

Incarceration Prevention Reduction Task Force Triage Facility Ad Hoc Committee Meeting

December 10, 2015

Whatcom County Health Department, 509 Girard Street, Bellingham WA
9:00 – 10:30am

AGENDA

Time	Topic	Purpose	Responsible	Attachment
9:00 5 minutes	1. Welcome and Introductions		Co-Chairs	
9:05 10 minutes	2. Modifications to Statement of Work Review suggested clarifying modifications	Review and approve	Chris Phillips	Statement of Work
9:15 20 minutes	3. Behavioral Health - Releases from Jail	Information and Discussion	Jackie Mitchell	To be distributed at meeting
9:35 20 minutes	4. Whatcom County Prosecutor Position Paper re. Triage Facility and RCW 10.31	Information and Discussion	Kathy Walker	Position Paper re Triage Facility Licensing
9:55 25 minutes	5. Review Existing Utilization Data <ul style="list-style-type: none"> • Identify additional data needed 	Discussion	Chris Phillips	2012-2015 Crisis Triage Summary NSMHA Whatcom Data 2015 Services Enrollment
10:20 5 Minutes	6. Next Steps		Chris Phillips	
10:25	7. Meeting Schedule <ul style="list-style-type: none"> • December 17, 2015 9-10:30am, WCHD • January 07, 2016 9-10:30am, TBD • January 14, 2016 9-10:30am, TBD 	FYI	Chris Phillips	
10:30	8. Adjourn		Chris Phillips	

Incarceration Prevention and Reduction Task Force Triage Facility and Facility Programming Ad Hoc Committee

DRAFT Statement of Work

Statement of Purpose

The purpose of the Incarceration Prevention and Reduction Task Force is “to continually review Whatcom County’s criminal justice and behavioral health programs and make specific recommendations to safely and effectively reduce incarceration of individuals struggling with mental illness and chemical dependency, and minimize jail utilization by pretrial defendants who can safely be released” (Ord. 2015-037; Ord. 2015-025; County Code 2.46.020).

The purpose of this Ad Hoc Committee is to make recommendations to Task Force regarding the construction and operation of a new or expanded multi-purpose crisis triage facility to assist with jail and hospital diversion of individuals struggling with mental illness and/or chemical dependency (County Code 2.46.030). ~~These recommendations~~

Recommendations will take national best practices into account, as well as the work of the other two Ad Hoc Committees.

~~The~~ Goals of Expanded Crisis Triage Service in Whatcom County

- Improve the ability of law enforcement or emergency medical services to divert mentally ill citizens directly to a Triage Facility or a Crisis Stabilization Unit (CSU) and return to their duties
- Improve the ability of law enforcement or emergency medical services to divert citizens struggling with chemical dependency directly to a Triage Facility or a Crisis Stabilization Unit (CSU) and return to their duties
- Improve access for individuals who are seeking treatment for chemical dependency or mental health concerns
- Provide a clear point of entry (no-wrong door) to access behavioral health services in Whatcom County
- Consider the ability to hold and treat unsafe citizens involuntarily until they have stabilized their symptoms and are safe to return to the community
- ~~Look at potential whole person care as it relates to innovative models of care~~
- Consider opportunities for integrating medical and behavioral health services
- Create clarity around the options for voluntary and involuntary treatment, and provide that information to the Task Force
- Provide comprehensive discharge planning to ensure citizens are connected to and engaged in available treatment services upon their return to the community (warm hand-offs)

Scope (Project Tasks)

- ~~Assemble existing data~~
- Collect, including relevant population prevalence and utilization (~~prevalence~~) data
- Develop options
- Look at feasibility
- Identify a model/models for consideration and a population (voluntary or involuntary) make a recommendation
- What is the Put forth feasibility of this project considerations
- Consider, at a later time, the option of including an urgent care facility at the same location as the proposed facility as ancillary or complementary services.
- ~~Conduct needs assessment~~
- Define the purpose of the proposed facility
- Identify the population it will serve

Incarceration Prevention and Reduction Task Force Triage Facility and Facility Programming Ad Hoc Committee

DRAFT Statement of Work

- Identify what services are currently offered
- Identify appropriate staffing structure
- What are our funding sources for capital costs?
- What are our funding sources for operations?
- Develop revenue and expenditure projections
- Determine license requirements
- Obtain clarity re. RCW 10.31.110
- Identify appropriate location(s)
- Identify appropriate services prior to client entry into facility (easy access/no wrong door)
- Identify appropriate resources and supports for client departures from facility (warm hand-offs)

Deliverables for Phase One Deadline (February 9, 2016)

Review current practices and assigned resources, (facilities, programs, funding sources), and develop goals for new or modified programs, and projected operational objectives. Determine licensing requirements and program components. Provide general information on expenditures and sustainable revenue projections.

