



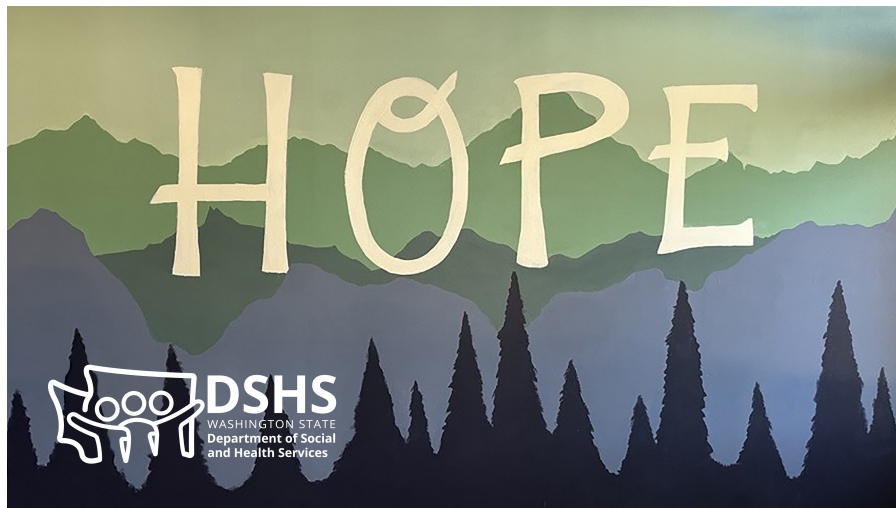
REPORT TO THE LEGISLATURE

Lake Burien Transitional Care Facility

ESSB 5950 Sec. 203 (1)(n)(v)

November 1, 2024

Developmental Disabilities Administration
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Mural at Lake Burien Transitional Care Facility

Contents

Executive Summary	2
Background.....	2
Statewide Collaboration.....	2
Program Design and Philosophy.....	3
Access to Education	5
Program Regulatory Oversight	5
Staffing Model	6
Implementation Requirement.....	6
Quality Assurance and Training	7
Community Connections.....	8
Access to Services through Application and Referral.....	8
Financing Opportunities	8
Recommendations	8
Conclusion.....	9

Executive Summary

In 2024, the Supplemental Operating Budget, Engrossed Substitute Senate Bill 5950, Section 203 (1)(nn) authorized the Department of Social and Health Services Developmental Disabilities Administration to open and operate a unique treatment center.

This facility:

- Serves youth ages 13 – 17 with complex developmental or intellectual disabilities.
- Specializes in autism spectrum disorder, mental health or substance use diagnosis.
- Provides intensive behavioral supports and behavioral health services.
- Serves those who choose to participate.
- Focuses on a safe return to a community-based setting.
- Has space for 12 participants at a time.
- Operates in a space secured by staff.

Services are provided at a property in Burien, leased from MultiCare by DSHS.

Background

Washington state does not have appropriate supports for those between the ages of 13-17, who have complex intellectual and developmental disabilities, autism spectrum disorder and who may also have a mental health or substance use diagnosis.

Serving youth with intellectual and developmental disabilities and complex co-occurring disorders in today's environment is a challenge. Their needs are diverse, just like their ethnicities, traditions, genders and family structures. Washington and each agency that offers support must redefine how we serve these clients and families. We must meet them where they are and understand their needs in a person-centered way. Our clients and families can be described as multi-ethnic, gender diverse, multi-generational, multi-dimensional and dynamic. Therefore, we must redefine how we will serve these clients and families and support their greatest need. We must create holistic programs that respond to each individual need with a diverse, well-trained and knowledgeable disorders.

Statewide Collaboration

Under ESSB5950 Section 203(1)(nn)(a and b), the legislature directed us to collaborate with state agencies as outlined below:

- “The Department of Social and Health Services shall collaborate with the Department of Children, Youth, and Families to identify youth for placement in this setting and regarding appropriate discharge options with a focus on less restrictive community-based settings. Youth shall enter the facility only by their own consent or the consent of their guardian.”

- “The Department and Health Care Authority shall collaborate in the identification and evaluation of strategies to obtain federal matching funding opportunities, specifically focusing on innovative Medicaid framework adjustments and the consideration of necessary state plan amendments. This collaborative effort aims not only to enhance the funding available for the operation of the facility but also to maintain adherence to its fundamental objective of offering voluntary, transitional services. These services are designed to facilitate the transition of youth to community-based settings that are less restrictive, aligning with the facility’s commitment to supporting youth with complex needs in a manner that encourages their movement toward independence.”

Program Design and Philosophy

The Lake Burien Transitional Care Facility, known as LBTCF, supports youth in crisis who have I/DD, autism and challenging behavior support needs, which are often compounded by psychosocial adversity impacting not only the youth but the entire family or primary caretakers.

