

**Incarceration Prevention and Reduction Task Force**  
**Triage Facility Subcommittee**  
**DRAFT Meeting Summary for May 26, 2016**

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**1. Call To Order and Agenda Review**

Committee Chair Chris Phillips called the meeting to order at 9:00 a.m. at 9:15 a.m. at the Health Department Lower Level Conference Room, 509 Girard Street, Bellingham.

Members Present: Jeff Brubaker, Jack Hovenier, Ken Mann, Chris Phillips, Tyler Schroeder, Kathy Walker, Sandy Whitcutt, Dean Wight

Also Present: Jill Bernstein, Anne Deacon, Irene Morgan

Members Absent: Jeff Parks

Review April 14, 2016 Meeting Summary

Hovenier moved to approve the April 14, 2016 meeting summary as presented.

The Committee discussed whether St. Joseph Medical Center's psychiatric unit accepts policy hold involuntary individuals as referenced on page 2 of the summary. The discussion noted in the summary was specific to the law regarding the 12-hour hold and whether St. Joe's would be able to take 12-hour holds.

Schroeder moved a substitute motion to approve the minutes with a clarification to page 2 of the summary, "Does not accept 12-hour police hold involuntary individuals because they are full to overbooked with civil commitments."

The motion was seconded.

The motion carried unanimously.

**2. Report from May 2, 2016 Task Force Meeting**

Deacon referenced page three of the draft minutes for the May 2 Task Force meeting and asked if the motion made by Jack Hovenier was for an acute or subacute substance use detoxification license.

Hovenier stated the motion was meant to recommend a license for acute substance use detoxification.

Hovenier updated the committee on the Task Force's action on May 2, 2016 regarding the committee's recommendations.

The committee discussed:

- Reaching out to and allowing the neighborhood and community to provide input on the recommendation to continue the current location.
- Making Task Force recommendations in phase II without political considerations.

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- Investigating whether there are legal barriers to continuing in the current location.

### **3. Work Plan for Phase II**

Phillips stated the direction of this committee and the Task Force is to recommend developing two 16-bed voluntary units at Division Street.

Schroeder referenced page ten of the packet and read the purpose of phase II.

The committee determined that it must continue to refine the recommendation and consider:

- Capital costs of construction
- Operational costs
- Funding sources for both capital and operational expenses
- Developing a request to the State for capital funding from either:
  - A capital request in next year's legislative session for substance use disorder treatment facilities, and/or
  - A grant request for up to \$2 million through the State Department of Commerce, with a preliminary application due July 16, for community mental health crisis triage beds

Deacon described the North Sound Mental Health Administration's (NSMHA) regional Behavioral Health Organization (BHO) needs assessment and proposed response regarding substance use disorder inpatient treatment. There are two parallel processes in the County and Region's plans to relocate substance use disorder inpatient treatment, given the closure of the Pioneer Center Sedro-Woolley facility

- The Region's goal to replace and relocate inpatient beds for substance abuse disorder
- The County's goal to provide an acute detoxification triage facility

The County may be able to apply for the Department of Commerce grant for crisis triage and also continue to work with the Region for capital funding for the substance use disorders. Hopefully the Region would ask for the proposed combined unit. The County is proposing to the Region that it include the substance use disorder treatment, acute detox, and mental health crisis triage.

The committee discussed whether it wants to spend time and resources considering a second location near the hospital.

The committee agreed that its work product for phase II will be to:

- Refine the proposal for the facility
- Identify capital and operating costs and funding options and strategies
- Determine whether there is property near the hospital that can be developed, but focus on Division Street

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Deacon stated the Health Department has done the pre-architectural designs for a facility. This committee can confirm the site and reconfirm the services and facility. They could make some changes from the plan. The architect provided square footage estimates for construction and associated fees.

The committee discussed the process for developing its work product. The committee's recommendations must include performance benchmarks for a triage facility and identify how it would reduce the jail population

The committee agreed that Forrest Longman, the Council's Legislative Analyst, can draw from work done by the County Health Department staff and the Region to draft the committee's phase II recommendations.

Phillips stated the Committee will ask Forrest Longman to develop a refined phase II proposal to deliver to the full Task Force that will:

- Focus on Division Street
- Delineate capital and operational costs and potential funding sources and strategies
- Draw from the Health Department and Region to inform that refined proposal

Mann stated the Task Force must advocate to local and State legislators to make sure funds are budgeted for these services. Mr. Longman can create reports from the work that they're doing, but he isn't authorized to do the research, develop cost estimates, or determine a funding strategy.

