DRAFT Meeting Summary for August 18, 2016

1. Call To Order

Committee Member Jack Hovenier called the meeting to order at 9:00 a.m. in the Health Department Lower Level Conference Room, 509 Girard Street, Bellingham.

Members Present: Jack Hovenier, Jeff Parks, Tyler Schroeder, Sandy Whitcutt, Dean Wight

Also Present: Anne Deacon

Members Absent: Jeff Brubaker, Ken Mann, Chris Phillips, Kathy Walker

Review June 18, 2016 Meeting Summary

There were no changes

2. Review North Sound Behavioral Health Organization (BHO) Crisis Stabilization Standards

Deacon referenced the BHO Crisis Stabilization Standards for Adults, beginning on packet page five. Deacon and Whitcutt reported on the standards:

- Item III of the procedures and standards are the BHO priorities, which are to divert people from a higher level of care, such as hospitals
- The BHO has minimized the exclusionary criteria, which are shown in Item IV(B)
    - The Department of Health Residential Treatment Facilities (RTF) generally excludes level 3 sex offenders from facilities, but it is reviewed on a case-by-case basis
    - Detox intake is supposed to check criminal backgrounds from the Washington Access to Criminal History (WATCH) database
- According to 42 Code of Federal Regulations (CFR), they can't get shared information on substance use, so they wrote the policy for what they can do
- Everyone can request direct referrals
- At this time, the facility is a stabilization facility, but there aren't any regulations for a facility of that name. When it becomes a licensed triage facility, the regulations will be much more stringent.

The Committee discussed facility and program licensing:

- Whether operational funding could be impacted before the facility is certified and licensed
- Make sure the facility becomes an official triage facility to ensure the programming is based on a Washington Administrative Code (WAC)
- The Department of Commerce grant indicates they intend to build a certified triage facility
- The Task Force has recommended a certified triage facility

- There was a concern that Medicaid wouldn't pay for emergency medical service (EMS) transport to a non-licensed facility, but it's not an issue here
- Once certified, Medicaid will cover the cost of EMS transport to the facility
- Mental health staff are not allowed to provide to the EMS staff the information necessary to complete the required paperwork for transport reimbursement, due to privacy requirements

3. Review updated pre-architectural designs and cost estimates

Deacon submitted and described a handout of the 2010 proposed facility schematic (on file). The updated cost estimates are included in the Department of Commerce grant, on Committee packet page 25, for the mental health part of the facility:

- Expand the facility footprint by 12,220 square feet, for a total of approximately 18,050 square feet.
- Detox will be housed in the existing building, which needs to be remodeled
- They schematic will be updated because it will not include a seclusion and restraint area
- The kitchens will only be warming kitchens for delivered food
- The existing triage facility will become the acute detox area, and the new expansion will be the mental health stabilization area.
- The area shown as the existing kitchen is for the work center.
- The updated schematic will likely reflect one centralized kitchen.

The committee discussed:

- How people with both mental health and substance use issues are housed:
  - The State may require that people with mental health issues are separated from people with substance use issues
  - The behavioral health community is working to educate the State about the best way to work with people with co-occurring disorders
  - The trend is moving toward integration
- The necessity of and cost to remodel the existing facility
  - To avoid a service shut-down, build the addition, move people from the existing facility to the new addition, and then remodel the existing facility
  - Request the architect to update the schematic and provide an approximate remodel cost estimate to include in the Phase II report. Include the difference in cost between a total program shut-down during construction and remodel and a phased construction/remodel to avoid a program shut-down.

4. Costs and funding

Capital funding:

- A request of up to $2 million from the Department of Commerce
- Behavioral Health Fund has dedicated $3 million

- The North Sound Behavioral Health Organization has committed up to $2.5 million to a Whatcom County facility
- If the County doesn't receive the Department of Commerce grant, the $3 million from the Behavioral Health Fund may be bonded for additional money
- They County is working with the BHO on a State capital fund request for the recovery center, which is the back-door service to the triage center.

