

Harborview Leadership Group Agenda – 1/22/20

MEETING OUTCOMES

- Review estimated costs associated with the draft core package and the additional options discussed at the December HLG meeting
- Incorporate feedback from HLG’s community engagement process
- Work towards final recommendations

AGENDA

- 6:00 pm Welcome – Christina Hulet, Facilitator
- Approval of December meeting minutes
 - Meeting goals
- 6:10 pm Public Comment
- 6:15 pm Draft Core Package: Cost Analysis and Options – Christina Hulet, Facilitator, and Thomas Knittel, HDR
- 7:15 pm Community Engagement Feedback – Leslie Harper-Miles, Executive Project Manager, King County Executive’s Office, and Christina Hulet, Facilitator
- 7:30 pm Moving Towards Final Recommendation – Christina Hulet, Facilitator
- 7:55 pm Wrap-up & Next Steps – Christina Hulet, Facilitator
- 8:00 pm Adjourn



King County

King County Harborview Leadership Group Meeting Wednesday, October 23, 2019 - 5:30 – 8:30pm Minutes

COMMITTEE MEMBERS:

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

ADDITIONAL ATTENDEES:

- Kera Dennis, Harborview Medical Center
- Ted Klainer, Harborview Medical Center
- Christina Hulet, Consultant
- Lan Nguyen, King County Council
- Kristina Logsdon, King County Council
- Leslie Harper-Miles, King County FMD
- Sid Bender, King County PSB
- Bailey Bryant, King County Executive

HDR Team

- Neil Piispanen
- Duncan Griffin
- Tim Locke
- Thomas Knittel
- Francesqca Jimenez
- Lori Rock, Visual note-taker
- Brian Giebinik, via telephone
- Susan McDevitt

CALL TO ORDER

Christina Hulet called the meeting to order at 5:38 p.m.

INTRODUCTIONS – Christina Hulet

Introductions were made.

SEPTEMBER MEETING MINUTES – Christina Hulet

Approved, none opposed, no abstentions.

PUBLIC COMMENT

None.

HDR CONSULTANTS PRESENTATION

The HDR team presented its PowerPoint on analysis of the Harborview Leadership Group subcommittee options. Presentation attached in meeting materials. Note: There was a break in the presentation due to a power outage in the building and a presenter who was present via telephone was disconnected.

QUESTIONS POSED BY THE HARBORVIEW LEADERSHIP GROUP MEMBERS

1. Regarding East Clinic
 - a. The number of future beds per floor
 - b. ED flow connecting to the East Clinic location
2. Regarding the prospective View Tower
 - a. Number of floors
 - b. Relationship of Maleng renovation to the View Tower
3. Regarding the location of the ED-during construction and permanent location
4. Regarding the helistop
 - a. Use by other facilities
 - b. Impact on neighbors
5. Regarding single-patient rooms
 - a. Timing/phasing
 - b. Maleng renovation/expansion
6. Regarding inpatient beds in service area
 - a. The number of licensed in-patient beds in the service area compared to the population forecast

Councilmember Dembowski emphasized living buildings, green buildings and energy use.

INITIAL TEMPERATURE CHECK – Christina Hulet

Christina Hulet reiterated decision making criteria with Leadership Group as discussed in June and September meetings. The approval threshold for the Leadership Group member’s final decision requires consensus from the group minus three. After covering the options presented over the course of Leadership Group meetings, Christina Hulet then led Members through an exercise to gauge initial responses to the 18 options. Leadership members were asked to place a green, yellow, or red dot on each option presented. Materials used in this activity are attached in the meeting minutes. Following discussion members of the Leadership Group concurred upon taking three options off the list for further consideration.

The options were:

- C5. Increase Shelter Capacity
- D3. Investment in ITA Court Related Behavioral Health Facilities
- E4. Close Pioneer Square Clinic and move operations to the 22nd and Rainier Clinic (Hobson Place)

WRAP UP AND NEXT STEPS – Christina Hulet

The next Leadership Group meeting is scheduled for December 11, 2019 6-8pm

ADJOURNMENT – Christina Hulet

With no further business, the meeting was adjourned at 8:34p.m.