Schroeder stated many of the facility and funding specifications they're looking for are required for the Department of Commerce grant application. Phase II should focus on those acquisition requests.

The committee discussed potential triage facility site locations, including sites near the hospital.

#### **4. Nexus of Criminal Justice and Mental Health Systems: What changes are necessary?**

Walker stated she wanted to describe certain real events that happened to illustrate how the criminal justice and mental health systems interact in reality and get feedback to identify gaps and how the systems should work better. The two systems weren't designed to share information. Statute doesn't allow the systems to share information necessary to fill gaps.

The committee discussed:

- Whether this presentation should be given to the full Task Force
- Describing these case studies through three different lenses of the criminal justice system, behavioral health system, and at the point of contact with the designated mental health professional (DMHP)
- Legal barriers:
  - Presenting these case studies would identify individuals and violate the Health Insurance Portability and Accountability Act (HIPAA).

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- Mental health professionals in the system who cannot participate in a case study unless they talk anecdotally and systemically without identifiers
- The ability to discuss what happens during the crisis stage without revealing a specific diagnosis
- How Ms. Walker can present a case study through the criminal justice lens and Ms. Whitcutt can discuss generic situations in a way that will unravel the gaps in the systems
- The framework that allows them to unravel cases as they happen during the crisis phase, on an ongoing basis, to understand what is wrong with the system
- Whether a recommendation of the Task Force would be to advocate to the legislature that laws change to allow more open communication.

Phillips stated they are asking the Prosecutor's Office and the Region to provide case examples of crossover issues to the full Task Force.

Whitcutt stated that to be successful, the intersection of criminal justice and mental health is diversion. The intersection has to be at the point of crisis.

**5. Next Steps: Ideas & Further Information**

Phillips stated the committee already talked about the next steps.

**6. Next Meeting Agenda Topics**

Schroeder stated he and Ms. Deacon may be able to provide an update on the next steps for the Phase II Report.

Hovenier stated have a discussion with Mr. Longman to make sure he has the data he needs to begin drafting the phase II recommendations, which could be ready for the committee in September.

The committee agreed to change the June meeting time to 9:30 – 11:00 a.m. due to scheduling conflicts.

**7. Public Comment**

No one spoke.

**8. Adjourn**

The meeting adjourned at 10:15 a.m.

**From:** [Jackie Mitchell](#)  
**Subject:** Executive Summary for planning document  
**Date:** Monday, June 13, 2016 10:30:01 AM

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## Executive Summary

This report was created for the purpose of informing the North Sound Behavioral Health Organization (BHO) of the existing and future behavioral health service needs in Whatcom County. The particular focus of this report is on treatment facilities. In June of 2018, in-patient and residential Substance Use Disorder (SUD) treatment beds currently located in Sedro Woolley will need to be relocated throughout the region. The facility's lease will terminate at that time. Whatcom County has engaged in an assessment process to determine local needs for these services, in conjunction with regional planning with our four county partners (Island, San Juan, Snohomish and Skagit) and the North Sound BHO.

Recent needs assessments and stakeholder meeting recommendations are a component of the report. The report facilitates a further understanding of the current needs in both substance use disorder treatment and mental health treatment services comprising the behavioral health continuum of care in the county. Many of the needs assessments and stakeholder conclusions resulted in similar findings.

A summary of the findings includes gaps in the county's triage facility capacity and the level of service in both the detox unit and the mental health crisis stabilization unit. Additional findings include the need for local substance use disorder residential treatment facilities and an expansion of medication assisted treatment with physicians willing to prescribe. Finally, identified needs for ongoing recovery support services in the community are outlined including, but not limited to the following,

- recovery house treatment,
- outpatient program capacity,
- staff monitored housing for residents in recovery, and
- an increased quantity of well-trained behavioral health professionals.

More specifically, recommendations of the Crisis Triage center include two 16-bed units joined in one building off a common foyer and intake space, but separately licensed to effectively establish a **Recovery Stabilization Facility**. One unit should be certified as a voluntary **Crisis Triage Program** to receive persons in mental health crisis and another should be an **Addiction Stabilization Center** that is licensed for acute substance use withdrawal. This Center will also serve as a site to initiate medication assisted treatment, and ensure linkages to community providers for ongoing services. The addition of a potential nearby residential treatment program and the development of a **Recovery House** level of care, affirm the possibility of a **Recovery Campus** with patient care ranging from medically monitored detox through outpatient care and into full long term recovery. We look forward to working with our regional partners to build a comprehensive system of treatment and recovery support services.

