

Harborview Leadership Group Agenda – 10/23/19

MEETING OUTCOMES

- Discuss facility options and how they might come together in an interactive workshop led by the HDR team
- Do an initial temperature check of facility options that are of high, medium and low priority for HLG members

AGENDA

- 5:30 pm Welcome & Meeting Goals – Christina Hulet, Facilitator
- Approval of September meeting minutes
- 5:35 pm Public Comment
- 5:40 pm Today's Agenda and Goals – Christina Hulet, Facilitator
- 5:45 pm Overview of Harborview Campus – Neil Piispanen & Duncan Griffin, HDR
- 6:00 pm Interactive Options Workshop – Neil Piispanen & Duncan Griffin, HDR
- Harborview facility options
 - Behavioral health facility options
 - Housing facility options
- 7:20 pm Break
- 7:30 pm Interactive Options Workshop (continued)
- Involuntary Treatment Act Court facility options
 - Pioneer Square Clinic facility options
 - Public health facility options
- 8:10 pm Initial Temperature Check – All HLG Members
- Team exercise and reflection
- 8:25 pm Wrap-up and Next Steps – Christina Hulet, Facilitator
- 8:30 pm Adjourn



King County

King County Harborview Leadership Group Meeting
Wednesday, September 25, 2019
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	No
HMC Executive Director	Paul Hayes, RN	Yes		
HMC Medical Director	Rick Goss, MD	Yes		
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
- Kristina Lodgson, King County Council
- Leslie Harper-Miles, King County FMD
- Neil Piispanen, Consultant
- Duncan Griffin, Consultant
- Sid Bender, King County PSB
- Bailey Bryant, King County Executive
- Clint Burwell, UW Medicine
- Chuck Sizemore, Consultant

- Ian Goodhew, UW Medicine

CALL TO ORDER

Christina Hulet called the meeting to order at 6:07 p.m.

INTRODUCTIONS – Christina Hulet

Introductions were made.

AUGUST MEETING MINUTES – Christina Hulet

Approved, none opposed, no abstentions.

PUBLIC COMMENT

None.

PHILANTHROPY SUBCOMMITTEE PRESENTATION

Paul Hayes welcomed and introduced presenters for Philanthropy Subcommittee Presentation

- Clint Burwell, UW Medicine
- Chuck Sizemore, Consultant

Philanthropy presentation provided in meeting materials.

QUESTIONS POSED TO THE PHILANTHROPY SUBCOMMITTEE

No questions posed to the subcommittee at this time.

PUBLIC SAFETY SUBCOMMITTEE UPDATES – Leslie Harper-Miles

Leslie Harper-Miles updated the Leadership Group on the status of the Public Safety subcommittee.

TRANSITION TO PHASE II – Christina Hulet

The leadership group discussed the timeline of its work and began discussion around the decision making processes to come in the following months. Handouts and timeline provided in meeting materials.

UPDATES:

COMMUNITY ENGAGEMENT UPDATE – Kelli Carroll

The community engagement subcommittee has made plans to host several focus groups with key stakeholders and communities.

NEXT STEPS – Christina Hulet

The next Leadership Group meeting is scheduled for October 23, 2019 6-8pm

ADJOURNMENT – Christina Hulet

With no further business, the meeting was adjourned at 7:34 p.m.



Harborview Leadership Group Meeting

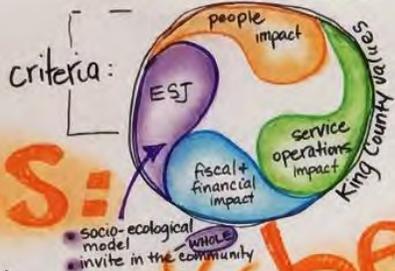
October 23, 2019



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 the shared-room experience for surveys
- improve predictability for the voter
- maximize existing facilities

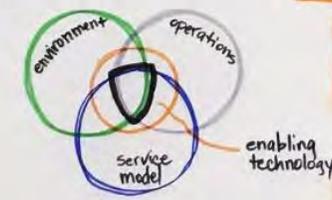
DATA GATHERING

8.9.19

best practices:

- 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



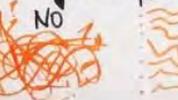
behavioral health

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

7 Flows

- patients
- family/visitors
- staff
- medication
- information
- supplies
- equipment

these need to be considered as separate flows



balance

We need a new term!

layer cake concept for housing



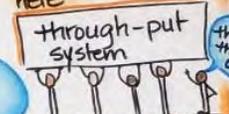
managing patient complexity

behavioral health puts heavy demands on this system

continuum of care



We need to visualize the data here



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 spaces

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

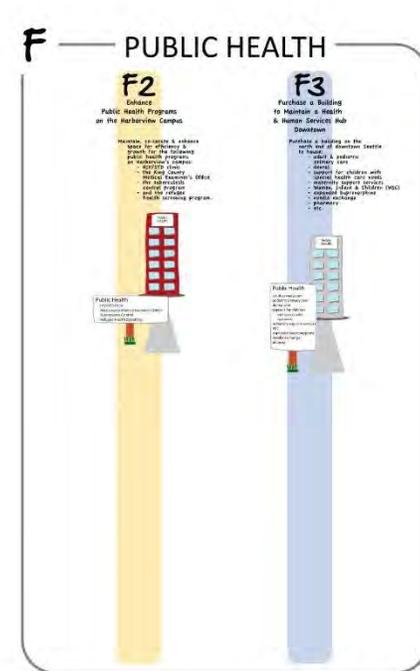
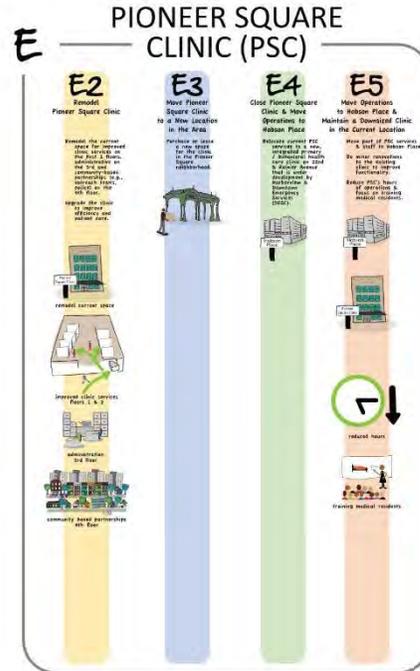
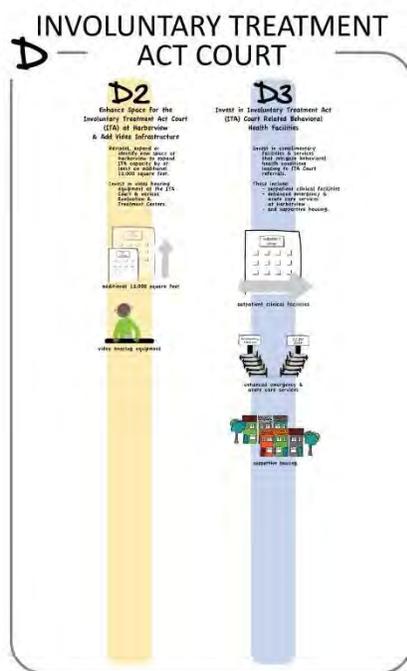
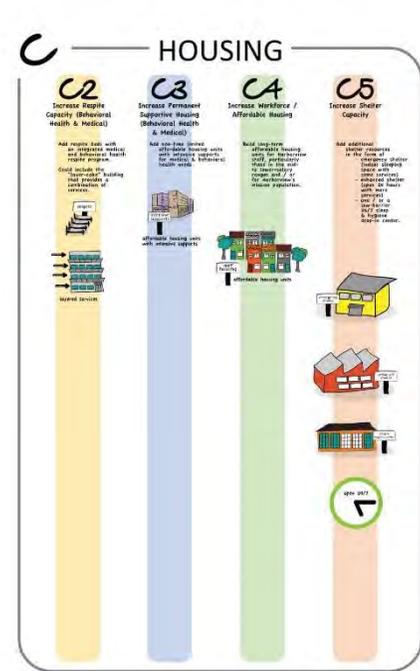
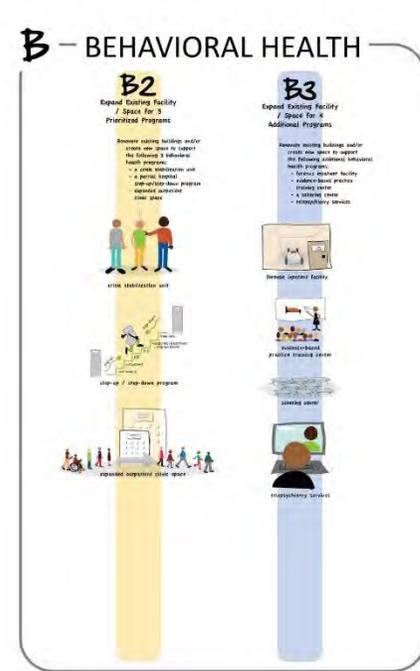
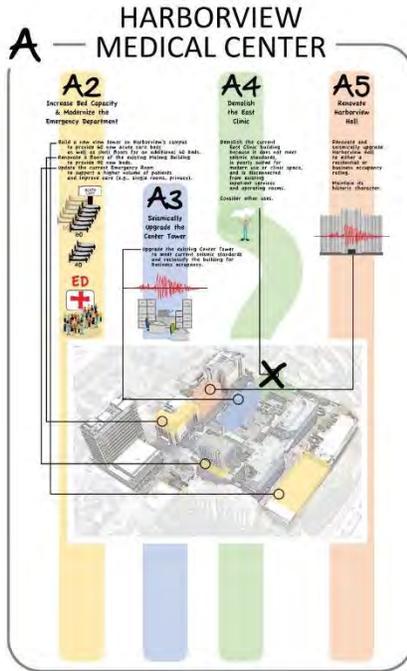
vision:

- 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



Analytic Criteria

- Area 1: what is the impact to people?
- Area 2: what is the impact to services and operations?
- Area 3: what is the equity and social justice impact?
- Area 4: what is the fiscal impact?

