

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
DRAFT Meeting Summary for April 20, 2017

1. Call To Order

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

Members Present: Jack Hovenier, Ken Mann, Chris Phillips, Tyler Schroeder

Members Absent: Jeff Brubaker, Betsy Kruse, Kelli Linville

Also Present: Jill Bernstein, Anne Deacon

Review September 15, 2016 Meeting Summary

There were no changes.

Election of Subcommittee Chair and Vice-Chair

Deacon moved to appoint Chris Phillips as Chair. The motion was seconded and carried unanimously.

Mann moved to appoint Betsy Kruse as Vice-Chair. The motion was seconded and carried unanimously.

- 2. Update on Triage Facility architectural plans,**
- 3. Discussion of requirement to engage providers to finalize the architectural design,**
- 4. Update on the capital funding request from the State legislature,**
- 5. Update on plans for neighborhood outreach**

(The Committee discussed agenda items two through five concurrently.)

Schroeder stated they are working with the State legislature on funding.

Deacon submitted a handout (*on file*) and reported on the status of the regional request in the House and Senate 2017 Capital Budgets:

- The Senate budget proposes that the Department of Commerce put out requests for proposals (RFPs) and award grant money through a competitive process. Not as much money is allocated as requested.
- The House budget includes both Whatcom County projects at the full requested amount.

The Committee discussed lobbying State Senator Doug Ericksen, 42nd District, and Senator Kevin Rankor, 40th District:

- The decision will be answered through the Senate and House budget negotiations.

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- It would be helpful for the Hospital Association to write a letter of support to the senators for the specific callout in the House budget.
- The Legislature's regular session ends Friday, April 23. A special session is likely to begin after that date.
- Contact representatives in the 40th and 42nd Districts after the special session begins and before the budget negotiations begin.
- Task Force members should be notified about the importance of making calls, the timing of contact, and the handout of the Comparison of House and Senate 2017 Capital Budgets.
- Schroeder will develop brief talking points and a summary rationale for the Task Force members to help the Senate leadership move forward with the specific capital line items.

The Committee members discussed the architectural design and plans for neighborhood outreach:

- A question is whether they need to further refine the architectural design before doing the neighborhood outreach, or if outreach can be done when just the footprint and landscaping is designed.
- The architect, Ron Wright, is putting together a proposal and scope for a contract, which is due next week.
- The State Department of Health Construction Review Services Division interpreted a fire suppression building code to require fire walls around individual sleeping rooms rather than the entire sleeping area of the building.
- That interpretation prevents an open design in the facility, which is the standard indicator.
- They are waiting to find out if that interpretation will stand.
- Deacon will develop talking points about the State Department of Health's interpretation of fire codes for local officials, including Bellingham Mayor Linville, to present to contacts in the Governor's Office, Governor Inslee, and Attorney General Bob Ferguson.
- Neighborhood meetings are typically done through the City of Bellingham project permit process, but the designs aren't ready to submit for a permit.
- The contract with architect Ron Wright will include that public process that is necessary through the permit process.
- An earlier public process should be done, hopefully in May, in the design review phase to introduce the community to the conceptual plans and allow them to comment, as requested by the Sheriff.
- Schroeder will present to the committee at its next meeting a bulleted outreach plan that will include:
 - Letters and Outreach to the neighbors
 - Bellingham Herald article specifically about the project
 - The City's requirements for public outreach during the building permit process
- The Task Force already approved moving forward with neighborhood outreach.

The committee members discussed operational funding:

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- The Healthcare Authority believes these services should be purchased by the managed care organizations (MCO). The service is a required element to be in the provider network.
- The most current model is the current contract with the MCOs in the Southwest Washington region and the North Central region.
- For the first two years, the MCOs will contract with the County behavioral health organizations for some of these specialized services.
- The Executive has concerns about long-term operational funding at the federal level.
- The gap between the operating funds Whatcom County receives now (\$3.5 million per year) and funds needed to operate the new triage facility (\$5 million) is \$1.5 million for both detox and mental health.

6. Draft content for Phase 3 report

- The initial Phase 3 report is due July 11. The final Phase 3 report is due in December.
- Issues discussed today: Capital funding from State, neighborhood outreach, Department of Health fire code interpretation.
- Include increased costs of construction, up to approximately \$9 million, which includes furniture, equipment, relocation of the program during construction, startup costs, and other things.
- The County now has \$2.5 million from the North Sound Behavioral Health Organization, so it needs \$7 million for remaining capital construction costs.

7. Next Steps: Ideas & Further Information

The Committee agreed to schedule its next meeting on Thursday, May 19, 9:30-10:45 a.m. at the Health Department.