Happiness is when what you think, what you say, and what you do are in harmony.  
*Mahatma Gandhi*

Jaculine J. Mitchell, MA, LMHC, CDP | Behavioral Health Program Specialist | 360-778-6048  
Whatcom County Health Department | [Website](#)

**[jmitchel@whatcomcounty.us](mailto:jmitchel@whatcomcounty.us)**

Leading the community in promoting health and preventing disease

*\*My incoming and outgoing email communication is subject to public disclosure\**



# Department of Commerce

## 2016 Community Behavioral Health Beds – Acute & Residential Grant Application – State Mental Hospital Diversion Projects

Submission deadline: **Thursday, July 14, 2016** at 5:00 p.m.  
(must be emailed or postmarked)

For questions regarding the application and selection process and submission of the application:

**Pat Gibbon**  
Department of Commerce  
P.O. Box 42525  
Olympia, WA 98504-2525  
(360) 725-3023  
Patricia.Gibbon@commerce.wa.gov

For questions regarding Residential Treatment Facility, Hospital Licensing, or Construction Review:

**Julie Tomaro**  
Department of Health  
(360) 236-2937

**NOTE:** If you are one of the projects listed in Section 1007(3), (4), or (7) of the 2016 Supplemental Capital Budget, please fill out this application to provide us with the information we will need to write a contract for your project. You do not have to submit this form by July 14, but the sooner you provide us with this information, the sooner we can execute a contract and start reimbursing you for eligible project costs.

## Application Due Date: Thursday, July 14, 2016 at 5:00 p.m.

**Please read Section 1007, specifically subsection (5), of the 2016 Supplemental Capital Budget (included at the end of the application) as well as EHB 2212 prior to filling out your information and answering the questions. EHB 2212 can be found at <http://lawfilesexternal.wa.gov/biennium/2015-16/Pdf/Bills/Session%20Laws/House/2212.SL.pdf>**

This application is for grants for construction and equipment costs directly associated with the establishment of community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities (ESFs), crisis triage facilities, and crisis stabilization facilities; secure detoxification facilities and co-occurring treatment facilities; or other transitional facilities that provide for the diversion or transition of state hospital patients.

These funds may not be used for operating costs associated with the treatment of patients using these services.

**Note:** The limit of sixteen or fewer beds only applies to ESFs and crisis stabilization facilities and not to other types of facilities.

Priority for ESF development will be given to new projects that will serve Pierce or King counties and can be ready for licensing within 6 (six) months of grant award. Consideration will also be provided to currently licensed ESFs that are expanding bed capacity.

**Grant Limit:** Each competitive award is limited to \$2.0 million. If you are applying for more than one project you must indicate the priority of the projects. Based on demand, Commerce reserves the right to offer reduced award amounts in order to fully obligate the grant funding. Commerce will notify applicants prior to announcing awards to inform them of a reduced offer. Commerce also reserves the right to prioritize grants to applicants that have not previously received funding through this program.

Applicant: [Click here to enter text.](#)  
Contact Name: [Click here to enter text.](#)  
Phone: [Click here to enter text.](#)  
Email: [Click here to enter text.](#)  
Address: [Click here to enter text.](#)  
City: [Click here to enter text.](#) WA Zip: [Click here to enter text.](#)  
County: [Click here to enter text.](#)  
State Legislative District of the Project: [Click here to enter text.](#)  
Congressional District of the Project: [Click here to enter text.](#)

Is your facility a critical access hospital?  Yes  No

Do you currently have a Certificate of Need for new beds identified in this application (WAC 246-310)?  Yes  No

Would you be exempt from Certificate of Need requirements under EHB 2212 if you receive a grant?  Yes  No

For Certificate of Need questions contact the Certificate of Need Program at the Washington State Department of Health at (360) 236-2955. Funds awarded through this grant process may be contingent on receiving a Certificate of Need, if required for your facility. If a Certificate of Need is required for your facility, please start the application process with the Department of Health as soon as possible. If you are developing an ESF, funds are contingent upon verification by the Aging and Long Term Support Administration that the project plans would address an identified geographic need.

Which license(s) will your project hold?

