Incarceration Prevention Reduction Task Force
Triage Facility Ad Hoc Committee Meeting

April 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** • Review Agenda • Review March 24, 2016 Meeting Summary		Chris	24th Meeting Summary
	2. Involuntary Treatment	Information	Chris	Facility Grid
	3. Presentation of Phase I Recommendations		Chris	Triage Recommendations
	4. Work Plan for Phase II		Chris	
	5. Meeting Schedule • Third Thursday of each month, 9 – 10:30am at the WCHD	Set 2016 meeting schedule	Chris	
	6. Public Comment		Chris	
10:30	**7. Adjourn**		Chris	

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Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee
Meeting Summary, March 24, 2016

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
Mann, Ken	Whatcom County Council Member
Morgan, Irene	Restorative Community Coalition
Parks, Jeff (proxy for Sheriff Elfo)	Whatcom County Sheriff's Office
Phillips, Chris	PeaceHealth St. Joseph Medical Center
Polidan, Randy	Unity Care NW
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
Staff	
Wight, Dean	WAHA-Facilitator

Meeting Summary

1. **Call to Order**
   Chris Phillips called the meeting to order, the agenda was reviewed and a modification was made to include a discussion of location in Item 7.

   A motion was made by Ken Mann and seconded by Jeff Brubaker that the meeting summaries from January 14 and January 21, 2016 be approved. The motion passed unanimously.
2. **Discussion of Committee Chair Position**
   Chris expressed his concern that he was unable to attend TF meetings because of a conflicting PeaceHealth meeting schedule. Members of the Committee affirmed Chris in continuing as Chair of this Ad Hoc Committee, and agreed to present to the TF in his stead. Tyler will represent this Committee at the next TF meeting.
3. **Review Phase I Recommendations**
   The Committee reviewed their Phase I recommendations, and called out specific items for further discussion.
   - 2 – 16 bed units (and potential rule change around # of beds)
   - Voluntary or involuntary
   - Acute or sub-acute detox
   - Potential co-location with a new 24/7 urgent care facility
   - location
4. **Report from NSBHO**
   Dean circulated a single-sheet summary from a recent Behavioral Health Advisory Board meeting (attached) that details current estimated substance use disorder treatment bed needs, and WCHD/NSBHO current thoughts re # of beds needed for detox. Whatcom

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County is interested in an Addiction Stabilization Center for the detox side of the new facility as it will include medication assisted treatment (MAT) and facilitate the diagnosing and referral to further treatment more efficiently.

5. **Discussion of Phase I Recommendations**

The Committee agrees that the recommendation of **2 – 16 bed units**, as described in the Phase I report, should be their recommendation to the TF at this time.
Important components of the discussion include:

- Alignment with NSBHO and WCHD re. substance use disorder beds
- MH beds, as described in the report and the recent LE/EMS survey that indicated increased demand if beds were available
- Knowledge that MH utilization is under-reported at this time, and not the NSBHO focus at this time
- It should be noted that there appears to be some flexibility in the 16 bed/Medicaid funding rules (recent exception for Lake Whatcom and 28-32 bed facility that will be opening in Q3, 2016)
- Jack noted that aligning recommendations of the TF with NSBHO when appropriate, and providing NSBHO with a TF letter of support is important
- Whatcom County needs to have a voice in the NSBHO planning process (Ken Mann and Jack Louws on their Board)

There was extensive discussion regarding **voluntary or involuntary** treatment, and the current challenges with placement at the hospital. Since there are design considerations for each (voluntary or involuntary) and process improvement needs in the current (and future) systems, the Committee analysis of this question will continue at a future meeting.

- Need for better coordination between agencies (LE, hospital, EMS)
- Workforce development
- The need for "upstream" interventions was also discussed as involuntary treatment beds are the most expensive intervention
- Discussed the need for a facility with the ability to provide intake services for an agitated individual (with the possibility of de-escalating them) and provide that 10 minute drop-off location for LE/EMS (consider co-locating DMHP's at Crisis Triage Facility)
- Distinction drawn between the 72 hour hold that comes with involuntary treatment act, and the 12 hour hold at an Evaluation & Treatment facility.

