

Snohomish County Residential Treatment Facility frequently asked questions

Background

What kind of facility is being built in Snohomish County?

- The residential treatment facility will provide 16-beds for evaluation and treatment services. The Health Care Authority (HCA) will provide ongoing maintenance of the facility. A second 16-bed facility may be built on the site in the future.
- The facility will serve individuals who are civilly committed on 90- or 180-day orders. The facility will enable people who are receiving inpatient mental health treatment to receive care close to their home, family, and community.

Why is this facility being built in Snohomish County?

- For one of the largest counties in the state, Snohomish does not have adequate capacity to serve community members with behavioral health needs. As of December 2022, there are only six beds in the county contracted by HCA to provide this type of treatment. When people receive inpatient care closer to their home, it allows them to maintain and build community connections that support their recovery.
- This is part of a statewide effort to build community-based behavioral health capacity. Washington and Snohomish County needs a continuum of services that can prevent individuals from being committed to state hospitals and can support people in their recovery after treatment. In line with the 2018 commitment by the governor to address this, the Snohomish City Council in 2021 voted unanimously to adopt a local sales tax dedicated to affordable housing and mental and behavioral health resources (per House Bill 1590).

The posted notice calls out two buildings with 16 patients each. Other documentation states three buildings with 16 patients each is planned. Which is correct?

- The first phase is one building with 16 beds. The second phase includes an additional building with 16 beds. Two buildings are planned.

Why did the residents of Stanwood not find out about the proposed residential treatment facility until February of 2022?

- The feasibility of the site needed to be reviewed prior to public notification and the public notification process is being followed.

Were other sites considered, and why was this site selected?

- Other sites were considered; however, this site was selected for this project as guided by the Snohomish County Code requirements and in consideration of property that was available to Tulalip Tribes to comply with the Compact requirements. The Tribe, as owners of the land, ultimately chose this purpose for it.
- For more information, please read the [Tax Sharing Compact](#).

Where can I find the "Tulalip Tribe Memorandum of Understanding" as related to this project?

- You can read the Memorandum of Understanding (MOU) with the Tax Sharing Compact [here](#).

When will the Hearing Examiner meeting occur?

- Snohomish County has offered the hearing dates of January 24-26, 2023. These meeting dates will be confirmed within two weeks of the anticipated date and time. More information is available on the Snohomish County [website](#).

What is the timeline for this project?

- Pending ongoing permit approvals, we plan on construction commencing in Spring of 2023 with the goal to open in late Fall or early Winter of 2024.

Impacts to the Stanwood community

Where will the facility be located?

- The facility will be located at the east side of the parcel located at 29919 80th Ave, NW, Stanwood, WA. The facility entrance will be from 300th St NW when constructed.

How will this facility impact traffic?

- Traffic impact will be minimal.
- The majority of the traffic will be generated by staff coming to work and leaving at the end of their shift.
- The project includes an eight-foot-wide paved shoulder the full width of the parcel, and vehicles exiting the parking facility will be allowed right turns only.
- Due to the fact that this is a 90-to-180-day facility, intakes occur at scheduled times and are significantly less frequent than with facilities who house patients with a shorter commitment.

What are the design considerations for sewer and water services for the new facility?

- On-site water and sewer infrastructure is being engineered to serve the needs of the proposed residential treatment facilities.
- Water service will be provided by a new Group A Community Water Well designed and constructed in accordance with the Washington State Department of Health's Office of Drinking Water Standards and Requirements.
- The water system will be operated and maintained by a qualified Satellite Management Agency (SMA).
- Soil investigations have confirmed the feasibility of an on-site septic drain field for adequate disposal of pre-treated sewer discharge from the proposed buildings.
- The system is being engineered and designed in accordance with Snohomish Health District Standards and Requirements to serve sewer needs.

How are wetlands, stormwater, and endangered species being considered?

- Wetlands have been mapped on either side of the primary drainage running through the site.
- The project proposes buffer enhancement to meet the requirements of Snohomish County Code. Stormwater discharges leaving the developed site will be managed and released to maintain the wetland hydrology in accordance with the Snohomish County Drainage Manual.
- There are no endangered species known to be on or near the site. Snohomish County is within the Pacific Flyway for migratory birds. Migrating species of geese and ducks can be found in lakes, ponds, wetlands and waterways of the area and that should continue to function in the same manner subsequent to development.

Is this project a permitted use within the Snohomish County zoning regulations?

- Snohomish County Code (SCC) 30.91H.095 defines this project as a Level II Health and Social Service Facility (HSSF). This use is permitted in the R-5 zone through a conditional use review process per SCC 30.22.110.

How does the state ensure residential treatment facilities adhere to licensing requirements?

- The state licenses more than 100 residential treatment facilities to provide care within the minimum health and safety standards established. The Washington Department of Health (DOH) inspectors are trained to inspect facilities to confirm compliance with the appropriate state regulatory standards.
- The inspectors look for indications of deficiencies in meeting state regulatory standards that pose patient safety risks.
- Visit the [DOH Residential Treatment Facility webpage](#) for more information about the regulatory standards.

What is the status of the Conditional Use Permit process?

- The Conditional Use Permit (CUP) application, which has been submitted to Snohomish County, includes detailed response to each of the CUP Criteria required by the County. A public hearing will be held as part of the process by the Snohomish County Hearing Examiner.
- Other permits for the facility will be submitted as required by Snohomish County and other applicable authorities having jurisdiction.

