

City of Boardman Land Use Application

LU21-001

Rec'd 7-26-21 JK

Date: 7/22/2021

Owner: Community Counseling Solutions Phone: (541) 676-9161
Address: 550 West Sperry Street City: Heppner State: OR Zip: 97836
Applicant or Agent: Shaun Clifford Phone: (541) 388-9897 ext 19
Address: 960 SW Disk Dr. Suite 101 City: Bend State: OR Zip: 97702
Property Address: ~~Turner Ct NE~~ 361 NE Turner Ct Designed Zone: Light Industrial
Map Number: 04N25E09AD Lot: 600 Block:
Subdivision: C. Locke Sr. Industrial Park Tax Lot(s): 04N25E09AD600
Proposed Usage: REGIONAL YOUTH CRISIS CENTER FOR 7-12 YEAR OLDS

12 foot Fence

Estimated Construction Cost Evaluation: \$ 5,020,42 Total Square Footage: 12,439 SF

Requested Action: 8 (Please circle one)

Zone Change Variance Conditional Use Permit Property Line Adjustment
Partition Subdivision Preliminary Plat Other: Land use Review

The following material and supplemental information must be submitted with this application as a requirement for submittal to the Planning Commission:

- Plans and specifications, drawn to scale, showing the actual shape, setbacks and dimensions of the property to be used, together with a plot plan and vicinity map of the subject property.
- The size and location of the property, buildings, other structures; and use of buildings or structures, existing and proposed.
- Plot plan indicating all on/off-site improvements, including streets, fire hydrants, water and sewer facilities, etc.

I acknowledge that I am familiar with the standards and limitations set forth by the City of Boardman Zoning Ordinance, and that additional information and materials may be required. I fully intend to comply with plans and specifications submitted with this application. I do hereby certify that the above information is correct and understand that issuance of a permit based on this application will not excuse me from complying with the effective Ordinances and Resolutions of the City of Boardman and Statutes of Oregon, despite any errors on the party of the issuing authority in checking this application.

Signature:

Shaun Clifford

(Owner, Applicant, or Agent)

Digitally signed by Shaun Clifford
DN: cn=US, e=shaun@parch.biz, o=Pinnacle Architecture, Inc.,
cn=Shaun Clifford
Location: Bend, OR
Reason: I am approving this document
Contact Info: Shaun@parch.biz
Date: 2021.07.23 16:52:02 -07'00'

Date: 7/23/2021

Staff Comments:

Recommended Action:

Planning Commission:

Approved

Not Approved

Date:

Signature:

Barry Beyeler

From: Shaun Clifford <Shaun@parch.biz>
Sent: Tuesday, August 10, 2021 4:34 PM
To: Barry Beyeler
Cc: Glenn McIntire; Jackie McCauley; Briana Manfrass
Subject: RE: Zoning Approval
Attachments: Brochure-Matrix Systems_Product.pdf

Hi Barry,

See attached for the product were leaning towards using.

- 12' High
- Vertical mesh

The nurses and staff are entrusted with the safety and wellbeing of the children (residents) at this regional youth crisis center.

These residents are a flight risk which could lead to them hurting themselves so we are required to have a tall anti-climb fence in order to ensure their safety.

As discussed on the phone we will be adding vegetation around the outside perimeter of the fence for privacy of the residents.

Thanks

SHAUN CLIFFORD | Project Architect | T 541.388.9897 x19
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From: Shaun Clifford
Sent: Monday, July 26, 2021 11:33 AM
To: Barry Beyeler <BeyelerB@cityofboardman.com>
Cc: Glenn McIntire <mcintireg@cityofboardman.com>; Jackie McCauley <Jackie@cityofboardman.com>; Briana Manfrass - Pinnacle Architecture (briana@parch.biz) <briana@parch.biz>
Subject: RE: Zoning Approval

Hi Barry,

See attached for Zoning and Land use approval.

If there are any questions or concerns please reach out to me and let me know.

Thanks

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From: Barry Beyeler <BeyelerB@cityofboardman.com>
Sent: Wednesday, March 17, 2021 7:23 AM
To: Shaun Clifford <Shaun@parch.biz>
Cc: Glenn McIntire <mcintireg@cityofboardman.com>; Jackie McCauley <Jackie@cityofboardman.com>
Subject: RE: Zoning Approval

From: Shaun Clifford <Shaun@parch.biz>
Sent: Tuesday, March 16, 2021 4:02 PM
To: Barry Beyeler <BeyelerB@cityofboardman.com>
Cc: Briana Manfrass <briana@parch.biz>
Subject: Zoning Approval

Hi Barry

This is Shaun Clifford with Pinnacle Architecture Inc.
We are in the early design phase for a regional crisis youth center to be located off Turner Ct NE
I am looking to get familiar with the zoning code and any required submissions for approval.

Questions

1. Development Site Review
 - a. Is this a review / discussion prior to submission? **I will go through the Utilities and Planning Standards Analysis as part of zoning approval.**
2. Land Use Application – How long does the review process take? **Two weeks or less depending on complexity or utility deficiencies.**
3. Zoning Approval Application – How long does the review process take? **Same process when you apply for any Land Use application.**
4. When zoning questions come up should I direct them to you or is there another staff member that I can also CC? **I will be your point of contact until you proceed to building permitting, then Glenn McIntire (Building Official) and Jackie McCauley (Building Permit Tech) will take over.**

Site



Thanks

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SHAUN CLIFFORD

Project Designer

T 541.388.9897 x19

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COMMUNITY COUNSELING SOLUTIONS SUB-ACUTE/PRTF PROGRAM

Overview

Community Counseling Solutions (CCS) proposes to open and operate a combined BRS PRTF focused on the care of younger children, located in Boardman, Oregon. The proposed facility will perform all its functions in compliance with OAR 309 022 0100 – 0230.

The PF will complete a thorough evaluation of each child's needs and safely provide a full array of treatment services with a capacity for 14 children. CCS will use an array of milieu based and clinical methods to stabilize and treat adverse behaviors in the least restrictive manner possible. Throughout the length of stay CCS will provide intensive case management services, collaborating with families, allied agencies and community-based resources to create safe and effective transition plans.

Secure residential treatment of children age six to eleven involves special challenges. These years are not as sensitive to separation from attachment figures as are the neonatal and early childhood periods, but every young child who is living for weeks or months in a situation where loving and being loved is not possible is going to be traumatized by that fact.

Strangers, no matter how professional, how expert, or how much they care cannot substitute for attachment figures. This means that a secure facility, no matter how well staffed and operated, must be a traumatic experience for young children who are in fact forced to reside there for extended periods with shift workers.

In our facility there will be many whose role it is to diagnose and treat signs and symptoms of illness. The licensed staff will attach clinical labels to pathological behavior and treat according to best practices. Education will occur according to rule. Staff will be trained in the best methods of adverse behavior management tactics available. Even so, we can and will make every child's time with us as fun as we possibly can. If the children in our program aren't exhausted by all the fun they're having every day, we will need to try harder.

It is everyone's job in the program to find the good in these children and develop their skill sets. Our educational programs will emphasize the unity of a healthy mind and body. We will teach kids how to teach one another, how to lead and follow and respect one another. Boundaries, proper distance, how to pause and reflect, manners, all these things will be best learned in the context of having fun. We are going to be serious about fun and make being serious fun. Through good days and bad days but always days full of adventure, we will see character development. We are looking for an age level maturation of the parts of personality that when formed we call resilience, to help our children ready themselves for the return to their real world.