Jeff Parks reflected on the impact that individuals with serious mental illness have on other inmates in the jail.

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Tyler requested a flow chart that shows what facilities would be available for voluntary and involuntary services, Chris asked the WCHD to help frame this conversation for the next Ad Hoc Meeting.

Acute or sub-acute detox
They briefly discussed the potential co-location of the Crisis Triage Center with with **a new 24/7 urgent care facility.**

- Concern raised regarding potential competition with existing private sector facilities
- Operational cost/funding to be substantially through NSBHO

The pro's and con's of the various **Locations** in the recommendation were discussed. There is a strong preference on the part of the Committee for the current location.

The need for an adequate continuum of care as people exit the Crisis/Triage Center was a theme throughout the conversation

6. Readiness to Present Recommendations to TF

The Committee believes that they are ready to take their recommendations to the Task Force, and that the Task Force needs to:

- Align with the region (NSBHO) on the detox facility
- Affirm the 16 bed recommendation for mental health
- Underscore the need for a deeper dive into voluntary vs. involuntary
- Address the location recommendations

Dean will frame this discussion for the Task Force at the April 4, 2016 meeting.

7. Work Plan for Phase II

To be discussed at the next Committee Meeting

8. Meeting Schedule

April 14, 2016 from 9 – 10:30am at the WCHD, 509 Girard Street, Lower Level

9. Adjourn

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Mental Health Facilities

	Voluntary Triage	**Involuntary Triage**	**Crisis Stabilization Unit**	**Evaluation & Treatment Center**
First Responder Drop-off	Yes	Yes	Yes	Yes, but rarely if ever used in our region
Length of Stay/Peace Officer Hold	3 – 5 days average No Officer Hold	Up to 12 hours, and may remain until E&T bed admit	Up to 12 hours	Up to 17 days initially
Seclusion & Restraint Capability	No	Probably necessary for safety	Yes	Yes
MHP Evaluation Required	Yes	Yes within 3 hours, and then DMHP if indicated	Yes within 3 hours, and then DMHP within 12 hours	DMHP only evaluation and commitment under ITA; MHP eval if dropped-off
MD, PA, ARNP available for 24/7 consultation	No	Yes, if seclusion & restraint is utilized MD, PA, ARNP on-site then necessary	Yes, and on-site is necessary for seclusion & restraint	Yes, and on-site for health assessment, prescribing, and authorization of restraints
Healthcare Provider available for 24/7 consultation	Yes	Yes	Yes, MD only	Yes
MHP on-site 24/7	Yes	Yes	Yes	Yes
Accept involuntary clients	No	Yes – may also accept voluntary clients	Yes - may also accept voluntary clients	No
"Secure" Environment	No	Yes	Yes	Yes
ITA Placement	No	No	No	Yes

TRIAGE FACILITY AD HOC COMMITTEE REPORT

Review of Current Facilities/Programs/Funding

Key themes in the review of current facilities include:

- Constraints related to access, facility size and current utilization.
- Significant unmet demand for detoxification
- Significant unmet substance use disorder treatment services in the community
- Acknowledgement that mental health services demand is understated
- Enhancement to mental health service provision in the community is needed
- The critical need for improvements to programs and services both at the Facility and in the broader community
- The need for workforce development in the provision of behavioral health services in Whatcom County.
- The development of a complete continuum of care, including the need for supportive housing

The current Crisis Triage Facility is co-located with the Whatcom County Interim Work Center on Division Street, which provides housing and programs for minimum-security offenders. Crisis Triage provides social detoxification services at Whatcom Community Detox for up to eight (8) individuals withdrawing from drugs and/or alcohol, and diversion resources at the Whatcom Crisis Triage Center for up to five [5] individuals in a behavioral health crisis. Although services are co-located, funding streams, service providers and facility names are separate at this time. The Facility's goal is to prevent hospitalization and incarceration of individuals in crisis, and provide entry into the mental illness/substance use disorder treatment system. As such, it is a part of the behavioral health continuum of care being reviewed by the Behavioral Health Ad Hoc Committee (see below).