Schedule of Work (need to set dates)

The Task Force and the Ad Hoc Committees that are engaged in the Phase One work are functioning under a narrow timeframe for the successful delivery of their initial report to the Whatcom County. With a Phase One delivery date of February 09, 2016.

- Workgroup meeting schedule
 - December 10, 2015
 - January 7, 2016
 - January 14, 2016
- Benchmarking Completed by: no date assigned
- All Tasks identified in Scope assigned to/completed by: no date assigned

Measures of Success

Information and recommendations to the Task Force within the defined periods

Identified Best Practices

Incorporate as appropriate for our work and any appropriate additional best practices that meet nationally recognized standards.

- SAMHSA's Gains Center
- VERA Institute of Justice
- National Association of Counties
 - Stepping Up Initiative
- Council of State Governments Justice Center
- Other national standards

***Incarceration Prevention and Reduction Task Force
Triage Facility and Facility Programming Ad Hoc Committee***
DRAFT Statement of Work

Other Ad Hoc Committees

The work of the Behavioral Health Programs and Services Ad Hoc Committee will inform the work of Triage Facility and Facility Programming Committee in Phase One through its review of current behavioral health programs and services that are in operation in Whatcom County, and through the development of recommendations for improvements to current programs and services.

The work of the ~~Non-Behavioral Health Programs and Services~~Legal System Ad Hoc Committee will inform the work of the Triage Facility and Facility Programming Committee in Phase One through its review of current ~~non-behavioral health~~ programs and services that are in operation in Whatcom County, and through the development of recommendations for improvements to current programs and services.

The work between Ad Hoc Committees is interrelated and interdependent.

DRAFT

WHATCOM COUNTY PROSECUTOR POSITION PAPER

TRIAGE FACILITY LICENSING AND RCW 10.31

There are several things that should happen or be analyzed before millions of dollars are spent to expand or build a new Triage Facility **if the goal is to create a facility that can be utilized as an alternative to jail**:

- (a) Before it is possible for an officer, "who has reasonable cause to believe that an individual has committed **acts constituting a non-felony crime that is not a serious offense as identified in RCW 10.77.092**" (RCW 10.31.110(1), CAN refer an individual to treatment at a Crisis Stabilization Unit (CSU) or Crisis Triage Facility (CTF), ***mutually agreed upon standards allowing this practice must have been developed with the prosecuting authority and implemented.***

What this means is all the City Attorneys and the Whatcom County Prosecutor, in collaboration with the law enforcement agencies within their respective jurisdictions, must either independently or collaboratively develops unified standards allowing the diversion of misdemeanor offenders to a properly licensed Triage Facility. It is important to note that these unified standards would **exclude charges per 10.77.092 which includes, along with certain felony charges, any offense listed in RCW 10.99.020 (DV), listed as harassment in RCW 9A.46 and 9.41(firearms and dangerous weapons).** Some of the misdemeanor offenses excluded are as follows:

- Assault 4 – RCW 9A.36.031
- Reckless Endangerment – RCW 9A.36.050
- Coercion – RCW 9A.36.070
- Malicious Mischief III – RCW 9A.48.090
- Violation of any type of restraining/no contact order whether it is temporary/permanent
- Harassment – RCW 9A.46
- Telephone Harassment – 9.61.230
- Criminal Trespass II – RCW 9A.52.080
- Criminal Trespass I – RCW 9A.52.070
- Stalking – RCW 9A.46.110
- Cyberstalking – RCW 9.61.260
- Unlawful Discharge of a Laser – RCW 9A.49.030
- Interfering with reporting/DV – RCW 9A.36.150

The key here is to know if the prosecuting authority in each jurisdiction within Whatcom County is willing to develop and implement standards that allow offenders to be diverted from standard trial tracks pursuant to RCW 10.31. The scope of diversion would be limited due to the exclusion of the above-outlined offenses. **NOTE: The County Prosecutor is willing to facilitate the collaboration with the City Attorneys.**