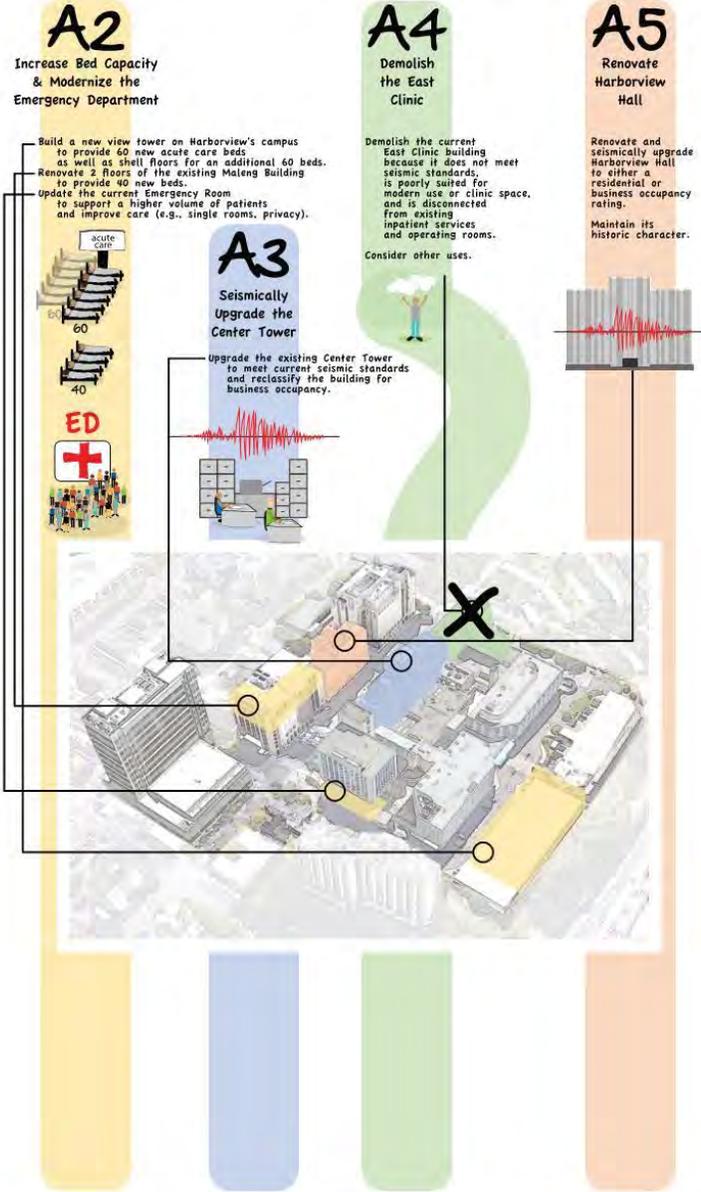


A

Harborview Medical Center

A

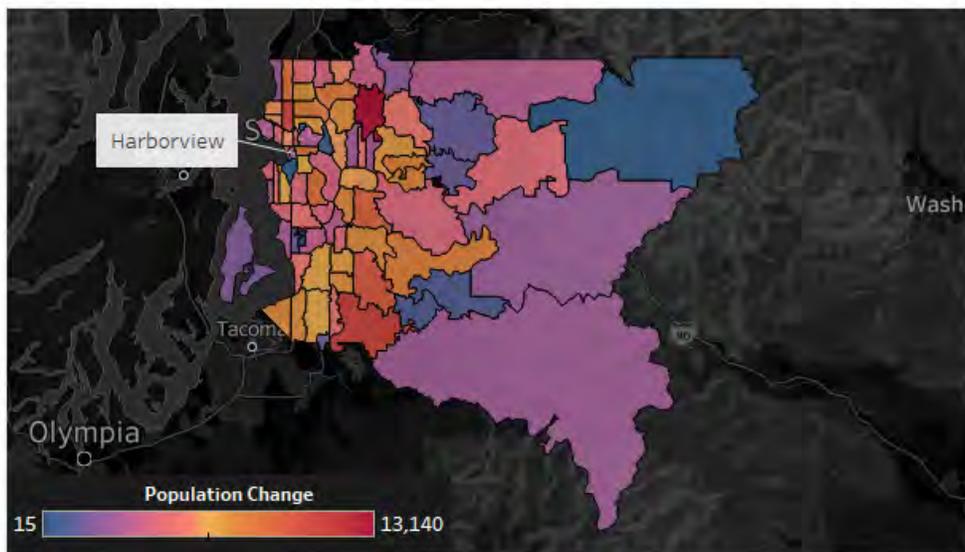
HARBORVIEW MEDICAL CENTER



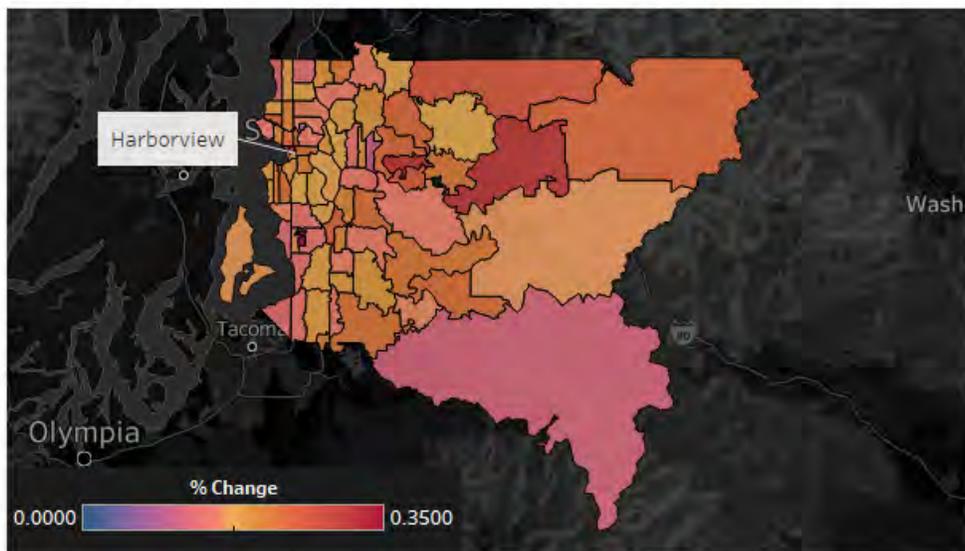
Area 1: People Impact
Mission Population
Patients and clients
Labor and employees
Neighbors and community
Area 2: Service/Operational Impact
Delivery of emergency services
Addresses facility deficiencies and needs
Supports innovation, best practices, and/or new models of care
Area 3: Equity and Social 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

Population Demographics and 10 Year Projections

10 Year Change in Population



% Change in Population



Projected 10yr Growth Rates King County Projected Population Growth

Nationwide: 9.8%
 Washington State: 15.3%
 King County: 18.4%

2019 Population	2029 Population Projection	10 Yr Pop Change	% Change
2,230,193	2,641,582	411,389	18.4%

Projected Population Growth by Gender and Age

Gender	Age Cohort	2019 Population	2029 Population Projection	10 Yr Pop Change	% Change
F	0-4	64,036	65,596	1,560	2.4%
	5-9	65,105	72,984	7,879	12.1%
	10-14	62,974	80,055	17,081	27.1%
	15-17	37,422	48,925	11,503	30.7%
	18-20	39,066	45,964	6,898	17.7%
	21-24	49,436	51,272	1,836	3.7%
	25-34	161,486	134,278	-27,208	-16.8%
	35-44	164,915	201,208	36,293	22.0%
	45-54	153,271	180,370	27,099	17.7%
	55-64	143,892	171,243	27,351	19.0%
M	65-74	102,475	170,557	68,081	66.4%
	75-84	48,176	85,629	37,453	77.7%
	85P	24,182	24,325	143	0.6%
	0-4	66,673	69,006	2,332	3.5%
	5-9	67,732	75,566	7,835	11.6%
	10-14	65,800	83,051	17,250	26.2%
	15-17	38,923	50,251	11,328	29.1%
	18-20	40,399	47,069	6,670	16.5%
	21-24	52,377	53,804	1,426	2.7%
	25-34	175,088	158,039	-17,049	-9.7%
	35-44	167,375	189,164	21,789	13.0%
	45-54	158,105	186,371	28,266	17.9%
	55-64	140,437	171,808	31,371	22.3%
	65-74	91,047	154,141	63,093	69.3%
	75-84	37,177	67,698	30,520	82.1%
	85P	12,623	13,023	400	3.2%

Inpatient Beds: Current Situation (2019 Data)

Data indicates HMC is operating beyond recommended capacity limits.

Discharges	LOS (Days)	Patient Days	ADC	Beds Available ¹	Occupancy
16,016	8.74	139,978	420 ³	413 ²	102%

Data Source: UWM Finance Data Sheet dated September 29, 2019.

Notes:

1. Per HMC response of 10.9.19 to the HDR data request, 50 beds/day occupied by patients who do not meet inpatient criteria, hence assumed not available in the overall bed count.
2. Total number of licensed beds.
3. ADC & Occupancy includes Observation Patients

Discussion Items:

- **Industry recommended occupancy standard is 80-85%, assuming all single beds. Occupancy over 85% usually indicate bed shortages during the peak times. Confirm target occupancy rates.**

Key Elements of Healthcare Facility Design

- Adaptable and Flexible Spaces
- Cost Efficient
- Amenities and Services to Foster Staff Retention and Recruitment
- Patient and Family Centered Care
- Disappearing Departmental Boundaries
- Healing Environment
- LEED Design – Healthy Building
- Accommodates New Technology
- Safety and Security

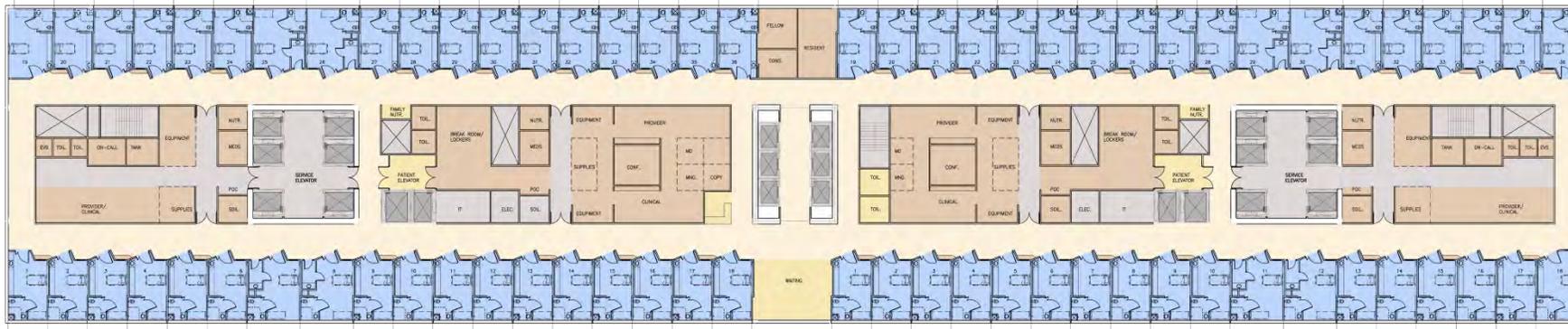
Lean Design Thinking

- Design flow of patients, families, clinicians, medications, supplies, information, and equipment
 - **Reduce waste** and non-value added steps
 - Simplify the work environment
 - Improve **quality, efficiency and safety**
 - Point of use storage
 - Provide visual controls
 - Enable **standardized work** and work environments

Parkland Patient Room

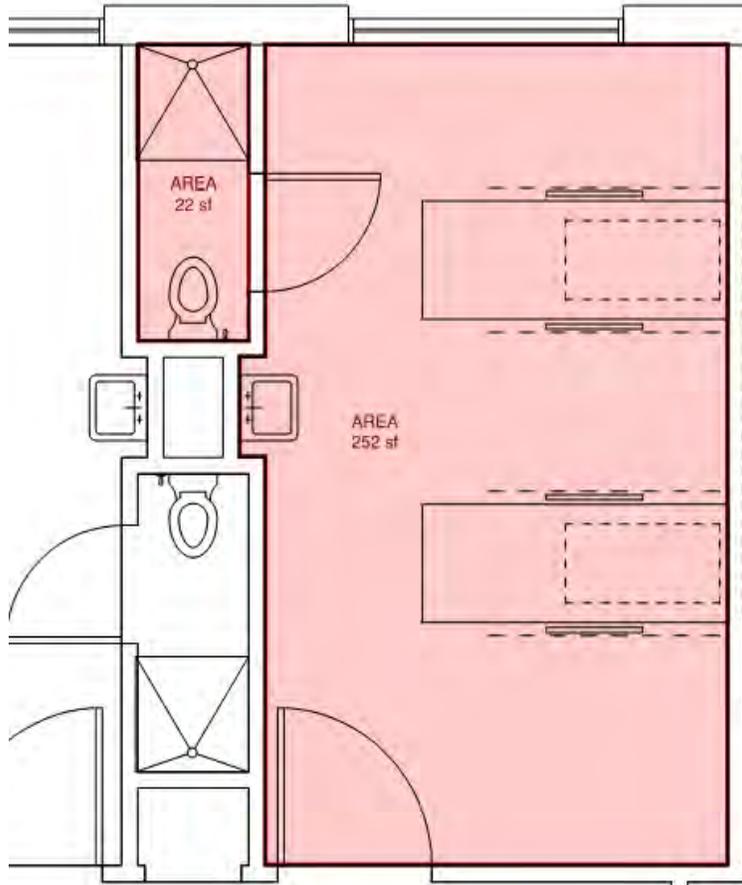


Parkland 72 Bed Unit



- Central & Decentralized teaching and education areas
- Key spaces
 - Provider Workrooms
 - Team Workroom
 - Communication Center
 - Large and Small Conference Rooms
 - Patient Bedside

East Hospital



Existing State

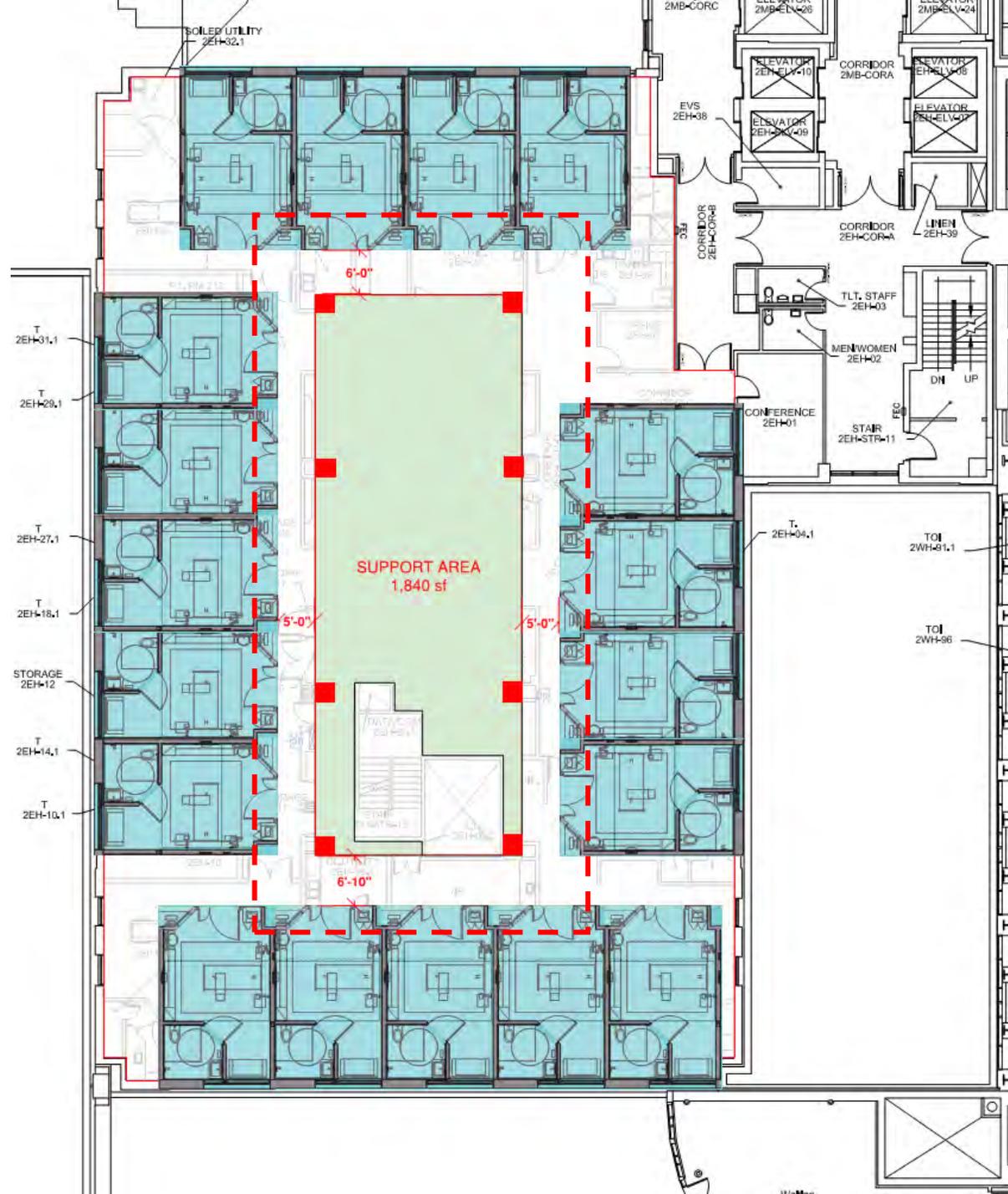


Proposed Future State

Bed clearance in the existing space is close to meeting FGI requirements for Intermediate Care beds, but the toilet rooms would need to be renovated to add a hand wash sink and provide appropriate space around the toilet.