Community Detox: The Whatcom Community Detox provides a safe, monitored sub-acute (social) detoxification facility for individuals withdrawing from alcohol and/or drugs, along with a Medically Assisted Opiate Tapering Program. Sub-acute detoxification does not provide intensive medical monitoring. Substance Abuse Protective Pioneer Human Services operate this program, under contract with the Whatcom County Health Department.

Current utilization figures for Whatcom Community Detox (8-bed facility) indicate an immediate demand for at least 10 beds for sub-acute detoxification. [3] The Committee believes that the current constraints on access have led to suppressed demand because law enforcement and emergency medical service personnel have learned through experience that the facility is often at capacity, beds for detoxification services are generally not available, and the default destinations are the Emergency Department at PeaceHealth or the jail, depending on circumstances. Walk-in clients are limited due

to limited public transportation, although walk-ins were higher at its previous location on Girard Street.

Crisis Triage Center: The Whatcom Crisis Triage Center provides diversion resources for people in behavioral health crisis, offering short stay (5 day) voluntary crisis stabilization services. Compass Health operates this facility under a contract with North Sound Mental Health Administration, which is the regional organization responsible for mental health service delivery in the North Sound (Island, San Juan, Skagit, Snohomish, and Whatcom Counties).

Current utilization figures for the Whatcom Crisis Triage Center (5-bed facility) reflect an average daily census of 3.68 for 2015. [(4)] Mental health service demand is poorly documented, and understated, we believe, in the data currently available. The current Triage Center is running at or near capacity for mental health services, with only five available beds. Data on individuals turned away from mental health services is limited; but the Committee believes that the demand, if fully realized, far exceeds the current bed capacity. This is discussed further in the Committee's recommendations.

The current funding for the Crisis Triage Facility is divided between the Regional Support Network, operated by North Sound Mental Health Administration and the Whatcom County Health Department.

Other Local and Regional 24-Hour Facilities: The Committee identified local and regional resources available for acute (medical) detoxification, involuntary treatment for mental illness, and intensive inpatient treatment for substance use disorder. These resources are complementary to a new or enhanced Crisis Triage Center and are a part of the overall continuum of care for persons with behavioral health treatment needs.

PeaceHealth St. Joseph Medical Center (PeaceHealth) provides inpatient mental health services including a 20-bed secure, inpatient behavioral health unit, which allows admission under the Involuntary Treatment Act. [(5)] The inpatient behavioral health unit at Peace Health is designed as a "County-designated Evaluation and Treatment Center serving adult psychiatric patients". [(6)] Acute detoxification services are available as a protocol in medical and psychiatric beds at PeaceHealth, but there is not a unit dedicated to acute detoxification services. PeaceHealth also has the ability to obtain a "Single Bed Certification" to provide involuntary psychiatric treatment services, in order to provide treatment and emergency care for mentally ill adults. [(7)]

Whatcom County residents utilize facilities outside of Whatcom County. The table in Appendix C shows other behavioral health facilities in the North Sound region, and the larger facilities available at the state level. With the scheduled closure of Pioneer Center North, the 141-bed inpatient residential treatment facility located in Skagit County, the pressure on available services will increase. All facilities are utilized regionally because the operational costs of these intensive services require significant contribution from regional funds. Whatcom County Health Department and the North Sound Mental Health Administration administer local, state and federal funds for

behavioral health services. They have representation on the Task Force, and share information about future resources and facility changes as it becomes available. Current efforts are underway to create new residential treatment beds in our five-county region to replace some of the beds that will be lost with Pioneer Center North's closure. A thorough needs assessment will be conducted by North Sound Mental Health Administration to determine the number and location of these new beds that will meet the need of our region.