King County

King County Harborview Leadership Group Meeting
Wednesday, December 11, 2019 – 6:00 – 8:00pm
Minutes

COMMITTEE MEMBERS:

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

ADDITIONAL ATTENDEES:

- Kera Dennis, Harborview Medical Center
- Ted Klainer, Harborview Medical Center
- Christina Hulet, Consultant
- Lan Nguyen, King County Council
- Leslie Harper-Miles, King County FMD
- Sid Bender, King County PSB
- Bailey Bryant, King County Executive

HDR Team

- Neil Piispanen
- Duncan Griffin
- Thomas Knittel
- Francesqca Jimenez
- Annette Himelick

CALL TO ORDER

Christina Hulet called the meeting to order at 6:08 p.m.

INTRODUCTIONS – Christina Hulet

Introductions were made.

OCTOBER MEETING MINUTES – Christina Hulet

Quorum not present for approval. Though Quorum was achieved later in the meeting, the issue of meeting minutes was not reintroduced.

PUBLIC COMMENT

None.

INITIAL PREFERNECES – Christina Hulet

Christina Hulet shared a poem from a former patient at Harborview. Kelli Carroll, Councilmember McDermott, and Paul Hayes emphasized the hard work that has been put into this project and leadership group and the focus on Harborview's Mission. Christina Hulet reminded Leadership Group Members of the results of the dot exercise that was conducted during the October Meeting. Based on the responses and leadership group member's preferences, HDR constructed and calculated estimated costs of a baseline "core" package. All options shaded green in PowerPoint chart received the highest number of dots from HLG members present.

DRAFT CORE PACKAGE PRESENTATION

Christina Hulet and the HDR team presented PowerPoint. Presentation attached in meeting materials.

PARKING LOT ITEMS NOTED BY THE HARBORVIEW LEADERSHIP GROUP MEMBERS

1. Regarding beds in West, East and Maleng Building and their proximity to other services
2. Space for respite and associated services
3. Note regarding foot traffic and open space in regards to shelter on campus
4. Behavioral Health Program details
5. Cost per component

INITIAL TEMPERATURE CHECK – Christina Hulet

After HDRs presentation, Christina Hulet and Leadership Group Members discussed their initial responses to the information presented. Noting that the Leadership Members were comfortable with the cost of the core package, Christina Hulet then led Leadership Members through another dot exercise. Leadership members were given three green dots and tasked with identifying their top three items for spending their next dollar. These A La Carte items included Sobering Center, Evidence Base Practice Training Center, Telepsychiatry Services, More Respite, Permanent Supportive Housing, Workforce Housing, Standalone Behavioral Health Institute, Medical Office Space and Expansion of Harborview

Hall with Adaptive Reuse. Materials used in this activity are attached in the meeting minutes. Following discussion members of the Leadership Group agreed to take two options off the list for further consideration.

The options were:

- Permanent Supportive Housing
- Workforce Housing

WRAP UP AND NEXT STEPS – Christina Hulet

The next Leadership Group meeting is scheduled for January 22, 2020 6-8pm. Nancy Dow shared an additional poem.

ADJOURNMENT – Christina Hulet

With no further business, the meeting was adjourned at 7:58p.m.

À la Carte Components

HARBORVIEW LEADERSHIP GROUP



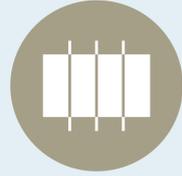
Sobering Center



Evidence-Based Practice Training Center



Telepsychiatry Services



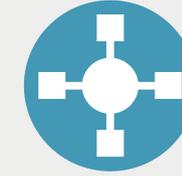
More Respite



Permanent Supportive Housing



Workforce Housing



Standalone Behavioral Health Institute (BHI)



