# Facility Operations Summary

## Facility Information

- Facility Name
    - 12 And Beyond Behavioral Health Services
- Facility Type
    - Behavioral Health Outpatient Clinic providing:
        - Partial Hospitalization Program (PHP)
        - Intensive Outpatient Program (IOP)
- Point of Contact #1
    - Name: Jennifer Adams
    - Title: Program Director
    - Email: jadams@12andbeyond.com
    - Phone: (253) 555-2101
- Point of Contact #2
    - Name: Michael Reynolds
    - Title: Operations Manager
    - Email: mreynolds@12andbeyond.com
    - Phone: (253) 555-2102

## Number of Residents

- Number of Residents: 0
- This facility is not a residential treatment center.
- This facility operates solely as an outpatient behavioral health clinic providing PHP and IOP services.
- No overnight accommodations are provided.
- Patients attend scheduled treatment services and return to their homes or approved living arrangements after programming each day.

## Staffing Plan

- Staff-to-Patient Ratio
    - One (1) staff member for every fifteen (15) patients.
- Operating Schedule
    - Number of Shifts: One (1)
    - Operating Hours: 8:00 AM – 5:00 PM
    - Days of Operation: Monday through Friday
- Staffing Coverage
    - Clinical and administrative staff are scheduled during all operating hours.
    - Staffing levels will be adjusted as census increases to maintain the minimum ratio of one staff member for every fifteen patients.
    - Staff may include licensed therapists, substance use disorder professionals, behavioral health technicians, case managers, peer support specialists, and administrative personnel as required by program operations and applicable regulations.

# Neighborhood and Business Communication Plan

Facility Name: 12 And Beyond – Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)
Location: 1230 Fryar Avenue, Sumner, WA 98390

Purpose of Facility
12 And Beyond provides outpatient behavioral health and substance use disorder treatment services through Partial Hospitalization (PHP) and Intensive Outpatient Programming (IOP). The facility is designed to provide structured treatment services during daytime hours while allowing participants to reside within the community. Our mission is to provide high-quality behavioral health services while being a responsible and engaged community partner.

Goals of Community Communication
• Maintaining positive relationships with neighboring residents and businesses.
• Providing accurate and transparent information regarding facility operations.
• Responding promptly and professionally to questions, concerns, or complaints.
• Promoting open communication and community engagement.
• Ensuring facility operations are compatible with surrounding properties and businesses.

Pre-Opening Communication Process

1. Neighbor Notification
Prior to opening, 12 And Beyond will provide written notification to neighboring property owners, tenants, and businesses within the notification area established by the City of Sumner.

2. Community Information Meeting
12 And Beyond will offer a community information meeting before opening operations to introduce leadership, explain services, discuss operations, and answer questions.

Ongoing Communication Process

Designated Community Liaison
12 And Beyond
Phone: _____
Email: _____

Complaint and Concern Resolution Process
Step 1 – Submission of Concern

Concerns may be submitted through telephone, email, written correspondence, or scheduled meetings.

Step 2 – Acknowledgment
The concern will be acknowledged within two business days whenever possible.

Step 3 – Review and Investigation
Facility management will review the concern and determine whether corrective action is necessary.

Step 4 – Response
A response outlining findings and planned actions will be provided within ten business days whenever reasonably possible.

Step 5 – Follow-Up
Additional communication or meetings may be scheduled as needed.

Traffic and Parking Communication
12 And Beyond will encourage use of designated parking areas, monitor parking utilization and traffic flow, and address concerns promptly.

Safety Communication
In the event of an incident that could affect neighboring properties or businesses, management will assess the situation, notify appropriate authorities when necessary, and communicate with affected parties as appropriate.

Community Engagement
12 And Beyond may participate in local business meetings, health and wellness events, community education initiatives, and partnerships with local organizations.

Annual Review of Community Relations
12 And Beyond will conduct an annual review of community feedback and communication practices and update procedures as necessary.

Commitment Statement
12 And Beyond is committed to operating in a manner that is respectful, transparent, and responsive to the needs of neighboring residents, businesses, and the City of Sumner.

# 12 And Beyond

Behavioral Health PHP/IOP Discharge Plan
1230 Fryar Avenue, Sumner, WA 98390

This policy establishes the rules and regulations for participants in the Partial Hospitalization (PHP) and Intensive Outpatient Program (IOP) to promote safety, respectful conduct, accountability, treatment participation, and orderly program operations.

**Scope**

This policy applies to all PHP/IOP participants, staff, contractors, volunteers, and visitors, as applicable, while participating in program services or while present on facility premises.