Recommendations: New or Enhanced Crisis Triage Facility
The Triage Ad Hoc Committee has developed the following recommendations to the Task Force for a crisis triage center. These recommendations will be discussed by the full Task Force at a future meeting.

Facility:
The Triage Ad Hoc Committee is recommending the development of two 16-bed units joined in one building off a common foyer and intake space, but separately licensed, one certified as a Crisis Triage unit to receive persons in mental health crisis (including with co-occurring substance use disorders) and one licensed for acute or sub-acute substance use detoxification. The design should also provide space for use of "23-hour chairs' in one or both units, to allow services short of admission to overnight stay for people who may stabilize and be released to home.

Preliminary needs assessment indicates the need for at least this number of beds. As has been noted earlier in the report, the 13 beds in the two current units are at or near capacity most of the time. Documented declines by the detox program and the crisis triage program indicate need for an added two beds in each program. Two major but undocumented sources of information about need are from first responders (law enforcement and emergency medical services) and regarding self-referrals or walk-ins. Because of the capacity and program limitations of the current facility, first responders indicate they bypass the triage facility and take individuals to either the emergency room or jail, depending on the nature of the response. The Committee conducted a limited survey of first responders, which indicated 59 additional cases per month of people needing these services. Based on an average length of stay between the two facilities of 4.2 days, that translates to an additional 8.26 beds needed between the two facilities. Some survey responders simply dismissed the possibility out of hand, saying "I take all persons either to the ER or jail". In addition, capacity limits and limited transportation to the current site have discouraged self-referral / walk-in cases to each type of bed. The unmet need in this area is more difficult to quantify as there is a lack of awareness of the facility in the community that may lead to underutilization. Anecdotal accounts from when the facility was located on Girard Street say there were a large number of walk-ins from downtown.

A more thorough needs assessment will be completed by the North Sound Mental Health Administration as it transitions to the regional Behavioral Health Organization beginning in April 2016. The North Sound Mental Health Association needs assessment may result in justification for a larger number of beds than recommended here. However, federal regulations governing the use of Medicaid funds in such

facilities place a limit of 16 beds each (the "Institution for Mental Diseases" – IMD – rule, promulgated decades ago at the time of deinstitutionalization of state hospitals to limit increased demand on Medicaid funds). Medicaid funds will be a critical component of future funding for the two units in this facility.

Another rationale for recommending 16-bed units has to do with economies of scale. Incremental costs of staffing and operating a 16-bed unit are not likely to be much higher than, for example, a 12-bed unit. If solid needs assessment data support, e.g. two 12-bed units, it may therefore be prudent to construct the IMD maximum of 16 beds, anticipating future and current additional difficult-to-document need.
Development Costs: There must be sufficient capital funds to acquire a site and construct the proposed facility. The committee recommends pursuing all options for capital funding. Potential sources of development costs are:

- 0.1% behavioral health sales tax fund ($3 million already reserved),
- Other county funds
- State capital budget (requiring legislative approval)
- Issuance of bonds to finance the balance of design, development & construction, paid off by:
    - Leasing back to operating agencies at lease rates to cover amortization of construction costs, with the agency leasing costs built into their operating budgets funded by North Sound Mental Health Administration/ Behavioral Health Organization; or
    - Repayment with annual amounts from the 0.1% behavioral health sales tax fund.
    -

Preliminary architectural estimates have been obtained from the firm that designed the proposed 2010 remodel / expansion of the existing facility and that is currently designing two similar facilities in other counties. Their estimates, for both construction and development, range from $6,196,000 to remodel and expand the existing facility on Division Street (assuming no kitchen, no involuntary capability, limited program space, some double rooms) to $12,740,000 to construct a new facility (LEED certified with kitchen, involuntary capability, more program space, single rooms). A 2014 report from the State of Montana provides similar estimates of cost. More in-depth cost analysis will be specified in future Task Force reports, including the impact of LEED certification.
If the current facility is remodeled, consideration must be given to the impact that this will have on existing jail space and jail operations, as the current (co-located) Jail Alternatives program facility is also under review for remodeling.