- (b) An expanded Whatcom Triage Center, or a replacement facility, **must be granted a license as either a CSU (Crisis Stabilization Unit) or CTF (Crisis Triage Facility) by the State Department of Licensing and certified by the State Department of Health in order to house defendants involuntarily pursuant to RCW 10.31.** The current license for the Triage Center only allows it to function as a Residential Treatment Facility (RTF). This licensing process, which includes an application, can take 9-18

months. **See the report** titled, "Inpatient Psychiatric Capacity and Utilization in Washington State", which is **the first of three research papers the Washington State Institute on Public Policy (WSIPP) is going to publish between now and December, 2016, for the state legislature regarding mental health.** The critical issue here is to determine whether the facility can and should be licensed to handle involuntary commitments in order to facilitate diversion of misdemeanor defendants pursuant to RCW 10.31.

- (c) The current Triage Center, according to staff at the Health Department, has been underutilized for the stated reason that the physical configuration of the sleeping area is inadequate, e.g. can't separate committees by gender or symptom acuity. The facility has existed in this condition for nine years and its underutilization has been publicly reported since at least 2009. The question here pertains to whether the remodeled facility will sufficiently resolve the under-utilization issue and if not, how does this impact the design of a new Triage facility.

DATA ABOUT MENTAL ILLNESS IN WASHINGTON STATE AND WHATCOM COUNTY

The Washington State Institute on Public Policy (WSIPP) in its report entitled, *Inpatient Psychiatric Capacity and Utilization in Washington State*, indicated that its staff was able to calculate for 30 states, including Washington, "prevalence estimates of the number of adults with mental health disorders from the National Survey on Drug Use and Health (NSDUH) survey which includes a clinically validated measure of mental illness covering two populations.

The first population is defined as those adults who experience a **diagnosable mental health condition at some point during a prior twelve month period**. The authors of the report indicate that **"About 24% of adults in Washington State met criteria for a mental health disorder (such as depression, schizophrenia, or bipolar disorder) in the 2010-11 NSDUH survey"**. The authors further indicated that **"it is important to note that diagnosable mental health conditions may or may not interfere with daily functioning"**. This article suggests that diagnosable mental health conditions are episodic and the presence of such a condition does not necessarily mean these individuals cannot function in society or that they are incapable of making decisions based on knowing right from wrong.

The second population is defined as those adults who meet the criteria for **serious mental illness**. According to the authors of the report, approximately 6.3% of Washington State's adult population has a ***diagnosed condition that substantially interferes with or limits one or more major life activity***. The article further indicates that "1.5% of Washington adults with a diagnosable mental health condition received inpatient psychiatric care in the last 12 months." According to the Institute's research, the total number of admissions statewide equaled 18,000 in 2013, **with half resulting from involuntary commitments**.

If one assumes the foregoing percentages can be applied to the County's population, then approximately 39,853 residents (based on the 2014 County population of 208,351 with adults equaling 166,056) have a **diagnosable mental health illness**, yet only **2,511 have a serious mental illness**. The foregoing estimate, however, is lower than the data provided by the Health Department, which indicates the County has an average number of clients with "an open outpatient primary episode" of 3,047. The difference between numbers can partially be explained by the fact the data from the Health Department relates to the period September

2014 to October 2015, a fourteen month period, instead of calendar year 2014. See attached spreadsheet, ***North Sound Mental Health Administration Monthly Utilization Management Dashboard***.

According to this same report, in 2014 **St. Joseph Hospital had 611 admissions, which, interestingly, equals 1.53% of the County's population which has any diagnosed mental health condition (39,853 basis)**, which is comparable to the state average of 1.5%. More than half of the hospital admissions for inpatient treatment at St. Joseph in 2014, or 64.2%, were **involuntary commitments** according to the database maintained by the Prosecutor's Office. The analysis of these numbers assumes the term "admissions" means **number of individuals** admitted requiring crisis stabilization and not the number of times individuals are committed. If the data is accurate, St. Joseph Hospital's voluntary to involuntary admissions ratio is slightly higher than the State's average of 1.5%. The higher ratio may relate to the fact a substantial number of the involuntary committees are non-County residents.

What is the significance of the foregoing numbers as it relates to the incarceration of individuals in Whatcom County who have both a criminal or involuntary commitment history? Out of the 4,387 criminal cases filed in District and Superior Court in 2014, there were only **37 cases (1.16% of all cases filed) that related to 30 individuals**, who had also experienced an acute mental health crisis which led to an involuntary commitment that same year. Of those 37 cases there were only 5, or 4 individuals, that related to an arrest on a misdemeanor offense and only two of these individuals were incarcerated in the jail over-night.