8. Other Business

The Whatcom Alliance for Health Advancement (WAHA) is hosting a public forum on “The Future of Affordable Care: Threats and Opportunities” this evening, April 20, 7-9 PM in Bellingham at the St Luke’s Health Education Center.

9. Public Comment

There was no public comment.

10. Adjourn

The meeting adjourned at 9:47 a.m.



Whatcom County Crisis Triage Facility Expansion

Draft Public Involvement Plan

**Located: Whatcom County Triage Facility
2030 Division St.
Bellingham, Wa 98226**

May 2017



Public Involvement Plan

Introduction

As part of planning for the expanded Whatcom County Mental Health and Acute Detox Triage Facility (Crisis Triage Facility), it has been identified that there is a need to prepare a Public Involvement Plan (PIP). The Plan is intended to provide a transparent, open process for stakeholders, citizens and decision makers.

The Executive, Sheriff and County Council, as recommended by the Incarceration Prevention and Reduction Task Force (IPRTF), want to ensure that there is community understanding of the siting and future operations of the proposed Crisis Triage Facility. Additionally, when Whatcom County purchased the Division Street property for the Work Center, it was imagined as an interim location until a 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. It is still contemplated that Work Center Facility would move into a new jail facility, however, the recommended option of expansion to the triage facility would all but preclude a private, commercial future for the property. Given the success of the current facility and limited impact of the Work Center and current triage facility on the neighbors, this may not be an issue.

With this and other aspects in mind, the County has identified the need to perform public outreach to ensure that community input is heard and understood to accomplish a fully informed decision of the future use of the Division Street Property.

This Public Involvement Plan is principally for use by Whatcom County and the IPRTF to guide outreach efforts during development of the Crisis Triage Facility. It is a dynamic document, subject to change as circumstances warrant. Coordination of the Plan's updating and implementation will be done by Whatcom County in coordination with the IPRTF Triage Facility Ad Hoc Committee.

Objectives

The primary objective of a Public Involvement Plan is to foster understanding in the process leading to a decision of siting the expanded Crisis Triage Facility at the Division Street property. An expanded facility will play an important role in behavioral health

treatment in Whatcom County and help to address the mental health and substance use challenges facing the community, including the criminal justice system, by creating a more robust diversion option for those whose primary interaction with law enforcement is a result of problematic symptoms of mental illness and/or substance abuse.

After initial review and input it has been determined that the priority location of the expanded Crisis Triage facility is the Division Street property that houses the current triage facility and the County's Work Center. The advantages of such a location were identified by the IPFTF, as recommended in the Phase I report to the County Council:

- The land is 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 first responders to drop off individuals is sufficiently brief.

Recognizing the advantages that the property at Division Street brings to the siting of the expanded Crisis Triage Facility, it is important to provide the public information on the project and garner public input to help form the decision making process.

The Public Involvement Plan

Various mechanisms will be used to inform and involve stakeholders, consistent with the County's goals. As a first priority, the Public Involvement Plan will reach out to those most affected by the project and those neighbors that live in the vicinity. Overall, the County will include those individuals seeking information on the project.

Public involvement will be an informational activity educating the public on the need to enhance the Crisis Triage Facility, provide information on the site selection process and explain what the neighbors can expect the facility's impact is on the neighborhood in the future. It will be conducted in a respectful, responsive manner. The County will work with the City of Bellingham in a "no surprises" manner to understand how their policies and regulations affect the design, location and permitting process, including public outreach of the proposed project.

Key Messages

Key Messages are the overarching themes that define more specific statements regarding the project.

- **Expand the existing Triage Facility located at the Division Street property**

- **Develop two 16 bed units joined in one building off a common foyer with a common intake space; each unit licensed as a Residential Treatment Facility.**
- **One unit will provide mental health crisis stabilization services as a Crisis Triage Facility.**
- **The 16 bed mental health Crisis Triage Unit will be certified as voluntary with enhanced security.**
- **The other unit will provide for a 16 bed acute substance detoxification services.**
- **The land is 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 first responders to drop off individuals is sufficiently brief.**
- **Public transportation is limited in the areas, which can make it difficult for self-referral/walk-in patients. Additional transits options will be important for the project to function appropriately**
- **This project is important to reinforce an ongoing process of recovery by connecting people to supportive services in the community. An adequate continuum of care includes community based mental health counseling, residential and outpatient substance use disorder services, recovery house level of care, longer term supportive housing, case management, and access to primary care and dental services.**

Methods

Following are several methods that will achieve the Objectives listed above. They will be implemented as soon as possible and continue through the site and design selections; and final permitting.