Program / Staffing

The staffing of the two co-located 16-bed facilities should be structured to conduct joint assessment of persons in crisis brought by law enforcement or emergency medical transport. The goal should be to evaluate for admission to either unit without causing law enforcement/emergency medical transport undue delay, assuring a maximum 10-minute wait in all but exceptional cases (e.g. 9 out of 10 drop-offs). Each should be

staffed and trained sufficiently to manage non-emergent medical issues and to rapidly de-escalate agitated behavior when possible. North Sound Mental Health Administration has recommended the crisis triage facility in Snohomish County as a good model to evaluate in designing the Whatcom program. Crisis triage facilities operating or under development in other counties will also be examined in Phase II. The following programmatic issues require further study and decision-making in Phase II:

- Voluntary or Involuntary Crisis Triage Certification: An issue discussed by the Triage Committee was whether the 16-bed Crisis Triage portion of the facility should be certified to allow involuntary 12-hour detention by law enforcement pending mental health evaluation and possible Involuntary Treatment Act detention. The current 5-bed facility is voluntary. The initial recommendation is to certify it as voluntary, but conduct further study in Phase II. The questions are: What are the benefits of involuntary certification? What are the additional costs (both development and operation) of certifying as an involuntary unit? Law enforcement representatives are concerned that a voluntary-only facility would preclude many drop-offs; prosecuting attorneys believe there are too few cases where diversion from incarceration would be possible. A further concern is whether there are/will be adequate involuntary resources in the North Sound Region by the time the Crisis Triage Facility opens

- Acute or Sub-Acute Detoxification: An issue identified in the discussion is whether the 16-bed Detox unit should be licensed as acute or sub-acute. North Sound Mental Health Administration (the potential funding source for an expanded detox facility) has an interest in funding a 16-bed acute detoxification unit in the northern part of the region. The current facility is a sub-acute unit. This issue needs further clarification in Phase II.

- Improve Protocols / Processes between Crisis Triage, First Responders, Designated Mental Health Professionals, Hospital and Jail: Discussion in the Triage Committee identified opportunities for improving protocols and processes by which individuals needing crisis triage service are assisted in accessing those services. The issues include:

    - what a "single/no-wrong-door" means and how it works;
    - how to avoid multiple transports of an individual between the points of service, e.g. hospital, jail, work center, triage center;
    - Training first responders, medical center emergency R room staff, crisis outreach teams, Designated Mental Health Professionals and community referral sources on how to access crisis triage, and use it as an alternative to arrests for misdemeanors related to a person's symptoms of mental illness.
    - The impact that criminal charges for assaulting a healthcare worker has on the individual struggling with mental illness/substance use disorder,

and the impact this has on the criminal justice system (e.g. spitting on a nurse).

These protocols and processes will need to be developed in detail in a subsequent Phase of the Task Force's work, in collaboration with County Human Services, North Sound Mental Health Administration, law enforcement, emergency medical services, the medical center, and others.

- Staffing & Workforce Availability: The ultimate staffing configuration for the recommended facility will depend on decisions made during Phase II regarding the issues outlined above. However, the expansion of Medicaid and other factors have resulted in a shortage of behavioral health workers. The Task Force will need to address, in Phase II, strategies for collaboration with educational institutions and providers involving training and recruitment of personnel to staff the proposed facility.