Room 250 sf
Toilet 50 sf
Total 300 sf

East Hospital LEVEL 2



Infrastructure prohibits renovation of ICU bays on Level 2 for patient rooms.

West Hospital Floor Example

Cannot renovate the shaded red patient rooms to meet best practice room sizes/layout due to infrastructure locations.



West Hospital LEVEL 2

Cannot renovate floor to meet best practice room sizes/layout due to infrastructure locations.



Conclusions

- Using the existing hospital beds for continued patient care would require renovations of most units to bring them to current best practice standards
- Renovating all existing beds to current best practice standards would provide an estimated total of 200 single patient rooms down from 413 patient beds utilizing 308 patient rooms
- FGI requires 120 SF clear floor area for renovation of Intermediate Care & 150 SF for Critical Care – not all single occupancy rooms meet this criteria
- Infrastructure (nurse call, power, data, etc.) in existing inpatient units is insufficient for best practice standard of care
- Patient Care support space would still not meet recommended best practice standards of care

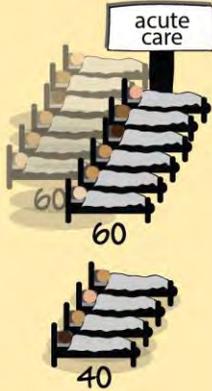
A2

Increase Bed Capacity & Modernize the Emergency Department

Build a new view tower on Harborview's campus to provide 60 new acute care beds as well as shell floors for an additional 60 beds.

Renovate 2 floors of the existing Maleng Building to provide 40 new beds.

Update the current Emergency Room to support a higher volume of patients and improve care (e.g., single rooms, privacy).



ED



View Tower

- Might provide up to 36 bed unit per floor
- Potential to relocate clinics on Levels 4 & 7 in Maleng to renovate for 40 beds
- Potential for up to 8 Hybrid OR's with prep/recovery & required patient care support space
- Potential for ED to expand into Tower
- Helipad on roof



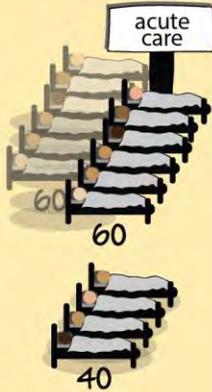
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Update the current Emergency
Room to support a higher
volume of patients and
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ED



Modernize the Emergency Department

- Private Exam Rooms
- Single Bay Trauma Rooms
- Behavioral Health
- Correctional Health
- Observation



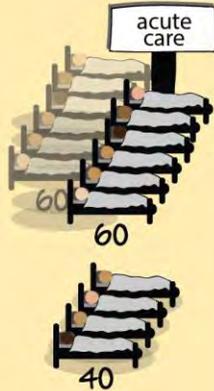
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ED



Modernize the Emergency Department

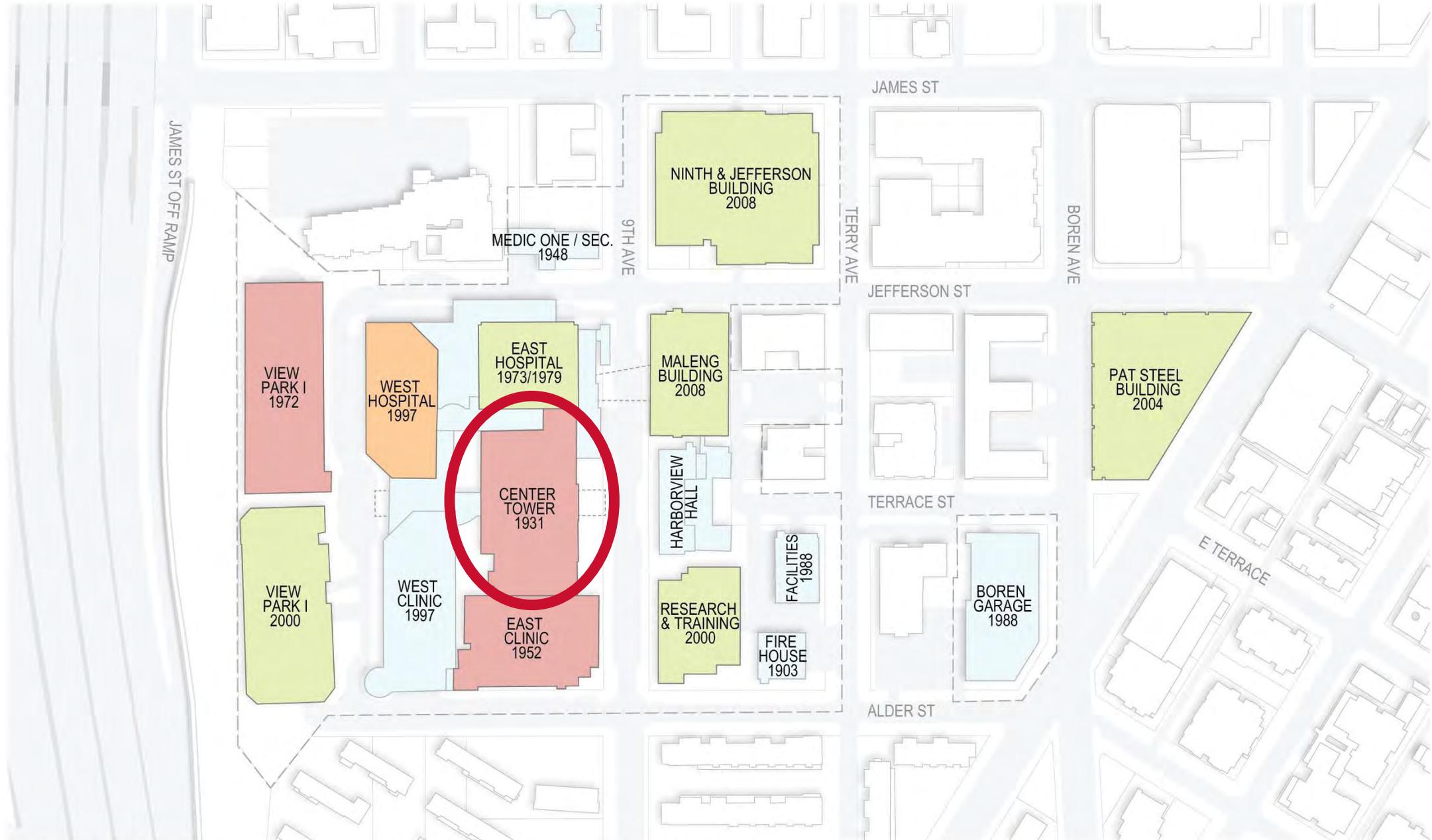
- Adjacent care level modules for flexibility
- Adjacent to clinics / outpatient space for expansion or redirection during off hours
- Improved throughput:
 - Rapid Medical Assessment
 - Electronic patient tracking system
 - Internal sub-wait area for patients (results)
 - Improved TAT for lab and radiology
- Disaster Preparedness: Bioterrorism, Natural Disasters, Disease Outbreaks
 - Design to prevent cross-contamination
 - Patient tracking
 - Real time data sharing



A3

Seismically Upgrade the Center Tower

Upgrade the existing Center Tower to meet current seismic standards and reclassify the building for business occupancy.



Seismic & Building Age

- Meets Seismic Reqs
- Partially Meets Reqs
- Does Not Meet Reqs
- Undocumented



A3

Seismically Upgrade the Center Tower

Upgrade the existing Center Tower to meet current seismic standards and reclassify the building for business occupancy.



Center Tower

Renovation Needs

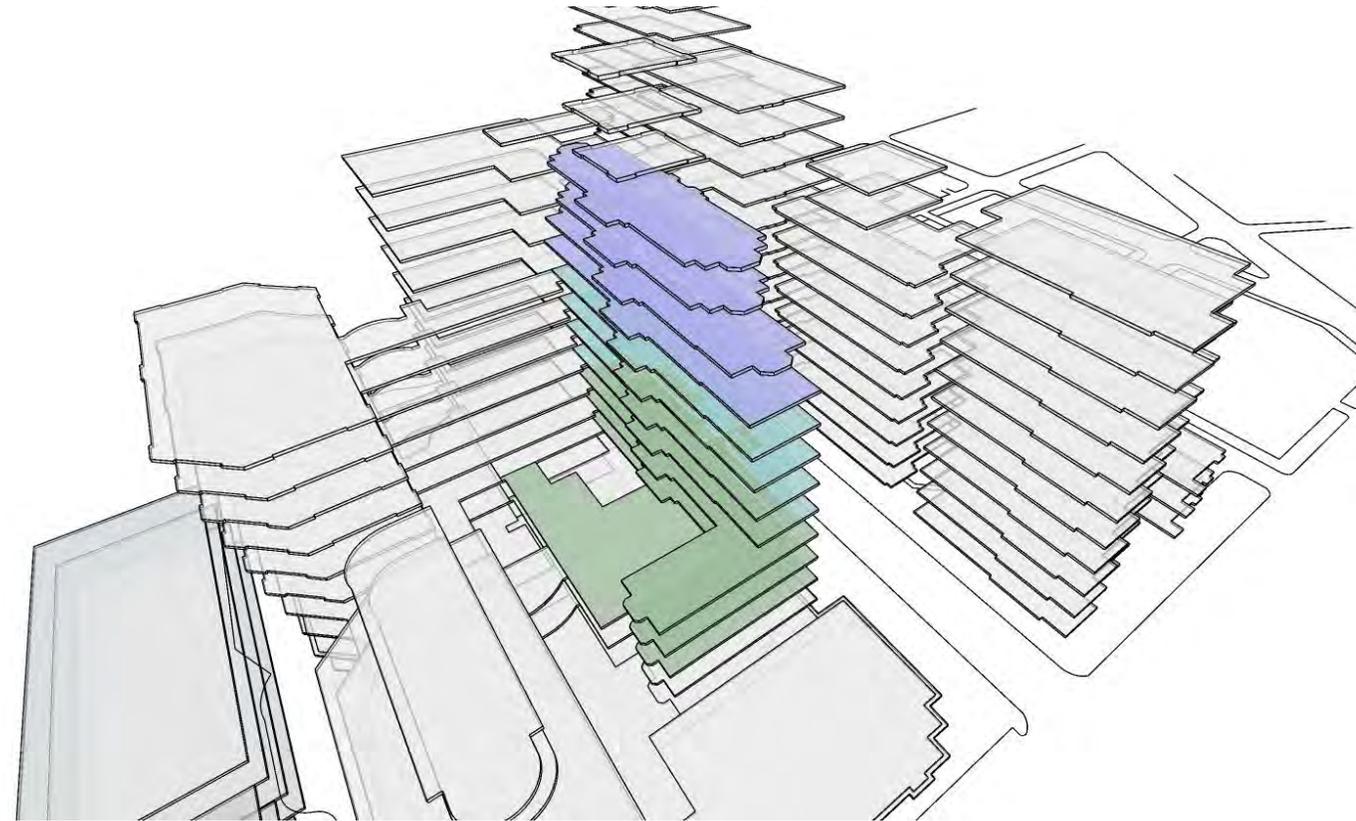
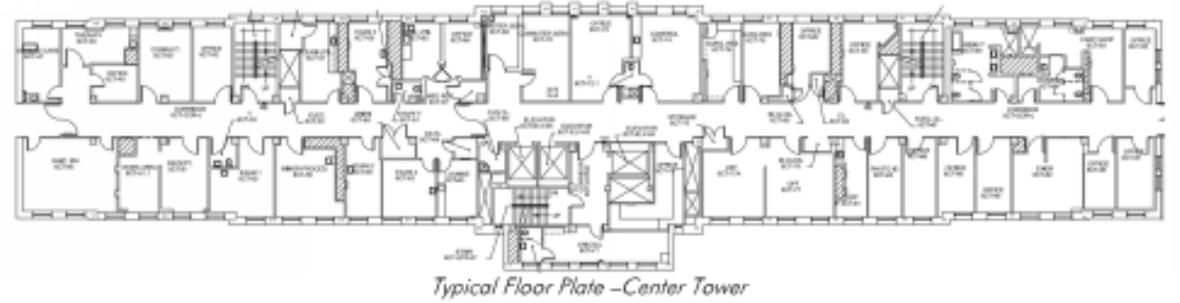
- Seismic
 - Buttress
 - Shotcrete
- Elevators
- HVAC & Infrastructure