Medical Office Building



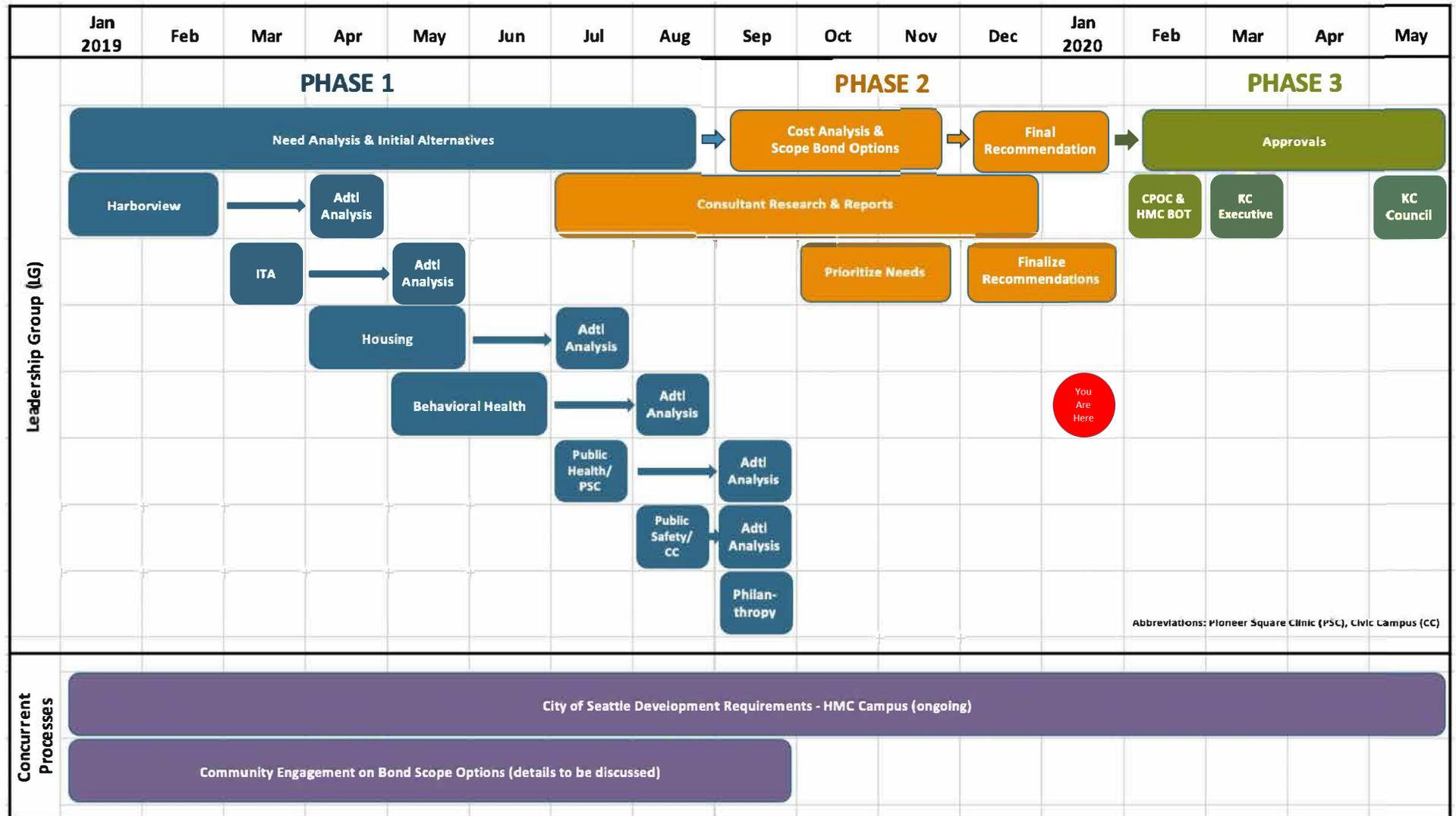
Expand Harborview Hall with Buttress / Adaptive Reuse

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
- Involuntary Treatment Act, client/court needs
- Other public safety infrastructure needs
- Public Health Department needs
- Behavioral health needs
- Private philanthropy opportunities
- Housing needs for the mission population
- Public health facilities beyond HMC campus
- 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.



HLG Decision Making Process – 01/22/2020

FINAL RECOMMENDATION: PREFERRED PACKAGE

At the June HLG meeting, we agreed that the goal is to recommend a single, preferred package including both the size (dollar amount) and scope (facility options) of a potential bond measure. The recommendation may also include tiers or a menu of options should more or less funding be available. (See *HLG Meeting Minutes, June 26, 2019 for additional details*). In September, we agreed to the following:

DECISION-MAKING PROCESS

To arrive at this recommendation, we propose the following decision-making process:

1. That we **aim for full consensus** on the final package.
 - We use a thumbs up (support/agree), thumbs sideways (neutral/can live with), thumbs down (oppose/disagree) methodology to vote on the package
 - Full consensus means every HLG member is either supportive (thumbs up) or can live with (thumbs sideways) the recommendation
 - If an HLG member opposes the recommendation (i.e., thumbs down), it is our collective expectation that s/he provide a rationale for his/her position and explain what it would take to get to neutral or supportive; the team will do its best to address the member's concern
2. That we **consider the package as a whole**, rather than voting on each individual component of the package.
3. In the event that full consensus cannot be achieved (i.e., one or more HLG members remain thumbs down), the HLG will take a vote and the recommendation will pass if there is **consensus minus three votes**--that is, if three members are thumbs down (oppose).*
4. **Acknowledgements of dissenting opinions** or concerns may be included in the final report.
5. If a member is unable to attend the meeting in person, s/he **may vote remotely** by either calling into the meeting or by letting Christina Hulet know his/her position in writing prior to the meeting.
6. A **quorum is required** for the final vote; 7 out of 14 members must be present.