- Possible Future Co-location with Urgent Care Facility: The Triage Committee discussed the possibility of constructing, in the future, a third unit in the facility for use as an Urgent Care Facility for the general public. The Crisis Triage Committee recommends that the County include consideration of a Crisis Triage/ Urgent Care Facility/Complex during Phase II of planning for an improved Triage Facility. This Urgent Care Facility would include three distinct co-located units delivering the following services: medical urgent care, acute or sub-acute detox, and mental health crisis triage. Whatcom County does not currently have an Urgent Care facility. The addition of this service would lighten the demand on our sole Hospital Emergency Department, while providing quality care to those with non-emergent medical concerns that need immediate attention. With the co-location of behavioral health services, costs could be shared, overhead can be reduced, and the medical services provided to individuals seeking behavioral health services can be provided by and billed by the Urgent Care Facility, thereby reducing overall costs to the Crisis Triage Facility. Moreover, services could be shared when needed, to include physician/nurse oversight for admission screening and medication prescribing to the behavioral health units, or behavioral health consultation to the medical unit.

Operating Costs & Funding:

The County needs a commitment for operating funds for the two 16-bed units from the emerging regional Behavioral Health Organization (Medicaid and state funds channeled through the Behavioral Health Organization).

Adequate On-going Treatment and Housing Resources at Discharge:

Much of the Committee discussion on the operation of the Crisis Triage Facility has centered on making access to the triage center work, in terms of "no-wrong-door" and quick admission. In order to avoid having the facility become a "bottle-neck" in the

system, greater attention is needed to developing resources and processes for effectively discharging clients into treatment, support and housing resources. Attention to this issue will need to be a significant piece of work in Phase II of the Task Force's deliberations, in particular concerning gaps and shortages in the continuum of behavioral health treatment services.

Location:

The Triage Ad Hoc Committee of the Task force has reviewed four site options, using the following criteria:

- Transportation access to the public, for ease of self-referral
- Ease of access by law enforcement, emergency medical services (Intercept One, diversion at earliest point in Intercept model)
- Availability & cost of a site
- Ease of transfer to/from jail (Intercepts Two and Three)
- Ease of transfer to/from emergency department and inpatient care (Psych and Medical)
- Stigma associated with location close to the jail

The Triage Committee then considered the following location options, identifying pros & cons for each:

- Located at current site of Crisis Triage
    - Pros:
        - Land owned by the County, therefore more affordable
        - Design work done in 2010 for remodel and addition
        - Ease of law enforcement/emergency medical services use not a significant issue if "10-minute drop off" protocol works
    - Cons:
        - Limited public transportation access, self-referral/walk-in more difficult
        - Must resolve issues of prior commitments to community re: sale, future use
        - Requires temporary relocation of current crisis triage program
        - Impact a crisis/triage remodel would have on current Jail Alternatives facility
        - Stigma associated with locating at the Whatcom County Interim Work Center site
- Located close to PeaceHealth St. Joseph's Medical Center
    - Pros:
        - Ease of drop-off by law enforcement/emergency medical services
        - Ease of transfer to/from the emergency department, inpatient
        - More accessible by public transportation
        - Less stigma re association with jail site
    - Cons:

        - Availability, cost of land
        - Neighborhood resistance in neighborhood around the hospital
- Located downtown, near current jail
    - Pros:
        - Close to transportation hub
        - Ease of drop-off by law enforcement and emergency medical services
    - Cons:
        - Availability, cost of land
        - Resistance of downtown merchants, nearby neighborhoods
        - Stigma of association with jail
- Located at the County-owned Ferndale site
    - Pros:
        - Land already owned by County
    - Cons:
        - Stigma of association with jail
        - Lack of public transportation (self-referral, walk-in)
        - Distance from Medical Center

The Triage Committee evaluated each option, and <u>prioritized the site options as follows</u>:

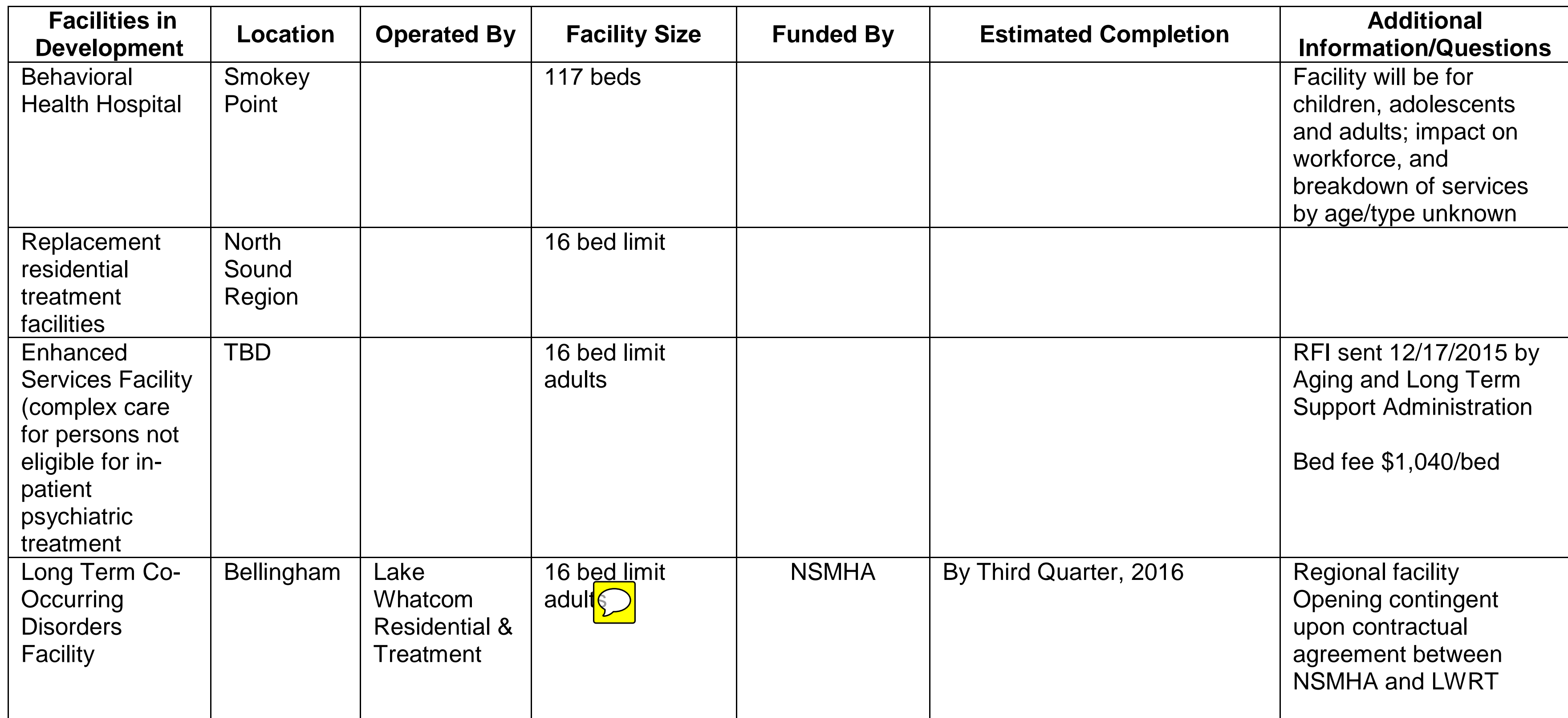
- Location at the current Crisis Triage Facility was supported as the first choice among options by eight committee members and a second choice by one.
- Location on the Ferndale property was rejected by all nine members.
- Both the Medical Center and a downtown location were supported as second choices, with member preferences slightly in favor of the Medical Center.

Appropriate location of a new Crisis/Triage Facility will be discussed by the Task Force as a whole in the next phase of work. Additional input is needed from service providers, first responders, and the broader Whatcom community.