**Policy**

All PHP/IOP participants shall comply with program rules and regulations as a condition of participation in services, subject to applicable law and patient rights. Staff shall communicate these rules at intake and enforce them fairly, consistently, and in a manner that supports recovery, treatment engagement, and a safe therapeutic environment.

**Rules and Regulations**

1. Respectful Conduct: Participants shall treat staff, other participants, visitors, and neighbors with respect. Threatening, abusive, harassing, discriminatory, or violent behavior is prohibited.
2. Attendance and Participation: Participants shall attend all scheduled group sessions, individual sessions, educational services, and other required treatment activities unless excused by staff or prevented by emergency circumstances.
3. Timeliness: Participants shall arrive on time and remain for the full duration of scheduled sessions unless otherwise approved by staff.
4. Substance Use: Participants shall not possess, use, distribute, or be under the influence of alcohol, illegal drugs, or unauthorized controlled substances while on program premises or during program activities. Participants may be subject to drug or alcohol screening in accordance with program policies and applicable law.
5. Weapons Prohibited: Firearms, knives, or other weapons are prohibited on program premises except as otherwise permitted by law and facility policy.
6. Medication Compliance: Participants shall follow program requirements related to medication management, prescription disclosure, and coordination with prescribing providers, when applicable.

7. Confidentiality and Group Privacy: Participants shall respect the confidentiality of others and shall not disclose identifying information shared by other participants in group or treatment settings, except as required by law.
8. Use of Phones and Recording Devices: Cell phones and other electronic devices shall be silenced during sessions. Audio recording, video recording, or photography on program premises is prohibited unless expressly authorized.
9. Property and Cleanliness: Participants shall respect facility property and maintain shared spaces in a clean and orderly condition. Theft, vandalism, or intentional damage is prohibited.
10. Smoking and Vaping: Smoking or vaping is permitted only in designated areas, if allowed by facility policy and local law.
11. Safety Compliance: Participants shall comply with staff instructions regarding safety, emergency procedures, check-in requirements, and restricted-access areas.
12. Rule Violations: Violations of program rules may result in corrective action, behavioral intervention, revision of the treatment approach, referral to a higher or different level of care, suspension, or discharge from the program, consistent with clinical judgment, patient rights, and applicable law.

**Procedure**

At intake, each participant shall receive a copy or explanation of PHP/IOP rules and regulations. Staff shall review the rules with the participant, answer questions as appropriate, and document acknowledgment when required by program practice.

**EMERGENCY MANAGEMENT AND SAFETY PLAN**

**PHP/IOP OUTPATIENT BEHAVIORAL HEALTH FACILITY**

**1230 Fryar Avenue, Sumner, Washington 98390**

**Facility Type:** Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) Behavioral Health Facility

**Plan Effective Date:** _____

**Review Date:** Annually or Following Any Emergency Event

**Facility Administrator:** _____

**Emergency Coordinator:** _____

**Emergency Contact Number:** _____

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**PURPOSE**

The purpose of this Emergency Management Plan is to establish procedures to protect patients, staff, visitors, contractors, and property during emergencies occurring at the facility located at 1230 Fryar Avenue, Sumner, Washington 98390.

This plan addresses:

- Fire Emergencies
- Medical Emergencies
- Active Threat/Violent Intruder Events
- Natural Disasters
- Severe Weather
- Earthquakes
- Evacuation Procedures
- Shelter-in-Place Procedures
- Communication Protocols

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**EMERGENCY CONTACTS**

**Emergency Services**

- Emergency: 911
- Non-Emergency Police: Sumner Police Department
- Fire Department: East Pierce Fire & Rescue
- Hospital: MultiCare Good Samaritan Hospital
- Utility Emergency Contacts: Posted at reception and staff stations

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**FACILITY EVACUATION RESPONSIBILITIES**

**Incident Commander**

Typically the Program Director, Executive Director, or highest-ranking staff member on site.

Responsibilities:

- Direct emergency response.
- Coordinate with emergency responders.
- Account for all patients and staff.
- Determine need for evacuation or shelter-in-place.

**Staff Responsibilities**

- Assist patients to safety.
- Maintain calm environment.
- Bring attendance rosters if safe.
- Account for assigned patients.
- Report missing persons immediately.

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**FIRE EMERGENCY PROCEDURES**

**If Fire or Smoke is Discovered**

**R.A.C.E. Procedure**

**R – Rescue**

- Remove anyone in immediate danger.