Harborview Leadership Group Meeting

January 22, 2020



October Dot Exercise: Summary

Option Description	# Dots
Bed Capacity Increase & Emergency Department Modernization	35
Enhanced Space for the ITA Court at Harborview	35
Expand Existing Facilities and Add New Space for Three Prioritized BH Programs	34
Increase Respite Capacity (Behavioral Health & Medical)	34
Move Pioneer Sq. Clinic ops to Hobson; downsize functions; minor space improvements	32
Harborview Hall Seismic Upgrade	31
Demo East Clinic	30
Increase Permanent Supportive Housing (Behavioral Health & Medical)	30
Public Health programs on HMC Campus w/ enhancements for growth and efficiency	29.5
Remodel existing Pioneer Square Clinic	25
Center Tower Seismic Upgrade	24
Increase Workforce/Affordable Housing	21
Purchase building to maintain a County-owned health and human services hub in Downtown Seattle	19.5
Investment in ITA Court Related Behavioral Health Facilities	17
Increase Shelter Capacity	16
Move clinic to a new purchased or leased space in the Pioneer Square Clinic area	15
Close clinic and move operation to the 22nd and Rainier Clinic (Hobson Place)	12

Scheme A: *12.11.19 Meeting Slide*

View Tower – max height w/ variance

- At least 360 Single Patient Rooms (36 Bed Units)
- 60-Bed Expanded Emergency Department
- 20-Bed Observation Unit
- Operating Room Expansion
- Pharmacy/Gamma/Angio

Center Tower Seismic Renovation

Harborview Hall Seismic Renovation

- Respite care
- Offices

East Clinic Demolition

- Convert to open space

Pioneer Square Seismic Renovation

Behavioral Health Services

- 24/7 Crisis Stabilization Unit
- Step-up/Step-down Program
- Outpatient Clinic Services



\$1.3 - \$1.6 B*

626,000 SF *New* 538,000 SF *Renovation*

Additional bed capacity expected by year 5

**Note that costs are preliminary estimates and subject to change*

Core Components

New Tower – Max Height

- At least 360 Single Patient Rooms (36 Bed Units)
- 60-Bed Expanded Emergency Department
- 20-Bed Observation Unit
- Operating Room Expansion
- Pharmacy/Gamma/Angio

Existing Hospital Space Renovation

Harborview Hall Seismic Renovation

- Respite care
- Offices

Center Tower Seismic Renovation

Pioneer Square Seismic Renovation

East Clinic Demolition

Behavioral Health Services

- 24/7 Crisis Stabilization Unit
- Step-up/Step-down Program
- Outpatient Clinic Services
- Center of Excellence

Site Improvements and other costs



\$1.66B*

New 648,380 SF Renovated 558,840 SF

Additional bed capacity expected by year 5

**subject to change*

Core Component Estimated Costs

Core Component Name	Core Component Description	Estimated Cost* <small>*Subject to modification</small>
New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster prep; plant infrastructure	\$952M
Existing Hospital Space Renovations	Gamma knife; lab; Public Health TB, STD, MEO; ITA Court; nutrition, etc.	\$178M
Harborview Hall	Seismic upgrades; improve/modify space; create space for up to 30 respite beds; office space	\$88M
Center Tower	Seismic upgrades; improve and modify space for offices	\$248M
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space	\$20M
East Clinic	Demolish East Clinic Building	\$9M
Behavioral Health Services	Expand/modify space for step up/down; crisis stabilization; outpatient clinical services; Center of Excellence	\$18M
Site Improvements/Other Costs	Site preparation; 1% for Art; Project Labor Agreement; Project Management	\$146M
Core Components Sub Total		\$1.66B