Program Goals

The overarching goals of CCS are to ensure child safety while performing comprehensive assessments, delivering a variety of treatment services and providing everyone with an auspicious disposition. CCS will:

- 1) Provide all services in a trauma-informed, therapeutic environment.

- 2) Ensure the physical and emotional safety of youth in the CCS' care.
- 3) Identify individual needs and service levels within 5-days of admission.
- 4) Ensure rapid referral response and entry.
- 5) Ensure timely transitions through close working relationships with wraparound teams, families and all the many stakeholders specified in the OAR.
- 6) The length of stay shall be determined by the assessment and individual service plan in full compliance with OAR 309-022-0140.

Staffing

CCS will follow all staffing requirements in Division 22, OAR 309-022-0100 through 309-022-0230. Specifically, CCS will provide all services necessary to meet the round the clock treatment needs of children enrolled, including:

- 24/7 on call psychiatric coverage
- 24/7 QMHP coverage to provide CESIS services, family therapy/group/individual therapy, clinical supervision, etc., understanding that there needs to be at least 1 QMHP per 12 enrolled children.
- Licensed QMHP services to provide and/or sign off on mental health assessments, services plans, provide clinical supervision, etc.
- Certified teacher and/or educational services that are overseen by a certified teacher
- Nursing coverage at least 16 hours/day
- Ability to accept referrals 24/7
- During the day and evening shifts, there will always be at least one program staff for every three children. There will be at least one QMHP/A for every three program staff during same shift.
- Overnight program shifts will have at least one program staff for every six children.
- All staff will have current First Aid/CPR certification.

See attached draft facility shift schedule. Additionally, we will have contract for vocational rehab, nutrition, speech and recreational therapy services.

Documentation

There are numerous places in OAR 309-022-0100 through 309-022-0230 that speak to documentation requirements. CCS will meet documentation standards of the rule, including documentation of all required policies, training, restraint practices, supervision, as well as clinical service documentation. Additionally, we will also follow internal documentation requirements (i.e. all services will be documented within 24 hours of the delivery of the service).

Training and Supervision

CCS will follow all training and supervision requirements as indicated in OAR 309-022-0100 through 309-022-0230 as well as CCS' internal training requirements.

A. Required trainings will include:

- Fraud, waste and abuse policies
- Confidentiality
- Ethics and compliance
- Abuse reporting
- Clinical documentation
- Crisis prevention procedures
- Individual rights
- Emergency procedures
- Care coordination procedures
- Positive Behavior Support
- CESIS, as well as other identified staff, will annually complete an approved emergency safety intervention program

B. Required supervision will include:

- 1) Monthly, at least two hours of clinical supervision to unlicensed QMHP staff of which one hour will be face to face
- 2) Quarterly, at least two hours of supervision to licensed QMHP staff of which one hour will be face to face
- 3) Monthly, at least two hours of clinical supervision to QMHA staff of which one hour will be face to face.

Entry and Age Range

CCS will accept referrals for Entry in full compliance with OAR 309-022-0135 with the following stipulations:

- 1) As a function of its location, entry priority will be for children residing on the East side of the state.
- 2) The clinical program and residential milieu will be designed for children with an age range of 6 to 12 years old.
- 3) The age range for entry may flex under special circumstances, at the discretion of the facilities Medical Director.
- 4) The age range of most of the residential population will be selected to have no greater than a 5-year age difference between the oldest and youngest child.

Behavior Support Services

A. At entry and assessment, CCS will:

- 1) Begin the management of aggressive behavior upon completion of the diagnosis process and during the treatment of any underlying psychiatric illnesses;
- 2) Evaluate Youth including reviewing past aggressive behavior, triggers, warning signs, repetitive behaviors and past response to treatment;
- 3) Note any cognitive limitations, neurological deficits, and learning disabilities during the intake and referral review and
- 4) Conduct a medical evaluation to further identify factors that may require

modification of typical behavior management approaches and result in a more individualized approach for Youth.

- B. As indicated, all services will be individualized, as well as being proactive, recovery oriented and thoughtful about looking for alternatives to challenging behavior. CCS will document strategies and track progress both individual and programmatically to evaluate effectiveness as well as reducing the use of emergent interventions and increasing positive behavior. It will be imperative that our approach to behavior modification, and supporting proactive approaches to modifying challenging behavior, be consistently modeled by all program staff. CCS will obtain parental/guardian consent in accordance with rule/law. Additionally, CCS will annually evaluate our behavior support policies.

Service Delivery

- A. CCS will create and maintain a standardized daily program schedule for the milieu:

- 1) CCS will establish and structure a daily schedule. The schedule may be modified to meet the individual needs of any child that does not respond well to the structure.
- 2) Staff will be trained to recognize when a child is not responding well to the structured program and establish an individualized program schedule for these individuals.
- 3) Staff will ensure that children are allowed and enabled to spend time both with and apart from peers as individual needs and their own preferences indicate.

- B. Entry and Assessment

CCS will follow all entry requirements as specified in 309-022-135, including:

- 1) Non discrimination
- 2) Timely services
- 3) Informed consent
- 4) Entering data into appropriate systems
- 5) Information on HIPAA
- 6) Written program orientation inclusive of requirements stated in rule
- 7) Policies on how children will be prioritized for entry into the program

Assessments will be completed by a QMHP and include information sufficient to justify diagnosis and medically appropriate services, contain documentation on suicide potential and appropriate follow up actions, screening for co-occurring disorders and presence of symptoms related to physical or physiological trauma and document need for additional services/supports. Assessments will be updated as needed or at least once per year by a licensed medical provider.

- C. Service Plan

CCS will ensure that qualified staff develop a collaborative, individualized service plan prior to the commencement of services that has family participation and contains objectives that are measurable, reflective of the assessment, and contain frequency and duration of the service delivery as well as a plan for re-evaluating the service delivery. If not included in the service plan, each individual will have a behavior support plan and documentation of proactive safety and crisis planning.

D. Service Notes

All services delivered will be document in a note that includes information on the service rendered, the objective being met (from the service plan), the date, time and length of the service, where the services were rendered and credentials.

Services will include, but are not limited to:

- Psychiatry and medication management
- Individualized Assessment
- Family therapy
- Skill building
- Daily physical activities
- Educational instruction
- Health promotion and education
- Daily nursing coverage
- Daily Psychiatric/Medical coverage
- Recreation
- Case management and connection to after-care services
- Participation as invited in community events and activities as allowed
- Drug and alcohol assessment, education and intervention, if needed
- Speech therapy, if needed
- Vocational services, as needed
- Transportation as needed to medical appointments

E. Transfer and Continuity of Care

The treatment team will meet daily, providing thoughtful and deliberate planning on all decisions around transfers of coordination of care. The parent/guardian will be included/consulted to the maximum extent possible. If a child requires an acute care stay, the child will continue to be enrolled at our facility.

Prior to transfer, and in addition to transfer planning being integrated into ongoing treatment planning at the time of entry, CCS will coordinate and provide the following: appropriate medical referrals, coordinate recovery and ongoing support services, complete a transfer summary, document outreach if the child is absent, document outreach efforts to all involved partners in the child's care, notify legal guardian/parent of transfer dates, include peer support when requested, finalize the transition plan prior to transfer, coordinate education services, and provide a written transition plan to the parent/legal guardian.