Appendix C

Type of Facility	Location	Operated By	Facility Size	Whatcom Residents as a % of Total	Funded By	Estimated Bed Day Cost	Pending Issues
Evaluation & Treatment (mental health)	Mukilteo	Compass Health	16 bed,72 hour involuntary detention; 14 day commitment	6.7%, 2015	NSMHA	Budgeted expenses (at capacity) $3,611,256 Bed day rate (at capacity) $650.91 (NSMHA)	
Evaluation & Treatment (mental health)	Sedro Woolley	Telecare Corporation	16 bed,72 hour involuntary detention; 14 day commitment		NSMHA	Budgeted expenses (at capacity) $4597,272 Bed day rate (at capacity) $828.64 (NSMHA)	
Evaluation & Treatment (mental Health)	Bellingham	PeaceHealth St. Joseph Medical Center	20 bed acute hospital psychiatric unit		NSMHA Insurance		
Whatcom Community Detox (substance use disorder)	Bellingham	Pioneer Human Services	8 beds		WCHD	Budgeted expenses (at capacity) $ 504,372 (note: backed into budget based on bed day rate in contract amendment) Bed day rate (at capacity) $172.73	
Whatcom Triage (mental health)	Bellingham	Compass Health	5 beds	78%, 2015	NSMHA	Budgeted expenses (at capacity) $1,494,636 Bed day rate (at capacity) $818.98	
Transitional Bed Facility (behavioral health)	Bellingham	Lake Whatcom Residential & Treatment	3 beds		NSMHA		
Skagit County Crisis Center (mental health & sub-acute detox)	Burlington	Pioneer Human Services	16 bed, mental health stabilization and sub-acute detox		NSMHA Skagit County	Budgeted expenses (at capacity) $1,445,898 (5.5 Stabilization beds) Bed day rate (at capacity) $720.23 (Stabilization beds)	

Type of Facility	Location	Operated By	Facility Size	Whatcom Residents as a % of Total	Funded By	Estimated Bed Day Cost	Pending Issues
Snohomish Crisis Triage Center	Everett	Compass Health	16 beds 7 recliner chairs		NSMHA		
Evergreen Recovery Center	Everett and Lynnwood	Evergreen					
Residential Treatment (substance use disorder) Residential ST/LT Treatment	Sedro Woolley	Pioneer Human Services	141 bed facility, acute detox and stabilization unit	22%, 2015			Closing in 2018; when beds relocated must be in 16 bed facilities
Residential Treatment	Spokane	Pioneer Human Services	53 bed facility; 48 residential, 5 sub-acute detox				
Residential Treatment Facility	Bellingham	Lake Whatcom Residential & Treatment	67 bed assisted living program	Regional facility	NSMHA Participation Funds from Clients	Bed day rate (per LWRT CEO) $60/day per client	none
Residential Treatment Facility	Bellingham	Lake Whatcom Residential & Treatment	12 bed assisted living program	Regional facility	DSHS Participation Funds from Clients	Bed day rate fluctuates based on level of service provided	none
Western State Hospital (evaluation and inpatient treatment serious or long-term mental illness)	Lakewood	State of Washington DBHR	800 bed Inpatient psychiatric hospital				



Facilities in Development	Location	Operated By	Facility Size	Funded By	Estimated Completion	Additional Information/Questions
Behavioral Health Hospital	Smokey Point		117 beds			Facility will be for children, adolescents and adults; impact on workforce, and breakdown of services by age/type unknown
Replacement residential treatment facilities	North Sound Region		16 bed limit			
Enhanced Services Facility (complex care for persons not eligible for in-patient psychiatric treatment	TBD		16 bed limit adults			RFI sent 12/17/2015 by Aging and Long Term Support Administration Bed fee $1,040/bed
Long Term Co-Occurring Disorders Facility	Bellingham	Lake Whatcom Residential & Treatment	16 bed limit adults	NSMHA	By Third Quarter, 2016	Regional facility Opening contingent upon contractual agreement between NSMHA and LWRT