**A – Alarm**

- Activate nearest fire alarm.
- Call 911.

**C – Contain**

- Close doors and windows if safe.

**E – Evacuate**

- Evacuate building immediately.

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**Evacuation Procedures**

1. Pull fire alarm.
2. Call 911.
3. Staff direct patients to nearest safe exit.
4. Do not use elevators.
5. Proceed to designated assembly area.
6. Conduct patient and staff accountability.
7. Await fire department clearance before re-entry.

**Primary Assembly Area**

Parking lot located away from the building and emergency vehicle access routes.

**Secondary Assembly Area**

Adjacent designated safe area if primary assembly area is compromised.

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**MEDICAL EMERGENCY PROCEDURES**

Examples include:

- Heart attack
- Stroke

- Overdose
- Seizure
- Severe allergic reaction
- Loss of consciousness
- Serious injury

**Response**

1. Call 911 immediately.
2. Notify facility supervisor.
3. Provide first aid within scope of training.
4. Retrieve AED if indicated.
5. Keep patient comfortable and safe.
6. Assign staff member to meet EMS upon arrival.
7. Complete incident report following event.

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**Overdose Response**

1. Call 911.
2. Administer Naloxone (Narcan) if trained.
3. Monitor breathing and responsiveness.
4. Continue care until EMS arrives.
5. Document event according to policy.

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**ACTIVE THREAT / ACTIVE SHOOTER RESPONSE**

**Run – Hide – Fight Model**

**RUN**

If safe:

- Leave building immediately.

- Assist others if possible.
- Leave belongings behind.
- Call 911 once safe.

**HIDE**

If evacuation is unsafe:

- Lock and barricade doors.
- Turn off lights.
- Silence cell phones.
- Move away from doors and windows.
- Remain quiet.

**FIGHT**

As a last resort:

- Use available objects to defend yourself.
- Commit fully to stopping the threat.

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**Staff Responsibilities**

- Initiate lockdown if threat is inside or near facility.
- Notify law enforcement.
- Account for patients when safe.
- Follow police instructions upon arrival.

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**SEVERE WEATHER PLAN**

The Sumner, Washington area may experience:

- Windstorms
- Flooding
- Heavy rain

- Winter storms
- Snow and ice
- Extreme temperatures

**Weather Monitoring**

Staff shall monitor:

- National Weather Service Alerts
- Local emergency notifications
- County emergency management alerts

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**Shelter-in-Place Procedures**

1. Move patients indoors.
2. Close doors and windows.
3. Remain away from glass.
4. Monitor emergency broadcasts.
5. Maintain communication with staff.

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**Flooding**

If flooding threatens the facility:

- Move patients away from affected areas.
- Shut off electrical equipment if safe.
- Prepare for evacuation if directed by authorities.
- Follow evacuation routes avoiding flooded roadways.

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**EARTHQUAKE RESPONSE PLAN**

Washington State is located within a seismically active region and earthquakes must be anticipated.

**During an Earthquake**

**DROP**

Drop to hands and knees.

**COVER**

Take cover under sturdy furniture or against an interior wall.

**HOLD ON**

Hold until shaking stops.

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**Do NOT**

- Run outside during shaking.
- Use elevators.
- Stand near windows or glass.

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**After Shaking Stops**

1. Check for injuries.
2. Call 911 for serious injuries.
3. Evacuate if structural damage exists.
4. Shut off utilities if instructed and trained.
5. Expect aftershocks.
6. Move to designated assembly area.
7. Conduct accountability check.

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**Earthquake Supply Kit**

Maintain supplies including:

- Flashlights
- Batteries

- First aid supplies
- Water
- Emergency blankets
- Phone chargers
- Patient accountability lists
- Emergency contact information

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**NATURAL DISASTER RESPONSE**

Potential events include:

- Earthquakes
- Flooding
- Landslides
- Severe storms
- Extended power outages

**General Response**

1. Assess immediate danger.
2. Contact emergency services if needed.
3. Follow evacuation or shelter-in-place procedures.
4. Maintain patient accountability.
5. Document actions taken.

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**POWER OUTAGE PROCEDURES**

1. Determine extent of outage.
2. Use emergency lighting.
3. Secure medications and records.
4. Evaluate need to suspend programming.

