

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, January 14, 2015

Whatcom County Health Department Conference Room

509 Girard Street, Bellingham WA

9:00 – 10:30am

Attendance

Present	Representing
Bernstein, Jill	Citizen Representative
Brubaker, Jeff	Bellingham Fire Department
Deacon, Anne	Whatcom County Human Services
Hovenier, Jack	Consumer Representative
Kruse, Betsy	North Sound Mental Health Administration
Mann, Ken	Whatcom County Council Member
Morgan, Irene	Restorative Community Coalition
Phillips, Chris, Ad Hoc Chair	PeaceHealth St. Joseph Medical Center
Schroeder, Tyler	Whatcom County Executive Office
Walker, Kathy (proxy for Dave McEachran)	Whatcom County Prosecutors Office
Whitcutt, Sandy (proxy for Betsy Kruse)	North Sound Mental Health Administration
Absent	
Parks, Jeff (proxy for Sheriff Elfo)	Whatcom County Sheriff's Office
Staff	
Wight, Dean	WAHA-Facilitator
Smith, Veronica	WAHA

Meeting Summary

1. Call to Order

Chris Phillips called the meeting to order
Agenda and Meeting Summary were approved.

2. Triage Recommendations Discussion

Voluntary vs. Involuntary discussion continued; based on input received since the January 7th meeting.

- Further discussion needed re. hospital services and their involuntary beds-Phase 2
- Kathy Walker reported that the small cities do not believe that having an involuntary Crisis Triage facility would decrease incarceration (low volume)
- Concerns that involuntary would not be the best use of resources
- Need to identify the capacity elsewhere
- Concern expressed that unless both options are available in our community, people will be less successful in their recovery
- NSMHA reported that we are short 40-60 involuntary beds/month in the region
- NSMHA is relocating the 16 bed Evaluation and Treatment (E & T) facility in Skagit in 2018
- Skagit Valley Hospital is increasing its capacity in the near future
- Crisis Stabilization Unit (CSU) vs. Triage Facility
 - CSU is similar to an E & T, hardened, locked, staffed by physicians 24/7, shorter length of stay, limited length of involuntary services

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- E & T is accessed through DHMHP's at PeaceHealth, longer length of involuntary services

Key Points:

- Task Force will not have all of the information about facility changes in the region before making recommendations
- In order to improve coordination between first responders, hospital staff, and triage facility staff, protocols and processes will need to be developed – changing behavior, improving coordination, and collaboration.

Location Discussion

The Ad Hoc Committee reviewed each of the location options and discussed the pros and cons of each, and an unofficial vote was taken as to the preferred location of a new or enhanced Crisis Triage facility.

Key Points:

- Process improvement (above) is critical to success, regardless of where the Crisis Triage facility is located
- Destigmatizing is an important factor (do not locate close to jail)
- Implementing a 10 minute “fit for treatment” protocol (see model in Everett) is necessary for ease of use by first responders

Other Factors

- There is no known benefit in co-locating Work Center and Crisis Triage
- Co-locating with an urgent care facility could provide additional services, additional revenue, and enhanced level of care (integrating physical care with behavioral health). Would require FQHC partnership
- Acute detoxification services may provide added benefit

3. Next Steps

Review of Draft Phase One Report options (January 21, 2016)

(Action item from 1/7/2016 meeting) Tyler Schroeder and Anne Deacon will report regarding funding opportunities in the Governor's supplemental budget.

4. Meeting Schedule

February 01, 2016 Meeting of the Task Force; 311 Grand Avenue, Bellingham WA Rooms 513/514, from 9 – 11am