LBTCF offers specialized treatment that aligns with their core values of:

- Inclusion and acceptance.
- Person-centered care.
- Trauma-informed care.
- Empowerment and autonomy.
- Family and caregiver involvement.
- Collaboration and partnerships.
- Continuous learning and growth.
- Compassion and empathy.
- Resilience and hope.

LBTCF is committed to providing high-quality care that respects the rights, autonomy and dignity of all youth. This includes people with intellectual and developmental disabilities who might not communicate verbally. We recognize that all youth have the right to make informed choices and participate in decision making processes that affect their lives. Youth have the right to:

- Equal treatment.
- Protection from abuse.
- The necessities of life.
- Freedom of expression.
- Medical and dental care.
- Religious freedom.
- Education and recreation.
- Program participation.



- Access to communication.
- Report concerns.
- Receive visitors.
- Informed consent and confidentiality.

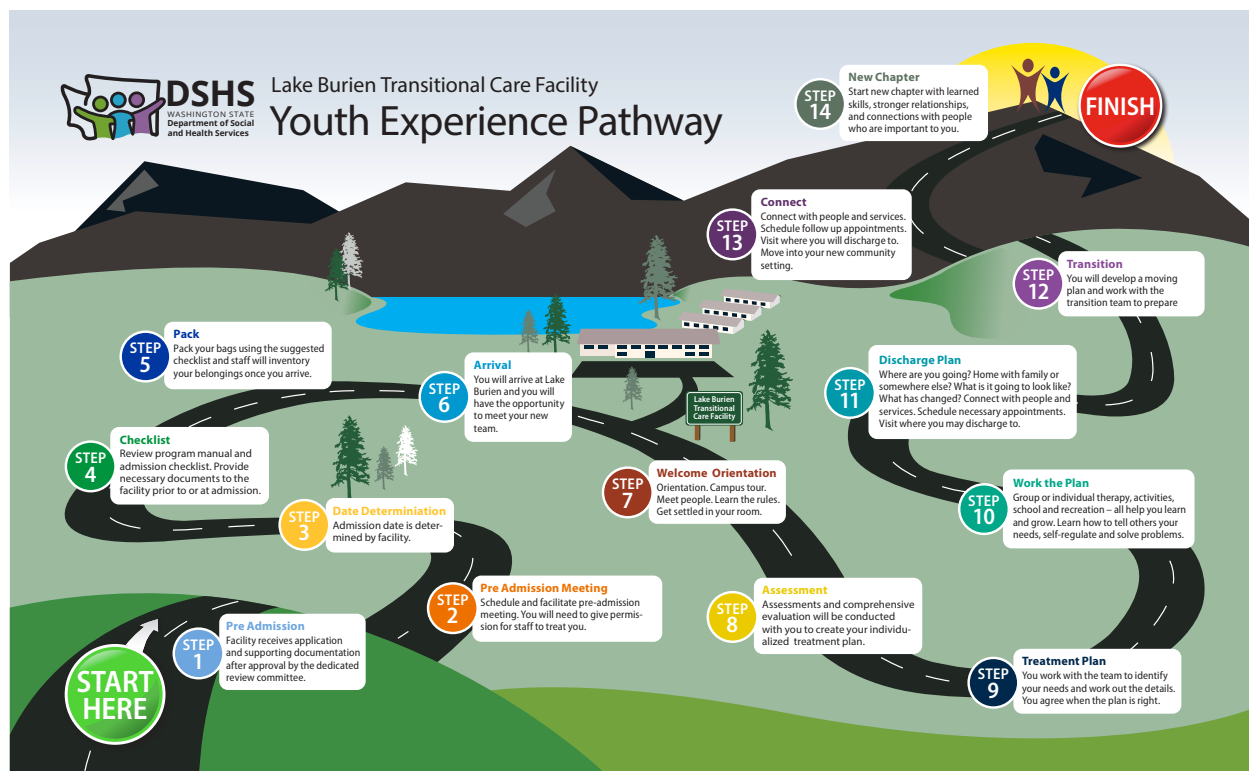
The programs at LBTCF are based on Positive Behavior Support. PBS is a holistic approach to address a youth's physical, mental and behavioral health along with their social functioning, educational achievement and their relationships with family and community. PBS uses spaces and interactions that enrich the youth's experience. The program experiences support with the fewest restrictions possible.

While PBS is the foundation, LBTCF integrates each youth's abilities, needs and preferences into the youth's therapies and treatment plan. The treatment team includes the youth and their representative. The team will identify treatment goals and therapies that may include:

- Applied behavior analysis.
- Direct instruction.
- Functional education.
- Mastery learning.
- Functional literacy.
- Motivational interviewing.
- Dialectical behavioral therapy.
- Cognitive behavioral therapy.
- Trauma informed cognitive behavioral therapy.
- Family therapy.
- Family support with parent-child interaction therapy.
- Matching parenting techniques with developmental needs.
- Relationship restoration activities.

Trauma Informed practices emphasize the youth's power and choice to work together with the treatment team, help the youth function within community, school, family and facility settings while promoting the youth's dignity and respecting their rights.

The facility incorporates techniques from many fields to accomplish change, teach skills, and improve the youth's quality of life, their physical health, mental health, social functioning, ability to learn and their relationships with others to promote community integration. The goal is to assist the youth in transitioning to their home with family or a community-based setting.



Access to Education

Our LBTCF team partnered with the local school district, Highline Public Schools. The district will provide free and appropriate public education services to the youth served at LBTCF. We wrote a policy to make sure each participating youth will have timely and continuous education in their least restrictive environment. The policy sets procedures to support early and regular coordination, starting prior to admission, continuing throughout a youth's stay and in preparation for discharge.

We have a memo of understanding describing how to support a youth's education whether that takes place in the local school or at LBTCF. Staff at Lake Burien work closely with an individualized education program team (which includes parents or guardians) to coordinate services such as communication supports, assistive technology, and mental and behavioral health care.

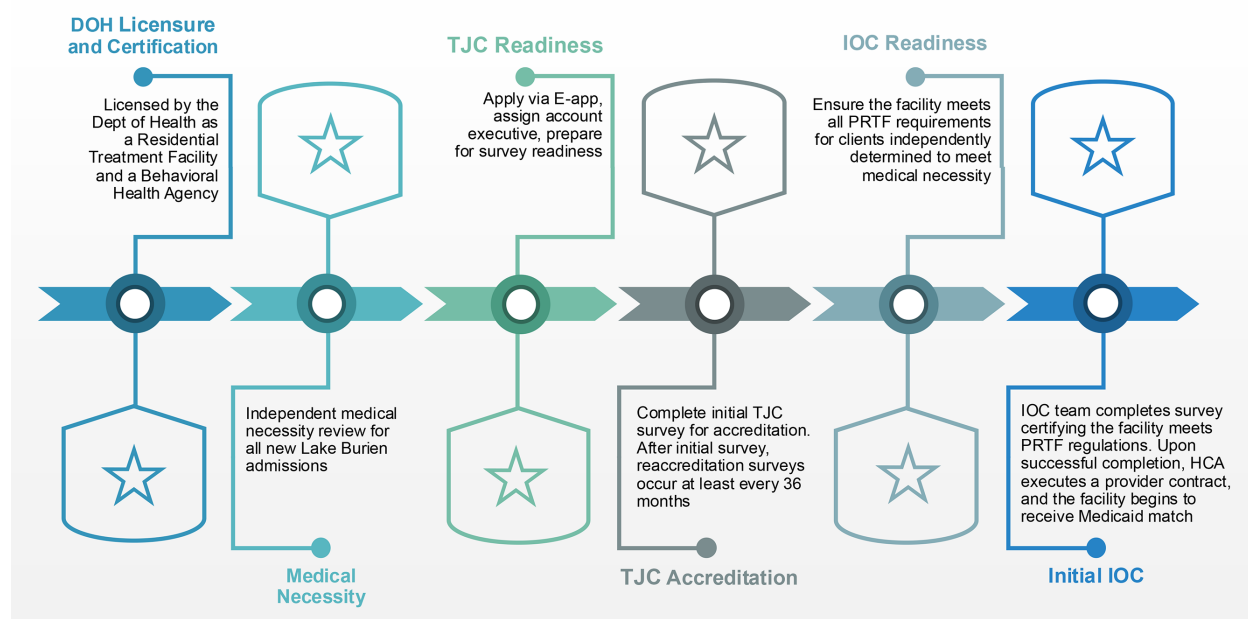
Program Regulatory Oversight

The LBTCF is in the process of seeking licensure from the Department of Health as a Residential Treatment Facility and a behavioral health agency. Concurrently, the team is partnering with Health Care Authority as Washington state's Medicaid agency to develop a pathway for federal matching funds. This will likely include oversight by Health Care Authority to contract as a psychiatric residential treatment facility through an initial and subsequent annual inspection of care evaluation. LBTCF will also seek accreditation as a behavioral health care entity from the Joint Commission to evaluate and ensure standard compliance. As the agency will be serving youth under the age of

18, investigations of abuse and neglect allegations will occur by the Department of Children, Youth, and Families under a mutual service level agreement between DSHS DDA and DCYF.

We have policies and procedures for the referral and admission process, admission, access to education, medication management, informed consent, positive behavior support, advanced directives, incident reporting, client rights, quality and performance improvement and discharge.