À la Carte Components

11

Sobering Center ●●●●●●●●●●

3

Evidence-Based Practice Training Center ●●●

6

Telepsychiatry Services ●●●●●●

4

More Respite ●●●●●

~~Permanent Supportive Housing~~

~~Workforce Housing~~

~~12~~ **12**

Standalone Behavioral Health Institute (BHI) ●●●●●●●●●●

~~Medical Office Building~~ ●●●

COST ..
KEEP IN IF NEEDED → FY1

Expand Harborview Hall with Buttress / Adaptive Reuse

INFO ONLY ← cost out for comparison

From 12.11 Leadership Group Meeting

A La Carte Estimated Costs

Item Name	Item Description	Estimated Cost* <small>*Subject to modification</small>
New Construction BHI	Shell/core construction (base BHI in Core Components)	\$29M
Sobering	In new or existing space	\$4M
Telepsychiatry	In BHI new or existing; collocated with BH clinical space	\$1M
More Respite Beds	Up to 120 in new or existing space	\$40M
Evidence Based Practice Training Ctr.	In new or existing space; collocated with BH clinical space	\$3M
A La Carte Subtotal		\$77M

Harborview Hall Adaptive Reuse	Expand HH with a buttress; space for some a la carte options	\$66M
Medical Office Building	"Empty Chair" decanting; speeds up timeline; space for all a la carte options	\$72M

Sequencing Process: Step 1



Build New Tower and decant beds into it from East and West Hospital

Sequencing Process: Step 2



Locate BHI into one of 3 locations (green dashes) with optional location for Medical Office Bldg (MOB) (blue dashes)

Sequencing Process: Step 3



Move clinic programs into East & West Hospital from East Clinic and Center Tower

Sequencing Process: Step 4



Demolish East Clinic/Seismically renovate Center Tower, decanting into East Hospital 3 floors at a time

Community Engagement





Community Engagement: Overview

Briefings and feedback sessions with existing groups:

- Health Care for the Homeless – 09/16/2019
- Immigrant and Refugee Commission – 09/18/2019
- Behavioral Health Advisory Board – 10/03/2019
- First Hill Neighborhood Association – TBD Rescheduled from 1.14.20 due to weather

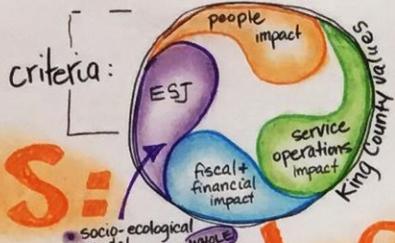
Briefings and focus group sessions:

- Housing Providers Focus Group – 10/15/19
- Health Care for the Homeless Focus Group – 10/15/19
- Labor & Employees Focus Group – 10/21/19
- Immigrant and Refugee Focus Group – 12/17/19

HR

Success:

- safe, resilient, accessible space
 - on campus getting to campus
- single patient room experience
- infection control
 - compounded by double rooms
- consensus by the time final plan is reached
- space - enough of it
- dignity, community ownership
- think outside the box for options
 - equity & accessibility to patient rooms



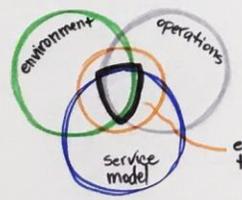
MATRIX EVALUATION	
per scores	

- increase:
 - bed capacity
 - single-patient room capacity (staff shuffle this every day)
 - parking capacity / accessibility
 - patient
 - staff
 - non-locals (not likely to use mass transit)
- patients tend to dislike shared-room experience for surveys
- improve predictability for the voter
- maximize existing facilities



- intuitive way-finding
- walking distances
- non-institutional uses
- noise mitigation
- decanting space
 - ensure context supports this
- open space considerations
- optimize utilization across facilities
- balancing out-patient with acute services for optimization

medical services



enabling technology

DATA GATHERING

8.9.19

best practices:

behavioral health

- research-driven
- patient-driven (their goals)
- mental health
 - balance
 - medical health
- community linkages
- safety & security
 - start w/ site design
 - reducing stigma
- stress reduction

7 Flows

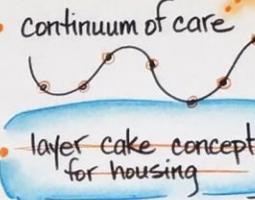
- these need to be considered as separate flows
- patients
- family/visitors
- staff
- medication
- information
- supplies
- equipment



this is the story we want to tell

We need to visualize the data here

We need a new term!



managing patient complexity

behavioral health puts heavy demands on this system

through-put system

this is the challenge!

"View Park doesn't seem to be used by patients."

