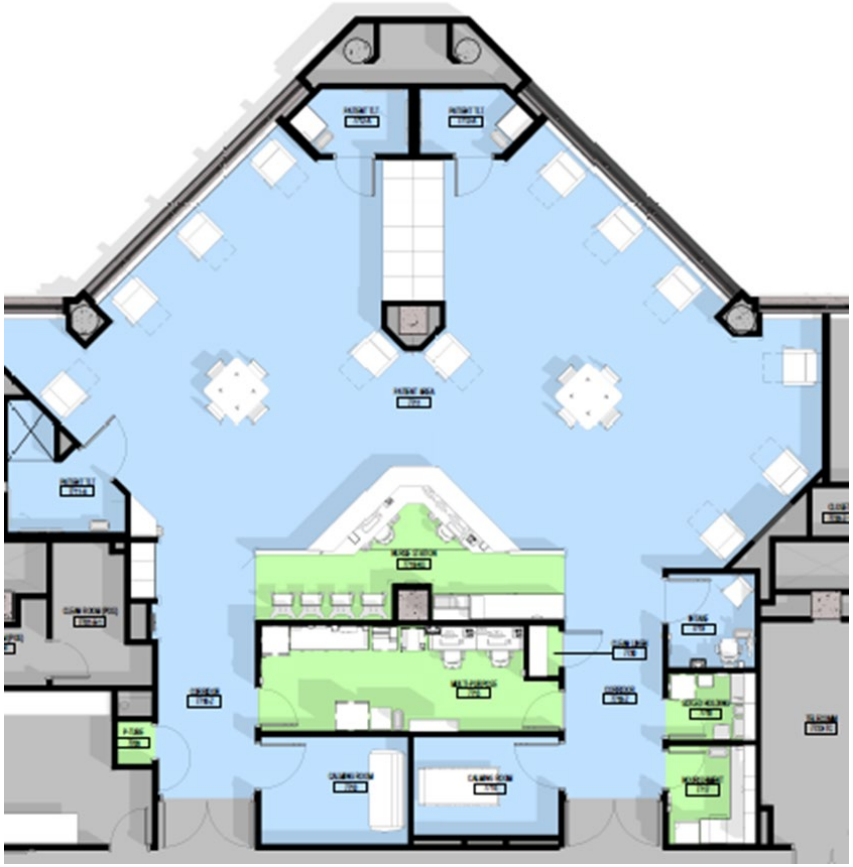
- Other BH related programs could potentially be integrated into the BHI.

3 . Where are other examples of Partial Hospital (PHP) Programs located?

- A partial hospital is not a hospital; it is a day program and no one stays overnight.
- PHP space often looks like clinic space (with perhaps more classroom/group space).

- Currently PHP Units in King County are located at:
  - Fairfax Behavioral Health
  - Overlake Medical Center
  - Northwest Medical Center
  - Cascade Behavioral Health

4. What kind of space is required for an emPATH unit?



- 80 square feet per person is recommended
- Currently there are emPATH units operating in
  - Billings, Montana
  - Alameda, California
  - University Iowa
- Average length of stay is around 16 hours

5. What is the relationship between Housing and Behavioral Health Options?

- People with stable housing experience better treatment outcomes.
- "Layer cake" is a term of art used to describe a multi-use facility that could co-locate levels of services, including behavioral health services, along with housing.
- There is a "layer cake" facility in Portland, OR.
- The topic of housing and behavioral health co-location will be addressed by the Leadership Group as options developed are prioritized.

Criteria Matrix: Behavioral Health

	No Change/Existing Buildings	Prioritized Programs	Additional Programs
Area 1: People Impact			
Mission Population			
Patients and clients			
Labor and employees			
Neighbors and community			
Area 2: Service/Operational Impact			
Delivery of emergency services			
Addresses facility deficiencies and needs			
Supports innovation, best practices, and/or new models of care			
Area 3: Equity and Social Justice			
Service models that promote equity			
Influenced by community priorities			
Addresses Determinants of Equity			
Access to healthcare and improved health outcomes			
Area 4: Fiscal/Financial Impact			
The long-term financial position of Harborview and King County			
Existing facilities			
Opportunities for other funding			

Meets
Does not meet
Not Applicable

Subcommittee Members

- Maria Yang, King County (Convener)
- Brigitte Folz, Harborview
- Craig Jaffe, Harborview/King County
- Jim Vollendroff, Harborview/UW
- Kathleen Murphy, King County
- Kelli Carroll, King County
- Kelli Nomura, King County
- Kera Dennis, Harborview
- Lan Nguyen, King County
- Leslie Harper-Miles, King County
- Maggie Hostnick, DESC
- Nancy Dow, Harborview
- Sam Porter, King County
- Ted Klainer, Harborview

Harborview Leadership Group
Housing Subcommittee Follow Up

JUNE 26, 2019

Recap of March 24 Housing Presentation

- Need for Respite care far outpaces supply
  - Medical: Currently 35 units shared by multiple hospitals, homeless only
  - Behavioral Health: Currently 20 units
  - Both facilities located in downtown Seattle
- Homeless population growing generating need for Affordable Housing, Permanent Supportive Housing and Shelter
- Due to cost of housing in Seattle, many people working in the area are unable to afford to live nearby HMC