Additionally, CCS will complete a transfer summary that will include the following: reason and date of the transfer, summary of services and efficacy, plan for personal wellness and resilience, identification of resources to assist the individual and family in assessing recovery and resiliency services. If the individual is transferred to another provider, CCS will transfer records in accordance with established rules and timelines.

Restraint and Seclusion

Used only in emergent situations, personal restraint and seclusion shall be used only to prevent immediate injury to a child who is at risk of harming themselves/others. If used, personal restraint or seclusion will respect the dignity and rights of the child, and will not be used as punishment, discipline or for the convenience of staff. All requirements of OAR 309-022-0175, including orders, notification of parent/guardian, oversight by medical provider, review of alternatives, review of clinical records, documentation of length/time/date, use of approved training, presence of trained staff, review of precipitating events and response, review of the documentation, assessment of appropriateness and of the individual, etc. CCS will have a seclusion room that meets all requirements of 309-022-0175(5)(a) through 309-022-0175(5)(l).

Facility

The facility will be a secure locked fully. The recommended

Quality Improvement and Emergency Safety Interventions Committee (QI/ESIC)

CCS will develop a QI and Emergency Safety Interventions committee who will meet monthly. The composition of this committee will satisfy the requirements of OAR 309-022-0170(5) and OAR 309-022-0185(2)

A. Quality Improvement

CCS will develop a solid process to assess, monitor and improve the quality and effectiveness of services provided. A QI committee will be established that meets at least quarterly and will have customer/family representation. QI functions of the QI/ESIC will be to identify and assess:

- 1) Access to services
- 2) Outcomes of services
- 3) Systems integration and coordination of services
- 4) Review incident reports, emergency safety documentation, grievances and other policies/process
- 5) Identify measurable and time specific performance objectives
- 6) Recommend policy and operational changes necessary to achieve performance objectives
- 7) Reassess and revise objectives and methods to measure performance
- 8) Develop an annual performance improvement plan that includes performance objectives and strategies to meet objectives.

B. Emergency Safety Intervention

CCS will develop policies and procedures for emergency safety interventions that is in keeping with our trauma informed policies. We will inform and obtain written acknowledgement from parents and guardians of our policies on personal restraint. We will not use any mechanical or chemical restraint. ESIC functions of the QI/ESIC committee will include:

- 1) Monitoring the use of emergency safety interventions
- 2) Analyzing emergency safety interventions to evaluate for opportunities to prevent their use, increase use of alternatives, improve the quality of care and safety of individuals and recommend follow up action
- 3) Review emergency safety intervention policies
- 4) Review all incidents of personal restraint and seclusion
- 5) Report incidents to the division as indicated in rule

Children's Emergency Safety Intervention Specialist Licensure and Scope

CCS will have a QMHP on staff 24/7 who is a licensed CESIS as indicated in 309-022-0195 and who will not operate out of their scope of work as a CESIS as indicated in 309-022-0200.

Grievances and Appeals

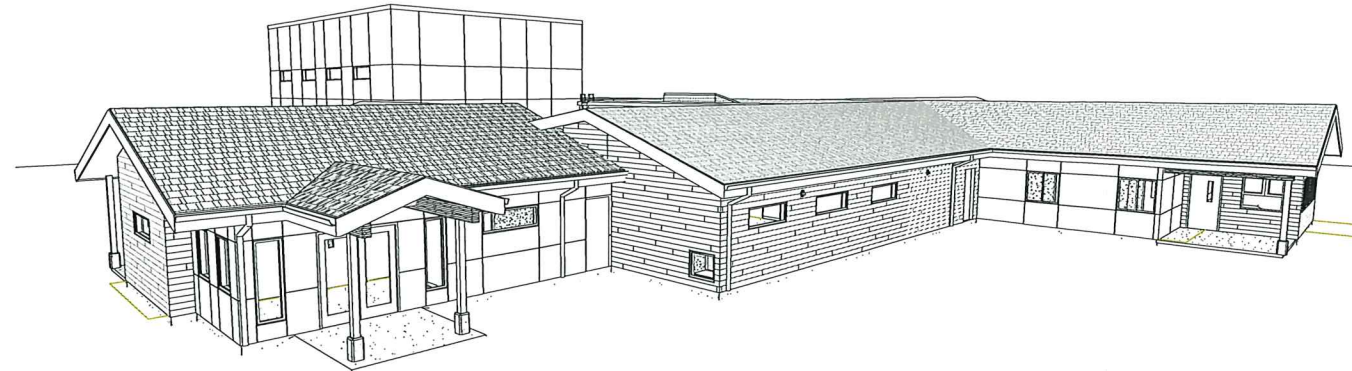
CCS will have a grievance and appeal process as indicated in OAR 309-022-0190.

BOARDMAN REGIONAL CRISIS CENTER
TBD Boardman, OR

PHASE: ZONING APPROVAL
CLIENT: COMMUNITY COUNSELING SOLUTIONS



VICINITY MAP



BOARDMAN REGIONAL CRISIS
CENTER

CLIENT:
COMMUNITY COUNSELING
SOLUTIONS

PROJECT ADDRESS:
TBD Boardman, OR

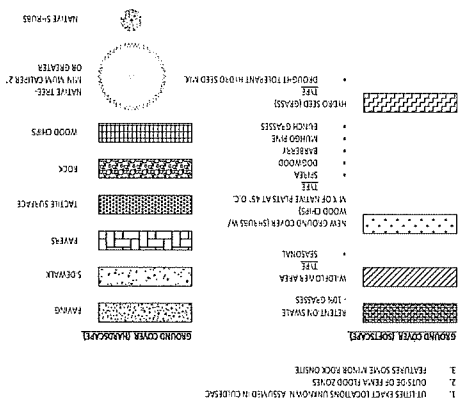
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PROJECT NOS:	2102.BRC
PRIN. INV.:	DYLAN THOMAS
CHECKED BY:	SHAUN CLIFFORD
DATE: 04/05/2023	