- this is a complicated concept
- arrival / departure process is changing:
 - from share-a-ride
 - to autonomous rides

open space:

- calming space
- rehabilitation space
- making the outside operate as well as the inside
- understand what counts as open space

vision:

- community hospital front door
- big picture thinking
- decomplicate the parking
 - especially for non-locals
- make sure there is ENOUGH parking
- decision-making that reflects the mission



HDR

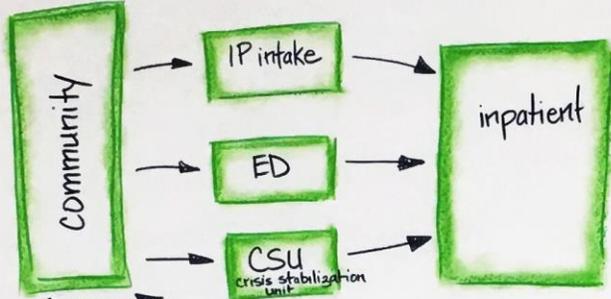
BEHAVIORAL HEALTH DATA GATHERING

+ HOUSING 8.13.19

- Services provided
- all services (in the county)
 - all services provided (currently) @ Harborview campus AND @ Pioneer Square

facilities needs

finding this intersection space for services is included in the master plan



Consider model programs already in place.

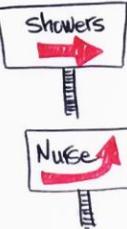
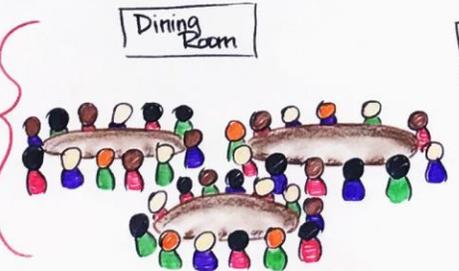
What services can be consolidated or co-located?

Consider location & co-location of services in the continuum.

Address services to ensure they target Harborview's mission population.

What if we could do whatever we want to provide what is needed? (without constraints)

We need a visual for what a through-put system looks like



Sobering center

be careful not to silo services...



Housing Provider - Focus Group

10.15.19

Harborview Services are top notch! (we need this modeled!)

When ^{respite} ~~supportive~~ Housing is located near services, residents tend to stay longer.

no one @ home to care for them

accuracy level is too high

could services help if housing is stabilized?

Potential to create Housing inside HMC campus buildings as they are upgraded seismically & modernized

There is (a) South King County facility need(s) - with Harborview's service model.

* Housing Needs

- chronically-ill, harm reduction (released from hospital, no place to go)
- clustered personal care services (serving people who can perform basic human functions)
- Permanent Supportive Housing (1000's)
- Building with stratified Housing (different levels of sppt.)
- Respite Housing (150 to 200 beds)
- Demographic needs:
 - avg age is increasing
 - end-of-life care (typically younger than average population)
- Shelter Needs
- Workforce Housing

stacked biggest need



How do people arrive @ HMC, and get access to care? (No wrong front door)



How close to HMC campus should Housing be located?

And what types?

Is there a facility need in South King County?

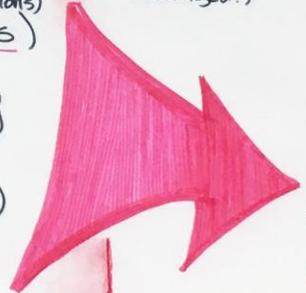
stratifying

Layering services/Housing types, complicates funding

What unit needs must be included and for which types (Kitchen, bathroom)

- shared?
- SRO (single room occupant)

Are we missing perspectives for nonlocal people?



Services Needed

- Sobering center
- typically, services surrounding/needed for PSH, are included in the Housing scenarios

some of us have anxiety
this doesn't work for everyone

A Sense of Community is needed among residents.

It Should Be A Holistic Approach through the lens of the person seeking treatment

- ITA - needs to be expanded - a new facility is being built in the north
- Need to identify the gaps in the system

Who We Are And What Should Be Considered:

- people with chronic health problems
- mental health issues
- smaller scale services that are accessible to the populations that need them



- mobile services
- satellite services

- need to understand the pathology of Homelessness
- huge drug population (a separate pathology)
 - active drug user housing must be on a smaller scale: too large, causes problems

can help people who don't want to go to a big center
with a continuity of care between sites