Lake Burien Pathway to Medicaid Match



Staffing Model

The LBTCF provides licensed professionals to provide clinical and habilitative oversight. Direct supervision of youth is staffed by DSHS psychiatric childcare counselors. These staff must keep a license through the Department of Health. Staff-to-client ratio is robust and comprehensive, based on individual need. The clinical team consists of a licensed child psychologist, speech pathologist, occupational therapist, psychology associate, psychiatric social worker and recreational therapist. The LBTCF's medical department includes an executive medical director, child psychiatrist, psychiatric Advanced Registered Nurse Practitioner, clinical pharmacist and nursing staff.

Implementation Requirements

In alignment with the Department of Health Washington Administrative Code and the compliance standards required by the Joint Commission to obtain federal accreditation, we developed policies and procedures using applicable local and state rules and applicable state and federal statutes and regulations.

Upgrades to the LBTCF campus include ADA compliant sidewalks, new flooring, wall finishes and updates to anti-ligature safety equipment and fixtures. We updated electrical circuits, added backup generators, low-voltage cabling and installed a radio frequency identification access card system compatible with the DSHS enterprise building access system.

The LBTCF received the required Drug Enforcement Agency license and wrote a policy to supply medications using an overnight shipping service from a nearby Residential Habilitation Center. Emergency medications are available from onsite back-up stock, or a pharmacy near the LBTCF. The policy and process fulfill regulatory requirements found in Washington Administrative Codes regarding residential treatment facilities, healthcare entity licensure, and Department of Ecology pharmaceutical waste disposal.

We contracted with a local community center to provide parking for the facility. The LBTCF purchased furniture and decor that supports a therapeutic and safe space. We got age-appropriate classroom furniture and materials through the Highline School District.

Some of the youth coming to LBTCF will communicate in non-verbal ways. To help them communicate, we made major investments in assistive communication technology.

The LBTCF staff have researched innovative activities for on-campus recreation as well as community engagement opportunities.

Quality Assurance and Training

We used guidance from the Joint Commission's requirements to create a roadmap of quality compliance and performance measures. An electronic health record system will make client record keeping, incident management, medication management and standardized assessments more efficient and secure.

The LBTCF offers employee training and development to stay in line with regulations and DSHS DDA facility best practices. We designed our curriculum after the National Association of Dual Diagnosis modules. We expect this to promote leadership in continuous learning, policy and advocacy for mental health practices that promote a quality life for individuals with intellectual and developmental disabilities and co-occurring mental health conditions.

Employee orientation includes training in things like:

- Ukeru (a crisis intervention program).
- Therapeutic options.
- Free and appropriate access to education.
- Substance use and mental health disorders.
- First aid and CPR.
- Client rights.

Community Connections

We partnered with local city officials, the Lake Burien neighborhood association, local merchants and community centers and Seattle Children’s Hospital. The LBTCF executive team meets with MultiCare, as the owner of the property, to share concerns and updates about the campus and its programs. We also contracted with specialized providers for consultation and training services related to supporting this specialized population.

Access to Services through Application and Referral

We began reviewing referrals on July 24, 2024. Training for both community members and DSHS DDA staff was provided two days a week for six weeks. To review applications, we made a committee with members from DSHS DDA, DCYF, DSHS Behavioral Health Administration and families of participants. This team meets weekly to determine each referral meets the following:

- Will the youth likely benefit from the treatment provided due to their complex developmental disabilities, intellectual disabilities and behavioral health needs?
- Does the youth meet eligibility criteria?
- Are less restrictive services inadequate or unavailable in the youth’s community?
- Does the youth’s condition need specialized treatment under the direction of a physician?
- Will specialized treatment improve the youth’s condition until treatment is no longer needed?

Applications reviewed by the dedicated review committee are comprehensive and include records of the youth’s inpatient and outpatient treatment, any out- of-home placements, school history and any other services the youth may have received.

Financing Opportunities

We have researched multiple funding pathways to access Medicaid matching funds in partnership with the Health Care Authority including investigating what is available under Washington’s Medicaid state plan, other state and federal initiatives, and exploring the feasibility of a state plan amendment.

Recommendations

We ask the Legislature to consider funding 12 additional beds to increase the number of youths served at the LBTCF. The need and demand remain high. The long-term goal remains to prevent unnecessary hospitalization for youth who require specialized treatment and to support youth to remain in Washington state, closer to their families and communities while accessing appropriate level of treatment.

Conclusion

The LBTCF is a much-needed resource in the continuum of behavioral health services for youth in Washington state. As the first youth begins to receive services at the facility, we will continue to learn from the experiences that led to the first admission while also pursuing accreditation through the [Joint Commission on Accreditation of Healthcare Organizations](#) and certification from the [National Association of Dual Diagnosis](#). We appreciate the support from our partners at the Department of Children, Youth, and Families, the Health Care Authority, MultiCare, and Seattle Children's Hospital and look forward to continuing this valuable collaboration as we meet the needs of children and youth in Washington state.