

Incarceration Prevention Reduction Task Force Triage Facility Ad Hoc Committee Meeting

January 14, 2016

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 <ul style="list-style-type: none"> • Review Agenda • Review January 7, 2016 Meeting Summary 		Chris Phillips	Summary
9:05 75 minutes	2. Triage Recommendations Discussion - Continued <ul style="list-style-type: none"> • Involuntary/voluntary • Site selection criteria 	Discussion	Dean Wight	Triage Recommendations Draft
10:20 5 Minutes	3. Next Steps		Dean Wight	
10:25 5 Minutes	4. Meeting Schedule <ul style="list-style-type: none"> • January 21, 2016 9 – 10:30am, WCHD 	Decision	Chris Phillips	
10:30	5. Adjourn		Chris Phillips	

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, January 07, 2015

Whatcom County Health Department Conference Room

509 Girard Street, Bellingham WA

9:00 – 10:30am

Attendance

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

Meeting Summary

1. Call to Order

Jack Hovenier (serving as Chair in Chris Phillips absence) called the meeting to order. Agenda and Meeting Summary were approved.

Dean Wight informed the Ad Hoc Committee that as draft iterations of the Phase One Report are developed, they will be circulated to the Ad Hoc Committee for electronic review. The goal is to allow 48 hours' time for review prior to a meeting where the draft will be discussed.

2. Triage Recommendations Discussion

Consensus:

- Two 16-bed facilities, co-located, voluntary
- No wrong door for service
- Space for 23 hour chairs in the new facilities
- A goal of a 10-minute drop-off window for law enforcement and EMS

Reservations voiced by Ad Hoc Committee Members:

- Concern a voluntary facility will have diminished utility for LE/EMS
- Concern that Whatcom County leadership promised the City of Bellingham and the community that the property would return to ordinary commercial use
- Concern that by limiting to a voluntary facility; we would limit treatment options to the people that need care

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- Concern that the involuntary services utilized at PeaceHealth need to be revisited

Other work that will further the recommendations of the Task Force:

- Formal needs assessment process will be implemented based on TF recommendation
- Identification of key funding sources for capital investment will be developed through the formal needs assessment

Pending Questions from the Ad Hoc Committee:

- Site options with pros and cons based on selection criteria
- The capital cost per square foot for involuntary treatment facility and for voluntary treatment facility
- Necessary staffing levels to provide the appropriate level of care
- Development of the continuum of care to better support the community's needs
- Additional information from Snohomish County and Skagit County facilities regarding program elements and budgets

3. Next Steps

Further discussion of site options (January 14, 2016)

Dean Wight will work with Veronica to have a draft of the Triage Facility portion of the Phase One report distributed by January 15, 2016.

WAHA staff will make the appropriate inquiries regarding programs and budgets in Snohomish and Skagit counties.

Tyler Schroeder and Anne Deacon will report regarding funding opportunities in the Governor's supplemental budget.

WAHA staff will distribute the DRAFT Facilities Grid at Monday's Task Force Meeting.

4. Meeting Schedule

January 21, 2016, 9 – 10:30am, Whatcom County Health Department Conference Room

January 6, 2016

To: Triage Ad Hoc Committee

From: Dean Wight, IPR TF Project Lead, WAHA

For our meeting January 7, I've prepared the material below to assist the Triage Ad Hoc Committee in defining options and moving toward consensus on what the Committee's recommendations should be for the Triage Facility. There has been initial discussion of facility, location, and program, with some identification of pros and cons, but more definition is needed. We are still collecting some data to fill in the gaps on estimating future demand, development costs and operating costs, to be added prior to a subsequent meeting at which a draft Phase I report will be reviewed.

Recommendations:

Facility:

Two 16-bed units joined in one building off a common foyer and intake space, but separately licensed, one for mental health and one for detox.

(Data so far suggests sufficient demand for at least 16 beds each; Federal rules set an upper limit of 16 beds in order to be funded from Medicaid.)

Are there other options we should flesh out?

Location:

Suggested Criteria:

- Transportation access to the public, for ease of self-referral
- Ease of access by law enforcement (LE), emergency medical transport (EMT)
- Availability & cost of a site
- Ease of transfer from jail
- Ease of transfer to/from ER and inpatient care (Psych and Medical)
- Other?

Options, with pros & cons:

- Located at current site of Crisis Triage
 - Pros:
 - Land owned by the County
 - Triage staff available to consult with Alt Jail on behavioral issues
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 - Cons:
 - Poor public transportation access
 - Travel time for LE, EMT
 -
- Located close to St. Joseph's Medical Center
 - Pros:
 - Ease of drop-off by law enforcement and EMS (Intercept One, diversion at earliest point in Intercept model)
 - Ease of transfer to/from the ER, Inpatient
 - More accessible by public transportation
 -
 - Cons:
 - Availability, cost of land
 - NIMBY effect, neighborhood south of hospital
 -

- Located downtown
 - Pros:
 - Close to transportation hub
 - Ease of drop-off by law enforcement and EMS
 -
 - Cons:
 - Availability, cost of land
 - NIMBY effect, downtown merchants, nearby neighborhoods
 -
- Located close to the County jail
 - Pros:
 - Ease of transfer from jail (Intercepts Two and Three)
 -
 - Cons:
 - Availability, cost of land
 - We don't know where a new jail will be located, thus delay until jail site know
 - NIMBY effect, neighborhoods near jail site, may impact support for new jail site, especially if Triage is voluntary with patients free to leave.
 -

Program / Staffing:

The program should be staffed sufficiently to manage non-emergent medical issues and agitated behavior, and to evaluate for assignment to either unit without causing LE/EMS undue delay.

We need to clarify the added costs of meeting involuntary licensing/certification, and what the benefits of doing so would be.

Workforce development will need to be a priority to assure this need is met.

Assumptions / Feasibility Requirements:

- There must be sufficient capital funds to acquire a site and construct without significant added County funding. Potential sources:
 - 0.1% sales tax fund (\$3 million already reserved)
 - State capital budget
 - State health care finance authority (below market loan)
 - Other?
- A commitment for operating funds is needed from the emerging regional Behavioral Health Organization (Medicaid and state funds channeled through the BHO).
- There must be a sufficient workforce available to staff the facility
- There must be a sufficient continuum of care to assure placement from the Triage facility to ongoing treatment (including replacement of facilities being closed in the near future to at least match the current utilization by Whatcom residents, and ideally more than that).