So, how might these numbers correlate to a diversion program set up pursuant to RCW 10.31? The criminal to involuntary commitment history comparison suggests that probably only two individuals had the potential to be diverted to the Triage Center which would have saved the County only two bed days. The other 32 cases involved 26 offenders who were charged with felony offenses, which means these offenders would not have been eligible for diversion under RCW 10.31. If this analysis is expanded to all individuals charged in Whatcom County District Court with misdemeanor offenses who were booked into the jail (which would take into account those individuals who may have been voluntarily committed), the number of potential diversions to the Triage Facility does increase, but not to a level that would substantially reduce jail operating costs. In 2014, 2,876 criminal cases were filed in Whatcom County District Court and of that number 1,866 proceeded to the traditional trial track (did not plead at arraignment or had a warrant issued). In approximately 39.9% of the traditional trial track cases the offender was booked into the Whatcom County Jail post-conviction to serve a sentence. If the aforementioned percentages of population with mental health conditions (serious 6.5% or acute 1.5%) are applied to the 744 arrestees, this creates a potential pool of diversion eligible offenders of 11 – 48, provided the charged offense is not excluded from diversion under RCW 10.31. Using the statistics presented by the County Executive concerning 2014 jail bed utilization, the jail had an average daily population of 403 with 30.3%, or 122, of the population being offenders charged with misdemeanor offenses. Annualizing these numbers (122 x 365) means misdemeanant offenders accounted for approximately 45,530 bed days. It is unlikely that 11-48 offenders diverted by the County from the jail would account for even one percent of the annual bed days.

NOTE: Pursuant to RCW 10.31, even if a pre-trial diversion program is implemented and an agreement to participate in treatment results from law enforcement's contact with an

individual, ***this agreement does not create immunity from prosecution for the alleged criminal activity.***

Assuming the foregoing analysis is accurate, it is unlikely that licensing the Triage Facility as a **CSU or CTF** and increasing its capacity to allow for a pre-trial diversion of misdemeanor offenders pursuant to RCW 10.31 will create a significant reduction in incarceration rates or criminal justice costs as it relates to Whatcom County District Court. During a previous Council hearing, Ms. Brenner and Mr. Kremen, even without the foregoing information, expressed the same opinion as to the reduction of county expenditures. The assumption that the building and utilization of such a facility will decrease criminal justice costs does not appear to be grounded in data and ignores other variables that tend to impact incarceration rates of offenders, who may or may not have a mental health disorder, i.e. population growth, law enforcement resources, the close proximity to the Canadian border, changes in the law both legislative or judicial, changes in court rules, lack of pre-crisis resources for behavioral health services, lack of inpatient beds for voluntary commitments, and lack of treatment providers.

North Sound Mental Health Administration Monthly Utilization Management Dashboard

Whatcom County

Month	1	2	3	4	5	6	7	8
Sep-14	44,120	2,517	287	2.16	2.17	48	4	26
Oct-14	44,817	2,583	262	2.56	2.57	52	11	31
Nov-14	45,556	2,638	266	2.10	2.11	38	8	24
Dec-14	46,256	2,740	224	2.21	2.21	34	5	21
Jan-15	46,165	2,708	260	2.22	2.24	50	6	29
Feb-15	46,902	2,621	449	2.16	2.17	52	10	30
Mar-15	48,063	2,879	270	2.33	2.33	40	3	27
Apr-15	48,684	2,945	272	2.23	2.25	50	11	26
May-15	49,230	2,954	275	2.13	2.15	40	6	30
Jun-15	49,355	2,931	285	2.18	2.19	43	9	29
Jul-15	49,557	2,856	271	2.12	2.14	47	5	34
Aug-15	49,779	2,829	280	2.04	2.05	43	8	22
Sep-15	49,920	2,775	278	2.03	2.04	36	7	24
Oct-15	50,061	2,721	276	1.25	1.24	37	4	0
Average	47,748	2,764	283	2.12	2.13	44	7	25

Whatcom Community Detox						
Project Name	Project Indicators	2012	2013	2014	2015-to date	average
Whatcom Community Detox Admission/Clients Served (pulled from TARGET and census)	Total # of admissions	806	702	690	700	724.5
	Unduplicated count of admissions for the year	571	443	446	498	489.5
	Number of duplicated people served	235	259	244	202	235.0
	Total number days served			3220	2904	3062.0
	Average Length of Stay per Admission			4.7	4.2	4.5
	# of assessments completed			36	71	
	San Juan admissions (included in counts)	7	12	13	4	9.0
Whatcom Community Detox Primary Drug of Choice (pulled from SCOPE)	Alcohol			313	434	373.5
	Cocaine			12	12	12.0
	Heroin			231	257	244.0
	Methamphetamine			101	204	152.5
	Marijuana-Cannabis			37	128	82.5
	Other			22	12	17.0
Whatcom Community Detox Completion/Discharges (pulled from SCOPE)	Total # of discharges			637	695	666.0
	# of detox completions			467	507	487.0
	# of withdrew with program advice			5	0	2.5
	# of transferred to a different facility			16	20	18.0
	# of non-compliance discharges			7	4	5.5
	# of inappropriate admit. discharges			2	2	2.0
	# withdrew against program advice			144	152	148.0
	# of other discharges			6	8	7.0
	% of treatment completions			73.4%	73.1%	73.3%
	% withdrew discharges			22.7%	21.7%	22.2%
	% of treatment admissions within 14 days of discharge			27.0%	33.2%	30.1%
Substance Abuse Protective Custody (pulled from SAPC log)	Total # of SAPC holds			212	144	178.0
	Unduplicated SAPC holds			138	84	111.0
	Total # of SAPC transferred to WCD			34	20	27.0
	Non-SAPC Staff Time			53	36	44.5
	SAPC Staff Hold Hours					
	Total Staff Hours			1195	763	979.0
Involuntary Commitment Services (pulled from TARGET)	# of clients referred	133	163	138	156	147.5
	# of unduplicated referrals	125	148	129	150	138.0
	# stipulated filings	85	89	83	75	83.0
	# contested filings	0	0	1	0	0.3
	# placed in treatment			80	70	75.0

Source: Mary Reed, Pioneer Human Services: Crisis Triage 2015 Crisis Monitoring.xlsx - IPR Task Force Library

Notes: Data collected changed in 2014, aggregate data presented by year, source document has monthly breakdown. Admission numbers vary from WCHD information for admissions and people served

Whatcom County Triage Stats

Unduplicated average of people receiving a stabilization service daily for selected facility codes

Whatcom Triage Average Daily Census

census						beds						%					
Year						Year						Year					
Month	2011	2012	2013	2014	2015	Month	2011	2012	2013	2014	2015	Month	2011	2012	2013	2014	2015
Jan	3.0	2.4	3.4	4.4	3.3	Jan	5.0	5.0	5.0	5.0	5.0	Jan	60%	47%	68%	88%	65%
Feb	3.8	4.5	3.5	4.1	3.9	Feb	5.0	5.0	5.0	5.0	5.0	Feb	76%	90%	70%	83%	78%
Mar	3.6	2.8	2.6	4.4	4.2	Mar	5.0	5.0	5.0	5.0	5.0	Mar	72%	56%	52%	87%	83%
Apr	3.6	3.4	2.2	3.6	3.7	Apr	5.0	5.0	5.0	5.0	5.0	Apr	71%	68%	45%	73%	73%
May	2.4	3.1	2.7	3.2	3.5	May	5.0	5.0	5.0	5.0	5.0	May	48%	61%	54%	65%	71%
Jun	2.8	3.5	3.8	2.2	4.1	Jun	5.0	5.0	5.0	5.0	5.0	Jun	55%	69%	76%	45%	83%
Jul	2.6	3.5	3.5	2.0	2.6	Jul	5.0	5.0	5.0	5.0	5.0	Jul	52%	70%	70%	41%	53%
Aug	3.4	3.1	3.4	3.3	4.4	Aug	5.0	5.0	5.0	5.0	5.0	Aug	67%	62%	68%	66%	88%
Sep	3.6	3.8	2.9	3.5	4.8	Sep	5.0	5.0	5.0	5.0	5.0	Sep	73%	75%	58%	71%	96%
Oct	4.5	2.6	3.5	4.2		Oct	5.0	5.0	5.0	5.0		Oct	90%	52%	70%	83%	
Nov	3.2	3.0	3.3	3.8		Nov	5.0	5.0	5.0	5.0		Nov	63%	60%	67%	76%	
Dec	3.1	3.3	2.8	4.2		Dec	5.0	5.0	5.0	5.0		Dec	63%	66%	57%	83%	
Grand Total	3.3	3.2	3.1	3.6	3.8	Grand Total	5.0	5.0	5.0	5.0	5.0	Grand Total	66%	65%	63%	72%	77%

