

# CITY OF SHORELINE

## SHORELINE PLANNING COMMISSION MINUTES OF REGULAR MEETING

December 19, 2019  
7:00 P.M.

Shoreline City Hall  
Council Chamber

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### **Commissioners Present**

Chair Montero  
Vice Chair Mork  
Commissioner Craft  
Commissioner Davis  
Commissioner Lin  
Commissioner Malek  
Commissioner Maul

### **Staff Present**

Rachael Markle, Director, Planning and Community Development  
Nora Gierloff, Planning Manager  
Jim Hammond, Intergovernmental Relations Manager  
Carla Hoekzema, Planning Commission Clerk

### **CALL TO ORDER**

Chair Montero called the regular meeting of the Shoreline Planning Commission to order at 7:00 p.m.

### **ROLL CALL**

Upon roll call by Ms. Hoekzema the following Commissioners were present: Chair Montero, Vice Chair Mork, and Commissioners Craft, Lin, Malek and Maul. Commissioner Davis arrived at 7:02 p.m.

### **APPROVAL OF AGENDA**

The agenda was accepted as presented.

### **APPROVAL OF MINUTES**

The minutes of December 5, 2019 were approved as presented.

### **GENERAL PUBLIC COMMENT**

There were no general public comments.

**STUDY ITEM: PRESENTATION BY THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) REGARDING ESSENTIAL PUBLIC FACILITIES**

Mr. Hammond introduced himself, saying his primary responsibility is intergovernmental relations, helping the City of Shoreline connect with the community, state and federal agencies and partner jurisdictions throughout the region. He said his department works very hard to connect Shoreline externally with partners and collaborators across the region. He also works internally with the Communications and Outreach Team to make sure the City is connecting with citizens.

Mr. Hammond explained that the City, for the first time, is looking to create a definition and regulatory framework around facilities that provide behavioral health services to those who need them. He said he is pleased to introduce a team of senior leaders from the Department of Social and Health Services (DSHS) who have come to present their subject matter expertise on essential public facilities so the Commissioners can be fully informed as they evaluate upcoming proposals. He introduced the following individuals, noting that their background makes them subject-matter experts in the field:

- Cheryl Strange, Secretary of the DSHS, previously served as the CEO at Western Hospital and also worked in the mental health division.
- Dr. Brian Waiblinger, Chief Medical Officer for DSHS, is a medical doctor who works in this field, including in King County at the Regional Justice Center.
- Sean Murphy, Assistant Secretary of Behavioral Health at DSHS, has had experience at Western Hospital where he served as the deputy CEO.

**Cheryl Strange, Secretary of the DSHS**, said the goal of the presentation is for the Commissioners to walk away with answers to some technical questions about what DSHS is proposing for the Fircrest campus, which is not a lot different than what they are currently doing. DSHS has been in the business of caring for people with behavioral health issues for a long time, and they are currently using the Fircrest campus for that purpose. She invited the Commissioners to speak frankly with them about their concerns.

Ms. Strange provided a broad overview of the DSHS organization, noting that she works for Governor Inslee, who appointed her to her current position as secretary of DSHS in September of 2017. Prior to that she was hired to run Western State Hospital. She has been in the mental health field for a long time, but had left State government and was working in downtown Seattle. She said DSHS is the largest State agency, with about 17,200 staff that serves over 2 million Washingtonians per day across the various programs. The bi-annual budget is about \$15 billion. There are 153 field offices across the State and 8 large institutions. She reviewed the DSHS programs as follows:

- The Aging and Long-Term Care Administration cares for aging Washingtonians, and currently, about 100,000 clients are being taken care of in their own homes. The American Association of Retired Persons (AARP) has rated the agency 1<sup>st</sup> for its ability to care for aging residents in place. However, the state is ranked 46<sup>th</sup> in the nation for behavioral health services (psychiatric beds per capita).