- **Objective: Providing convenient means for citizens to ask questions or express opinions.**

Methods

- **E-Mail through the Whatcom County Executive Office and Health Department;**

- Tyler Schroeder, Deputy Executive – tschroed@co.whatcom.wa.us
 - Anne Deacon, Human Services Manager
adeacon@co.whatcom.wa.us
 - Additional email contacts as appropriate, to be determined
- **A dedicated website address created for the updates to the expanded crisis triage facility project.**
 - <http://www.whatcomcounty.us/2075/Crisis-Triage-Center>
 - <http://www.whatcomcounty.us/DocumentCenter/Home/View/26331>
- Compass Health Flyer on existing Whatcom County Triage Center
- **Briefings - Throughout the planning, permitting and State Environmental Policy Act (SEPA) process, there should be briefings of stakeholders and key officials. These should be scheduled to allow input prior to important stages of the process. Key meetings would be as follows:**
 - Incarceration Prevention Task Force – Triage Facility Subcommittee
 - Incarceration Prevention Task Force – Full Committee
 - Bellingham City Council Briefing
 - County Council Briefing
- **Neighborhood Notice/Meeting discussions**
 - Identify addresses of neighbors within 500' ft. of property
 - Other contacts similar to City of Bellingham's community meeting requirements
 - Ensure that addresses in Orchard Street area are included
 - Identify a community meeting day and space, to be determined
 - Explain the project and permit process
 - Obtain opinions on site
 - Discuss the uses on the site
 - Listen to concerns about impacts
- **Key Stakeholders Discussions**
 - Incarceration Prevention Task Force members
 - Whatcom County Council
 - Whatcom Crisis Oversight Committee
- **Permit Process**
 - Rezoned property to Public, to allow governmental operations
 - Outright allowed in the Public zone
 - Pre-Application Process (or, waiver)
 - SEPA process, two week public comment period
Building permit process application

Please Print

Sign-In Sheet

Please Print

Name	Mailing Address	City	Zip	Did you receive a notice?	
				Yes	No

**Institutions for Mental Diseases (IMD)
Facility Assessment Tool**

NAME OF FACILITY:

REVIEWED BY:

DATE:

PURPOSE OF ASSESSMENT:

Federal statutory restrictions state that Federal Financial Participation is not available for any medical assistance under Title XIX for services provided to any individual who is a patient in an Institution for Mental Diseases (IMD). This means that by Federal regulation, no Medicaid funds may be used for services provided to individuals who are between the ages of 21-65 who reside in an IMD. Federal regulation also states that Medicaid funding be used to pay for Medicaid recipients and Medicaid services exclusively. This exclusion was designed to assure that States, rather than the Federal government, continue to have principal responsibility for funding inpatient psychiatric services. If your facility is found to be an IMD, the payer of your services must use state-only dollars.

The term “mental disease” includes substance use and mental health disorders.

WHAT IS AN IMD?

An IMD is defined in the Federal Social Security Act 1905(i) and in the Code of Federal Regulations (CFR Title 42 Part 435.1010) as “a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.”

As IMDs are defined to be institutions with more than 16 beds where more than 50 percent of the residents are treated for a psychiatric diagnosis, the IMD exclusion applies only to institutions with at least 17 beds. Facilities with more than 16 beds whose primary purpose is to provide residential treatment for substance use and mental health disorders are considered IMDs.

The following tool will be used to determine if your facility is an IMD.

POLICY/PROCEDURES:

The Center for Medicare and Medicaid Services (CMS) has published guidelines in the State Medicaid Plan in order to help states determine whether a facility is an IMD. The Division of Behavioral Health and Recovery (DBHR) will use this guidance to determine if individual components within a common facility or on a common campus should be analyzed together or separately. In cases in which multiple components are involved, the individual programs may be identified as separate programs and considered independent only if each component can meet the conditions of participation independently.

DBHR will identify facilities to be assessed based on licensure and number of beds served and may conduct site visits, utilizing the IMD Facility Assessment Tool. Written notification will be provided to all assessed institutions/facilities as to their final IMD determination within thirty (30) days of that program's site visit.

Initial IMD determinations will be made by May 1, 2017 and shall be re-assessed every two years thereafter. For the purposes of time involving all parties, DBHR will try to couple IMD determinations with other, pre-existing evaluations/site visits when possible.

A reconsideration of a program's IMD status will be given upon the written request of the institution/facility. IMD status is subject for review if any of the information gathered in the assessment tool changes. Any changes are the responsibility of the facility to report to DBHR.