Acute Care Hospital ( <u>WAC 246-320</u> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Psychiatric Hospital ( <u>WAC 246-322</u> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Residential Treatment Facility ( <u>WAC 246-337</u> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enhanced Services Facilities ( <u>WAC 388-107</u> )	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. List the Managed Care Entity or Entities (MCEs) and contact information of the person(s) you collaborated with to develop this application below. An MCE could include a: Behavioral Health Organization (BHO), Behavioral Health Administrative Services Organization (BH-ASO) or a Managed Care Organization (MCO).

MCE(s):	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Name:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Phone:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Email:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

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MCE Contact Name:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Phone:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Email:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

2. If the project is not at the location above, where is your project located?

Address: [Click here to enter text.](#)  
City: [Click here to enter text.](#) WA Zip: [Click here to enter text.](#)

3. What rural and/or urban area(s) will the facility serve? For rural areas, please include the name of the county (or counties) to be served. For urban areas, please include the name of the cities and county (or counties) to be served.

[Click here to enter text.](#)

4. Please describe your project, including:
  - a. Whether this project is a stand-alone facility or part of a larger facility;
  - b. Total square footage of the project;
  - c. Number of new community hospital inpatient psychiatric beds;
  - d. Free-standing evaluation and treatment facilities;
  - e. Enhanced services facilities;
  - f. Crisis triage centers;
  - g. Crisis stabilization facilities;
  - h. Secure detoxification facilities;
  - i. Co-occurring treatment facilities;
  - j. Other transitional facilities that provide for the diversion or transition of state hospital patients;
  - k. Specific use of state grant funds; and
  - l. Total number of beds.

[Click here to enter text.](#)

5. List any existing licensed facilities that will be part of this project. Include license number and expiration date. If your project involves an ESF, please note that there are federal restrictions that may prohibit supporting ESFs that are attached to or on the campus of a skilled nursing facility or other institutional setting.

[Click here to enter text.](#)

6. What assessment(s) have you completed to show a clear demonstration of need?

[Click here to enter text.](#)

7. Please provide specific performance and outcome measures to ensure the greatest benefit to the region.

[Click here to enter text.](#)

8. What is your commitment to serve persons who are publicly funded?

[Click here to enter text.](#)

9. How long will your project maintain the beds or facility and how will you pay for the on-going operation of the project?

[Click here to enter text.](#)

10. Please list any local resources, including non-Medicaid operating reserves, and regional fund balances that are not contractually encumbered. Please attach Statements of Commitments for any local funding or partnership sources.

[Click here to enter text.](#)

11. What is the projected timeline for your project?

<u>Project</u>	<u>Start Date</u>	<u>End Date</u>	<u>% Completed</u>
<u>Components</u>			
Design	<a href="#">Click here.</a>	<a href="#">Click here.</a>	<a href="#">Click here.</a>
Structural Modification			
or Construction	<a href="#">Click here.</a>	<a href="#">Click here.</a>	<a href="#">Click here.</a>
Occupancy	<a href="#">Click here.</a>		

12. How much money are you requesting from this grant program?

[\\$Click here to enter text.](#)

13. What is the total project cost?

[\\$Click here to enter text.](#)

Cost Category

Budgeted Funds

Site Acquisition	<a href="#">\$Click here to enter text.</a>
Architecture and Engineering	<a href="#">\$Click here to enter text.</a>
Structural Modification or Construction	<a href="#">\$Click here to enter text.</a>
Capitalized Equipment	<a href="#">\$Click here to enter text.</a>
Construction Management (from external sources only)	<a href="#">\$Click here to enter text.</a>
Contingency	<a href="#">\$Click here to enter text.</a>

**Total Project Cost**

[\\$Click here to enter text.](#)

**NOTE:** Commerce does not pay for in-house labor.

What documentation do you have to support the total project cost and timeline?  
Please include a copy of the relevant budget and timeline information used to develop the information above.

[Click here to enter text.](#)



# Department of Commerce

## 2016 Community Behavioral Health Beds – Acute & Residential Grant Application

Submission deadline: **Thursday, July 28, 2016** at 5:00 p.m.  
(must be emailed or postmarked)

For questions regarding the application and selection process and submission of the application:

**Bill Cole**  
Department of Commerce  
P.O. Box 42525  
Olympia, WA 98504-2525  
(360) 725-3005  
Bill.cole@commerce.wa.gov

For questions regarding Residential Treatment Facility, Hospital Licensing, or Construction Review:

**Julie Tomaro**  
Department of Health  
(360) 236-2937

**NOTE:** If you are one of the projects listed in Section 1007(3), (4), or (7) of the 2016 Supplemental Capital Budget, please fill out this application to provide us with the information we will need to write a contract for your project. You do not have to submit this form by July 28, but the sooner you provide us with this information, the sooner we can execute a contract and start reimbursing you for eligible project costs.

## Application Due Date: Thursday, July 28, 2016 at 5:00 p.m.

Please read Section 1007 of the 2016 Supplemental Capital Budget (included at the end of the application) as well as EHB 2212 prior to filling out your information and answering the questions. EHB 2212 can be found at <http://lawfilesexternal.leg.wa.gov/biennium/2015-16/Pdf/Bills/Session%20Laws/House/2212.SL.pdf>

This application is for grants to hospitals or other entities to establish new community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, triage facilities, or crisis stabilization facilities with sixteen or fewer beds for the purpose of providing short term detention services through the publicly funded mental health system.

Enhanced Services Facilities (ESFs) do not qualify for this grant.

**Note:** The limit of sixteen or fewer beds only applies to crisis stabilization facilities and not to other types of facilities. "Short Term" is defined as 72 hours to 14 days.

**Grant Limit:** Each competitive award is limited to \$2.0 million. If you are applying for more than one project you must indicate the priority of the projects. Based on demand, Commerce reserves the right to offer reduced award amounts in order to fully obligate the grant funding. Commerce will notify applicants prior to announcing awards to inform them of a reduced offer. Commerce also reserves the right to prioritize grants to applicants that have not previously received funding through this program.

Applicant: [Click here to enter text.](#)  
Contact Name: [Click here to enter text.](#)  
Phone: [Click here to enter text.](#)  
Email: [Click here to enter text.](#)  
Address: [Click here to enter text.](#)  
City: [Click here to enter text.](#) WA Zip: [Click here to enter text.](#)  
County: [Click here to enter text.](#)  
State Legislative District of the Project: [Click here to enter text.](#)  
Congressional District of the Project: [Click here to enter text.](#)

Will your project be licensed as a psychiatric hospital ([WAC 246-322](#)) or acute care hospital ([WAC 246-320](#))?  Yes  No

Is your facility a critical access hospital?  Yes  No

Do you currently have a Certificate of Need for new beds identified in this application ([WAC 246-310](#))?  Yes  No

Would you be exempt from Certificate of Need requirements under EHB 2212 if you receive a grant?  Yes  No

For Certificate of Need questions contact the Certificate of Need Program at the Washington State Department of Health at (360) 236-2955. Funds awarded through this grant process may be contingent on receiving a Certificate of Need, if required for your facility. If a Certificate of Need is required for your facility, please start the application process with the Department of Health as soon as possible.

Will your project be licensed as a Residential Treatment Facility (WAC 246-337)?  
 Yes  No

1. List the Managed Care Entity or Entities (MCEs) and contact information of the person(s) you collaborated with to develop this application below. An MCE could include a: Behavioral Health Organization (BHO), Behavioral Health Administrative Services Organization (BH-ASO) or a Managed Care Organization (MCO).

MCE(s):	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Name:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Phone:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Email:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

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MCE Contact Name:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Phone:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
MCE Contact Email:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

2. If the project is not at the location above, where is your project located?

Address: [Click here to enter text.](#)  
City: [Click here to enter text.](#) WA Zip: [Click here to enter text.](#)

3. Please describe your project, including:

- a. Whether this project is a stand-alone facility or part of a larger facility;
- b. Total square footage of the project;
- c. Number of new community hospital inpatient psychiatric beds;
- d. Free-standing evaluation and treatment facilities;
- e. Triage facilities;
- f. Crisis stabilization facilities;
- g. Specific use of state grant funds; and
- h. Total number of beds.

Click here to enter text.

4. List any existing licensed facilities that will be part of this project. Include license number and expiration date.

Click here to enter text.

5. What assessment have you completed that the project would meet gaps in geographical access to short term detention services under Chapter 71.05 RCW in your region?

Click here to enter text.

6. What is your commitment to serve persons who are publicly funded and persons detained under the involuntary treatment act at Chapter 71.05 RCW?

Click here to enter text.

7. How long will your project maintain the beds or facility and how will you pay for the on-going operation of the project?

Click here to enter text.

8. What is your commitment to work with local courts and prosecutors to ensure that prosecutors and courts in the area served by the hospital or facility will be available to conduct involuntary commitment hearings and proceedings under Chapter 71.05 RCW?

Click here to enter text.

9. Please list any local resources, including non-Medicaid operating reserves, and regional fund balances that are not contractually encumbered. Please attach Statements of Commitments for any local funding or partnership sources.

Click here to enter text.

10. What is the projected timeline for your project?

<u>Project Components</u>	<u>Start Date</u>	<u>End Date</u>	<u>% Completed</u>
Design	<a href="#">Click here.</a>	<a href="#">Click here.</a>	<a href="#">Click here.</a>
Structural Modification or Construction	<a href="#">Click here.</a>	<a href="#">Click here.</a>	<a href="#">Click here.</a>
Occupancy	<a href="#">Click here.</a>		

11. How much money are you requesting from this grant program?

[\\$Click here to enter text.](#)

12. What is the total project cost?

[\\$Click here to enter text.](#)

Cost Category

Budgeted Funds

Site Acquisition	<a href="#">\$Click here to enter text.</a>
Architecture and Engineering	<a href="#">\$Click here to enter text.</a>
Structural Modification or Construction	<a href="#">\$Click here to enter text.</a>
Capitalized Equipment	<a href="#">\$Click here to enter text.</a>
Construction Management (from external sources only)	<a href="#">\$Click here to enter text.</a>
Contingency	<a href="#">\$Click here to enter text.</a>

**Total Project Cost**

[\\$Click here to enter text.](#)

**NOTE:** Commerce does not pay for in-house labor.

What documentation do you have to support the total project cost and timeline?  
Please include a copy of the relevant budget and timeline information used to develop the information above.

[Click here to enter text.](#)

**Sec. 1007.** 2015 3rd sp.s. c 3 s 1036 (uncodified) is amended to read as follows:  
**FOR THE DEPARTMENT OF COMMERCE**  
Community Behavioral Health Beds - Acute & Residential (92000344)

The appropriation in this section is subject to the following conditions and limitations:

(1) The appropriation in this section is provided solely for the department of commerce, in collaboration with the department of social and health services, to issue grants to hospitals or other entities to establish new community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities, triage facilities, or crisis stabilization facilities with sixteen or fewer beds for the purpose of providing short-term detention services through the publicly funded mental health system. Funds may be used for construction and equipment costs associated with establishment of the community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities, triage facilities, or crisis stabilization facilities. These funds may not be used for operating costs associated with the treatment of patients using these services. The department shall establish criteria for the issuance of grants and priority must be given to those proposals to establish new community hospital inpatient psychiatric beds or free-standing evaluation and treatment facilities. The criteria must include:

(a) Evidence that the application was developed in collaboration with one or more regional support networks, as defined in RCW71.24.025;

(b) Evidence that the applicant has assessed and would meet gaps in geographical access to short-term detention services under chapter 71.05 RCW in their region;

(c) A commitment by applicants to serve persons who are publicly funded and persons detained under the involuntary treatment act under chapter 71.05 RCW;

(d) A commitment by the applicant to maintain the beds or facility for at least a ten-year period;

(e) The date upon which structural modifications or construction would begin and the anticipated date of completion of the project;

(f) A detailed estimate of the costs associated with opening the beds;

(g) The applicant's commitment to work with local courts and prosecutors to ensure that prosecutors and courts in the area served by the hospital or facility will be available to conduct involuntary commitment hearings and proceedings under chapter 71.05 RCW; and

(h) A lack of local resources, including nonmedicaid operating reserves, and regional fund balances that are not contractually encumbered.

(2) To accommodate the emergent need for inpatient psychiatric services, the department of health and the department of commerce, in collaboration with the department of social and health services shall establish a concurrent and expedited process for the purpose of grant applicants meeting any applicable regulatory requirements necessary to operate inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities, triage facilities, or crisis stabilization facilities.