- The agency also provides economic services, being the safety net for 2 million Washingtonians via the food stamp program, temporary assistance for needy families, child support enforcement, etc.
- The Developmental Disabilities Administration serves about 46,000 clients, with about 1,000 of them in State institutions.
- The Behavioral Health Administration has a special commitment center on McNeil Island for sexual predators, which is overseen by Mr. Murphy. It also oversees two adult hospitals (Western and Eastern), as well as child study and treatment.

Ms. Strange summarized that the department was created by Governor Evans in 1970 and was considered the “Mother Ship” at that time. Every state organization that deals with humans has, at one time, been an administration within DSHS. Most recently, the Department of Children, Youth and Families was created, taking the child welfare system out of DSHS.

Ms. Strange advised that Governor Inslee’s goal is to move away from large institutions and provide care that is closer to patient’s homes. It is a bipartisan issue, and the effort has raised the State from 48<sup>th</sup> in the nation to 46<sup>th</sup>. Over the next five years, he has challenged the department to create enough capacity in the community to get behavioral health services to people in their home communities. Unfortunately, Western State Hospital has 557 civil beds, and 300 are filled with people who do not need that level of care; they need a place to go into the community. The Governor’s work includes projects that build community capacity.

As part of its plan to upgrade the Fircrest campus, Ms. Strange said DSHS is proposing to develop a 48-bed behavioral health residential treatment facility (RTF) for people with intellectual and developmental disabilities. The existing nursing home facility that serves about 110 people is old and inhabitable, and the plan would replace it with a new 120-bed nursing home facility. The intermediate care facility (ICF), which serves 110 people with intellectual disabilities would be retained.

Commissioner Craft requested more specific information about how the campus would be redeveloped and how the proposed services would integrate with and serve the community. Ms. Strange responded that the campus is fairly square and has multiple state-government owners: The Department of Health, Department of Natural Resources, and Department of Social and Health Services. She briefly described how the campus is currently developed. The proposal would be to replace the existing 120-bed nursing home facility with a new 120-bed facility, retain the existing 110-bed ICF and construct a new 48-bed RTF.

Commissioner Craft asked if there is a conceptual effort by the DSHS team to think about redevelopment of the Fircrest campus in a more holistic way in terms of aesthetics and also from an integrated human services standpoint. He said he is interested in how all the development on the campus would fit together, and how the structures and uses will integrate into a holistic City component.

Ms. Strange explained that DSHS has been working actively and collaboratively to figure out the best uses for the southwest corner, and she does not take her responsibility relative to potential leases lightly or

independently. She has also been working collaboratively with the City regarding the City's desire to utilize the southeast corner for open, community space. She said she will continue to work collaboratively with the City, and she is confident that the three facilities (nursing home, ICF and RTF) can fit on the remaining property north of B Street.

**Dr. Waiblinger, Chief Medical Officer for DSHS**, said he grew up in the neighborhood and attended Shorecrest High School. He has worked in public health for the last 20 years. He explained that the proposed RTF would be a component that is not currently on the campus. It would be a secure facility that provides transitional care for people who are not quite ready to be released and need additional habilitative or rehabilitative care. The idea is to provide a light and therapeutic environment that integrates well into the community. While privacy is crucial for each of the residents, it is important that residents do not feel like they are contained within the facility. Trees and bushes can be used to provide a visual barrier, but also allow natural light. Facilities are usually sited to offer some buffer zone to the neighbors, as well. RTF's typically provide a secure area where patients are initially brought in and medically and psychiatrically assessed. Most facilities also include a courtroom, staff offices, treatment rooms and day areas. There is typically some separation within the building for individuals who are doing well and individuals who are struggling and need more services.

Chair Montero asked how long the average treatment time is for residents of an RTF. Dr. Waiblinger said it depends. Court orders are for 90 days, but clients with developmental disabilities can stay much longer. Chair Montero asked for more information about the clients that an RTF would serve. Ms. Strange responded that RTFs are intended to serve people who could be discharged from an institution but need some kind of supportive housing with behavioral health services. Again, she said Governor Inslee's goal is to create a good recipe of in-patient beds and supported housing beds. The Health Care Authority is currently working with local hospitals to stimulate growth and build more mental health beds. Roughly 1,000 beds need to be built to meet the current demand. Currently, they are treating people with intellectual and developmental disabilities in a variety of inappropriate places that are scattered throughout the state. Some of the 1,000 beds will be in new facilities, and some existing facilities will be converted.