Operational funding:

- The North Sound BHO pays for detox and stabilization operational services, using both Medicaid and non-Medicaid dollars
- The Committee should determine how much the regional BHO anticipates it will pay toward annual operational costs
- The State plans to integrate behavioral health services with primary care medical services in 2020, in the hope of turning over those integrated services to commercial health plans
    - High risk, acute, and chronic sufferers may still have to be managed by the regional BHO
    - There are no assurance that a commercial health plan would prioritize these services
    - Crisis services are not part of managed care organizations (MCOs).
    - There hasn't been discussion yet about where triage services will go

Whitcutt stated she will get the information on the Snohomish County triage center operational cost, which will be relevant to the operational costs that they will expect for Whatcom County.

5. Discussion of secondary Triage Facility sites

Hovenier submitted a handout (on file) about available real estate in Bellingham. Nothing looks viable for a triage center location.

6. Recommendations that need to go into the draft Phase II Report

Schroeder stated the information in the grant application, including the cost estimates and schematic design, would be used to answer the required information in the Phase II report.

Hovenier stated the Phase II would include background information and construction data in the narrative:

- Information contained within the Department of Commerce grant application
- The likely range of costs

Deacon stated she would like the Task Force to advocate to the State, particularly the State legislature and Health Care Authority, to ensure operational funding in perpetuity.

Schroeder stated use the information from the Commerce grant, the background information on the mental health side, and the cost. Reach out to Ron Wright to update the schematic design and make a cost estimate on the remodel. Get some background information on anticipated operational cost using Snohomish County as the example. All that information would be included in the Phase II report. They can provide more specifics in the Phase III Report.

Whitcutt stated include the cost of operating an acute detox facility. She can provide information on the mental health operational costs.

Schroeder stated he and Forrest Longman will incorporate this information into a draft Phase II report for the committee.

Wight asked if Ms. Deacon's suggestion for advocating for long-term operational funding is to get a State-level commitment that there will be an expectation on the part of the MCOs to follow-through with operational funding when integration happens.

Deacon stated that's correct. She will bring forward a proposed recommendation for that advocacy.

Whitcutt stated triage facilities must bill insurance companies when possible. They must work with the MCOs to make sure triage facilities are entities that accept their insurance.

Deacon stated the Washington State Association of Counties (WSAC) should lobby for it.

The committee discussed the necessity a public process about the locating the triage facility permanently at the existing location, as the Sheriff recommended and the Task Force voted to do. Get a policy statement from the City from the Mayor or City Council to say they accept that the facility will locate there permanently.

The committee also discussed the impact to the work center building from a new triage facility and the Phase I Report promising to review workforce training opportunities to staff the new triage facility.

- Recognize that the work center building has a limited lifespan as it's used now
- The possibility of using the space in the future to expand the triage facility or as a recovery house
- The issue of behavioral health workforce development is a more community-wide issue that goes beyond this facility
- The Phase II Report can recognize that workforce development was a Phase I request, but it's a larger community discussion that should be accomplished as a whole by the entire behavioral health community

Hovenier stated the bulk of the Committee's recommendations for the Phase II Report have already been forwarded to and approved by the Task Force.

7. Public Comment

There was no public comment.

8. Adjourn

The meeting adjourned at 10:15 a.m.

2011-2012
PIERCE COUNTY COMMUNITY CONNECTIONS
CHEMICAL DEPENDENCY UNIT
ESTIMATED EXPENDITURE NARRATIVE

AGENCY: Metropolitan Development Council **PROGRAM:** Detox 2011-2012

REVISION NUMBER: 1 **July 22.2011**
8.03.2011

FUND SOURCE: OTHER FUNDS

LINE ITEM DESCRIPTION:	BASIS OF CALCULATION:
Miscellaneous	Includes property taxes and professional licenses fees
3257 Claimed	OK
Indirect	Administrative costs @16.2% of expenses less pass through
167,344	—
Claimed OK	16.2 % on 1,032,990 OK