DATE	DESCRIPTION	
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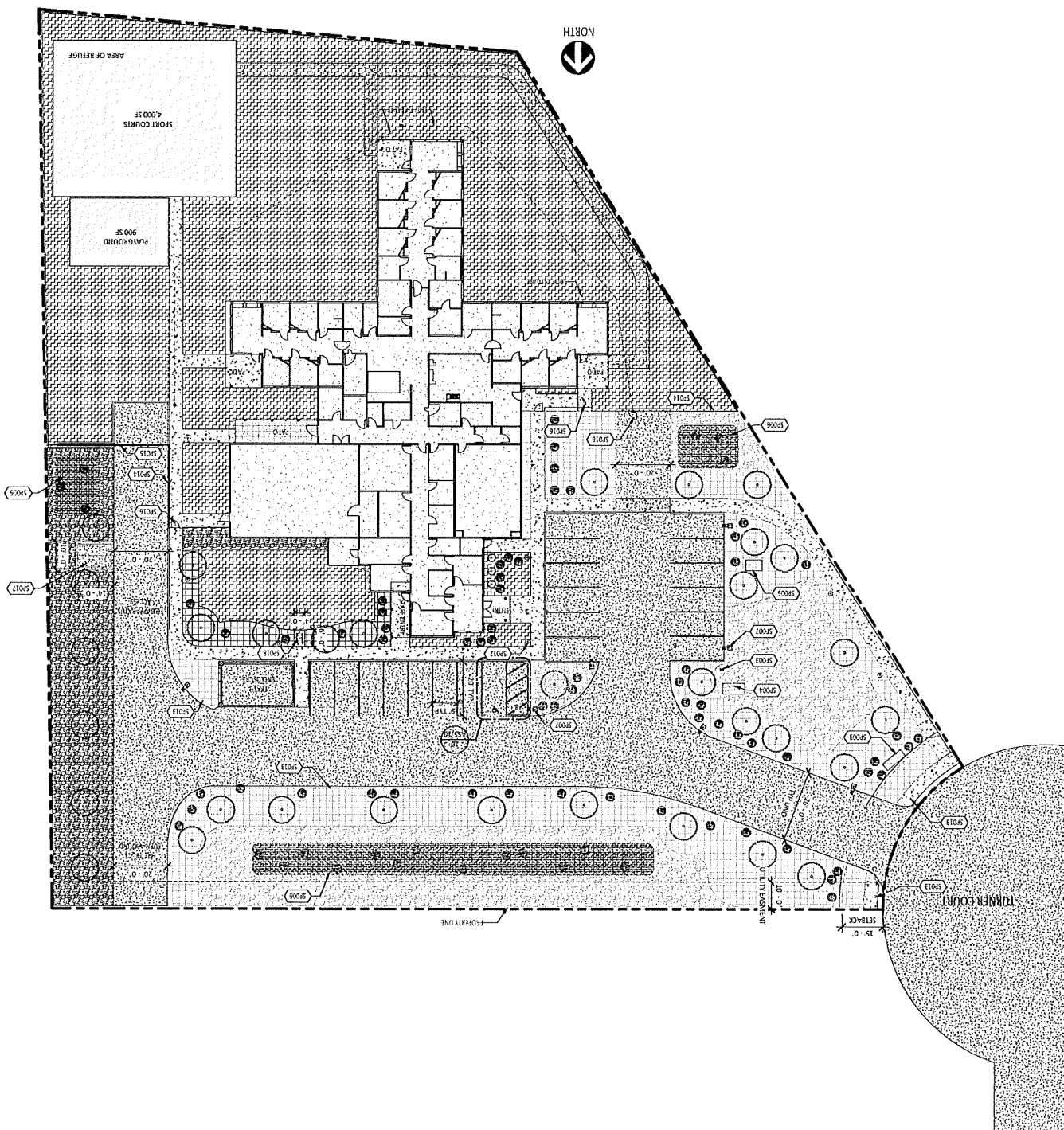
APPROVED FOR	DATE	BY

ZONING APPROVAL 07/23/2021 SHAWN CLIFFOR

[illegible]

- * PARKING REQUIRED
- * BUSSES - 350 SE PER PARKING SPOT
- * 2,300 SE / 350 SE = 7 PARKING SPACES
- * RESIDENTIAL - 1 SPACE PER TWO PATIENT BEDS
- * 16 PATIENTS / 2 = 7 PARKING SPOTS
- * TOTAL PARKING SPACES
- * REQUIRED: 14
- * PROVIDED: 20
- * ADA PROVIDED SPACES FEED (PER OSCC TABLE 1105.1)
- * 1 VEHICLE PER SPACE

2020 2019 2018 2017 2016 2015 2014 2013 2012 2011 2010 2009 2008 2007 2006 2005 2004 2003 2002 2001 2000 1999 1998 1997 1996 1995 1994 1993 1992 1991 1990 1989 1988 1987 1986 1985 1984 1983 1982 1981 1980 1979 1978 1977 1976 1975 1974 1973 1972 1971 1970 1969 1968 1967 1966 1965 1964 1963 1962 1961 1960 1959 1958 1957 1956 1955 1954 1953 1952 1951 1950 1949 1948 1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933 1932 1931 1930 1929 1928 1927 1926 1925 1924 1923 1922 1921 1920 1919 1918 1917 1916 1915 1914 1913 1912 1911 1910 1909 1908 1907 1906 1905 1904 1903 1902 1901 1900 1899 1898 1897 1896 1895 1894 1893 1892 1891 1890 1889 1888 1887 1886 1885 1884 1883 1882 1881 1880 1879 1878 1877 1876 1875 1874 1873 1872 1871 1870 1869 1868 1867 1866 1865 1864 1863 1862 1861 1860 1859 1858 1857 1856 1855 1854 1853 1852 1851 1850 1849 1848 1847 1846 1845 1844 1843 1842 1841 1840 1839 1838 1837 1836 1835 1834 1833 1832 1831 1830 1829 1828 1827 1826 1825 1824 1823 1822 1821 1820 1819 1818 1817 1816 1815 1814 1813 1812 1811 1810 1809 1808 1807 1806 1805 1804 1803 1802 1801 1800 1799 1798 1797 1796 1795 1794 1793 1792 1791 1790 1789 1788 1787 1786 1785 1784 1783 1782 1781 1780 1779 1778 1777 1776 1775 1774 1773 1772 1771 1770 1769 1768 1767 1766 1765 1764 1763 1762 1761 1760 1759 1758 1757 1756 1755 1754 1753 1752 1751 1750 1749 1748 1747 1746 1745 1744 1743 1742 1741 1740 1739 1738 1737 1736 1735 1734 1733 1732 1731 1730 1729 1728 1727 1726 1725 1724 1723 1722 1721 1720 1719 1718 1717 1716 1715 1714 1713 1712 1711 1710 1709 1708 1707 1706 1705 1704 1703 1702 1701 1700 1699 1698 1697 1696 1695 1694 1693 1692 1691 1690 1689 1688 1687 1686 1685 1684 1683 1682 1681 1680 1679 1678 1677 1676 1675 1674 1673 1672 1671 1670 1669 1668 1667 1666 1665 1664 1663 1662 1661 1660 1659 1658 1657 1656 1655 1654 1653 1652 1651 1650 1649 1648 1647 1646 1645 1644 1643 1642 1641 1640 1639 1638 1637 1636 1635 1634 1633 1632 1631 1630 1629 1628 1627 1626 1625 1624 1623 1622 1621 1620 1619 1618 1617 1616 1615 1614 1613 1612 1611 1610 1609 1608 1607 1606 1605 1604 1603 1602 1601 1600 1599 1598 1597 1596 1595 1594 1593 1592 1591 1590 1589 1588 1587 1586 1585 1584 1583 1582 1581 1580 1579 1578 1577 1576 1575 1574 1573 1572 1571 1570 1569 1568 1567 1566 1565 1564 1563 1562 1561 1560 1559 1558 1557 1556 1555 1554 1553 1552 1551 1550 1549 1548 1547 1546 1545 1544 1543 1542 1541 1540 1539 1538 1537 1536 1535 1534 1533 1532 1531 1530 1529 1528 1527 1526 1525 1524 1523 1522 1521 1520 1519 1518 1517 1516 1515 1514 1513 1512 1511 1510 1509 1508 1507 1506 1505 1504 1503 1502 1501 1500 1499 1498 1497 1496 1495 1494 1493 1492 1491 1490 1489 1488 1487 1486 1485 1484 1483 1482 1481 1480 1479 1478 1477 1476 1475 1474 1473 1472 1471 1470 1469 1468 1467 1466 1465 1464 1463 1462 1461 1460 1459 1458 1457 1456 1455 1454 1453 1452 1451 1450 1449 1448 1447 1446 1445 1444 1443 1442 1441 1440 1439 1438 1437 1436 1435 1434 1433 1432 1431 1430 1429 1428 1427 1426 1425 1424 1423 1422 1421 1420 1419 1418 1417 1416 1415 1414 1413 1412 1411 1410 1409 1408 1407 1406 1405 1404 1403 1402 1401 1400 1399 1398 1397 1396 1395 1394 1393 1392 1391 1390 1389 1388 1387 1386 1385 1384 1383 1382 1381 1380 1379 1378 1377 1376 1375 1374 1373 1372 1371 1370 1369 1368 1367 1366 1365 1364 1363 1362 1361 1360 1359 1358 1357 1356 1355 1354 1353 1352 1351 1350 1349 1348 1347 1346 1345 1344 1343 1342 1341 1340 1339 1338 1337 1336 1335 1334 1333 1332 1331 1330 1329 1328 1327 1326 1325 1324 1323 1322 1321 1320 1319 1318 1317 1316 1315 1314 1313 1312 1311 1310 1309 1308 1307 1306 1305 1304 1303 1302 1301 1300 1299 1298 1297 1296 1295 1294 1293 1292 1291 1290 1289 1288 1287 1286 1285 1284 1283 1282 1281 1280 1279 1278 1277 1276 1275 1274 1273 1272 1271 1270 1269 1268 1267 1266 1265 1264 1263 1262 1261 1260 1259 1258 1257 1256 1255 1254 1253 1252 1251 1250 1249 1248 1247 1246 1245 1244 1243 1242 1241 1240 1239 1238 1237 1236 1235 1234 1233 1232 1231 1230 1229 1228 1227 1226 1225 1224 1223 1222 1221 1220 1219 1218 1217 1216 1215 1214 1213 1212 1211 1210 1209 1208 1207 1206 1205 1204 1203 1