Section 1: FACILITY SIZE

<p>A: Facility has 16 beds or less?</p>	<p>Y</p>	<p>N</p>	<p>Comments:</p>	<p>References: IMD definition SSA 1905(i) 42 CFR 435.1010</p>	<p>If the facility has 16 beds or less, and the answer to Section 1(b) is “NO”, end the review. If the facility has 17 beds or more, proceed to Section 3 and continue the review for this facility.</p>
<p>B: Facility has multiple components or is co-located with another facility serving persons with mental illness?</p>	<p>Y</p>	<p>N</p>	<p>Comments:</p>	<p>References: State Medicaid Manual Section 4390(B)</p>	<p>If the facility has 16 beds or less, but has multiple components or is co-located with another facility providing diagnosis, treatment or care to persons with a mental illness, proceed to Section 2 and <u>complete Section 2 for each component.</u></p>

Section 2: COMPONENTS (Complete section 2, 3 & 4 for each component)

Facility name _____
 Component is licensed by _____ as a _____
 Component bed size _____
 Total number of components _____

<p>A. Are all components controlled by one owner or one governing body?</p>	<p>Y</p>	<p>N</p>	<p>Comments:</p>	<p>References: State Medicaid Manual Section 4390(B)(1)</p>	
<p>B. Is one chief medical officer responsible for</p>	<p>Y</p>	<p>N</p>	<p>Comments:</p>	<p>References: State</p>	

the medical staff activities in all components?				Medicaid Manual Section 4390(B)(2)	
C. Does one chief executive officer control all administrative activities in all components?	Y	N	Comments:	References: State Medicaid Manual Section 4390(B)(3)	
D. Are any of the components separately licensed?	Y	N	Comments:	References: State Medicaid Manual Section 4390(B)(4)	
1. DOH License # _____ 2. DOH License # _____ 3. DOH License # _____					
E. Are the components so organizationally and geographically separate that it is not feasible to operate as a single entity?	Y	N	Comments:	References: State Medicaid Manual Section 4390(B)(5)	
F. Can each component under the same provider category meet the conditions of participation independently?	Y	N	Comments:	References: State Medicaid Manual Section 4390(B)(6)	

Section 3: CHARACTER OF FACILITY

A. Facility is licensed by DOH as psychiatric facility.	Y	N	Comments:	References: 42 CFR 435.1010 State	The overall character is that of a facility established and maintained
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				Medicaid Manual Section 4390(C) (1)	primarily for the care and treatment of individuals with mental diseases regardless of licensure
B. Facility is accredited by JCAHO, CARF, or COA as a psychiatric facility, hospital, or behavioral health provider.	Y	N	Comments:	References: State Medicaid Manual Section 4390(C) (2)	
C. Facility advertises or holds itself out as a mental institution or psychiatric facility.	Y	N	Comments:	References: Middletown Haven case	
D. Facility is under jurisdiction of the State’s mental health authority.	Y	N	Comments:	References: State Medicaid Manual Section 4390(C) (3)	
E. Facility specializes in providing psychiatric or psychological care and treatment based on review of patients’ records.	Y	N	Comments:	References: State Medicaid Manual Section 4390(C) (4)	42 CFR 435.1010 states the facility is “primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services”.
F. An “unusually” large proportion of the staff has specialized psychiatric or psychological training.	Y	N	Comments:	References: State Medicaid Manual Section 4390(C) (4)	
G. The current need for institutional-ization for more than 50	Y	N	Comments:	References: State Medicaid	

percent of all the patients in the facility results from mental diseases.				Manual Section 4390(C) (5)	
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Section 4: RESIDENTS' CHARACTERISTICS & NEEDS

A. A large portion of residents are receiving psychopharmacological medications.	Y	N	Comments:	References: State Medicaid Manual Section 4390(C)(4)	
B. The primary reason for more than 50% of the individuals needing this level of care is due to a mental disease.	Y	N	Comments:	References: State Medicaid Manual Section 4390(C)(5) Section 4390(D) Section 4390(E)	>Individuals with a substance use disorder receiving services that are psychological in nature (e.g. treatment follows a psychiatric model performed by medically trained and licensed personnel) are counted as mentally ill under the 50% guideline. Lay counseling does not constitute medical of remedial treatment. This includes psychosocial support from peers or staff w/o specialized training.
Comments: Mental disease excludes mental retardation, senility, and organic brain syndrome. If current diagnosis is not clear, and the patient was admitted within the last year, use the diagnosis at admission. If no clear cut distinction is made regarding diagnosis, do NOT count patient in mentally ill category. If records are not available, use professional observation, discussion w/staff of overall issues of patient, and the specialty of the attending physician.					

Section 5: LICENSED PROFESSIONAL STAFFING

A. Medications are dispensed by RN or LPN.	Y	N	Comments:	References:	
B. There is at least one RN or LPN on site for every shift.	Y	N	Comments:	References:	
C. Primary medical care is provided on site.	Y	N	Comments:	References:	
D. Psychiatric care is provided on site by a facility Psychiatrist or prescribing Psychiatric Nurse.	Y	N	Comments:	References:	

Section 6: EVALUATING TEAM'S DISPOSITION:

Notes: