

## EXHIBIT 8

### DSHS Responses to Questions Raised by the City of Lakewood Western State Hospital Master Plan Update

March 11, 2022

#### ***Clarification on the location of the future forensic hospital.***

*The City of Lakewood has received information that the proposed location of the future forensic hospital is expected to change from what is currently proposed. Amending the site plan at a future date will require additional public notice and a public hearing. To avoid confusion generated by amending the document so soon after adoption, the City requires that the applicant amend the site plan to reflect the new proposed location. The revised site plan will be used when advertising the public hearing for the Master Facilities Plan. A “bubble map” depicting a general location, and basic structural dimensions and numbers of floors of the future hospital will satisfy this requirement.*

#### **DSHS Response:**

The location is still generally in the southwestern area of the site, in an area previously developed. The master plan document (Dec. 15, 2021 revision) has new diagrams throughout indicating the revised conceptual footprint and an outline of the general siting. See Figure 17 on Page 26 and the narrative under “Configuration Alternatives” on Page 29.

#### ***The City requires additional information pursuant to LMC 18A.40.060 B.2.f. Alternative Site Selection.***

*In considering this proposal, the City is required to examine the overall distribution of essential public facilities within greater Pierce County to avoid placing an undue burden on any one community. The current alternatives analysis is insufficient because it does not examine other sites within greater Pierce County, and the City does not have sufficient information to otherwise satisfy this criteria.*

*Therefore, the applicant is required to amend the existing alternative analysis to fully comply with the referenced code section. Please clarify the source and methods of the evaluation criteria. Identify Pierce County Countywide planning policies, Lakewood Comprehensive Plan policies, and Lakewood Municipal Code sections that have relevancy to alternative site locations. For each alternative site, identify service demands, mitigation, and financial and fiscal benefits.*

#### **DSHS Response:**

LMC 18A.40.060 B.2.f (Alternative Site Selection) provides the following direction for sites such as Western State Hospital. While the master plan calls for modernization rather than expansion *per se*, the intent of the requirement clearly applies to this situation.

*“Where a proposal involves expansion of an existing facility, the documentation shall indicate why relocation of the facility to another site would be infeasible.”*

As described in the Facility Siting section of the Master Plan document, Page 21, multiple factors contributed to the decision to maintain the facility at the current site.

- Continuity of services on the existing site campus with efficiencies in hospital administration, operations, and treatment
- Availability of existing infrastructure and supporting hospital services (dietary, pharmacy, commissary, laundry, maintenance, etc.)
- Availability of qualified staff living in close proximity to the existing hospital campus
- The projected replacement costs for infrastructure and supporting services on a new site

The evaluation of alternative sites in the Predesign Study exercise included a review of lands in Pierce County and Thurston County which were used as a basis for estimating likely replacement costs. See the footnote on Page 21.

Additionally, a legislative proviso attached to funding in the 2019 capital budget for the predesign of the new forensic hospital requires the new facility be located on the existing WSH campus. Specifically, Engrossed Substitute House Bill 1102, Section 2040 for *Western State Hospital: New Forensic Hospital (91000067)* includes proviso language that states, "The appropriation is provided solely for a predesign for a new forensic hospital on the existing campus."

***The City requires additional information pursuant to LMC 18A.40.060.B.2.g. Distribution of Essential Public Facilities.***

*The Lakewood Municipal Code requires that the City evaluate the overall distribution of essential public facilities within greater Pierce County to avoid placing an undue burden on any one community. Knowing that the long term goal is to transition civil commitments out of Western State Hospital and into an alternative facility, the City requires additional information about the proposed transition and its impact to the Lakewood Community and greater Pierce County. Please respond to the following questions:*

What is the criteria for transitioning a patient out of Western State Hospital and into an alternative residential setting?

- *What is the projected schedule to relocate Western State Hospital patients to other residential settings? Is the relocation process already underway?*
- *What happens if there are not sufficient facilities to relocate Western State Hospital patients?*
- *In the last three-years, 2019 through 2021, how many former Western State Hospital patients transitioned into alternative treatment facilities, including essential service facilities and/or adult family homes in the City of Lakewood?*
- *Likewise, in the last three-years, 2019 through 2021, how many former Western State Hospital patients transitioned into alternative treatment facilities, including essential service facilities and/or adult family homes in incorporated Pierce County cities (minus Lakewood), and unincorporated Pierce County?*

**- DSHS Response:**

Criteria for transitioning a patient out of Western State Hospital and into an alternative residential setting

We have added Appendix 7 “Patient Release Procedures” to the master plan document. See Page A7-1 (page 450/474 in the overall document).

WSH discharges civil commitment patients after completion of treatment and development of a thorough discharge plan.

- Discharge planning occurs between the patient, their identified support system, the treatment team, other state agencies and administrations, and community partners.
- Reviews of the patient’s case history, current functioning and clinical assessments inform the level of services recommended for a successful discharge and transition back into the community.
- Discharge plans may include 1) a setting or location, 2) medical care follow-up or appointments, 3) psychiatric medication management, 4) outpatient mental health services, 5) substance abuse treatment and/or other services supports needed to successfully transition to the community.
- At times, the patient may be referred to a needed resource, even if it is not in the county where they lived prior to admission.
- A packet of information about the patient’s situation is provided to any facility considering providing care or housing. Any facility may decline a referral for any reason.
- The patient (and/or their legal guardian) has the right to accept or decline any placement or setting for any reason. The patient also has the right to select the city where they would like to live – even if it is not the locality where they lived prior to admission.

WSH provides forensic services for 1) individuals entering the system due to criminal charges when the court has ordered a competency evaluation and, in some cases, competency restoration and 2) individuals Not Guilty by Reason of Insanity (NGRI).

- When, following a competency evaluation, hospital staff determine that a person is competent to stand trial, that person is returned to jail to complete the legal process. DSHS has no further control over this process.
- When, following a competency evaluation, hospital staff determine that a person’s competency cannot be restored, the court may dismiss their charges and order DSHS to perform an evaluation for involuntary psychiatric treatment.
  - If hospital staff finds that an individual meets the criteria for involuntary treatment, that person transfers into a civil treatment program. Upon completion of treatment, he/she would go through the civil discharge process described above.
  - Any person not meeting the criteria for involuntary commitment must be released to the community. DSHS may not detain anyone not meeting the criteria for involuntary treatment, though DSHS makes a diligent effort to connect them to resources in the community to assist with their transition.
- People within the Not Guilty by Reason of Insanity program receive similar discharge planning efforts as does the civil population.
  - The court decides when NGRI patients are released back into the community.
  - These discharges receive additional oversight including 1) a Risk Review Board, 2) the Public Safety Review Panel, and 3) a BHA Assistant Secretary review that occurs as the person progresses through the program.

- This is a conditional release where DSHS continues to monitor these cases as part of a transition team. Unless omitted by the court a specially trained Department of Corrections Community Corrections Officers and a representative from a behavioral health agency are assigned as the other transition team members. DSHS may initiate a recommendation to the court for additional hospital treatment if they are not meeting the conditions of their release.

Projected schedule to relocate Western State Hospital patients to other residential settings

DSHS received legislative direction in the 2021-23 to close six civil wards. That reduction in census is underway. On this track, South Hall (Building 21) will be vacated in early 2023 prior to the demolition necessary to clear the site for construction of the new hospital. Additional civil census reductions are anticipated in the 2023-25 Biennium as the hospital significantly reduces the number of new civil admissions.

All discharges will follow the civil discharge planning guidelines listed above. The Health Care Authority (HCA), not DSHS, is responsible for community behavioral health services, but works closely with DSHS to ensure patients are connected with those services at the time of discharge. HCA is working diligently to increase community bed capacity through contracted services in a variety of settings across the state. The Washington State Department of Commerce (COM) has also received significant funding in the form of capital grants to increase contracted bed capacity.

Disposition of former Western State Hospital patients transitioned into alternative treatment facilities

Patient confidentiality protections prevent DSHS from providing specific discharge locations for groups of less than 11 patients. Therefore, the following discharge numbers are summarized for Pierce County rather than detailed out by specific jurisdiction.

**Civil Discharges** from 8/1/18 through 8/31/20 = 25 months

- 828 total discharges across Western Washington = 22.4people/month
- 229 discharges to Pierce County = 9.2 people/month
- Of those 229 discharges, 128 people originated from Pierce County = 56%

<u>Discharge Setting</u>	<u>Pierce County Resident</u>	<u>Out-of-County Resident</u>	<u>Total Discharges</u>	<u>Discharges Per Year</u>
Adult Family Home	32	24	56	26.9
ARTF* (Group Home)	25	11	36	17.3
Assisted Living/EARC*	11	30	41	19.7
Clean and Sober	6	2	8	3.8
DDA Placement	5	4	9	4.3
Family/Friend’s Home	14	6	20	9.6
Hospital/Hospice	0	1	1	0.5
Independent	19	7	26	12.5
Inpatient SUD*	1	0	1	0.5
Jail	2	1	3	1.4
Skilled Nursing Facility	10	12	22	10.6
Supported Housing - GOSH	3	3	6	2.9
TOTALS	128	101	229	110.1

\* ARTF = Adult Residential Treatment Facility, EARC = Enhanced Adult Residential Care, SUD = Substance Use Disorder

**Forensic Discharges** from 1/1/18 through 8/31/21 = 44 months

- Competency Restoration: 1,197 people returned to jail including 277 people originating from Pierce County = 23%
- Competency Restoration: 31 people discharged to Pierce County = 8.4 people/year

<u>Discharge Setting</u>	<u>Pierce County Resident</u>	<u>Out-of-County Resident</u>	<u>Total Discharges</u>	<u>Discharges Per Year</u>
Crisis Residential Center	1	0	1	0.3
ARTF* (Group Home)	1	0	1	0.3
Clean and Sober	0	1	1	0.3
Family/Friend's Home	7	0	7	1.9
Hospital/Hospice	1	1	2	0.5
Independent	1	0	1	0.3
Own Home	14	0	14	3.8
Supported Housing	1	0	1	0.3
Other	2	1	3	0.8
TOTALS	28	3	31	8.4

\* ARTF = Adult Residential Treatment Facility

- Not Guilty by Reason of Insanity: 16 people discharged to Pierce County = 4.4 people/year

<u>Discharge Setting</u>	<u>Pierce County Resident</u>	<u>Out-of-County Resident</u>	<u>Total Discharges</u>	<u>Discharges Per Year</u>
ARTF* (Group Home)	1	0	1	0.3
Assisted Living/EARC*	1	0	1	0.3
Skilled Nursing Facility	1	0	1	0.3
Clean and Sober	1	3	4	1.1
Family/Friend's Home	1	2	3	0.8
Own Home	3	2	5	1.4
DDA Housing	0	1	1	0.3
TOTALS	8	8	16	4.4

\* ARTF = Adult Residential Treatment Facility, EARC = Enhanced Adult Residential Care

When accounting for both civil and forensic discharges, WSH discharges, on average, 123 people per year to a variety of community placements in Pierce County. Of these 123 people, on average, 42% were admitted to WSH from counties outside Pierce County. As noted above, this disproportionately high number can be attributed to the richer supply of placement options in Pierce County not available elsewhere in Western Washington.

A separate attachment includes behavioral health vendors and providers in Pierce County as listed the Department of Health website.

**Public Services**

*The SEPA Checklist does not indicate the basis for the determination that there will be no increase in demand for emergency services. While it appears the facility will have its own on-site security, what level of security is planned? Will such on-site security also include fire and emergency medical services? If not, what plans are there to provide fire and medical emergency services?*

**DSHS Response:**

Security services generally correlate to number of patients. Given that the bed count and patient count are not changing significantly, the impact on security is not expected to change significantly. The revised (Dec. 15, 2021) master plan document provides additional information on the security

of the campus facilities. See the narrative on Page 41 and Figure 24 on Page 42.

With appropriations provided by the legislature, DSHS contracts with the City of Lakewood for police services through the Lakewood Policing Agreement. The agreement intends to fund the salaries, benefits, supplies, and equipment for 1.0 FTE investigator, 0.75 FTE police officer, and 0.5 FTE community services officer. The current agreement allows for up to \$311,000 in Fiscal Year 2022 and up to \$310,000 in Fiscal Year 2023. Additionally, DSHS contracts with the City of Lakewood for 911 services for \$45,000 in Fiscal Year 2022 and \$45,000 for Fiscal Year 2023. These contracts may be amended as circumstances and security demands change for police response and investigative services.

DSHS contracts with the Pierce County Fire District #3 (West Pierce Fire and Rescue) annually for 1) fire protection and suppression services for all lands, equipment, and buildings, 2) emergency medical services for patients, staff, and visitors at WSH and CSTC, 3) weekly inspections at WSH and CSTC, 4) debriefing on significant fire or aid incidents, and 5) required written reports. The value of this contract for Fiscal Year 2022 is \$281,112.

### **Cultural Resources**

*The referenced studies in the SEPA checklist are at least 10 years old. Have the studies been reviewed by DAHP (Washington State Department of Archeology and Historic Preservation) and tribes?*

- *Western State Hospital Cultural Landscape Assessment (Artifacts Architectural Consulting, 2008)*
- *Western State Hospital Cultural Management Plan (Artifacts Architectural Consulting, 2011)*

### **DSHS Response:**

The contents of both reports are still appropriate, as they address facilities that pre-date the reports. The tribes were invited to consult and DAHP participated in preparing and reviewing the content of the reports.

DSHS briefed DAHP on new projects in the DSHS Ten Year Capital Plan in September 2020. In the summer of 2021, we notified affected tribes of capital projects funded in the 2021-23 biennium and responded to inquiries from the tribes.

We will invite consultation and review from the DAHP and the tribes as new projects included in the Master Plan move through the design and construction phases. DSHS prepares Inadvertent Discovery Plans for ground disturbing activities in sensitive areas and the tribes frequently observe excavation activities. DSHS provides notice to DAHP through their WISAARD system for any proposed ground disturbing activities or modifications to structures 50+ years old.

### **Disc Golf**

*The City has recently been made aware that the existing open space land north of the hospital campus is in the process of being leased to a new entity for disc golf. Would this proposed lease grant access to disc golf members and exclude/restrict public access? One "no trespass" sign has been placed on the property. Someone is mowing the grounds. Many pink marking flags have been installed throughout the site. The City has already received several inquiries from area residents. Please update the master plan to provide information regarding access to the open space areas immediately adjacent to Western State Hospital.*

**DSHS Response:**

DSHS entered into a land lease with Pierce County on 1/1/1980 for the site of the Fort Steilacoom Golf Course in the northwest corner of the DSHS property. This lease also included the Disc Golf Course located north of the baseball field and north of the Child Study and Treatment Center (CSTC). DSHS and the County entered into a new lease on 11/20/2002 which excluded the property north of CSTC. The County subsequently terminated its golf course leases with DSHS on 10/1/2018. If Pierce County had a sublease with any disc golf association, that arrangement with the County would have also ended on 10/1/2018.

DSHS entered into a short-term lease with the Pierce County Disc Golf Association (PCDGA) in the spring of 2021 allowing for continued use of the disc golf course north of CSTC with the intent of negotiating a long-term lease to relocate the disc golf course to the former Fort Steilacoom Golf Course.

The Master Plan allows for a Disc Golf Course on the WSH campus. See Page 39. DSHS has offered a four-year lease to the PCDGA for the property formerly operated as the Fort Steilacoom Golf Course and north of the baseball field. This action relocates disc golf play from DSHS property zoned “Public Institution” to property more appropriately zoned “Open Space and Recreation.” DSHS forwarded a lease to the Disc Club on 7/20/2021. On 2/11/22, the PCDGA advised DSHS they had received both their nonprofit status and their business license. DSHS hopes to have a signed lease in place before 3/31/22.

Though not a requirement of the lease, DSHS has asked the PCDGA to consider an associate membership or similar consideration to allow public access to the golf course for passive recreation. Ultimately, the PCDGA will control access to the property and the decision will be theirs.

Other areas of the WSH campus, specifically the oak groves north of CSTC, remain accessible to the general public for passive recreation – so long as such activities do not interfere with hospital operations.