① SITE PLAN 1" = 20'-0"

**BOARDMAN REGIONAL CRISIS
CENTER**
CLIENT:
COMMUNITY COUNSELING
SOLUTIONS
PROJECT ADDRESS:
TBD Boardman, OR

NOT REGISTERED ARCHITECT
STATE OF OREGON
PETER E. BAER
RENEWAL DUE 2019

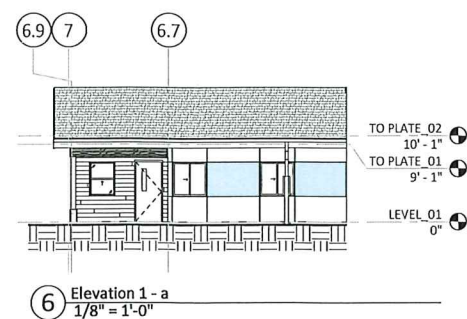
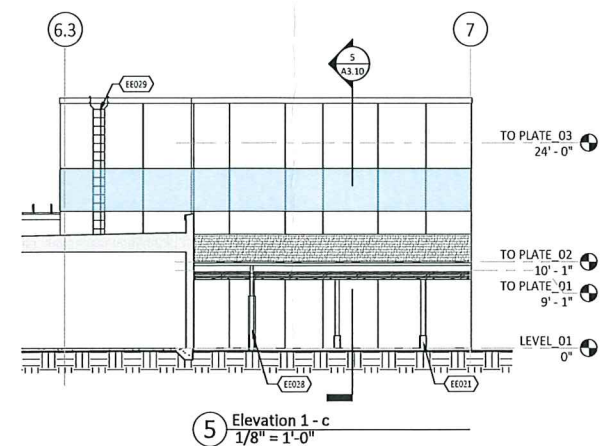
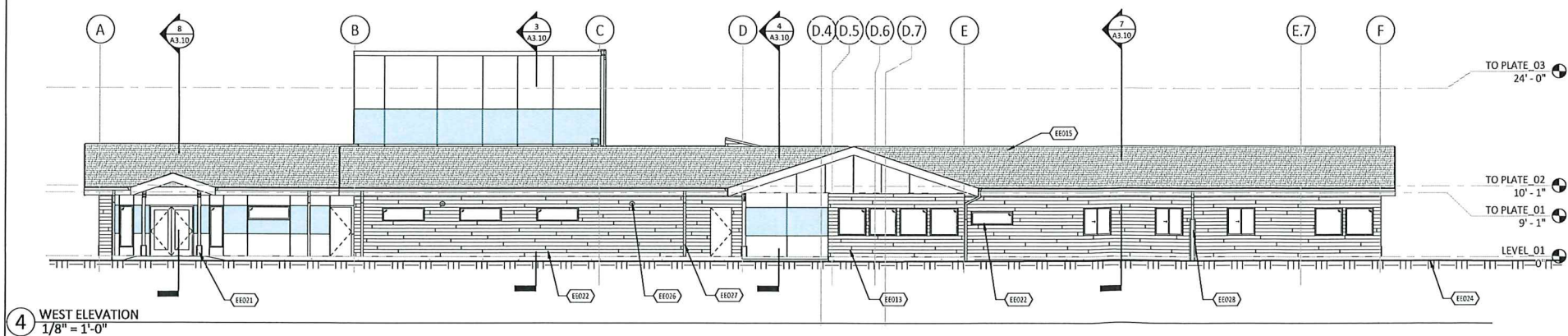
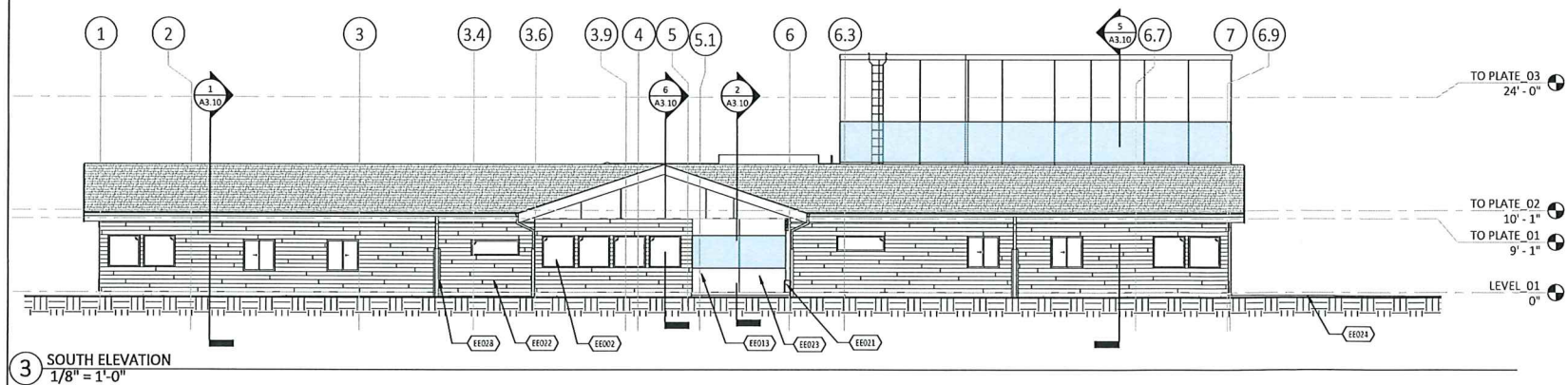
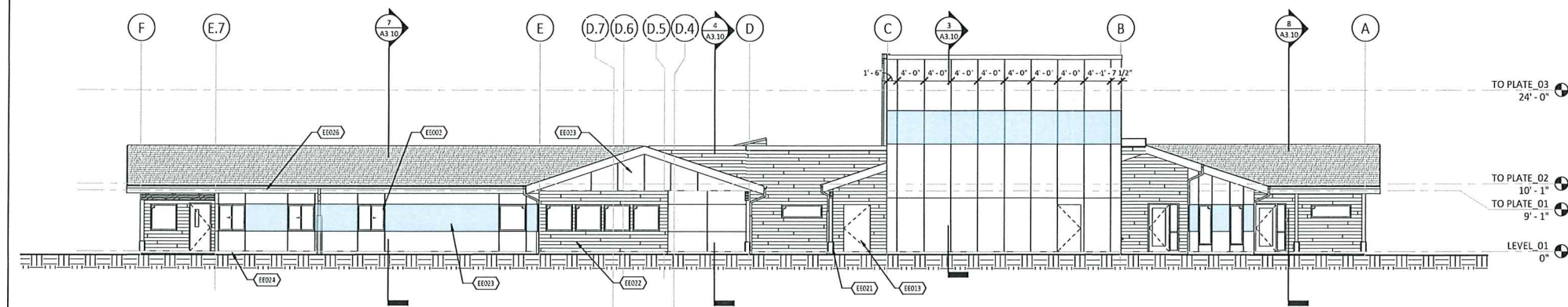
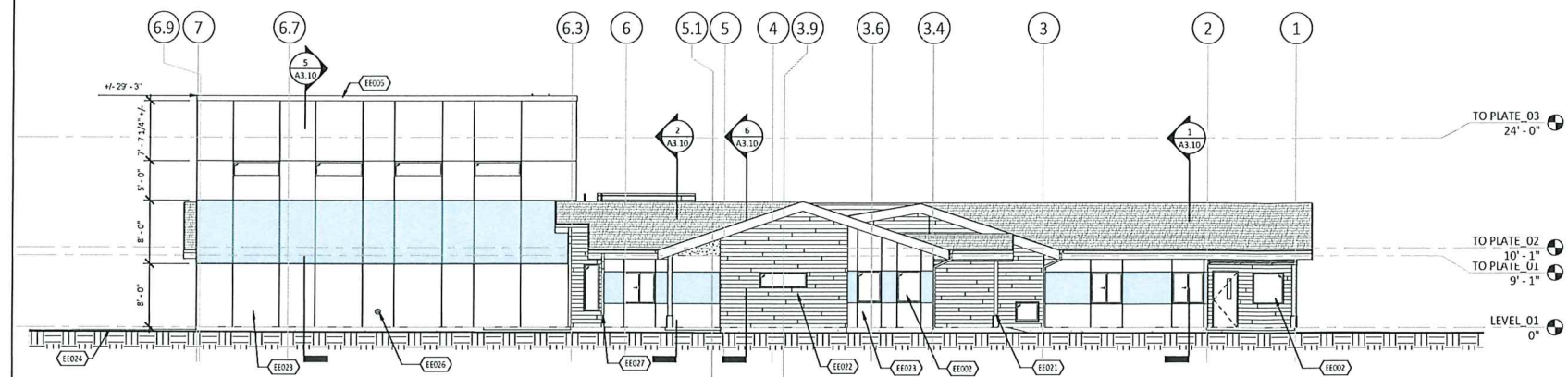
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960 SW DISK DR, SUITE 101
BEND OR 97702