BE SURE TO ENTER EXPENDITURE INFORMATION FOR COUNTY FUNDS ON PAGE 1

2011-2012
PIERCE COUNTY COMMUNTIY CONNECTIONS
CHEMICAL DEPENDENCY UNIT
ESTIMATED REVENUE NARRATIVE

AGENCY: Metropolitan Development Council **PROGRAM:** Detox 2011-2012

REVISION NUMBER: 1
8.03.2011

FUND SOURCE: COUNTY FUNDS

LINE ITEM DESCRIPTION:	BASIS OF CALCULATION:
County State Funds	Grant amount
County Title 19 Match	Title 19 Match funds amounts
Program Income	Fees paid by individuals, interest charges, donations
Title 19	Title 19 Funds paid for services provided to eligible participants
DBHR Youth	Grant amount
MDC Undesignated	Funds contributed my MDC undesignated funding sources which are not Federal in origin

BE SURE TO ENTER REVENUE INFORMATION FOR OTHER FUNDS ON PAGE 2

2011-2012
PIERCE COUNTY COMMUNITY CONNECTIONS
CHEMICAL DEPENDENCY UNIT
ESTIMATED REVENUE NARRATIVE

AGENCY: Metropolitan Development Council **PROGRAM:** Detox 2011-2012

REVISION NUMBER: 1 **7.22.2011**
8.03.2011

FUND SOURCE: OTHER FUNDS

LINE ITEM DESCRIPTION:	BASIS OF CALCULATION:

BE SURE TO ENTER REVENUE INFORMATION FOR OTHER FUNDS ON PAGE 2

Comparison of Detoxification Service Types | 2016

Detox Type	Sub-Acute (Social)	Acute (Medical) Freestanding	Hospital Based- Medically Managed
Type	Clinically Managed Residential Detoxification	Medically Monitored Inpatient Detoxification	Medically Managed Intensive Inpatient Detoxification
ASAM Level	3.2 D	3.7 D	4D
Level of severity	Moderate withdrawal management.	Severe withdrawal	Severe withdrawal management
Primary Goal	Support and supervision to increase the likelihood of continuing recovery.	Medical Stability as needed, support and supervision to increase the likelihood of continuing recovery. (includes initiation of meds and tapering)	Medical stability, other support as needed.
Secondary Goal	Emphasis on peer and social interaction	Biopsychosocial stability, intervention and linkages to services	Biopsychosocial stability, intervention and linkages to services
Medications	Ordered by a physician, self -administered	Administered by a medical personnel or by other staff supervised by medical personnel	Administered by a medical personnel or by other staff supervised by medical personnel
Medical Presence	Medical evaluation and consultation are available, acute care needs addressed by hospital.	24-hour medically supervised, nursing services, physician available 24/7.	24/7 medical supervision in a psychiatric or inpatient unit.
Medicaid payment	$108.36 bed day	$252.00 per bed day	Ranges from $268 to over $1200 depending on pop. served.
Staffing	Non-medical supervision 24/7. One CDP required assess each client. Other staff with non-licensed staff 40 hours of training.	24/7 medical screening, supervision as needed and clinical supervision. (RN's LPN's, counselors, social workers, etc. 24/ 7	24/7 medical and clinical supervision. Physician, PA, or ARNP, available and active member of interdisciplinary team. Other clinician available 8 hours per day.
SAPC	No	No	Services paid by Medicaid!

Additional Information-
WAC 388.877

(3) An agency providing detoxification services to an individual must:

(a) Be a facility licensed by department of health under one of the following department of health chapters:

(i) Hospital licensing regulations (chapter **246-320** WAC);

(ii) Private psychiatric and alcoholism hospitals (chapter **246-322** WAC);

(iii) Private alcohol and chemical dependency hospitals (chapter **246-324** WAC); or

(iv) Residential treatment facility (chapter **246-337** WAC);

(b) Be licensed by the department as a behavioral health agency;

(c) Meet the applicable behavioral health agency licensure, certification, administration, personnel, and clinical requirements

Clark County- Lifeline has been operating an acute and sub-acute detox program since 2006 - we just recently dropped the sub-acute and currently only operate an acute program. We are a non-IMD program (16 beds). We have 2 to 4 individuals on shift (more during the day vs the night). We have one LPN on shift 24/7 and detox aides (i.e. support staff) that make up the other individuals on shift. We have a psychiatrist that does rounds two days per week and we have a nurse practitioner that does rounds three days per week (no rounds on the weekends). We also have our nurse practitioner on-call for any medical emergencies or after hours intakes. We have one FTE CDP who works a day shift and our Program Director who runs the program is an RN, she also works the day shift.

Lakeside Milam is a 3.7. ST. Peter's is another III.7,
Evergreen Health- Monroe

Definitions

Acute Detox (Medical) –

Acute detoxification services – A method of withdrawing a patient from alcohol or other drugs where nursing services and medications are routinely administered under physician supervision to facilitate the patient's withdrawal. Services include medical screening of patients, medical detoxification of patients, counseling of patients regarding their illness, to stimulate motivation to obtain further treatment, and referral of detoxified patients to other appropriate treatment programs.

Subacute (Social) Detoxification Services-

A method of withdrawing a patient from alcohol or other drugs utilizing primarily social interaction between patients and staff within a supportive environment designed to facilitate safety for patients during recovery from the effects of withdrawal from alcohol or other drugs. Withdrawal medications are ordered by a physician and self-administered by the patients, not staff. Services include screening of patients, non-medical detoxification of patients, counseling of patients regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxified patients to other appropriate treatment programs.

Whatcom Social Detox acts as a para-acute detoxification service. Most of our intoxicated individuals have a history of acute withdrawal and chronic addiction and are transported from detox to the hospital or are taken directly by law enforcement, family members, etc. to the hospital, medicated to stability and transported to detox.

Substance Abuse Protective Custody-

A service which utilizes RCW 70.96A.120 to initiate 8-hour holds on people with substance use disorders (SUDs) who while intoxicated are a danger to themselves or someone else. The law was designed to allow a Peace Officer or a county designated staff person to conduct the hold. Whatcom County is the only county in the state using RCW 70.96A.120 and we have been providing SAPC services for approximately 25 years. Police meet the contracted, agency on-call staff at the hospital where the "hold" is placed. Generally, people are restrained until their BAL drops and they become cooperative. Frequent referrals are made to the DMHPs. The staff person monitors vitals signs, supports the person in withdrawal, and makes efforts at getting the person to engage in detox services.

Whatcom Community Detox conducted an average of 148 8-hour holds last year. Only 14% of those holds resulted in voluntary stays at Detox. People who are unsafe to discharge home or to the street and who decline services at detox are referred to the hospital social worker for possible mental health commitment. This service saved 778 hours of law enforcement and hospital staff time in 2014 and offset costs in those systems.

The original plans for the Whatcom Triage facility included 2 rooms with reclining chairs for these holds to take place directly at Triage. However, we lacked sufficient medical staff to ensure these holds could take place.

TRIAGE FACILITY AD HOC COMMITTEE REPORT

The Phase I report included an extensive discussion of the current status of behavioral health crisis and detox facilities as well as the challenges which exist in that arena. The recommendations of the committee had not been considered by the full Task Force at the time of the Phase I report, it has since been further refined and considered by the full Task Force.

The Task Force unanimously makes the following recommendation:

1. Develop two 16 bed units joined in one building off a common foyer with an intake space; one unit licensed as a mental health Crisis Triage Unit and the other licensed for acute substance detoxification.
2. The 16 bed mental health Crisis Triage Unit will be certified as a voluntary unit with enhanced security to be further identified and agreed upon in the Phase 3 recommendations.
3. The siting of the facility shall be further research in order of priority:
    a. The current Whatcom County Triage Facility on Division Street
    b. Another location near PeaceHealth/St. Joseph Medical Center and downtown Bellingham (currently unidentified). A final location recommendation will be made following public input and other analysis in the Phase III report.

Additionally, it is important that the County support the development of a continuum of care. These facilities will be effective only if there are sufficient resources to support individuals once they have recovered from the immediate crisis.

Comment [FL1]: There may be more to say about this?

Facility Sizing

Crisis Triage Unit

The Whatcom County Crisis Triage Program, specifically the mental health stabilization services, has a current capacity of five beds. This program provides treatment to adults who are experiencing acute mental health distress. These five beds, which are increasingly well utilized, can prevent psychiatric hospitalization and ensure smooth transitions for people exiting psychiatric hospitalization. The Crisis Triage program is located at the same facility as the Whatcom County detox program. The detoxification program often refers people with co-occurring disorders directly to the Crisis Triage Program upon completion of detox.

The Triage facility was recently remodeled to eliminate “dorm style” beds and created three single rooms and one double bedroom. This remodel improved usability of the space by affording privacy and allowing all admissions, regardless of gender, up to the five bed total. The average daily census for our Crisis Triage program has increased each month since the remodel from 3.10 in 2015 to 4.17 over the first six months of 2016.

Several factors were considered to estimate the additional Crisis Triage beds required to meet the needs of the community:

- A survey of First Responders who are not currently referring people to Crisis Triage;
- The impact of new program practices which broadens the scope of referrals to Crisis Triage;
- Single bed certifications where voluntary referrals to Crisis Triage would be an appropriate alternative;
- The North Sound BHO's waitlists for other county Crisis Triage facilities; and
- Population growth for 2020 calculated at 8%.

A review of current surveys, data and research provided the following estimates for additional beds to meet the demands for services at Whatcom's Crisis Triage facility.

1. Whatcom Alliance for Health Advancement (WAHA) conducted a one month survey which revealed that First Responder staff could have brought 59 people to the triage facility if there had been beds available (WAHA IPRTF Phase One Report, March 2016). Based on this information, an increased capacity to a total of **9.5** beds is easily justified for five-day stays.

2. Many community professionals and First Responders appear reluctant to refer clients to Crisis Triage having had several clients denied access due to a lack of bed space in the past. However, recently the program has promoted new practices, one of which relates to a broader acceptance of referrals from community professionals who are not Mental Health Professionals. Whatcom County has a variety of outreach professionals who often encounter people with troubling symptoms of mental illness which require skilled interventions. During a recent two week survey, Crisis Triage staff indicated that they had received 25 referrals, which is twice the referral rate of the entire first half of the year. At that rate, ongoing referrals from community professionals could increase the need for beds by as much as **8.1** beds per month.

3. Crisis Triage has implemented practices to ensure transitional (step-down) capacity for local and regional psychiatric hospitals and the jail, all of which house people with symptoms of serious of mental illness. People with serious symptoms of mental illness who are discharged from PeaceHealth St. Joseph Medical Center or the Whatcom County Jail need transitional capacity in the community. PeaceHealth has 20 psychiatric in-patient beds for voluntary patients as well as for patients who meet criteria for involuntary treatment pursuant to the state law, RCW 71.05. Whatcom County has consistently had the second highest rate per capita of involuntary commitments in the entire state for more than five years. PeaceHealth has a Specialized Emergency Care Unit (SECU) designed to manage patients with serious mental illness who are waiting for involuntary beds. PeaceHealth makes frequent single bed certification (SBC) requests to the state to use SECU beds for treatment when regional psychiatric beds are full.

Comment [FL2]: Is there a source for this?

During a 30 month period ending in June 2016, the total number of SBCs at PeaceHealth reached 703 or nearly 23 SBCs per month. Research from Washington State Institute for Public Policy (WSIPP) found that 31% of statewide evaluations for involuntary commitment resulted in voluntary referrals for mental health services in 2014. Using the WSIPP's finding to estimate the approximate number of SBCs which

could have been referred to voluntary services (including a Crisis Triage Program) predicts another **3.8 beds** per month are needed.

4. The waitlists for other Crisis Triage programs in our region is currently around **.6** beds per month. This raises the bed rate by almost 1 bed per month. This data includes the most recent year to predict the region's needs.

5. Taking into account the increased population in 2020, an additional **1.1 beds** is required to meet the community's need.

The sum of the above estimated beds required equals 23 beds total. However, current Medicaid regulations provide optimal funding to 16 bed units. In order to optimize Medicaid funding, as well as create a therapeutic environment, the Task Force recommends creating a facility of 16 beds, increasing the capacity of the Crisis Triage facility by 11 beds.

Comment [FL3]: Is there more to say here?

Crisis Triage Unit Voluntary Status Why?

Comment [FL4]: The phase one report says that the Council can expect a greater discussion of this in phase 2. The notes I reviewed were not enough.

Acute Substance Detoxification Unit

Whatcom Community Detox (WCD) is a sub-acute (social) detox model, as opposed to an acute or medical model. Detoxification and crisis services are considered "Intervention" services on the PITA continuum. Medical staffing is limited in the sub-acute model and Whatcom County detox data trends reflect the fact that we have incurred both a loss of beds and a simultaneous increased demand for services. Our detoxification program dropped from ten beds in 2003 to eight beds in 2005. Fewer people have been admitted to detox in recent years as staff have made strides to ensure that people were clinically stabilized prior to discharge. As a result, more bed days were utilized for existing patients, which made fewer beds available for new admissions. In addition, special medication assisted withdrawal protocols for opiate addiction, requiring extended stays for monitoring placed a premium on detox beds. In 2009, we introduced tapering for opioid use disorders (OUDs.) At that time, tapering was an inexpensive and appropriate response to a burgeoning opiate crisis.

Comment [FL5]: What is this

Clients admitted to detox often have a higher level of symptom acuity and co-occurring disorders than in previous years. Thus, medication assistance for withdrawal is a more frequent response made by our subacute detoxification and local hospital staff. Frequently, clients are transferred from one facility to the other in order to ensure appropriate medication administration. As soon as the medications are administered, and the client is stabilized, he/she is transferred to our subacute detox for further monitoring. Two years ago, PeaceHealth determined that the hospital could no longer provide medications to people discharging from the hospital's Emergency Department. This policy change resulted in the need for detox to dispatch a staff person to a pharmacy to secure medication for clients entering detox from the Emergency Department. This "para-acute" detoxification system has evolved over time to meet the demand of uninsured people with severe alcohol withdrawal and a more complex drug addicted clientele.

Over the last few years, the incidence of callers requesting detoxification services increased, indicating a greater demand than ever for detoxification services. The Health Department conducted a one month survey of calls related to detox admission denials to provide missing data regarding the need for additional beds and services.

In the month of March 2016, the Health Department verified a total of 120 calls from 86 people who called to attempt a detox admission but who were refused due to lack of beds. Out of those 86 people, 45 needed withdrawal services for either drugs or alcohol and drugs, while 41 people needed withdrawal from alcohol only. The distinction is important since the length of stay for Medicaid rules is 3 days for alcohol withdrawal and 5 days for drug withdrawal. Although detox stays are sometimes extended for clinical reasons, there is no way of determining which callers would have needed an extended stay once admitted. The same issue applies to detox as to MHT that, over time, people discontinue inquiries about bed space due to the consistent difficulty in obtaining an admission. Nevertheless, the number of people denied services due to a lack of beds was 86 as shown in the table below.

Comment [FL6]: What is this? Mental Health Treatment?

An additional 348 bed days is presumed to be needed to enhance our existing detox program. Self-referrals made up 65% of all referrals while 12% were referrals from the PeaceHealth Emergency Department. The rest of the referrals were from family, friends, Bellingham Police Department, and other clinical programs.

The Health Department calculated the total bed days needed to ensure ample detox services for Whatcom County's future growth up to 2020. An estimate of 8% increase in population was used along with the figure of 85% full capacity for utilization. The 85% capacity figure is a standard used by the North Sound for residential facilities throughout the region.

Additional Beds Needed for Withdrawal Management

(Based on 2020 Population Growth)

	Bed days	Average Daily Census	85% Occupancy	Additional Beds Needed
Scope Admissions	314	10.1		
Denials	348	11.2		
2020 Population Growth at 8%	53			
Total	715	23.5	20	15

This data suggests that demand exists for a 20 bed facility. However, again, the limitations of Medicaid funding dictate that the facility should be no more than 16 beds.

Detox acute or sub-acute

Comment [FL7]: Phase one promised to talk about this.

Co-location of Triage Crisis Unit and Detoxification Unit

Co-locating these facilities helps streamline operations and creates operational efficiencies. Additionally, it allows joint assessment of persons in crisis brought in by law enforcement or EMS. This supports the goal of simplifying drop-off for law enforcement and EMS. A survey of those groups as part of the needs assessment revealed that in many cases law enforcement and EMS will often not take people in crisis to the current center because it is too often full and the drop-off process can be too time consuming. The committee heard consistently, that if drop-off could be accomplished in 10 minutes the majority of the time and there was more space available, law enforcement and EMS would be much more likely to use the facility. The committee recommends that protocols to accomplish these goals be put in place at any new facility.

Facility Location

The priority location of the new Triage facility is the Division Street property that houses the current Triage facility and the County's Work Center. The advantages and disadvantages of such a location were discussed in the Phase I report, but bear repeating:

- The land owned by the County, this makes the entire project more affordable.
- Preliminary design work for remodel and addition was done in 2010, reducing the cost of design.
- The location is close enough to downtown, the hospital, and the freeway to not create significant difficulties for law enforcement and emergency medical services (EMS) over other locations. This is especially true if the time it takes law enforcement and EMS to drop off individuals is sufficiently brief.

Comment [FL8]: Is this true?

There are downsides to the Division Street location

- Public transportation is limited, which can make it difficult for self-referral/walk-in patients. The Triage Subcommittee has sent a letter to WTA to encourage them to improve access to Division Street. This is also an issue for jail diversion programs (work crew, electronic home monitoring, etc.) because those too are located at the Work Center.
- When the County purchased the Division Street property for the Work Center, it was imagined as an interim location until new jail was built and the Work Center services moved there. The County made non-binding assurances to the City of Bellingham and the neighbors in the area that the location would be sold and returned to commercial use at that time. This option would all but preclude a private, commercial future for the property. Given the success of the facility and limited impact of the Work Center on the neighbors, this may not be an issue, but the County should perform public outreach to further investigate. The City of Bellingham has not raised this as an issue.
- It would require temporary relocation of current crisis triage program.
- It would have an as yet unknown impact on current Jail Alternatives/Work Center facility.
- There may be a stigma associated with locating at the Whatcom County Interim Work Center site.

The alternative location the Triage Committee reviewed is at location close to PeaceHealth St. Joseph's Medical Center (no precise location or lot was identified). The advantages to such a location include:

- Ease of drop-off by law enforcement/emergency medical services.
- Ease of transfer to/from the PeaceHealth emergency department.
- Better access by public transportation
- Avoids the stigma associated with co-locating with a criminal justice facility.

However, there are significant challenges to this alternative.

- There is limited availability of land around PeaceHealth. Additionally, the cost of land in that area would represent a large portion of the overall costs and could impact the County's ability to build the facility.
- The County could face significant neighborhood resistance in this area. A triage/substance abuse facility may not be welcomed in residential areas where it could be perceived as potentially impacting public safety or property values.

None of the downsides to locating at Division Street are insurmountable, while the financial realities and political challenges of locating in another, more heavily residential location may prove to be too high a barrier. The committee will continue to evaluate both locations.

Cost Estimates and Funding Sources

The current modeling assumes that Whatcom County will build and maintain the facility and the Northsound Behavioral Health Organization would be the primary funder of services at the facility. Adults with Medicaid or who are low-income will be the major recipients of services. No budget has been developed for the operations of the facility.

The capital budget assumes existing space in the Work Center building would be remodeled to house the 16-bed detox facility. An addition to the building would house the 16-bed Triage facility.

The Health Department has estimated the total cost of the proposed Triage facility to be $4,730,569. A more detailed budget worksheet can be found as Attachment X.

The renovation of the existing facility to repurpose it as a 16-bed detox facility has not been thoroughly budgeted, but rough estimates have been developed by an architect and the Northsound Behavioral Health Organization. Based on these conversations, the estimated cost is $1.6-$1.8 million.

The Health Department estimates a total project cost of $6.5 million.

The primary funding source for this project is the behavioral health sales tax fund. Currently, there is $XYZ in this fund. The County could also issue a bond against future revenues from this tax. Additionally, the County is pursuing additional funding for this project from the state. A recent grant application to the Commerce Department was not

funded, but Northsound BHO intends to include funding for this project in a future request for the state budget.