Options to locate

- CSU
- Outpatient Behavioral Health
- Administrative Offices

Critical Inpatient Functions

- Pharmacy
- Gamma Knife
- Transfusion Lab
- Patient care EGC
- ICU Waiting

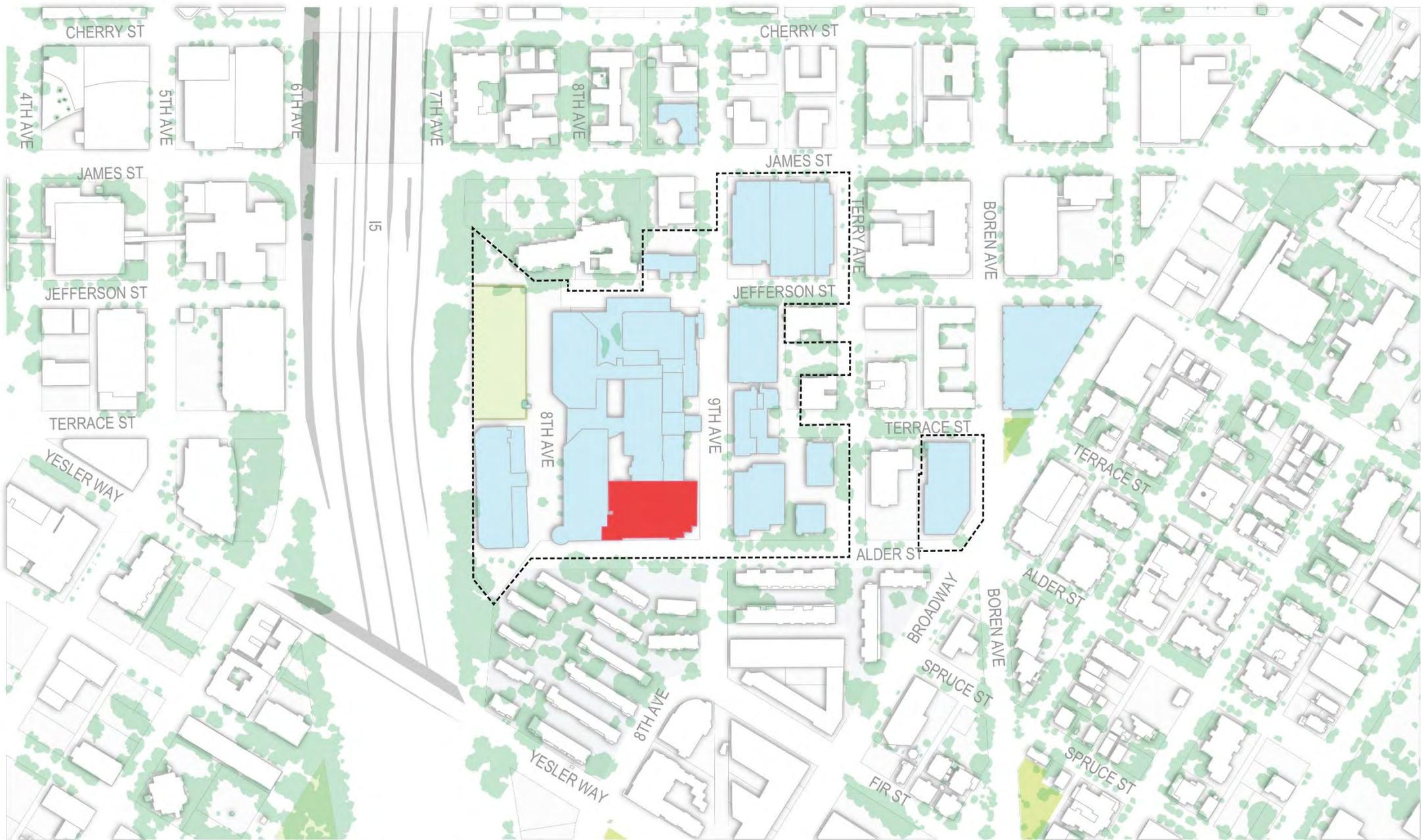


A4

Demolish the East Clinic

Demolish the current East Clinic building because it does not meet seismic standards, is poorly suited for modern use or clinic space, and is disconnected from existing inpatient services and operating rooms.

Consider other uses.



East Clinic Demolition

 Demolish East Clinic



A5

Renovate
Harborview
Hall

Renovate and seismically upgrade Harborview Hall to either a residential or business occupancy rating.

Maintain its historic character.

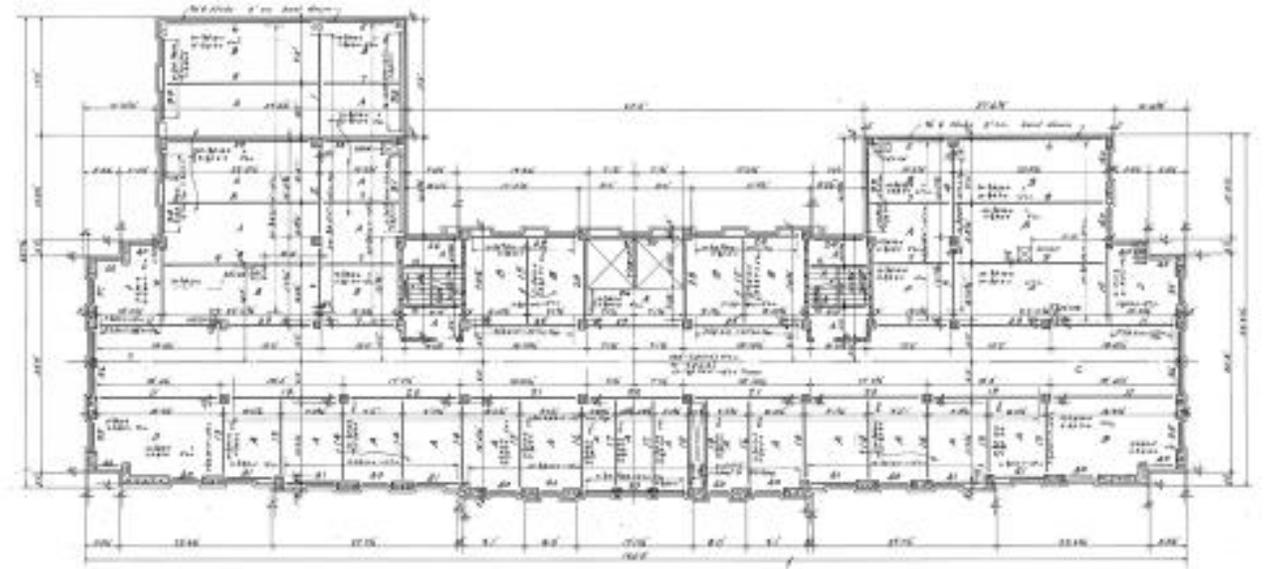
Harborview Hall

Renovation Needs

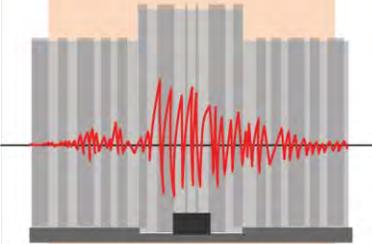
- Seismic
- Elevators
- All infrastructure systems
 - HVAC
 - Electrical
 - Plumbing

Potential Uses

- Respite Shelter
- BH Out Patient
- Sobering Center
- Permanent supportive housing
- Offices



Typical Floor Plate – Harborview Hall



B Behavioral Health

B – BEHAVIORAL HEALTH

B2

Expand Existing Facility
/ Space for 3
Prioritized Programs

Renovate existing buildings and/or create new space to support the following 3 behavioral health programs:

- a crisis stabilization unit
- a partial hospital step-up/step-down program
- expanded outpatient clinic space



crisis stabilization unit



step-up / step-down program



expanded outpatient clinic space

B3

Expand Existing Facility
/ Space for 4
Additional Programs

Renovate existing buildings and/or create new space to support the following additional behavioral health programs:

- forensic inpatient facility
- evidence-based practice training center
- a sobering center
- telepsychiatry services



forensic inpatient facility



evidence-based practice training center



sobering center



telepsychiatry services

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
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The long-term financial position of Harborview and King County
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B2

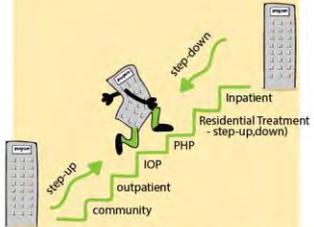
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crisis stabilization unit

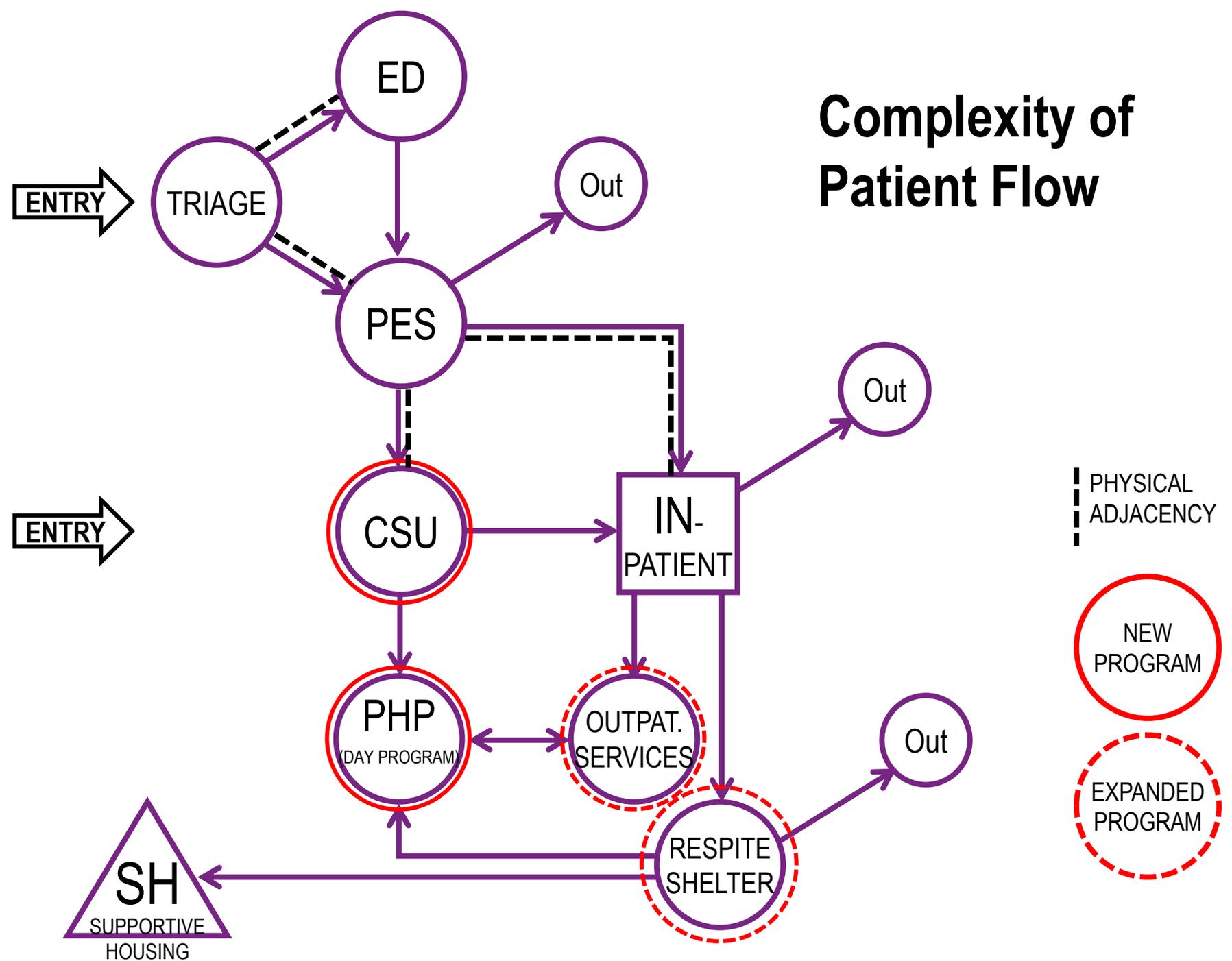


step-up / step-down program



expanded outpatient clinic space

Complexity of Patient Flow



B2

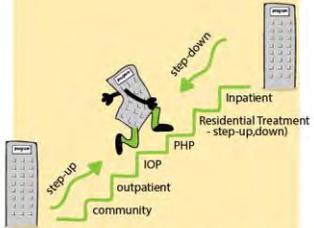
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crisis stabilization unit



step-up / step-down program



expanded outpatient clinic space

Current Utilization Rates

Psychiatric Utilization

Hospital Name	Psychiatric Unit Beds	Psychiatric Unit Days	Psychiatric Average Daily Census	Psychiatric Utilization	beds @ target utilization	difference	target psych utilization
Harborview Medical Center	66	23,550	65	97.8%	81	15	0.8

Overall Bed Utilization

Hospital Name	Total Acute Beds	Total Acute Days	Acute Daily Census	Acute Utilization	beds @ target utilization	difference overall	target overall utilization
Harborview Medical Center	332	112,802	309	93.1%	386	54	0.8

B2

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crisis stabilization unit



step-up / step-down program



expanded outpatient clinic space

10 Year Bed Projections

Projecting 10 yr Pshychiatric Bed Demand

Hospital Name	Psychiatric Unit Beds	Psychiatric Unit Days	10 year Proj. Psychiatric Unit Days	10 yr beds @ target utilization	10 yr Proj. Difference
Harborview Medical Center	66	23,550	29,697	102	36

B2

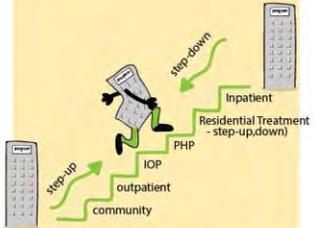
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crisis stabilization unit



step-up / step-down program



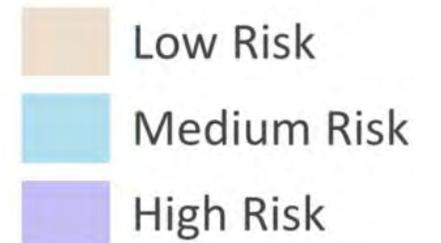
expanded outpatient clinic space

Example Crisis Stabilization Unit; emPATH Unit model

University of Iowa Hospitals and Clinics



- EmPATH Unit model benefits
- Efficient use of space
 - Therapeutic design
 - Non-institutional
 - High rate of success in examples around the county



B2

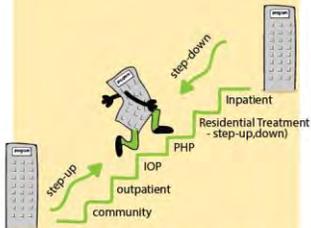
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crisis stabilization unit



step-up / step-down program



expanded outpatient clinic space

Partial Hospitalization Program – Step Up Step Down

- More intensive than outpatient clinic but not as intensive as inpatient
- No overnight stays
- Many hours per day, several days per week – eight week program
- Serve as “step up” and “step down” alternates
 - Step up from outpatient clinic or step down from inpatient to aid in transition back into the community
- Space needs are typical of outpatient clinic with more group rooms, sometimes designed for specific treatment/therapy
- Need to verify size of program

B2

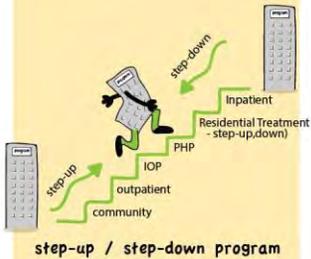
Expand Existing Facility
/ Space for 3
Prioritized Programs

Renovate existing buildings and/or create new space to support the following 3 behavioral health programs:

- a crisis stabilization unit
- a partial hospital step-up/step-down program
- expanded outpatient clinic space



crisis stabilization unit



step-up / step-down program



expanded outpatient clinic space

Expand Outpatient Clinics

- Current outpatient clinic space in the Pat Steele Building is at capacity
 - Recently suspended same day access services because it could not accommodate additional people
- Outpatient need for services is growing
- Aligns with the BH subcommittee group to increase access to outpatient services to decrease those who need emergency and inpatient care
- No overnight stays
- Expanding services will allow more people to access services and promote diversity of programs for different populations
- Need to verify expansion size

Existing Harborview Behavioral Health Units

Maleng Building & West Hospital



Maleng Building



West Hospital

B2

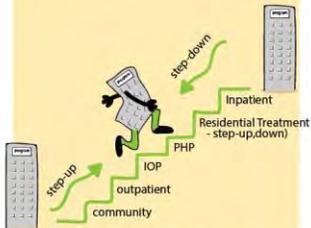
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crisis stabilization unit



step-up / step-down program



expanded outpatient clinic space

Behavioral Health Facility Benchmarking

Facility Type	Approx. DGSF / unit	Unit
Inpatient	1000	per bed
BH ED	800	per bed
Residential Treatment	320	per bed (shared)
Crisis Stabilization Unit	270	per recliner
Outpatient	250	per exam/therapy room
Sobering Center	100	per bed

B3

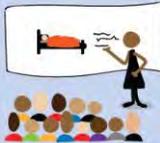
Expand Existing Facility
/ Space for 4
Additional Programs

Renovate existing buildings and/or create new space to support the following additional behavioral health programs:

- forensic inpatient facility
- evidence-based practice training center
- a sobering center
- telepsychiatry services



forensic inpatient facility



evidence-based practice training center



sobering center



telepsychiatry services

Forensic Inpatient Facility (New Program)

- Currently, behavioral health facilities do not allow admission of inmates with felony charges, even for non-violent crimes
- Male inmates spend up to 3 months at KCCF awaiting transfer to a forensic IP facility such as Western State Hospital
- Incarcerated individuals receive care at KCCF, but it is a jail, not a hospital setting
- BH Sub-committee proposes a secure forensic facility of 20-30 beds to offer a hospital level of care to inmates

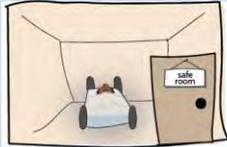
B3

Expand Existing Facility
/ Space for 4
Additional Programs

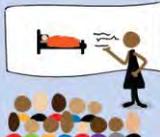
Evidence Based Training Center (New Program)

Renovate existing buildings and/or create new space to support the following additional behavioral health programs:

- forensic inpatient facility
- evidence-based practice training center
- a sobering center
- telepsychiatry services



forensic inpatient facility



evidence-based
practice training center



sobering center



telepsychiatry services

- Provide comprehensive and multidisciplinary clinical training, technical assistance, and evaluation services from experts at UW
- Would provide accurate information from research and practice to increase likelihood of evidence-based policy decisions
- Size TBD

B3

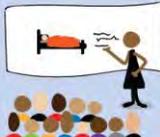
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- a sobering center
- telepsychiatry services



forensic inpatient facility



evidence-based
practice training center



sobering center



telepsychiatry services

Sobering Center

- For individuals to await resolution of acute effects of intoxication (usually alcohol, often with other substances)
- Connect visitors to support, such as treatment services and housing assistance
- KC currently has a sobering center that serves up to 60 adults at a time, primarily males
- Current Sobering Center is often full
- A new sobering center would support more people in the community and could be tailored to specific populations (LGB, transition age youth, geriatric, etc)
- Size TBD

B3

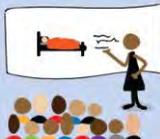
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forensic inpatient facility



evidence-based
practice training center



sobering center



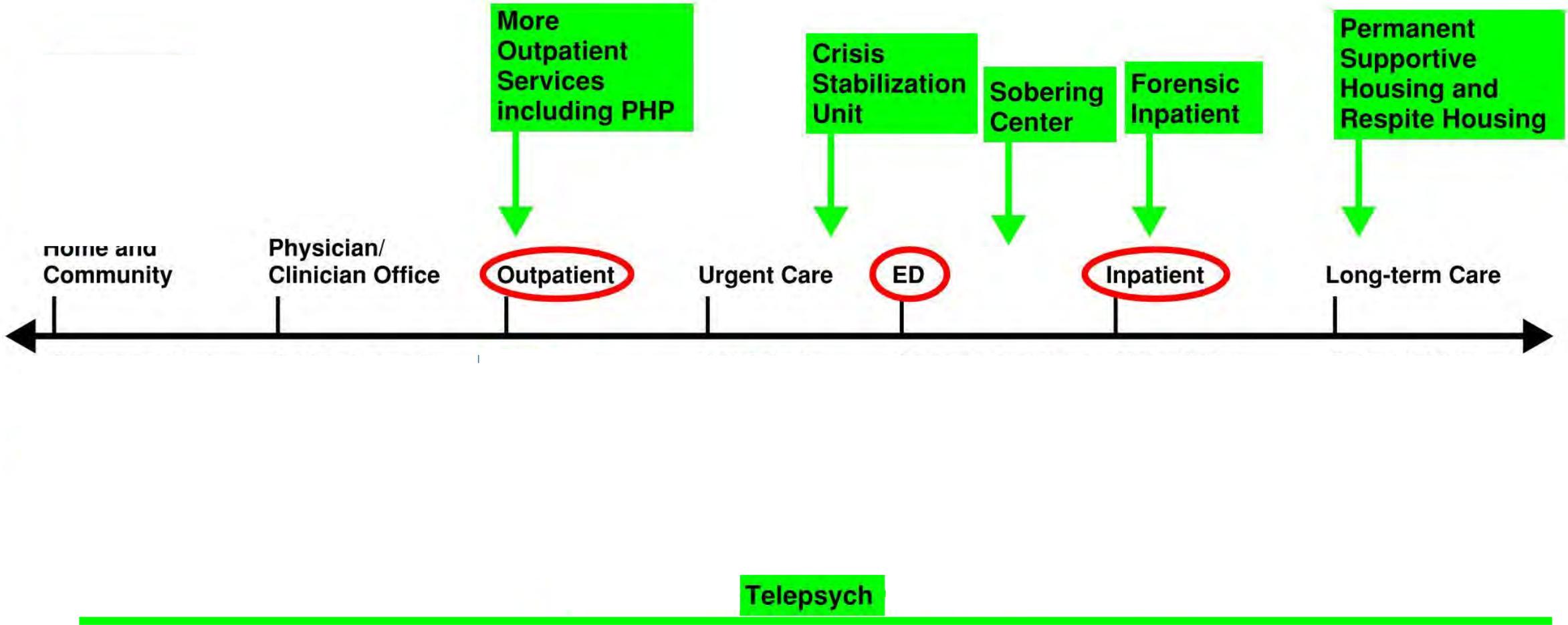
telepsychiatry services

Telepsychiatry/Telepsychiatric Consult (New Program)

- Telepsychiatric services would support suburban and rural communities with limited access to traditional psychiatric services
- Use of technology allows individuals to access preventative and early intervention services sooner, reducing the need for more intensive services in the future
- Minimal physical building implications: Ideally the technology is located within or adjacent to outpatient clinic providers

Behavioral Health Continuum of Care

Additional Services Proposed



C Housing



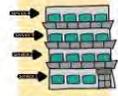
HOUSING

C2

Increase Respite Capacity (Behavioral Health & Medical)

Add respite beds with an integrated medical and behavioral health respite program.

Could include the "layer-cake" building that provides a combination of services.



layered services

C3

Increase Permanent Supportive Housing (Behavioral Health & Medical)

Add non-time limited affordable housing units with intensive supports for medical & behavioral health needs.



affordable housing units with intensive supports

C4

Increase Workforce / Affordable Housing

Build long-term affordable housing units for Harborview staff, particularly those in the mid- to lower-salary ranges and / or for Harborview's mission population.



affordable housing units

C5

Increase Shelter Capacity

Add additional shelter resources in the form of

- emergency shelter (indoor sleeping space with some services)
- enhanced shelter (open 24 hours with more services)
- and / or a low-barrier 24/7 sleep & hygiene drop-in center.



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

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

acuity 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?

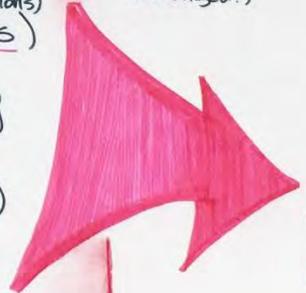
stratifying

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

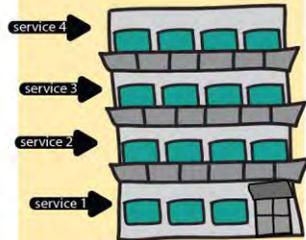
- Sobering center
- typically, services surrounding/needed for PSH, are included in the Housing scenarios



Increase Respite Capacity (Behavioral Health & Medical)

Add respite beds with an integrated medical and behavioral health respite program.

Could include the "layer-cake" building that provides a combination of services.



layered services

Respite

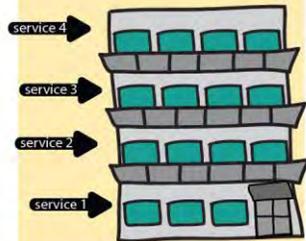
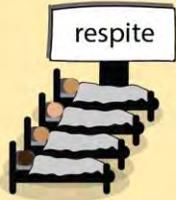
- Respite (Medical and Behavioral Health) provides housing for subacute “stepdown” care for individuals likely to be homeless
- 150 to 200 additional respite beds are needed, within mixed-use or multipurpose facilities
- Due to the limited scope of medical services and staff that are required for respite housing, additional respite housing by itself would not necessarily need to be located on the HMC campus, and could be located off-site, or in more than one facility or location



Increase Respite Capacity (Behavioral Health & Medical)

Add respite beds with an integrated medical and behavioral health respite program.

Could include the "layer-cake" building that provides a combination of services.



layered services

Respite

Preliminary Development Questions to Consider

Construct a new multi-service facility?

Example: The Blackburn Model - Inclusion of respite beds within a newly constructed multi-service facility, possibly in partnership with other non-profit housing providers, health clinic, emergency shelter and other potential uses, on vacant or underutilized land on the Harborview Medical Campus

Develop a new facility on land to be acquired off of the Harborview Campus?

Renovate and reuse portions of existing HMC buildings such as Harborview Hall?

Acquire an existing, underutilized medical or assisted living facility for immediate conversion to respite housing?