Whatcom Triage Average Length of Stay

Median LOS is the value with an equal number above and below. Mode is the most common LOS.

avg LOS						Max LOS						admit					
Year						Year						Year					
Month	2011	2012	2013	2014	2015	Month	2011	2012	2013	2014	2015	Month	2011	2012	2013	2014	2015
Jan	6.1	8.1	5.1	11.1	6.6	Jan	14.0	19.0	22.0	27.0	15.0	Jan	16	10	20	11	15
Feb	6.8	9.2	4.9	7.1	5.9	Feb	17.0	28.0	14.0	27.0	14.0	Feb	12	13	14	14	15
Mar	5.3	4.2	3.7	6.3	6.3	Mar	14.0	10.0	12.0	29.0	12.0	Mar	15	11	15	19	18
Apr	6.3	3.9	4.6	6.9	4.4	Apr	18.0	18.0	13.0	21.0	8.0	Apr	16	21	13	12	18
May	6.5	5.4	3.4	4.6	4.7	May	16.0	18.0	13.0	15.0	12.0	May	10	16	20	17	19
Jun	7.5	6.4	5.7	3.3	3.6	Jun	30.0	18.0	16.0	8.0	7.0	Jun	11	14	16	15	27
Jul	5.4	4.9	6.3	3.1	2.4	Jul	12.0	20.0	23.0	11.0	5.0	Jul	10	21	15	16	25
Aug	7.6	5.4	4.4	4.7	3.6	Aug	19.0	13.0	19.0	16.0	14.0	Aug	14	15	23	19	30
Sep	4.7	6.8	4.3	4.9	3.4	Sep	22.0	17.0	10.0	18.0	10.0	Sep	19	12	13	20	31
Oct	11.0	4.1	7.7	5.9		Oct	37.0	16.0	18.0	17.0		Oct	13	16	15	16	
Nov	3.9	6.7	7.0	8.7		Nov	17.0	22.0	22.0	14.0		Nov	17	18	11	12	
Dec	8.0	4.3	5.9	5.8		Dec	19.0	18.0	14.0	20.0		Dec	9	12	15	19	
Grand Total	6.4	5.6	5.1	5.8	4.2	Grand Total	37.0	28.0	23.0	29.0	15.0	Grand Total	162	179	190	190	198

Median		
stats	LOS	LOS Mode
Month	2015	2015
Jan	6	8
Feb	4	2
Mar	7	7
Apr	5	3
May	5	2
Jun	4	4
Jul	2	0
Aug	2	1
Sep	3	3
Oct		
Nov		
Dec		
avg monthly	4	3

Whatcom Triage Residence County

Sum of BedDays Residence County	Year			Grand Total
	2013	2014	2015	
Whatcom	2,156	4,662	3,939	10,757
Outside Region	217	109	179	505
Unknown	242	80	73	395
Skagit	86	91	115	292
Snohomish	26	104	146	276
San Juan	17	12	42	71
Island			19	19
Grand Total	2,744	5,058	4,513	12,315

% of BedDays Residence County	Year			Grand Total
	2013	2014	2015	
Whatcom	78.57%	92.17%	87.28%	87.35%
Outside Region	7.91%	2.16%	3.97%	4.10%
Unknown	8.82%	1.58%	1.62%	3.21%
Skagit	3.13%	1.80%	2.55%	2.37%
Snohomish	0.95%	2.06%	3.24%	2.24%
San Juan	0.62%	0.24%	0.93%	0.58%
Island	0.00%	0.00%	0.42%	0.15%
Grand Total	100.00%	100.00%	100.00%	100.00%

Services Enrollment for Whatcom Triage Clients 2015

	Aug	Sept	Oct	Avg
% Enrolled in New Service	39	40	41	40
%MH	83	79	73	78
%CD	25	36	27	29
% Existing Services	65	43	56	54

Whatcom County Triage Referral/Admission for 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Avg
Referred	unavailable	21	52	42	41	44	51	57	58	59	pending	52
Admitted	18	15	18	19	19	28	25	31	35	27	pending	20
Denied									8	16	pending	
Denied d/t no bed									5	10	pending	

% Admitted	71	35	45	46	64	49	54	60	46	pending	52
% Denied								14	27	pending	20
% Denied d/t no beds								63	63	pending	63