Overview of Housing-Related Options

- Respite
  - *Shelter with medical or clinical support; time limited*
- Permanent Supportive Housing
  - *Non-time limited affordable housing with long-term high level of services, for households coming out of homelessness and with disabilities or conditions that create barriers to housing stability*
- Workforce/ Affordable Housing
  - *Non-time limited housing for households with total income less than a particular percentage of area median income (AMI)*
- Shelter
  - *Temporary overnight shelter*

Housing: Potential Options

- Option #1: No change
- Option #2: Increase Respite Capacity
  - (Behavioral Health and Medical)
- Option #3: Increase Permanent Supportive Housing
  - (Behavioral Health and Medical)
- Option #4: Increase Workforce/ Affordable Housing
- Option #5: Increase Shelter

….Or some combination of these increases

1. What is the cost of respite beds?

*Respite care provides **short term** housing for homeless or unstably housed individuals who need **acute and/or post-acute medical care** and who are too ill or frail to recover from a physical illness or injury on the streets but who are not ill enough to justify hospitalization*

- Jefferson Terrace Medical Respite cost = ~$400/ night or $12,000/month
- Costs include of nursing, pharmacy, care management and 24/7 Security Staff.
- Examples of medical care include: complicated wound care, antibiotic administration, cancer treatment, post operative care, burn care, and other medical care.

2. How does respite affect patient flow in the hospital?

- Provides discharge alternative for homeless patients
- Allows Harborview to serve more people by enabling discharge for homeless patients who would otherwise remain in an acute care bed without a medical need require that level of care.
- Ability to serve more patients currently turned away today due to hospital bed unavailability
- Average length of stay in respite beds: 22 days

3. a. How many cost-burdened employees are at HMC?
b. Where did the figures come from?

a. A refined estimate is under development, though not yet vetted.

b. The estimate of HMC employees eligible for affordable housing based on average median income (AMI) provided in April was based on data provided by one union representing some, but not all, workers at HMC. A wide range was identified in April due to unavailable information regarding average household size.

4. Does a workforce housing option for HMC campus intersect with other agencies focused on workforce housing?

- Seattle Housing Authority (SHA) is leading the efforts to redevelop Yesler Terrace, which will have approximately 4,000 new housing units.
- Of these, 2,000 will be market rate and 1,100 will be for households earning between 60% and 80% of Area Median Income (2 Person household $51,00 - $69,000; 4 person $64,000 to $86,000).
- Considering its proximate location, Harborview could explore a partnership with SHA (and its development partners) to provide access to vacant units (new and at turnover) to qualifying Harborview employees.

5. Which of the housing options offered in April best integrates with the BH Institute?

- The Behavioral Health Institute (BHI) at HMC consists of four programs addressing gaps behavioral health services. The BHI programs focus on:
  - improving care for youth and young adults with early psychosis
  - expanding telepsychiatry for the region
  - strengthening crisis intervention services
  - providing evidence based practice research and training
- Respite housing with behavioral health services for behavior management and therapies to improve activities of daily living could be supported by the expertise of the BHI
- Respite housing could provide discharge options and help prevent psychiatric boarding in Emergency Departments.

6. a. Which housing options align with primary care/behavioral health (e.g. layer cake)?

a. A Respite Care facility could include the following functions:

- Single building with different levels of care (see diagram on next slide)
- Ability to “step up” or “step down” from other programs, facilities, or within the facility
- Consistent with regional shift toward integration of behavioral health and medical care

6. b. What could an integrated Housing and Care Facility Scenario Look Like?

Services include: *Nursing, Pharmacy, Care Management & 24/7 Security Staff*

SAMPLE LAYERCAKE SCENARIO

6 Story Respite and Permanent Supporting Housing Facility Scenario		
6th Floor	Permanent Supportive Housing	15 Studio Units
5th Floor	Respite Care Medical	15 Studio Units
4th Floor	Respite Care Medical	15 Studio Units
3rd Floor	Respite Care Mental Health	12 Studio Units
2nd Floor	Respite Care Daily	15 Studio Units
1st Floor	Small Primary Care and Mental Health Clinic	3 - 6 Exam Rooms

Criteria Matrix: Housing

	1. No Change	2. Respite	3. PSH	4. Workforce Housing	5. Shelter
Area 1: People Impact					
Mission Population					
Patients and clients					
Labor and employees					
Neighbors and community					
Area 2: Service/Operational Impact					
Delivery of emergency services					
Addresses facility deficiencies and needs					
Supports innovation, best practices, and/or new models of care					
Area 3: Equity and Social Justice					
Service models that promote equity					
Influenced by community priorities					
Addresses Determinants of Equity					
Access to healthcare and improved health outcomes					
Area 4: Fiscal/Financial Impact					
The long-term financial position of Harborview and King County					
Existing facilities					
Opportunities for other funding					