C3

Increase Permanent Supportive Housing (Behavioral Health & Medical)

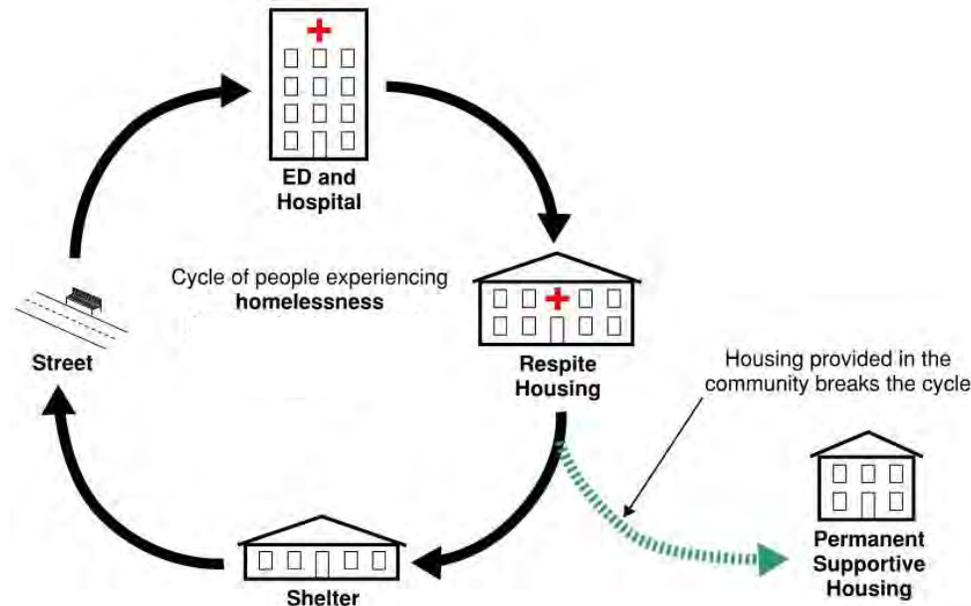
Add non-time limited affordable housing units with intensive supports for medical & behavioral health needs.



affordable housing units with intensive supports

Permanent Supportive Housing

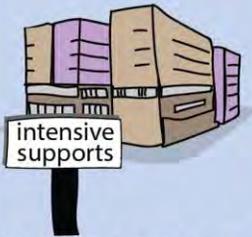
- Non-time limited affordable housing units with intensive supports for medical and behavioral health needs
- Provision of PSH is consistent with the concept that housing is a necessary part of healthcare
- PSH can directly contribute toward the goals of ensuring housing stability, assisting clients to gain meaningful employment, providing mental and physical health services, and assistance in dealing with substance abuse



C3

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Add non-time limited affordable housing units with intensive supports for medical & behavioral health needs.



affordable housing units with intensive supports

Permanent Supportive Housing

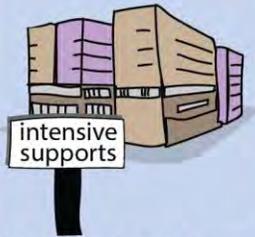
- PSH unit typologies vary
 - apartment buildings with units reserved for PSH tenants
 - a room in a shared house
 - a single room-occupancy (SRO) unit
 - an affordable unit in the private market

PSH could reasonably be developed along with emergency shelter space which could produce an efficiency from shared use of any clinic or service provision.

C3

Increase Permanent Supportive Housing (Behavioral Health & Medical)

Add non-time limited affordable housing units with intensive supports for medical & behavioral health needs.



affordable housing units with intensive supports

Permanent Supportive Housing

Development Questions for Consideration

Construct new, stand-alone PSH Housing Projects, potentially partnering with a qualified non-profit developer / operator of Permanent Supportive Housing to develop new facility (or facilities) off site?

Construct a new mixed-use facility, similar to the Blackburn facility, on the HMC campus—the facility might include a variety of uses such as shelter, respite beds and clinical services?

Expanded the renovation at Harborview Hall or other existing HMC properties to increase shelter capacity, potentially including respite beds?



Increase Workforce /
Affordable Housing

Build long-term
affordable housing
units for Harborview
staff, particularly
those in the mid-
to lower-salary
ranges and / or
for Harborview's
mission population.



Workforce Housing

Location and Building Type Considerations and Opportunities to Co-Locate

- Affordable Housing, generally for households earning <60% AMI
- Units must have separate kitchens and bathrooms
- Units can take the form of apartments or townhomes
- Affordable and PSH (Permanent supportive housing) can be co-located

C5

Increase Shelter Capacity

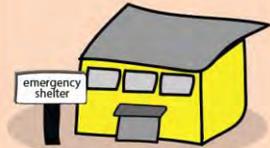
Shelter Capacity

Preliminary Option

- Add additional shelter resources
 - Emergency shelter : Indoor sleeping space with some services
 - Enhanced shelter : Open 24 hours with more services
 - Low-barrier 24/7 sleep & hygiene drop-in center

Add additional shelter resources in the form of

- emergency shelter (indoor sleeping space with some services)
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C5

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- enhanced shelter (open 24 hours with more services)
- and / or a low-barrier 24/7 sleep & hygiene drop-in center.



Shelter Capacity

Development Questions for Consideration

Renovate additional portions of Harborview Hall to provide additional Shelter capacity?

Renovate other existing, underutilized HMC facilities to provide additional shelter capacity?

Partner with outside non-profit entities to develop additional shelter facilities off of the HMC campus?

Include shelter beds within the new construction of a mixed-use facility on the HMC campus?

D ITA Court

D — INVOLUNTARY TREATMENT ACT COURT

D2

Enhance Space for the Involuntary Treatment Act Court (ITA) at Harborview & Add Video Infrastructure

Remodel, expand or identify new space at Harborview to expand ITA capacity by at least an additional 12,000 square feet.

Invest in video hearing equipment at the ITA Court & various Evaluation & Treatment Centers.



additional 12,000 square feet



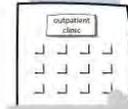
video hearing equipment

D3

Invest in Involuntary Treatment Act (ITA) Court Related Behavioral Health Facilities

Invest in complimentary facilities & services that mitigate behavioral health conditions leading to ITA Court referrals.

These include:
 - outpatient clinical facilities
 - enhanced emergency & acute care services at Harborview
 - and supportive housing.



outpatient clinical facilities



enhanced emergency & acute care services



supportive housing

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

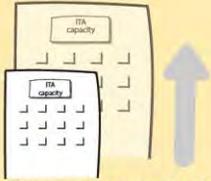
Opportunities for other funding

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additional 12,000 square feet



video hearing equipment

ITA Court

- In person hearings currently occur at Ninth & Jefferson Building which has a dedicated garage and elevator access
- Filings are projected to increase significantly in the future – limited community and mental health resources contribute to this increase
- Sub-committee states that the current facilities cannot accommodate the projected level of growth (hundreds of patients per year) without expansion and improvement
- 90% of cases are video hearings

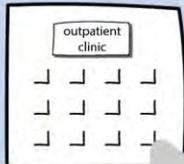
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outpatient clinical facilities



enhanced emergency & acute care services



supportive housing

ITA Court

Option 2: Expand space for the ITA Court at HMC (12,000sf) and make investments in video court infrastructure

Option 3: Invest in other behavioral health services to reduce the need for ITA court

TBD where a new space would be located

- Convenient access from area hospitals
- Convenient access to HMC inpatient psychiatric services
- Secure & dedicated garage, drop-off, and elevators

E Pioneer Square

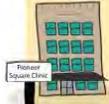
E

PIONEER SQUARE CLINIC (PSC)

E2
Remodel Pioneer Square Clinic

Remodel the current space for improved clinic services on the first 2 floors, administrative on the 3rd and community-based partnerships (e.g., outreach teams, police) on the 4th floor.

Upgrade the clinic to improve efficiency and patient care.



remodel current space



improved clinic services floors 1 & 2



administration 3rd floor



community based partnerships 4th floor

E3
Move Pioneer Square Clinic to a New Location in the Area

Purchase or lease a new space for the clinic in the Pioneer Square neighborhood.



E4
Close Pioneer Square Clinic & Move Operations to Hobson Place

Relocate current PSC services to a new, integrated primary / behavioral health care clinic on 22nd & Rainier Avenue that is under development by Harborview & Downtown Emergency Services (DESC).



E5
Move Operations to Hobson Place & Maintain a Downsized Clinic in the Current Location

Move part of PSC services & staff to Hobson Place.

Do minor renovations to the existing clinic to improve functionality.

Reduce PSC's hours of operations & focus on training medical residents.





reduced hours



training medical residents

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
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remodel current space



improved clinic services
floors 1 & 2

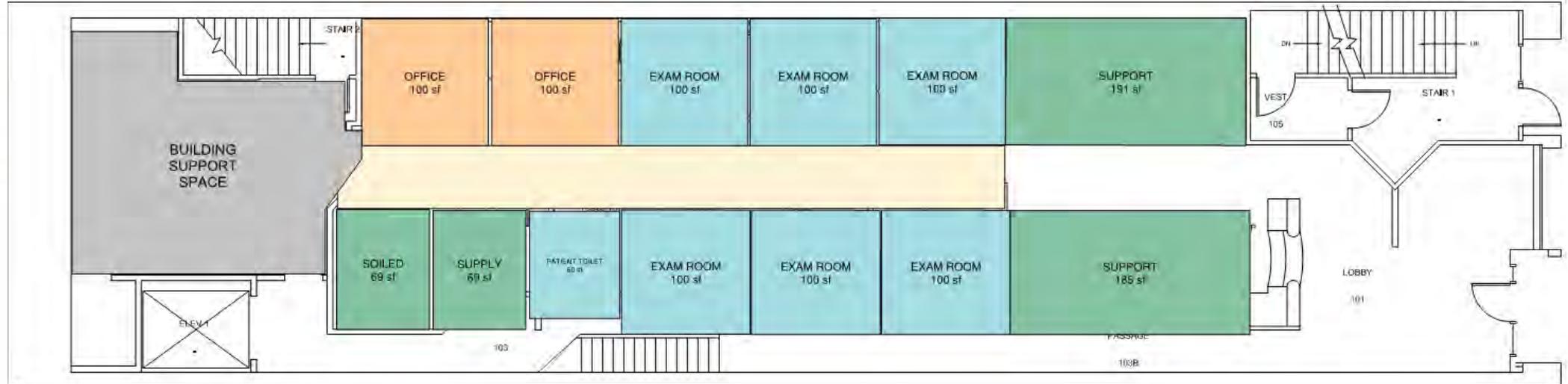


administration
3rd floor



community based partnerships
4th floor

Potential Pioneer Square Clinic Concept



PIONEER SQUARE FIRST FLOOR

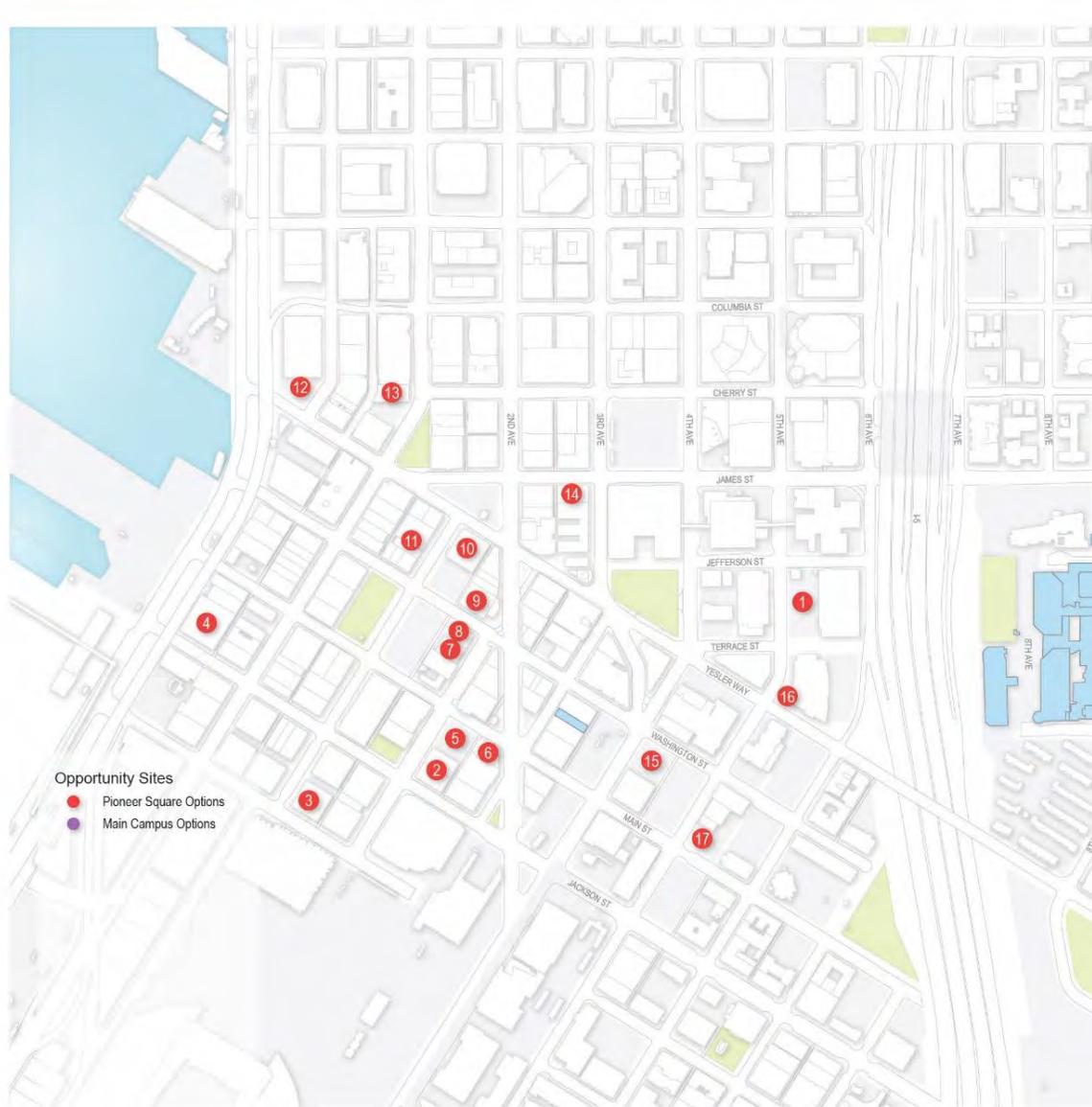
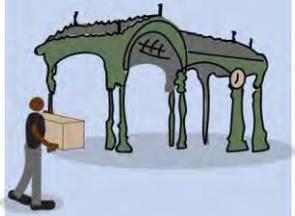
PIONEER SQUARE CLINIC
REV 8/25/17 C. VON LOSSOW

- Level 1 Clinic & Pharmacy
- Level 2 Clinic
- Level 3 Administrative
- Level 4 Community Outreach

E3

Move Pioneer Square Clinic to a New Location in the Area

Purchase or lease a new space for the clinic in the Pioneer Square neighborhood.



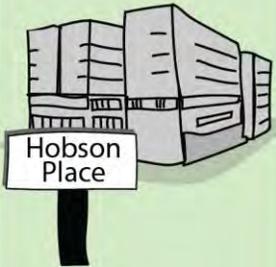
Alternative locations for PSC

- Available property in the area is generally too expensive for development

E4

Close Pioneer Square
Clinic & Move
Operations to
Hobson Place

Relocate current PSC
services to a new,
integrated primary
/ behavioral health
care clinic on 22nd
& Rainier Avenue
that is under
development by
Harborview &
Downtown
Emergency
Services
(DESC).



Move to Hobson Place

- Phasing or temporary option?
- Would Pioneer square population be underserved?
- Model for Permanent supportive housing, DESC/Harborview project



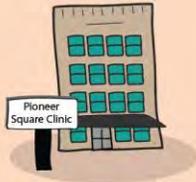
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Move Operations
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Move part of PSC services
& staff to Hobson Place.

Do minor renovations
to the existing
clinic to improve
functionality.

Reduce PSC's hours
of operations &
focus on training
medical residents.



reduced hours



training medical residents

Pioneer square building will need full renovations if anything is done

- Minor renovations are not a viable option

Is expanding services to two locations desirable?

- Hobson could serve as temporary facility for renovation of PSC

F Public Health

F PUBLIC HEALTH

F2

Enhance
Public Health Programs
on the Harborview Campus

Maintain, co-locate & enhance space for efficiency & growth for the following public health programs on Harborview's campus:

- HIV/STD clinic
- the King County Medical Examiner's Office
- the tuberculosis control program
- and the refugee health screening program.



Public Health
HIV/STD Clinic
King County Medical Examiner's Office
Tuberculosis Control
Refugee Health Screening

F3

Purchase a Building
to Maintain a Health
& Human Services Hub
Downtown

Purchase a building on the north end of downtown Seattle to house:

- adult & pediatric primary care
- dental
- support for children with special health care needs
- maternity support services
- Women, Infant & Children (WIC)
- expanded buprenorphine
- needle exchange
- pharmacy
- etc.



Public Health
adult primary care
pediatric primary care
dental care
support for children with special health care needs
maternity support services
WIC
expanded buprenorphine
needle exchange
pharmacy

Area 1: People Impact

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Public Health
HIV/STD Clinic
King County Medical Examiner's Office
Tuberculosis Control
Refugee Health Screening



Possible Locations for Public Health Programs

- Center Tower
- Harborview Hall
- Pioneer Square Clinic
- Ninth & Jefferson Building (NJB)
- West Clinic



F3

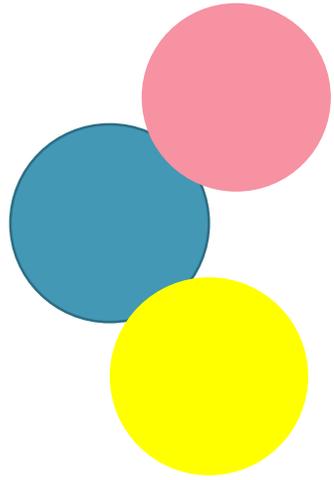
Purchase a Building to Maintain a Health & Human Services Hub Downtown

Purchase a building on the north end of downtown Seattle to house:

- adult & pediatric primary care
- dental
- support for children with special health care needs
- maternity support services
- Women, Infant & Children (WIC)
- expanded buprenorphine
- needle exchange
- pharmacy
- etc.

Requires a real estate market study to determine options





TIME

FOR

DOTS

G Next Steps

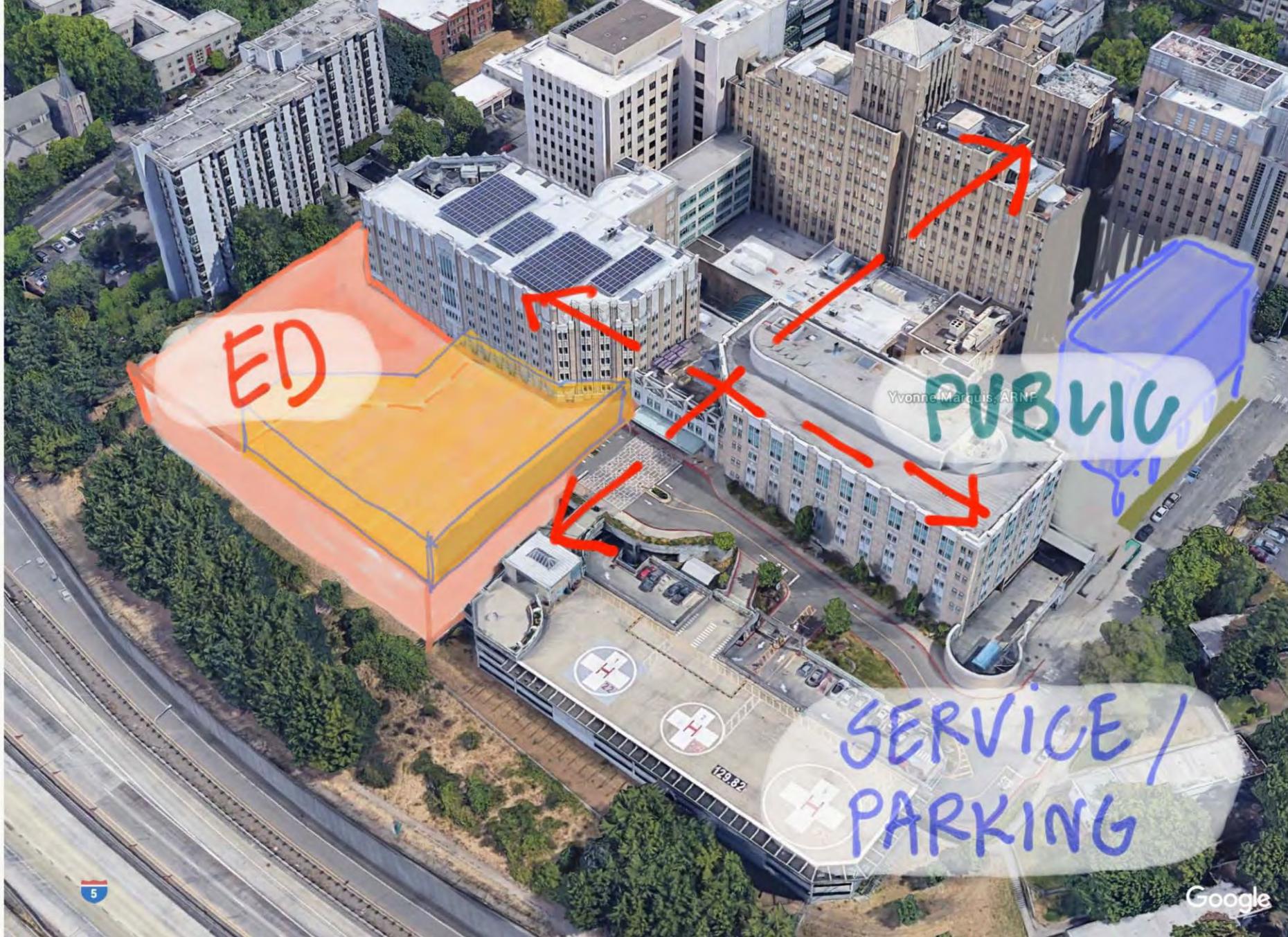


LOOP ROAD



Open Space
Harborview Medical Center
SEATTLE, WA





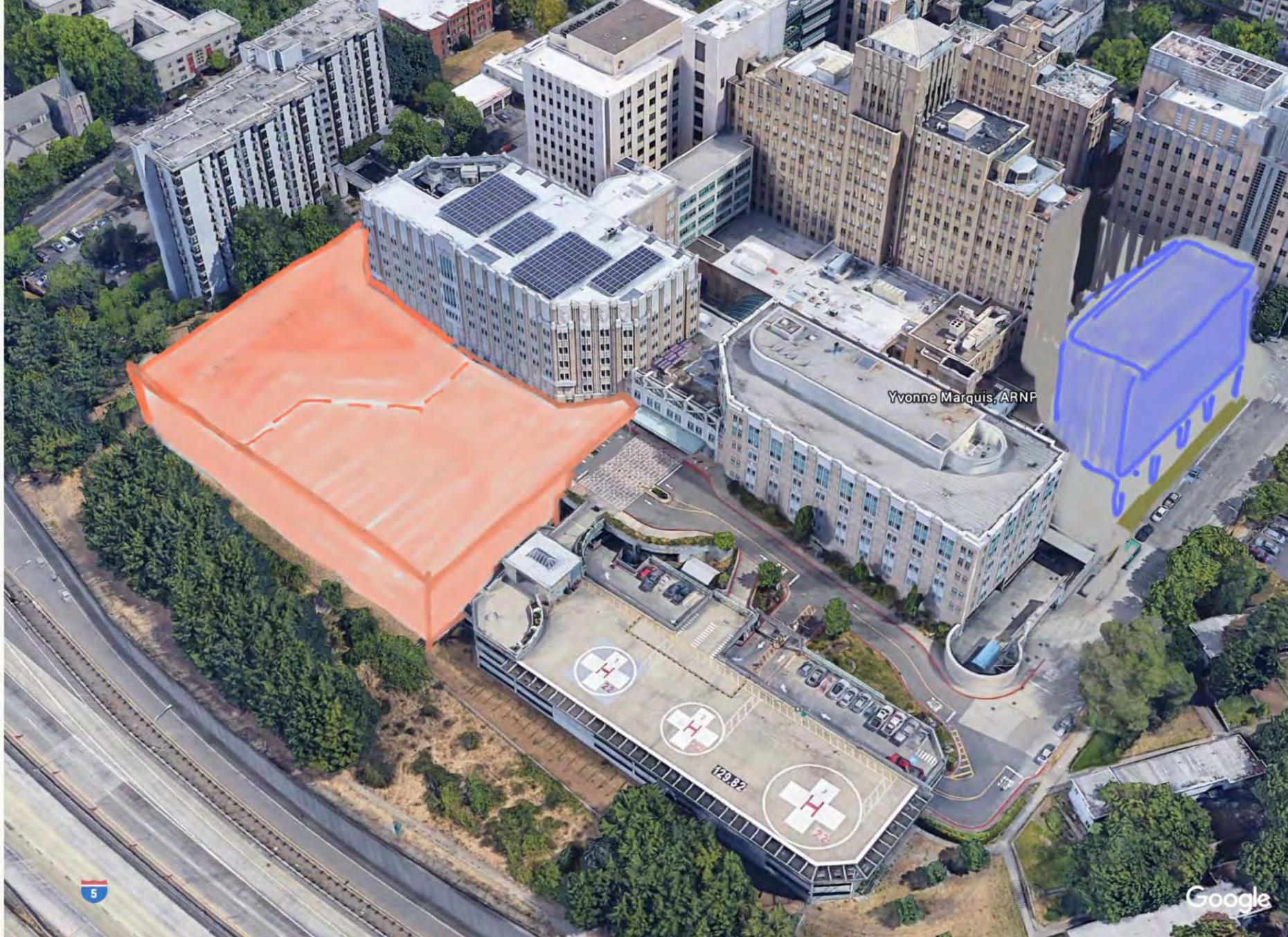
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Yvonne Marquis, ARNP