"ENHANCING LIVES AND COMMUNITIES"



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KEYNOTES	
Key Value	Keynote Text
EE002	ALUM NUM W/ COOL
EE005	METAL PAPER GAP
EE013	W/ W. DOORS & FRAME
EE015	ASPHALT ROOFING
EE021	WOOD COULUM W/ CONCRETE BASE
EE022	FIBER CEMENT GAP S/DING
EE023	FIBER CEMENT PANEL S/DING
EE024	4" SLAB ON GRADE W/ THICKENED EDGE
EE026	FIBER CEMENT FACA
EE037	DOWNPOUT
EE038	DOWNPOUT W/ ANTICUMUL WRAP
EE039	ACCESS LADDER



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CENTER

CLIENT:
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SOLUTIONS

PROJECT ADDRESS:
TBD Boardman, OR

APPROVED FOR	DATE	BY
ZONING APPROVAL	07/23/2021	SHAUN CLIFFORD

[illegible]

PROJECT NO: 2102.BRC
DRAWN BY: DYLAN THOMAS
CHECKED BY: SHAUN CLIFFORD
© FINNACLE ARCHITECTURE, INC. 2021 ORIGINAL SHEET SIZE 30"x42"

EXTERIOR ELEVATIONS

A2.10

7/23/2021 8:25:44 AM

MATRIX[®]



HIGH SECURITY PERIMETER ENCLOSURE GRID



FENCE PRODUCTS

AMERISTARFENCE.COM | 888-333-3422

Experience a safer and more open world

AMERISTAR[®]