(3) The following list is subject to the criteria in subsection (1) of this section:

Cascade mental health	\$3,000,000
<del>((Woodmont))</del> Kent recovery center	\$5,000,000
Parkside conversion to behavioral health beds	<del>(\$3,000,000))</del>
	<u>\$4,000,000</u>
<del>((Navos behavioral health center for children, youth &amp; families</del>	<del>\$2,000,000))</del>
Central Washington comprehensive mental health	\$2,000,000
Swedish Ballard psychiatric unit	\$3,000,000
Substance abuse & mental health facilities	\$2,000,000
Fairfax behavioral health - Providence health & services facility	\$1,000
Daybreak Youth Services	\$1,500,000

(4) Multicare-Franciscan joint venture \$5,000,000

(5) State Mental Hospital Diversion Projects \$7,552,000

(a) The appropriation in this subsection is provided solely for the department of commerce, in collaboration with the department of social and health services and the health care authority, to issue grants to entities for the development of facilities that provide for the diversion or transition of patients from the state hospitals.

(b) Funds may be used for construction and equipment costs directly associated with the establishment of community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities, crisis triage centers, and crisis stabilization facilities; secure detoxification facilities and co-occurring treatment facilities; or other transitional facilities that provide for the diversion or transition of state hospital patients. These funds may not be used for operating costs associated with the treatment of patients using these services.

(c) The department, in collaboration with the department of social and health services and the health care authority, shall establish criteria for the issuance of grants including but not limited to: (i) A clear demonstration of need; (ii) a commitment to serving persons who are publicly funded; (iii) a commitment to maintain the beds or facility for at least a ten-year period; and (iv) specific performance and outcome measures to ensure greatest benefit to the region. The department may only fund proposals that provide evidence that the application was developed in collaboration with one or more behavioral health organizations as defined in RCW71.24.025 or the health care authority in the case of an application submitted from a region that has become an early adopter of integrated medical and behavioral health services pursuant to RCW71.24.380(5). In awarding these funds, the department must prioritize an equitable distribution for facilities in both rural and urban areas with the greatest demonstrated need.

(6) Competitive grants \$10,499,000

(7) Clallam county respite center \$847,000

Appropriation:	
State Building Construction Account—State	<del>(\$32,000,000)</del>
	<u>\$44,399,000</u>
Prior Biennia (Expenditures)	\$0
Future Biennia (Projected Costs)	\$0
TOTAL	<del>(\$32,000,000)</del>
	<u>\$44,399,000</u>

#### **4. Intersection of Criminal Justice and Mental Health Systems**

McEachran described a mental health case study that the jail and Prosecutor's Office recently experienced. Law enforcement is trying to protect the person. If the mental health system won't protect the person, then it's left to law enforcement and the jail. The mental health providers are saying the person is okay, and then the person is released from mental health care. The City and County don't want to move forward with charges because there is an issue of competency. The question is how to help this person and the public.

Anderson stated they can't prosecute someone who can't appreciate the criminal proceedings because of their mental health. For serious felonies, people will be sent to Western State, where providers will work with the defendant so they can eventually stand trial. Misdemeanor cases don't go through that process for several reasons.

The Task Force members discussed:

- Making sure community providers and family members are involved in the process
- The lack of outpatient services and long-term inpatient facilities to help people with significant problems
- Whether good treatment while in jail can be provided as part of the legal process for those who are too aggressive and difficult for an outpatient facility or the hospital
- Whether a more robust crisis prevention and intervention team (CPIT) program would help to keep certain people out of jail
- Figuring out a system to connect people to necessary services when they are released from jail.
- Mental health treatment standards, which are extremely restrictive so people aren't institutionalized on a flimsy basis. The County designated mental health professionals (CDMHPs) have a limited number of options for helping people.
- How law enforcement and other professionals approach people who are in a state of crisis.
- The Housing First model.
- The importance to let legislators know what isn't working. There must be communication.

Anderson stated about half of her clients have a mental illness, but only about two percent are incompetent. She described the procedure for handling those who are incompetent:

- They spend 14 days in jail before incompetency orders can be filed
- It's a month before Western State Hospital makes their evaluations
- It's 60 days before their first competency restoration period

Until these individuals receive treatment at Western State Hospital, they may sit in jail for months without medication. The jail can't forcefully administer medication.

Bernstein stated Bellingham Police Sgt. Cristelli has said the 40 hour per week CPIT program is working well. The Task Force can recommend that the CPIT program be expanded to include 24/7 on call CPIT staff.

Schroeder stated he would like to hear about a similar scenario from the perspective of the behavioral health providers, specifically the constraints they experience and the applicable laws.

Mowery stated the Crisis Oversight Community Group includes individuals involved in housing and crisis response discuss these issues from that perspective.