5. Contact utility provider.
6. Consider early patient dismissal if conditions warrant.

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**COMMUNICATION PLAN**

**Internal Communication**

- Cell phones
- Group text alerts
- Emergency notification system
- Staff call tree

**External Communication**

- Emergency responders
- Families/emergency contacts
- Regulatory agencies if required
- Facility leadership

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**PATIENT ACCOUNTABILITY**

Staff shall maintain:

- Daily attendance rosters
- Emergency contact information
- Patient sign-in and sign-out logs

During any emergency:

1. Account for all patients.
2. Account for all staff.
3. Report missing individuals immediately to emergency responders.

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**TRAINING REQUIREMENTS**

All staff shall receive:

- Annual emergency preparedness training
- Fire extinguisher training
- CPR/AED certification (as applicable)
- Active threat training
- Earthquake preparedness training
- Evacuation drills

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**DRILL SCHEDULE**

| Drill Type | Frequency |
|---|---|
| Fire Drill | Quarterly |
| Active Threat Drill | Annually |
| Evacuation Drill | Semi-Annually |
| Severe Weather Drill | Annually |
| Earthquake Drill | Annually |

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**INCIDENT DOCUMENTATION**

Following any emergency:

1. Complete incident report.
2. Document injuries and response actions.
3. Conduct debriefing.
4. Identify corrective actions.
5. Update emergency plan if necessary.

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**PLAN APPROVAL**

Executive Director: _____

Signature: _____

Date: _____

Emergency Coordinator: _____

Signature: _____

Date: _____

Annual Review Date: _____

# 12 And Beyond

Behavioral Health PHP/IOP Discharge Plan
1230 Fryar Avenue, Sumner, WA 98390

## Patient Information

Patient Name: _____
Date of Admission: _____
Date of Discharge: _____
Primary Diagnosis: _____
Secondary Diagnosis: _____
Primary Counselor: _____

Discharge Status:
☐ Successfully Completed Treatment
☐ Administrative Discharge
☐ Against Clinical Advice
☐ Transfer to Higher Level of Care
☐ Transfer to Lower Level of Care
☐ Other: _____

## Reason for Discharge

☐ Treatment goals substantially achieved
☐ Stable psychiatric symptoms
☐ Sustained abstinence from substances
☐ Transition to outpatient level of care
☐ Relocation
☐ Non-compliance with treatment requirements
☐ Other: _____

## Treatment Summary

Mental Health Progress:
_____

Substance Use Recovery Progress:
_____

Medication Compliance:
_____

Strengths Identified:

_____

## Current Clinical Status

Mental Health:

☐ Stable ☐ Improved ☐ Requires Continued Monitoring ☐ Higher Level of Care

Substance Use:

☐ Maintaining Sobriety ☐ Early Recovery ☐ At Risk for Relapse

Risk Assessment:

☐ No SI ☐ Passive SI ☐ Active SI

☐ No HI ☐ HI Present

☐ No Psychosis ☐ Psychosis Present

Risk Level: ☐ Low ☐ Moderate ☐ High

## Continuing Care Recommendations

☐ Individual Therapy

☐ Psychiatric Medication Management

☐ Case Management

☐ Family Therapy

☐ Peer Support Services

☐ AA / NA / SMART Recovery

☐ Sober Living

☐ Residential Treatment

☐ PHP

☐ IOP

Recommended Frequency: _____

## Follow-Up Appointments

Therapist:

Provider: _____

Date/Time: _____

Psychiatric Provider:

Provider: _____

Date/Time: _____

Primary Care Provider:

Provider: _____
Date/Time: _____

## Medication Plan

| Medication | Dosage | Frequency |
|---|---|---|
| | | |
| | | |
| | | |

## Relapse Prevention Plan

Triggers:
1. _____
2. _____
3. _____

Warning Signs:
1. _____
2. _____
3. _____

Coping Skills:
1. _____
2. _____
3. _____

Recovery Supports:
1. _____
2. _____
3. _____

## Crisis and Emergency Plan

In case of crisis:
- Call 911 if immediate danger exists.
- Contact local crisis services.
- Present to the nearest emergency department.
- Contact therapist, psychiatrist, sponsor, or recovery support person.

Emergency Contact:
Name: _____
Relationship: _____
Phone: _____

## Discharge Criteria Met

☐ Improved emotional regulation
☐ Increased coping skills
☐ Reduction in psychiatric symptoms
☐ Improved recovery engagement
☐ Ability to function safely in the community
☐ Understanding of relapse prevention strategies
☐ Understanding of crisis response procedures

## Signatures

Patient Signature: _____ Date: _____

Primary Therapist: _____ Date: _____

Clinical Supervisor: _____ Date: _____

Medical Provider: _____ Date: _____