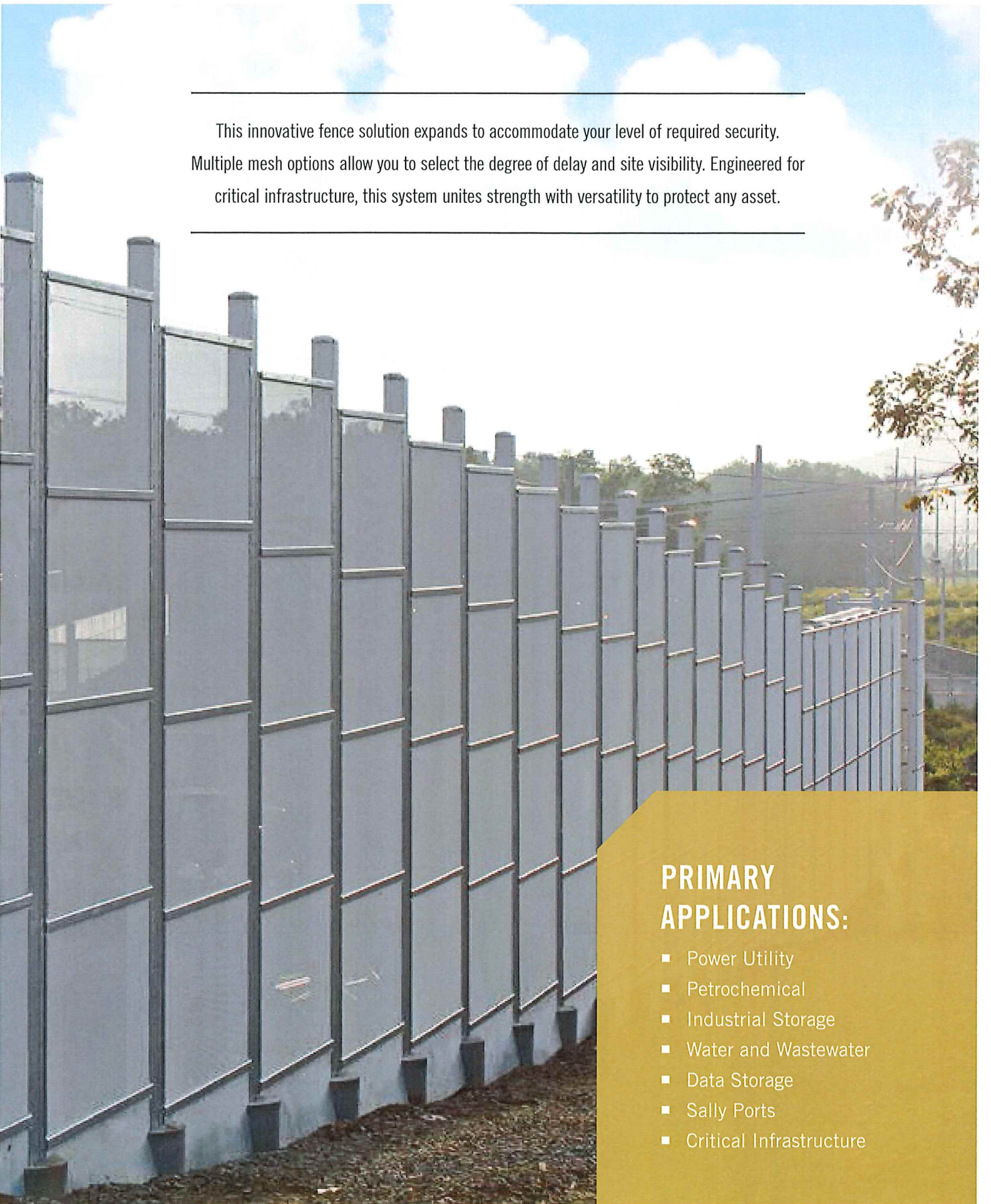
ASSA ABLOY



MATRIX[®]

UNPARALLELED PROTECTION

Security demands are increasing.
Traditional fencing can't keep up,
but Ameristar's **Matrix Systems** can.



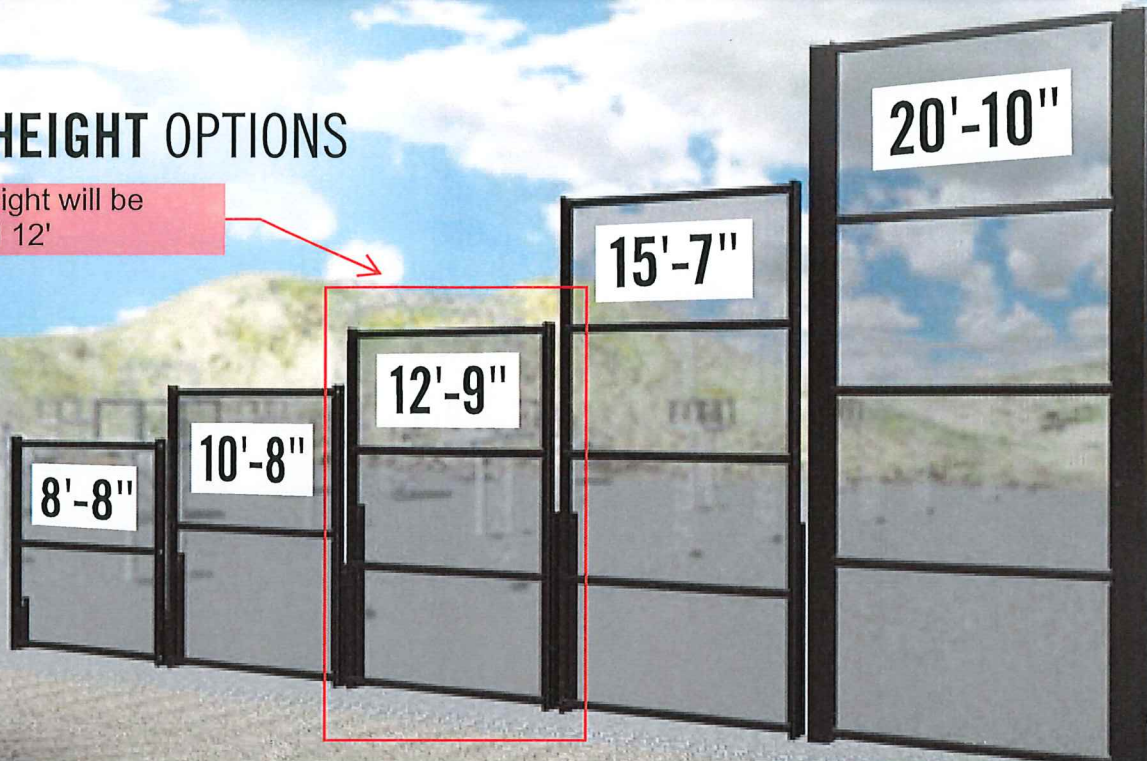
This innovative fence solution expands to accommodate your level of required security. Multiple mesh options allow you to select the degree of delay and site visibility. Engineered for critical infrastructure, this system unites strength with versatility to protect any asset.

PRIMARY APPLICATIONS:

- Power Utility
- Petrochemical
- Industrial Storage
- Water and Wastewater
- Data Storage
- Sally Ports
- Critical Infrastructure

HEIGHT OPTIONS

Our height will be around 12'



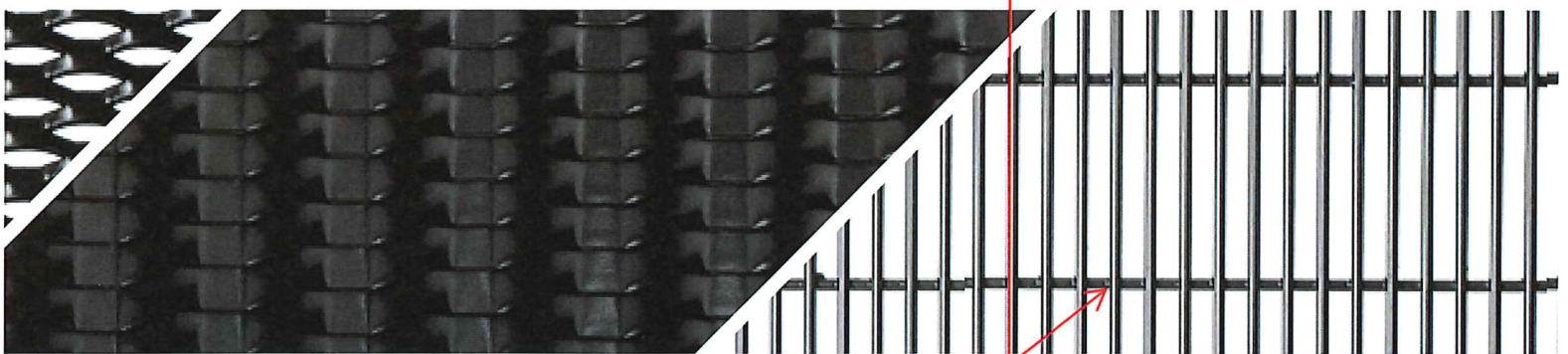
PERMACOAT FINISH OPTIONS

Available in black or gray



BALLISTIC PANEL OPTIONS

Also available (UL 752 - Level 8)



This style of mesh

X-Screen®

94%
OPACITY

1.5" x #14 std. option

Louvered steel mesh provides favorable delay to cut-through threats and maximum visual screening.

WireWorks® 8ga

37%
OPACITY

6ga

43%
OPACITY

.5" x 3" x 8ga & 6ga std. option

Welded Wire steel mesh provides ample delay to cut-through threats and modest visual screening.



PERMACOAT®

- ✓ **MATRIX**
- ✓ **MATRIX HARDENED**
- ✓ **MATRIX ALPHA**

The electrostatic application in the PermaCoat® powder coating system results in coated surfaces with unmatched performance. The base coat of epoxy powder far surpasses the corrosion resisting abilities of painted surfaces. The “no-mar” polyester powder top coat reduces scratches and burnishing marks normally encountered during shipping and installation.