10.15.19

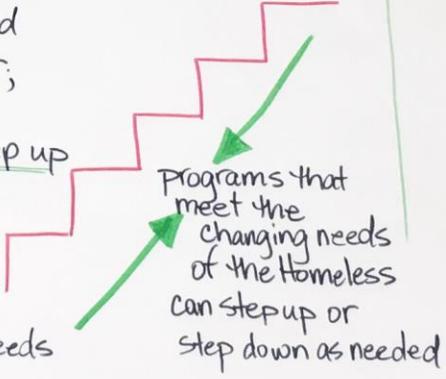
HEALTH CARE

For The Homeless PRIORITIES

- Housing for pathologies should be separated
 - most "vulnerable populations"
 - respite care - a critical need to help people get better; and once they're better, they need the next step up
- Safety + Security
- Step Up / Step Down Programs
- Respite Capacity - Medically meeting needs

in close proximity to HMC

definition: the single individual



Observations:

- The ED isn't the best place for everyone who arrives @ HMC
- What can people handle?
- Consider the interconnectedness + co-location of Housing populations - to mitigate problems
- Respect Differences
- Co-locating services can result in passive biases that follow an individual

- PSC = good for
 - drop off clinic (drop-in center)
 - a separate facility should house medical services
 - a workspace for helping services + organizations + community groups
 - plants, waterfall, healing garden
 - I don't see PSC as a healing environment

It could be a place that helps direct those needing services (a concierge)

• Each site could use a receptionist that directs visitors

Behavioral Health

- mobile unit needed (fentanyl test kits needed)
- after hours access is very important - without this... people end up in the ER
- training / response training is needed so staff can support patients
- Behavioral Health Science building - with connecting tunnels to triage patients where they need to go for services

Visitor Navigation

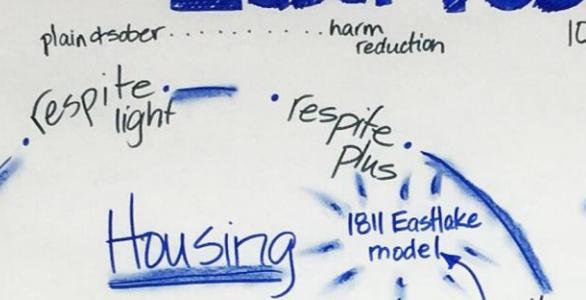


- braille
- signage
- digital
- interpretation services
- color lines

BH issues happen all over this campus @ all times

Labor Focus Group

10.21.19

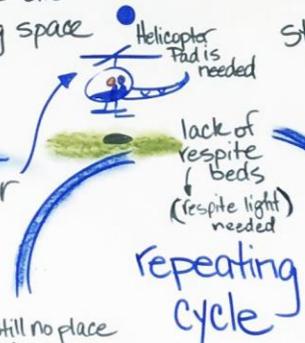


Housing

- many more respite beds are needed
- there is no housing for many people to be discharged... taking space for those waiting

Medical Center

- the sobering center is very important
- Skilled Nursing Facility is needed



- we need easier check-in process

still no place to discharge people in the acute beds

more & more people have to wait



Thank you for including us in this process... We are on the front lines serving our mission population... Keep talking with us!

PSC

- the clinic-in that area - is vital
- if PSC is closed, we want a guarantee that PSC staff will still have jobs



HMC Staff

- we need trauma informed training
- it's hard to respond to all the trauma AND look nice for the insurance companies
- staffing ratios are a safety concern for us all (single bed rooms with a 2nd head board... it will be double occupancy)

people stay in acute beds because they have no place to go

people needing acute beds have to wait



#1 SAFETY Priority

- workplace violence
- public v. staff encounters are dangerous
- Building design should be built around safety

Language Barriers need to be removed



Public Health

- mobile services are needed - specifically HIV / STD



many unstable people are on our campus all the time (one person laid on the sidewalk for 24 hours in front of the medical center)



Big Idea Zoo ©2019 Lori Rock

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Medical Center

Harborview Capital Planning

12.17.19

Housing

- Can the Women's Clinic @ Harborview be integrated w/delivery @ UW?

- Providing wrap-around services in a single location for survivors of sexual assault or torture

- The current system has many disconnects - which creates more pain

- Respite housing... Pioneer Square?



- Can an adult family home model be considered?