How will the new facility be designed to fit into the community setting?

- The development is limited to 5 acres within the site, leaving the remaining 10 acres in its current state of pastures, residential structures, horse barns and other outbuildings.
- The proposed buildings are being designed as single-story structures with residential components such as sloped roofs, window design and spacings, and finish materials that are similarly found in residential construction.
- In addition to landscaping that will be provided around the base of the buildings, the wetland buffer enhancement will provide additional landscaping to meld the project into the site.
- A 20' wide landscaped buffer will also be provided along the eastern edge and street edge landscaping with frontage improvements are also included in the proposed development.

Patient population

Who will this facility serve?

- This location will serve people ages 18 and older who are court-ordered for long-term civil commitment for 90- to 180-day treatment programs under the state's [Involuntary Treatment Act](#).
- These are community members experiencing mental health conditions such as mood and thought disorders as a primary diagnosis.
- **These are not individuals involved in the criminal court system.**
- The goal is to stabilize the patient sufficiently so they may return to their community as quickly as possible. Discharge planning begins as soon as the patient is admitted.

What is the exact involuntary commitment process for RCW 71.05?

- [RCW 71.05](#) explains the involuntary commitment process in detail.

Will the population of this facility be predominantly composed of Native Americans?

- This facility is for all Snohomish County residents and will defer to the designated crisis responder process for placement.
- The Tulalip Tribes of Washington will be given admission priority; however, the facility is not intended to be predominantly composed of patients from Tribal populations.
- If the facility has an available bed, it is possible that someone from outside the county may be admitted.

Will the patients be civilly committed as a result of being involved in the court system?

- Individuals committed to this facility are *not* placed in the facility as a result of being involved in the criminal court system.

What kind of treatment does this facility provide?

- Mental health treatment services will be provided at this facility. Each person within the facility has a set of individualized treatment goals that, once met, will signify a readiness for discharge. A multidisciplinary team of trained healthcare professionals will work closely with each individual daily to make progress toward their treatment goals. Treatment interventions can vary based on an individual's need, but generally may consist of one-on-one and group therapy, peer counseling, case management, medication management, and skill building.

What does “secure facility” mean?

- Individuals receiving treatment in this facility are doing so under the Involuntary Treatment Act and will not be able to leave the facility on their own. The facility will be secured and locked at all times.
- Individuals receiving treatment here may be considered a risk to themselves or others, or they may be unable to care for their own needs.
- It is important to understand that people living with serious mental illnesses are statistically far more likely to be victims of crime rather than perpetrators.

What happens to people once they complete their treatment?

- The treatment team at the facility will work with the residents to create individualized discharge plans to ensure their needs are met in their communities. Discharge plans include linkages with outpatient counseling, medication management, case management, and medical care, as well as housing supports as needed. The court may also be involved to order less-restrictive conditions of outpatient/post-discharge treatment.
- The treatment team, managed care hospital liaisons, and peer bridgers work with discharged residents and residents' loved ones to ensure a well coordinated handoff to a prearranged housing location, typically close to their home county. Patients will not ordinarily be discharged to the street outside the facility or the nearby community.

Who is the provider?

- HCA is currently working to procure a provider via competitive solicitation. The behavioral health facility will be staffed on a 24/7 basis.

Safety

What does the word "elope" mean in the context of a secure behavioral health facility?

- The word “elope” in the context of a secure behavioral health facility is to leave the secure portion of the facility without authorization.
- It is extremely rare that there would be an elopement. Data has demonstrated that elopements are most likely to occur at a third-party location external to the secure facility, such as at an Emergency Department.
- It is a secure facility and will have well-trained staff.

How will the facility maintain a safe environment?

- Patients can move about freely about the facility and will be allowed discharge upon satisfactory completion of their treatment, or by order of the court.
- All exterior doors are locked. The outdoor areas with patient access are securely enclosed with anti-climb walls that are twelve feet tall. Patients have the right to visitors, however, visits are limited and monitored as needed.
- The facility is staffed on a 24/7 basis.
- The building interior has clear sightlines without any hidden corners allowing patients to be continuously and safely monitored.
- Staff are trained in de-escalation strategies and emergency management processes.
- A safe room exists should any patient need to be removed and managed to maintain the safety of themselves and others.
- Common areas have ample width to avoid crowding and unwanted interactions.
- The main entry and exit points are secure vestibules, wherein two doors are programmed so both doors cannot be open concurrently.
- Special attention was paid to construction: windows are outfitted with half-inch-thick impact-resistant windowpanes, and other areas are outfitted with security glazing.

What training will facility staff receive regarding safety?

- To maintain patient and staff safety, employees at the facility will be trained in person-centered counseling techniques, such as motivational interviewing. They will also be trained in verbal and physical de-escalation techniques. Staff at the facility will be trained in Advance Crisis Intervention Training, which has been proven to reduce the incidence of seclusion and restraint through offering individuals’ autonomy and respect. Staff are also trained in emergency management processes to minimize calls to law enforcement and the fire department.

How do I learn more or voice my opinion?

- Contact [your local state representative](#)
- Visit www.hca.wa.gov/snohomish-facility. HCA is committed to providing opportunities for the community to learn more and ask questions throughout the building process.
- [Watch the March 22 Town Hall](#)
- [Read the Town Hall slides](#)