COLOR OPTIONS

Available in black or gray



PERMACOAT LAYERS OF DEFENSE



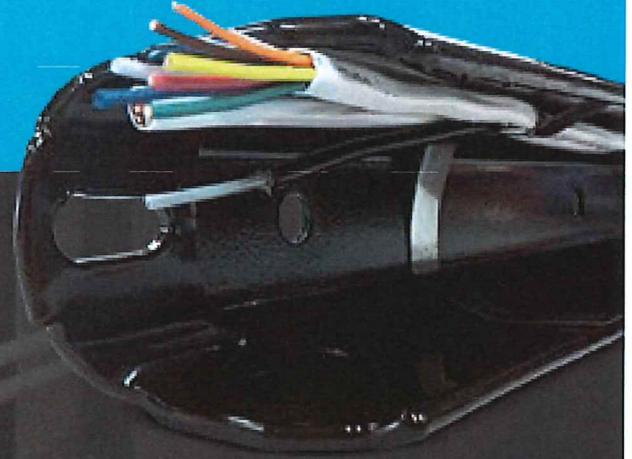
SMART FRAMEWORK

Serving as a raceway for wires and cabling, the Matrix framework creates a smart perimeter platform. The design eliminates the need for costly trenching and boring, saving money without compromising security.

Available on Matrix and Matrix Hardened

The framework houses:

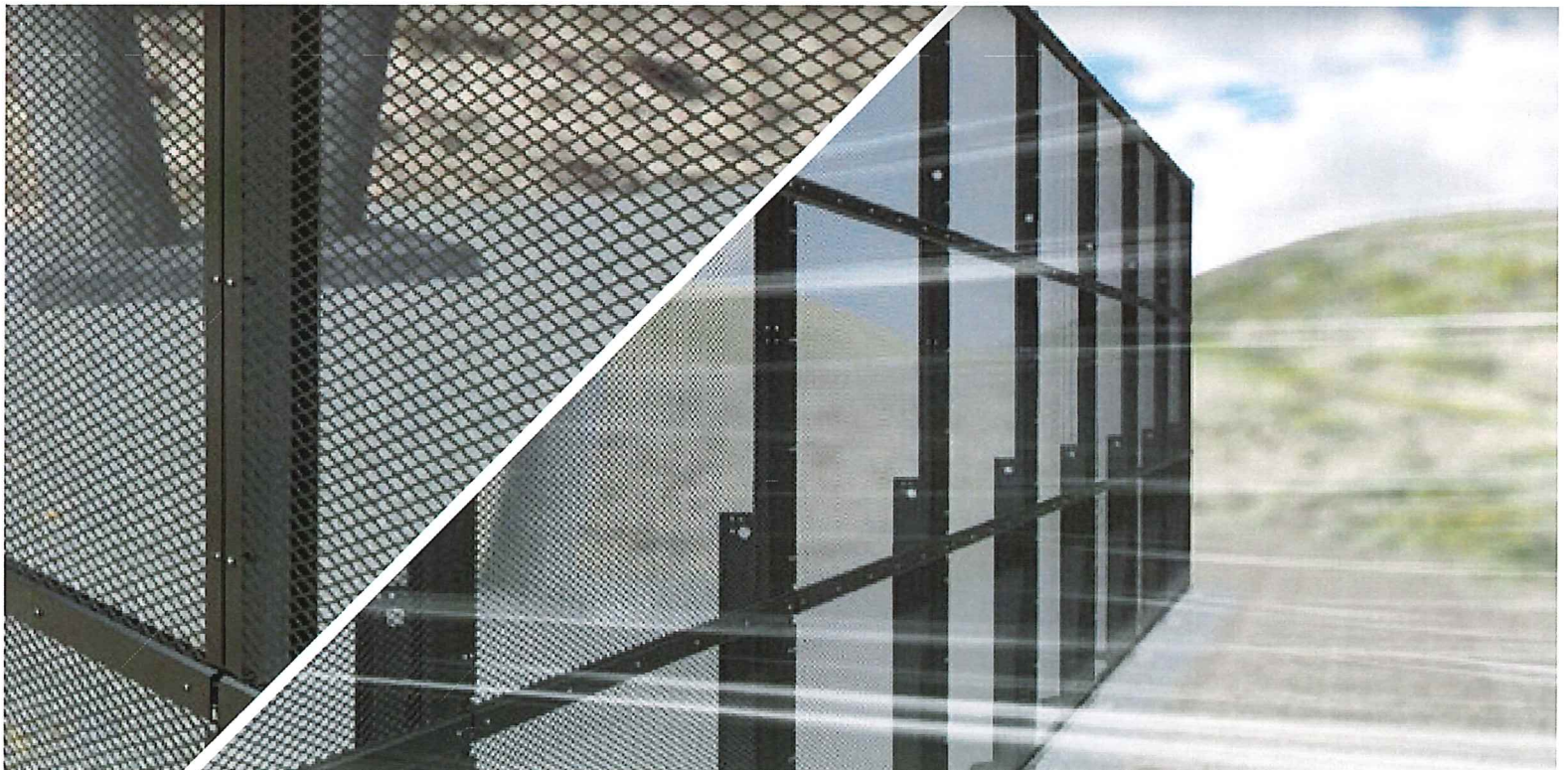
- Communication and video cables
- Intrusion detection/fiber optic cables
- Anti-ram cabling
- Access control wiring
- Conduits



**MEETS ASCE 7-10
EXPOSURE C WIND LOAD**



**EXPANDABLE TO MEET
ASTM F2656 CRASH
BARRIER STANDARD**



April 2017

Edition 7.2



Design Guide for the Built Environment of Behavioral Health Facilities

James M. Hunt, AIA, NCARB

David M. Sine, DrBE, CSP, ARM, CPHRM

***Includes a
Patient Safety Risk Assessment Tool***

The Facility Guidelines Institute

3. Outdoor Areas

Outdoor areas (e.g., enclosed courtyards, fenced areas adjacent to a treatment unit, or an open campus) are considered to have great therapeutic benefit. Because levels of staff supervision for patients using outdoor areas may vary widely between facilities, or even between different groups using the same space at different times, the need for supervision should be carefully reviewed by management early in a design and construction project. The final design for outdoor areas must respond to the acuity and assessment of the most acute patients using the area.

In all cases, careful consideration should be given to exterior landscaping and furniture in the vicinity of buildings used by patients. Trees should be located away from buildings to prevent access to roofs. Climbable fences can permit, if not encourage, unauthorized access to windows and roofs or elopement over walls. Shrubbery should be non-toxic and low-growing. Avoid planting shrubbery close together as it can create visual barriers that patients or unauthorized visitors may hide behind. Landscape or decorative rocks that can be thrown and injure staff or other patients should not be used.

All outdoor furniture should be firmly anchored in place. This will prevent the furniture from being moved to create barricades or stacked to allow climbing over fences, into windows, or onto buildings. Many types of commercially available furniture can be anchored or are made of concrete or other heavy materials.

Buildings, walls, or fences may be used to establish clear boundaries and impede elopement to a degree appropriate to the patient population being served. Some behavioral health organizations are comfortable with a perimeter enclosure that is not particularly difficult to climb and simply make elopements a treatment issue if the patients return. Other organizations have a very high need to reduce elopements to the extent possible. Where this is the case, the enclosures may take on a very prison-like appearance. If views to the distance are not required, one approach is to treat the

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outdoor areas as meditation gardens with solid masonry walls that have a smooth interior surface and are 12 to 14 feet high.