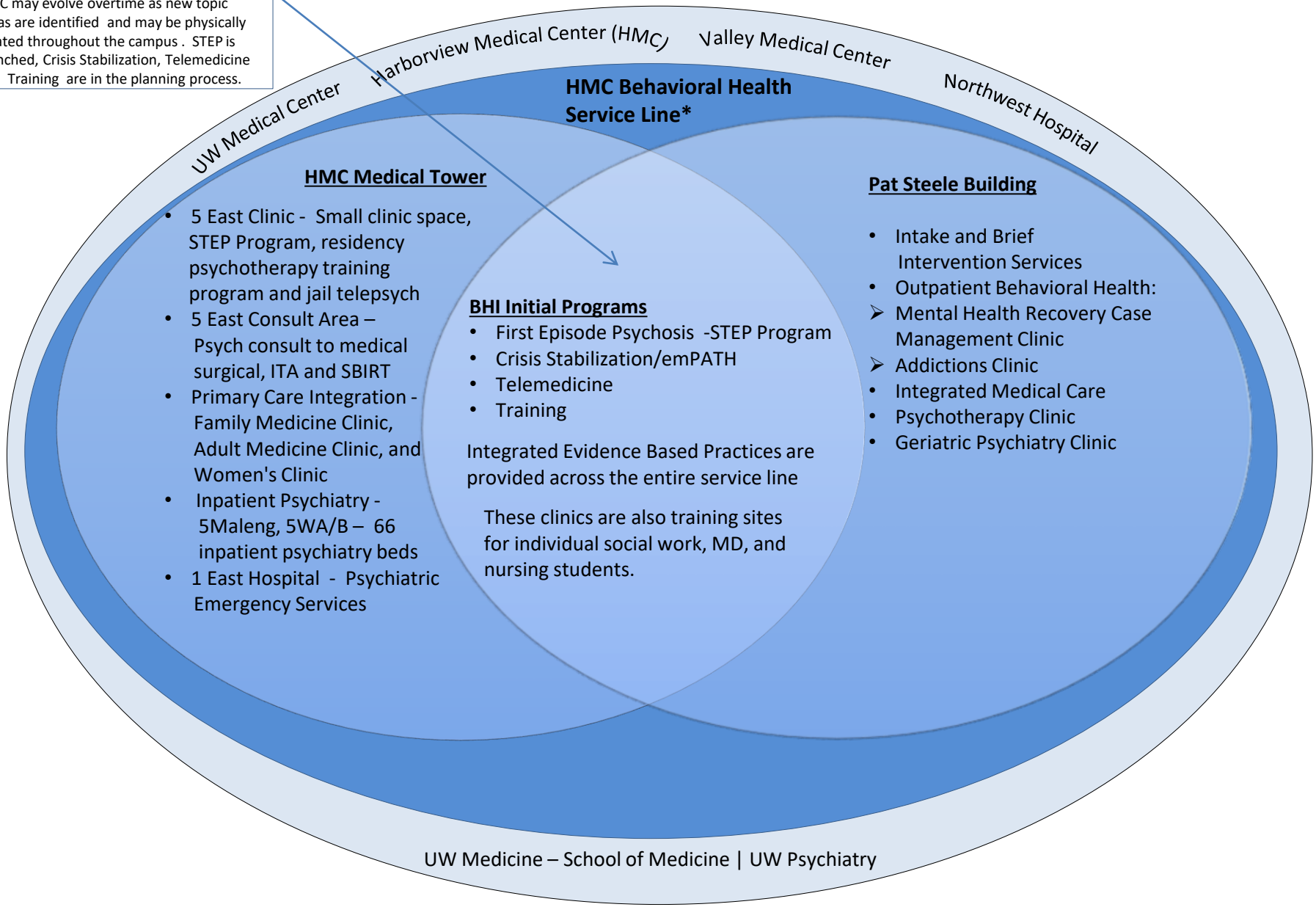
Meets
Does not meet
Not Applicable

Subcommittee Members

- Sid Bender, KC PSB
- Brook Buettner, KC Community and Human Services
- Kera Dennis, Harborview Medical Center
- Mark Ellerbrook, KC Community and Human Services
- Gregory Francis, Harborview Leadership Group
- Cristina Gonzalez, King County Facilities Management
- Patrick Hamacher, King County Council
- Ted Klainer, Harborview Medical Center
- Kelli Larson, Plymouth Housing
- Kristina Logsdon, King County Council
- Daniel Malone, DESC
- Xochitl Maykovich, Washington Community Action Network
- Leslie Miles, Project Manager
- Rod Palmquist, Washington Federation of State Employees

Behavioral Health Services

The Behavioral Health Institute (BHI) is a set of people and/or programs designed to innovate on a chosen behavioral health topic area. All programs of the BHI fall under the behavioral health service line at HMC may evolve overtime as new topic areas are identified and may be physically located throughout the campus . STEP is launched, Crisis Stabilization, Telemedicine and Training are in the planning process.



*Additional behavioral health services line activities at Pioneer Square Clinic, Sobering and other locations/community partners.