Commissioner Maul asked why the DSHS is only proposing a 48-bed RTF. Ms. Strange said that is the number of beds the legislature has agreed to fund. They also have money to build a 16-bed RTF somewhere else, and she anticipates the legislature will allocate money next year to build more. The Health Care Authority is working with community hospitals throughout the state, encouraging them to change some of their beds to serve psychiatric patients.

Commissioner Davis asked how unusual Fircrest is in the State. It sounds like it is a special opportunity because the core competency to care for the patients is already there. She asked if there are other locations of this type in the region or state. Ms. Strange said Fircrest is one of four residential habilitation centers (RHC), and each are unique in and of themselves. Fircrest is unique in its capacity to draw physicians from the University of Washington, and there is a high-level of staff competency. The future light-rail will also be a positive component of accessibility and ensuring an adequate workforce. The existing RHCs are well integrated into their communities, but Fircrest is more urban and there is a lot of interaction with the City of Shoreline and the surrounding community.

Commissioner Davis observed that the RTF proposed for the Fircrest appears to be a trial. If it goes well and integrates into the community, she asked if there is an opportunity to do more on that campus in the future. Mr. Murphy said they are limited with the space available. He reiterated that the Fircrest site is ideal because of its high-level ability to recruit and retain staff, which is difficult in many other locations. It is close to Western State Hospital if higher-level care is needed, and the relationship with the University of Washington Medical Center is very important. He summarized that the Fircrest site is a treasure. Good work is currently going on, and there is an exciting opportunity to allow the campus to blossom.

Mr. Murphy provided a map to illustrate where the patients come from around the state and why the location is optimal for serving them. He explained that part of the planning process calls for pre-design and design work. During this process, all of the stakeholder and community needs are mixed together with the department's values, mission and goals. The intent is to identify the best use for the land that is available, but he is not sure the plans have reached that stage yet.

Mr. Murphy pointed out that, currently, 727 people work at the Fircrest location, and 167 live in Shoreline. For every bed, there is three times the amount of staff, which means that the new 48-bed RTF will require an additional 150 staff people.

Chair Montero asked about the timeframe for implementing the proposed plan. Ms. Strange said the legislature requires the DSHS to break ground on the first 48-bed RTF by the end of 2020. DSHS would love to break ground within that timeframe, but she recognizes that may not be possible given the required City processes. As part of the pre-design work, DSHS has been looking at six potential sites, but she wants to reserve Fircrest for a facility that serves people with disabilities since that is the core of the site's history.

Chair Montero asked if emergency services to the site would be provided by the City of Shoreline, and Mr. Murphy answered that emergency services would be contracted through the City, generally with funding from DSHS to help pay for the services.

Director Markle noted that the proposed RTF is not intended to be a permanent facility. She asked where an individual with developmental disabilities would go if they go through treatment but do not get better. Dr. Waiblinger said there are a variety of options. They may need some type of supportive living situation, such as a 1:1, 2:1 or group home setting, but it can take a while to get that arranged. Director Markle asked if a patient would be allowed to stay at the RTF for years while waiting for another option. Dr. Waiblinger answered that the department's mission is to provide care in the community. However, just because an individual isn't able to transition into a routine group home doesn't mean he/she is a behaviorally problematic individual. It just means they need extra support.

Director Markle referred to the people with severe mental disabilities who are homeless. Some people who receive care will never get better, and she questioned how DSHS prevents these people from ending up homeless and living on the streets. Dr. Waiblinger answered that developmentally-disabled clients are all registered and have a case manager looking out for them. The system is intense. Director Markle is referring to individuals who may be homeless with mental illness. Individual liberties must be preserved as long as individuals are able to maintain their basic health and safety and aren't harming themselves or others. DSHS can reach out to them with community outreach and try to engage them with treatments and

other services. But they may choose to remain homeless. The DSHS works with the Health Care Authority and the Department of Health to offer services and education to this population. The more outreach they can do the better.

Commissioner Davis concluded that the people that would be served by the RTF would be registered through a variety of different ways. Once they are in the system, they are able to get care through the DSHS programs. If they aren't having success to integrate back out into the community, there would be opportunities for them to go to an adult group home or other setting. They can stay at the RTF until the appropriate option is available for them.

Commissioner Malek noted that there have been some recent funding cutbacks, especially in the area of community outreach nurses. He asked how this will impact DSHS's ability to meet future demands. Ms. Strange said the Division of Behavioral Health and Recovery moved out of DSHS in 2018 and is now under the Health Care Authority. The legislature directed full behavioral health integration, which means there will be more behavioral health inside primary care. Dr. Waiblinger has played a significant roll consulting with the Health Care Authority to implement these changes.

Dr. Waiblinger said his department was tasked to work with all of the social services departments to come up with recommendations to the legislature. It is important to keep in mind that the lack of beds doesn't just apply to hospital beds, it includes supportive housing beds, transitional care beds, etc. They have a profound lack of these transitional services now, and that loud voice was made to the legislature. He is hoping they will hear it over the next few months and incorporate that into funding of services over the next few years. He commented that it will take a while to build the mental health care budget back up, but he believes that gradual progress can be made.

Commissioner Malek asked how DSHS anticipates the demand might change over the next 3 to 10 years. Ms. Strange said the 1,000 beds were projected by research data analytics, and they are confident with those numbers for the next 10 years. But they currently have some service deserts, such as caring for the aging Washingtonians. While the state's population is growing 1.2% per year, the 65 and over population is growing at 44%. They are constantly working on building capacity for providers to take care of the aging population.

As the Commission thinks about what the community needs now and in the future, Ms. Strange urged them to consider DSHS as a partner in this effort.

Chair Montero asked if DSHS's proposed plan would replace the master plan that was created in 2016 or 2017. Director Markle explained that no master development plan has been adopted by the City for the Fircrest campus. However, the State did create a master plan for the legislature, and that plan was accepted. She imagines the new proposal would replace this plan.

Commissioner Davis asked about a realistic timeframe for the plan to be implemented. Ms. Gierloff responded that there is currently a moratorium in place, and the City Council has set a schedule for adopting regulations prior to the end of the moratorium. The Commission January 2<sup>nd</sup> meeting has been cancelled, and the January 16<sup>th</sup> meeting is scheduled for a public hearing on the Master Development Plan and Special Use Permit Regulations, which would apply to Fircrest. There is an aggressive schedule for

moving the amendments forward to the City Council. Once the changes have been adopted by the City Council, the moratorium will be lifted and DSHS would be free to submit its master development plan for the Fircrest campus, which is the next step that would need to happen.

**UNFINISHED BUSINESS**

There was no unfinished business.

**NEW BUSINESS**

There was no new business.

**REPORTS OF COMMITTEES AND COMMISSIONER ANNOUNCEMENTS**

Commissioner Malek reported that Blue Square Real Estate (BSRE) submitted a third resubmittal to Snohomish County in early December. However, there hasn't been time to review the information or make any decisions. The information wasn't due until December 18<sup>th</sup>, and the issue is in a holding pattern until a determination has been made as to whether BSRE has made good on the request to revise their designs for the greater plan to comply with all of the issues raised. He said it typically takes 30 to 90 days for the county to review the information and come back with an assessment of compliance.

**AGENDA FOR NEXT MEETING**


Chair Montero noted that the January 2<sup>nd</sup> meeting was cancelled. The next meeting will be on January 16<sup>th</sup>.

**ADJOURNMENT**

The meeting was adjourned at 8:11 p.m.



William Montero  
Chair, Planning Commission



Carla Hoekzema  
Clerk, Planning Commission