- Ensure Supportive Housing includes space for families

- Housing for undocumented populations (the link between medical & other services... and housing)



BigIdeaZoo.com
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Behavioral Health (and all the options)

- Immigrant-specific focus needed for these services - it needs to be different than it is today

- Behavioral Health is not (just) bio-medical.
 - It is spiritual
 - It is about balance
 - It is about many other things
 - Historical trauma
 - ACES inventory

- Youth focused services
 - early intervention
 - substance abuse

- Substance abuse services for the whole immigrant community populations

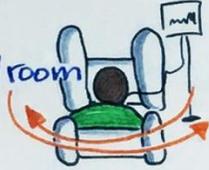


- Consider level of engagement needed for crisis stabilization

- Language access is extremely important - especially for mental health situations

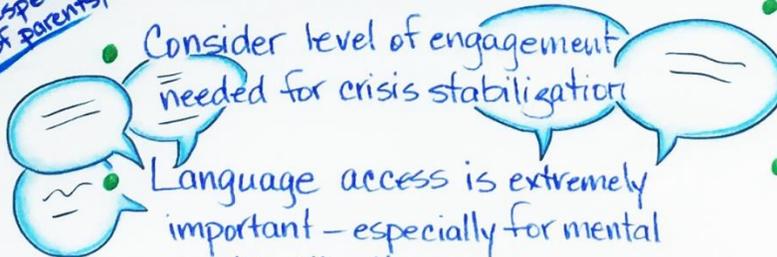
- There is significant stigma in some communities related to mental health

- Bring BHI staff to ethnic community groups



Providers really need to be knowledgeable & sensitive to this community (in general) on all options

Understanding the stigma in ethnic communities for youth especially under the care of parents/family



- Patients are overwhelmed w/room traffic

- Single-patient rooms also will support:

- room traffic
- LGBTQ
- infection control
- privacy
- cultural/religious needs

- Does Harborview only need to be located in South Seattle? What about other areas too?



- Transportation options for accessibility to care

- We need to involve Tribal groups in this process



Community Engagement: Key Shared Themes

- Behavioral Health facilities and resources are needed
- Supportive housing is needed
- Improve flow and efficiency in hospital to improve access to care
- Importance of respite and multi-level respite care beds
- A sobering center is necessary
- More services needed in South King County
- Strong support of maintaining and improving Pioneer Square Clinic
- Step up/Step down facilities to meet changing needs of patients and population (BH)
- Safety and security of patients and employees is essential



Community Engagement: Unique Themes

- Impact of new facilities on Harborview's campus on employees
- Concern about co-locating all Behavioral Health facilities to one area
- Improving access to care by increasing mobile and satellite services
- Need improved accessibility/wayfinding on HMC campus (i.e. signage, maps, arrows, directions, braille)
- Immigrant specific focus needed for services
- Transportation options needed for accessibility to care
- Need options for services outside of Harborview
- Behavioral Health Institute/BH facilities and programs must be culturally sensitive and communities of color must be engaged in its development

Core Component Estimated Costs

Core Component Name	Core Component Description	Estimated Cost* <small>*Subject to modification</small>
New Tower	Increase bed capacity; expand/modify ED; meet privacy and infection control standards; disaster prep; plant infrastructure	\$952M
Existing Hospital Space Renovations	Gamma knife; lab; Public Health TB, STD, MEO; ITA Court; nutrition, etc.	\$178M
Harborview Hall	Seismic upgrades; improve/modify space; create space for up to 30 respite beds; existing outpatient BH clinical services	\$88M
Center Tower	Seismic upgrades; improve and modify space for offices	\$248M
Pioneer Square Clinic	Seismic and code improvements; improve and modify space for medical clinic/office space	\$20M
East Clinic	Demolish East Clinic Building	\$9M
Behavioral Health Services	Expand/modify space for step up/down; crisis stabilization; outpatient clinical services; Center of Excellence	\$18M
Site Improvements/Other Costs	Site preparation; 1% for Art; Project Labor Agreement; Project Management	\$146M
Core Components Sub Total		\$1.66B

A La Carte Estimated Costs

Item Name	Item Description	Estimated Cost* <small>*Subject to modification</small>
New Construction BHI	Shell/core construction (base BHI in Core Components)	\$29M
Sobering	In new or existing space	\$4M
Telepsychiatry	In BHI new or existing; collocated with BH clinical space	\$1M
More Respite Beds	Up to 120 in new or existing space	\$40M
Evidence Based Practice Training Ctr.	In new or existing space; collocated with BH clinical space	\$3M
A La Carte Subtotal		\$77M

Harborview Hall Adaptive Reuse	Expand HH with a buttress	\$66M
Medical Office Building	“Empty Chair” decanting; speeds up bed availability	\$72M



Next Meeting: January 29

- Vote on size and scope – consensus minus three
- Review draft report on HLG work and recommendations
- Review timeline of expected next steps