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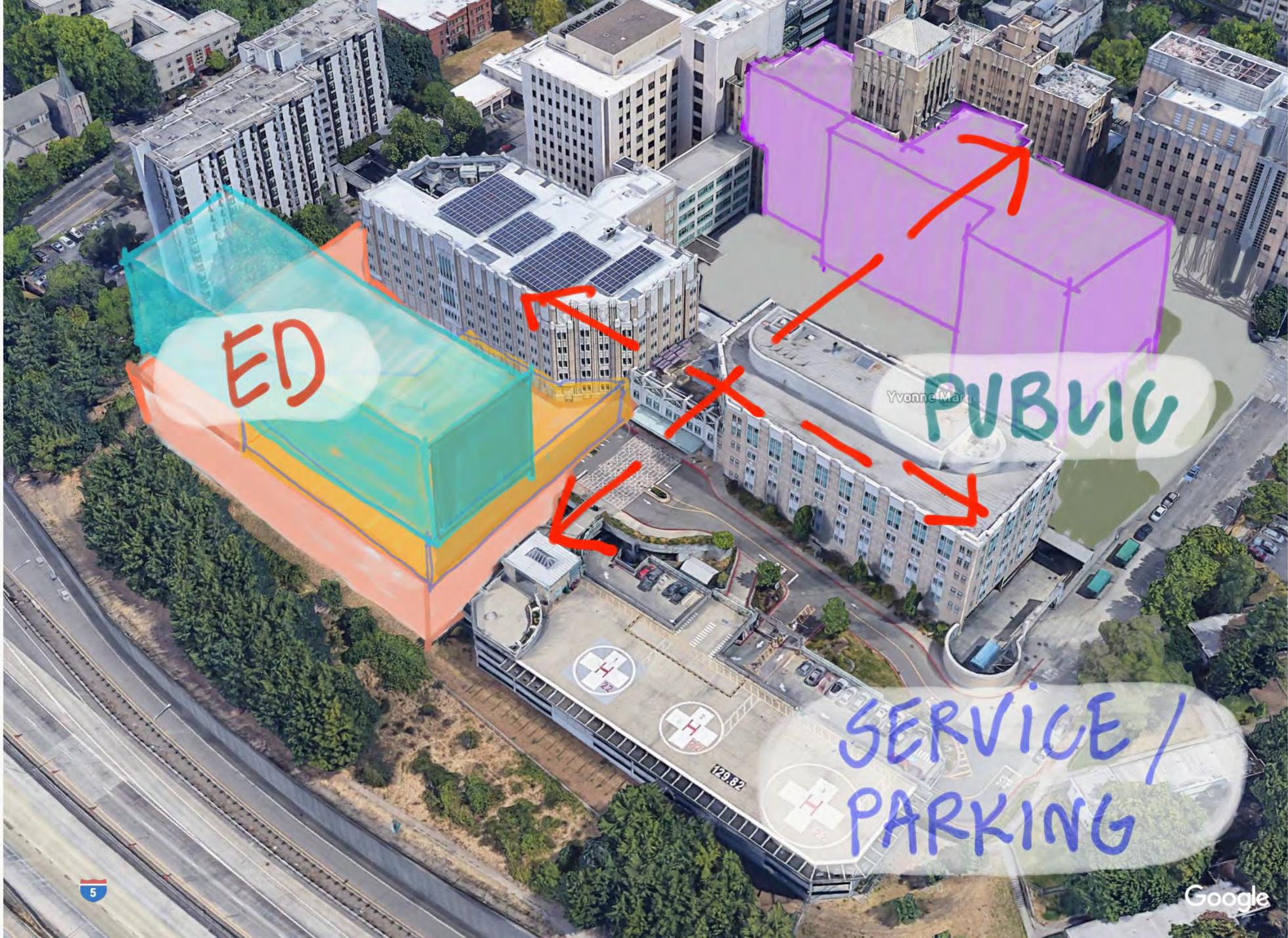
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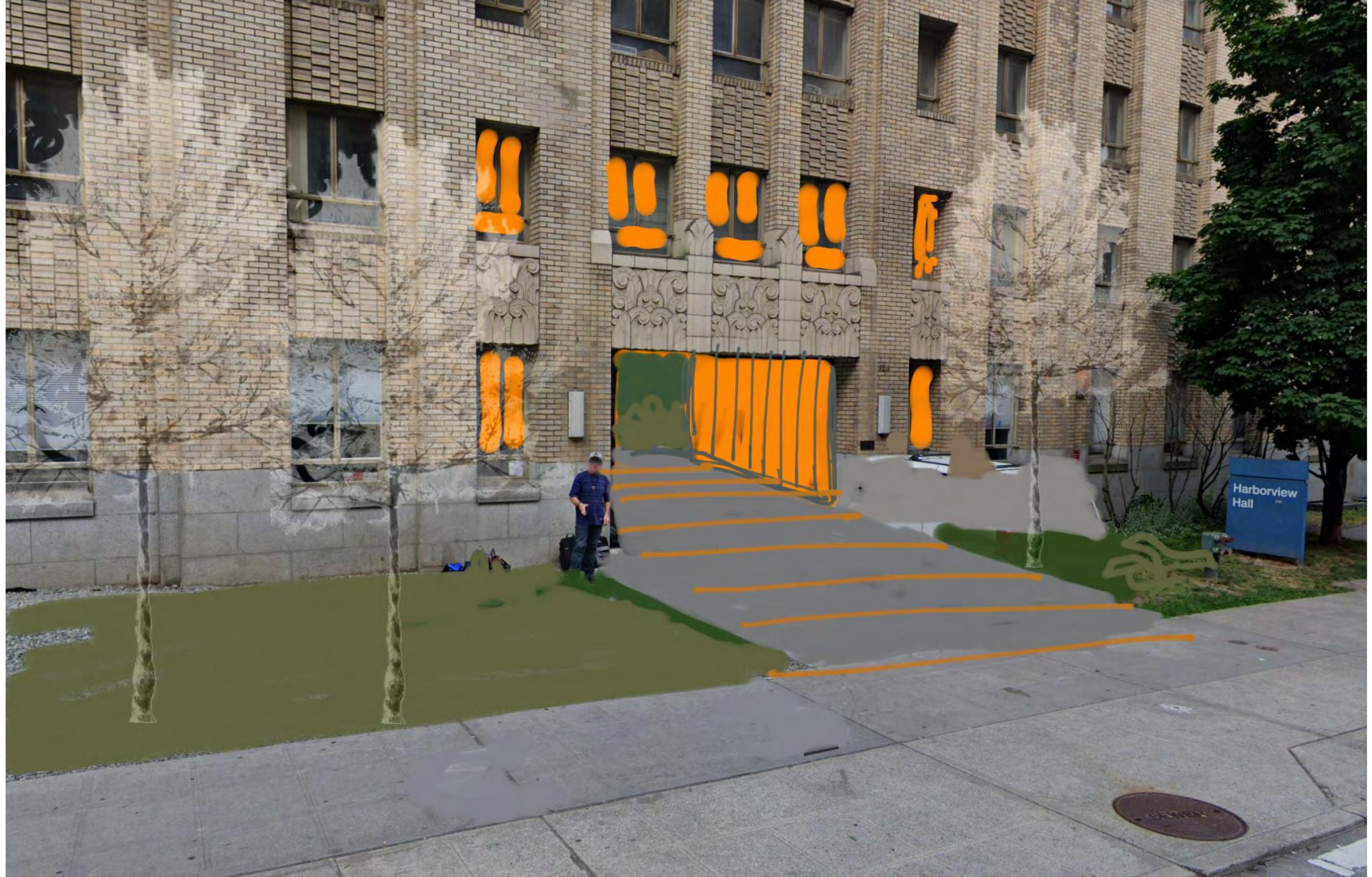
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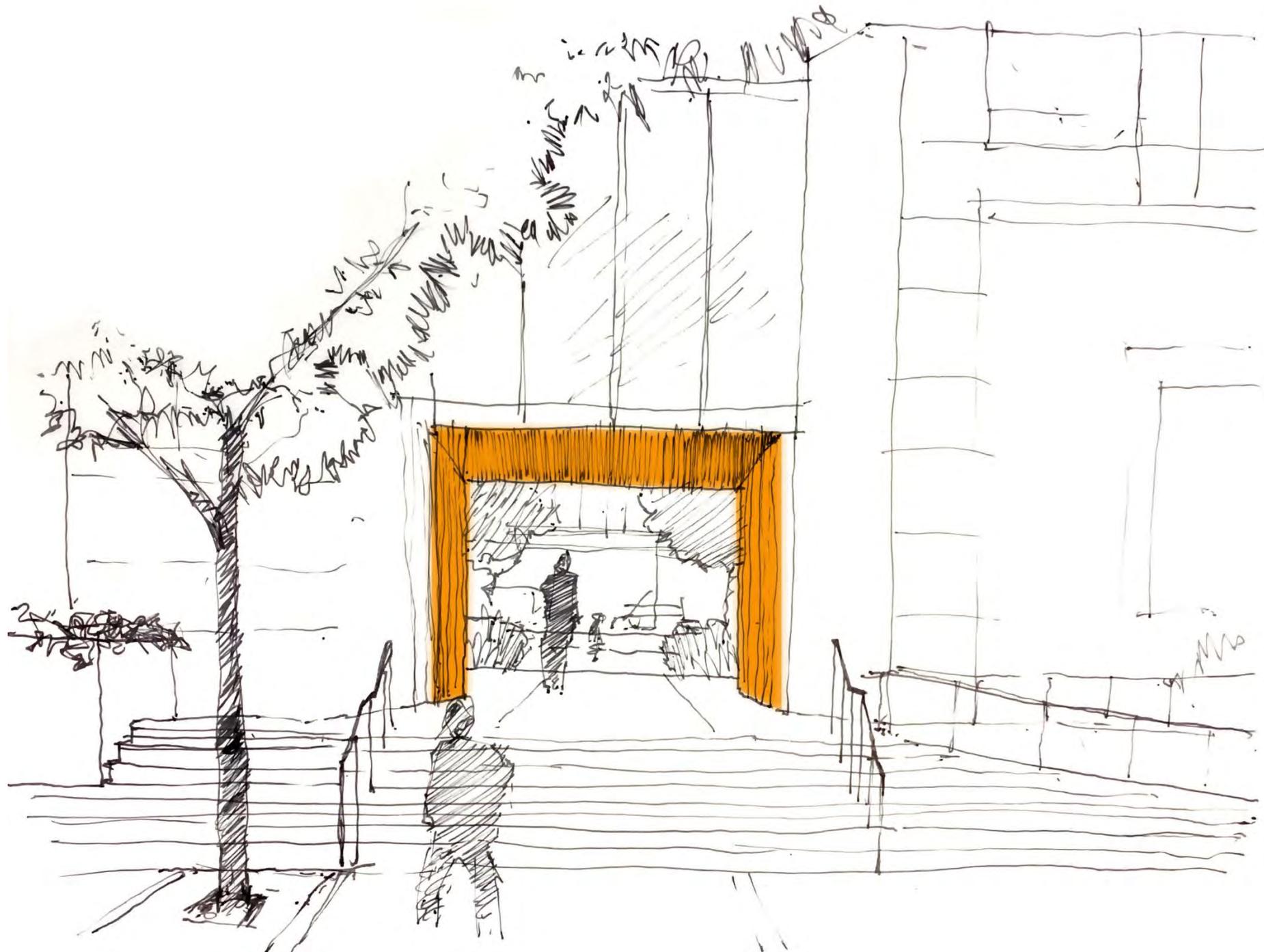
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Harborview
Hall





HDR

HARBORVIEW LEADERSHIP GROUP OPTIONS

A — HARBORVIEW MEDICAL CENTER

A2 Increase Bed Capacity & Modernize the Emergency Department

A3 Seismically Upgrade the Center Tower

A4 Demolish the East Clinic

A5 Renovate Harborview Hall

A2 Build a new view tower on Harborview's campus to provide 60 new acute care beds as well as shell floors for an additional 60 beds. Renovate 2 floors of the existing Maling Building to provide 40 new beds. Update the current Emergency Room to support a higher volume of patients and improve care (e.g., single rooms, privacy).

A3 Upgrade the existing Center Tower to meet current seismic standards and reclassify the building for business occupancy.

A4 Demolish the current East Clinic building because it does not meet seismic standards, is poorly suited for modern use or clinic space, and is disconnected from existing inpatient services and operating rooms. Consider other uses.

A5 Renovate and seismically upgrade Harborview Hall to either a residential or business occupancy rating. Maintain its historic character.

B — BEHAVIORAL HEALTH

B2 Expand Existing Facility / Space for 3 Prioritized Programs

B3 Expand Existing Facility / Space for 4 Additional Programs

B2 Renovate existing buildings and/or create new space to support the following 3 behavioral health programs:

- a crisis stabilization unit
- a partial hospital
- a step-up/step-down program
- expanded outpatient clinic space

B3 Renovate existing buildings and/or create new space to support the following additional behavioral health programs:

- forensic inpatient facility
- evidence-based practice training center
- a sobering center
- telepsychiatry services

C — HOUSING

C2 Increase Respite Capacity (Behavioral Health & Medical)

C3 Increase Permanent Supportive Housing (Behavioral Health & Medical)

C4 Increase Workforce / Affordable Housing

C5 Increase Shelter Capacity

C2 Add respite beds with an integrated medical and behavioral health respite program. Could include the layer-cake building that provides a combination of services.

C3 Add non-time limited affordable housing units with intensive supports for medical & behavioral health needs.

C4 Build long-term affordable housing units for Harborview staff, particularly those in the mid- to lower-salary ranges and / or for Harborview's mission population.

C5 Add additional shelter resources in the form of:

- emergency shelter (indoor sleeping space with some services)
- enhanced shelter (open 24 hours with more services)
- and / or a low-barrier 24/7 sleep & hygiene drop-in center.

D — INVOLUNTARY TREATMENT ACT COURT

D2 Enhance Space for the Involuntary Treatment Act Court (ITA) at Harborview & Add Video Infrastructure

D3 Invest in Involuntary Treatment Act (ITA) Court Related Behavioral Health Facilities

D2 Remodel, expand or identify new space at Harborview to expand ITA capacity by at least an additional 12,000 square feet. Invest in video hearing equipment at the ITA Court & various Evaluation & Treatment Centers.

D3 Invest in complementary facilities & services that mitigate behavioral health conditions leading to ITA Court referrals. These include:

- outpatient clinical facilities
- enhanced emergency & acute care services at Harborview and supportive housing.

E — PIONEER SQUARE CLINIC (PSC)

E2 Remodel Pioneer Square Clinic

E3 Move Pioneer Square Clinic to a New Location in the Area

E4 Close Pioneer Square Clinic & Move Operations to Hobson Place

E5 Move Operations to Hobson Place & Maintain a Downscaled Clinic in the Current Location

E2 Remodel the current space for improved clinic services on the 3rd & 4th floors, administrative on the 2nd and community-based partnerships (e.g., outreach team/policia) on the 4th floor. Upgrade the clinic to improve efficiency and patient care.

E3 Purchase or lease a new space for the clinic in the Pioneer Square neighborhood.

E4 Relocate current PSC services to a new, integrated primary / behavioral health care clinic on 22nd & Wainwright Avenue that is under development by Harborview & Downtown Emergency Services (DESC).

E5 Move part of PSC services & staff to Hobson Place. Do minor renovations to the existing clinic to improve functionality. Reduce PSC's hours of operations & focus on training medical residents.

F — PUBLIC HEALTH

F2 Enhance Public Health Programs on the Harborview Campus

F3 Purchase a Building to Maintain a Health & Human Services Hub Downtown

F2 Maintain, co-locate & enhance space for efficiency & growth for the following public health programs on Harborview's campus:

- HIV/STD clinic
- the King County Medical Examiner's Office
- the tuberculosis control program
- and the refugee health screening program.

F3 Purchase a building on the north end of downtown Seattle to house:

- adult & pediatric primary care
- dental
- support for children with special health care needs
- maternity support services
- Women, Infant & Children (WIC)
- expanded superepinephrine
- needle exchange
- pharmacy
- etc.