Incarceration Prevention Reduction Task Force
Triage Facility Committee

July 19, 2018
Courthouse Fifth Floor Conference Room 513, 311 Grand Avenue, Bellingham WA
9:00 a.m. – 10:30 a.m.

AGENDA

Topic	Requested Action	Presenter	Attachment
1. Call to Order • Review May 17, 2018 meeting summary	Review	N/A	1 - 3
2. Voluntary vs. Involuntary certification and background information on the recovery model versus seclusion and restraint	Discussion	N/A	4
3. Next Steps: Ideas & Further Information • Review assigned tasks: Invite facility service providers to August meeting? • Next meeting topics: Continued discussion with facility service providers of voluntary versus involuntary certification and potential use of seclusion and restraint			
4. Other Business			
5. Public Comment			
6. Adjourn			

UPCOMING MEETINGS:

IPR TASK FORCE various Mondays 9-11 a.m. Courthouse Conf. Rm 513/514 311 Grand Ave., Bellingham	COMMITTEES			
	BEHAVIORAL HEALTH various Mondays 2:30-3:30 (except where noted) Health Department Creekside Conf. Room 509 Girard, B'ham	**LEGAL & JUSTICE SYS.** 2nd Tuesday 11:30 am–1:30 pm Courthouse Conf. Rm 514 311 Grand Ave., Bellingham	**TRIAGE FACILITY** 3rd Thursday 9:30-11:00 a.m. ~~Health Dept.~~ MOVED TO Courthouse 5th Floor 513 or 514, 311 Grand Avenue, Bellingham	**STEERING** As needed Courthouse Conf. Rm 514 311 Grand Ave., Bellingham
July 16 August 6 September 17 October 15 November 26 December 17	July 16 August 6 September 17 October 15 November 26 December 17	July 10 (no august) September 11 October 9 November 13 December 11	July 19 in Room 513 August 9 * in Room 513 September 20: location TBD October 18 in Room 514 November 15 in Room 513 December 20 in Room 514	September 6: 9:30 a.m.

Whatcom County Incarceration Prevention and Reduction Task Force **TRIAGE FACILITY COMMITTEE WORK PLAN**			*SHORT-TERM*											
Task	**Respon sible**	**Status**	**Year 1**											
			1	2	3	4	5	6	7	8	9	10	11	12
1. With guidance from the Whatcom County Health Department and involvement of other key stakeholders, the Triage Facility Committee supports, plans for, and monitors progress to ensure development of a programmatically effective and financially sustainable Triage and Crisis Stabilization facility for Whatcom County. The Triage Facility Committee recognizes the value of the work being undertaken by the County's Health as well as Administrative Services Departments, in the following areas:														
Facility design & construction	Insert	In progress												
Securing operational funding	Insert	Complete												
Program design and RFP development and review	Insert	In progress												
Developing operating procedures, outreach, and training	Insert	Not started												
Developing progress metrics and outcome measures	Insert	Not started												
Ongoing performance management reporting	Insert	Not started												
Other as needed:	Insert	Not started												
2. With the aim of ensuring that the Triage Center programming is effectively integrated with new and existing programs, the Triage Facility Committee will collaborate and coordinate its work with the Incarceration Prevention and Reduction Task Force (IPRTF) Behavioral Health Committee and the County Behavioral Health Advisory Committee. Specifically, the Triage Facility Committee will identify behavioral health services that will be needed to support the successful operation of the Triage Center, (e.g. service enriched housing) and make recommendations to the full Task Force regarding opportunities for advocacy.														
Report from the IPRTF Behavioral Health Committee (monthly)	Insert	In Progress												
Report from the Behavioral Health Advisory Committee (quarterly)	Insert	In Progress												
Use the data collected to inform their conversations	Insert	Not started												
Other as needed:	Insert	Not started												

DRAFT Meeting Summary for May 17, 2018

1. Call To Order

Committee Chair Chris Phillips called the meeting to order at 9:32 a.m. in the Courthouse Fifth Floor Conference Room 513, 311 Grand Avenue, Bellingham.

Members Present: Todd Donovan, Kate Hansen, Jack Hovenier, Jeff Parks, Chris Phillips, Tyler Schroeder, Sandy Whitcutt

Members Absent: Jerry DeBruin, Perry Mowery

Review March 15, 2018 Meeting Summary

There were no changes.

2. Annual Report

Mark Gardner, Bellingham City Council Office, reported on the status of the annual report.

The committee discussed:

- The potential opportunity for including sobering chairs in the architectural design, including funding
- Include language on how often this committee meets
- Include better context on recent increases in services
- Include information on the outcome of the public meeting being well-received
- Include the recommendation for an involuntary placement, if approved
- Include how to allow greater access to community and peer-to-peer recovery groups in the detox facility
- The official naming of the entire facility:
    - Crisis behavioral health facility.
    - It is a medically-monitored withdraw facility for the acute detox side
    - It is a certified triage facility for involuntary placement for the mental health side
    - They are no longer able to call it a triage facility, according to the Washington Administrative Code.
    - A “triage facility” is strictly attached to the mental health side of the facility
- Include the status of how managed care organizations (MCOs) plan to reimburse for operating funds
- They will have a common foyer open to the public, but not a common intake space
- Potential use for the existing triage facility space

3. Review data needs of the committee and forward to the INDEX Committee

The committee discussed whether the outcomes and trends are measurable, measuring use by law enforcement, expectations for reporting by the managed care organizations (MCOs), how the County leases the County's facility to providers, and how law enforcement chooses to take someone to a crisis center rather than jail.

4. Voluntary vs. involuntary triage facility

Deacon reported on changes to the State statutes that allow triage facilities with two different levels of certification. The County administration has decided the facility can meet the new requirements to certify as an involuntary facility. She described the differences in the voluntary and new involuntary certification definitions and requirements, which includes the ability to seclude and restrain.

The committee discussed costs and funding issues, the State Department of Health requirements for physician oversight for seclusion and restraint; the opportunity of designing a capital facility to allow for involuntary certification, if they so choose; the costs of adding two seclusion rooms to the design;

Hovenier moved to recommend construction of the triage facility with two seclusion rooms, at an additional approximately $80,000 to the project, to accommodate involuntary services of they choose to use them. The motion was seconded.

Schroeder suggested a friendly amendment to clarify the difference in operational issues between voluntary and involuntary certification before making a formal recommendation to the Task Force.

Hovenier accepted the friendly amendment.

The committee continued discussion on keeping their options open on certification; inviting experts and providers to a future meeting for further discussion on operations; and a recovery model versus seclusion and restraint.

The motion carried 6-0-1, with Whitcutt abstaining.

The committee continued to discuss:

- The nursing level of training required to do 15-minute checks when a seclusion and restraint room is used.
- What services are provided now to people who may need seclusion and restraint.
- Whether an involuntary certification and design will have a negative impact on existing patients who volunteer to go to the facility

The committee concurred to continue discussion at the June and July meetings to get background information on the Recovery Model versus seclusion and restraint, why the NSBHO has

chosen the Recovery Model and to not use seclusion and restraint, and the consequences if they don't include involuntary/seclusion and restraint.

5. MacArthur Grant opportunity to supplement Health Department technology grant

The committee discussed whether or not anyone at the table has the time to put together a grant application for the MacArthur grant to supplement a recent $25,000 Data Across Sectors for Health (DASH) grant the Health Department received for information exchange.

Phillips asked if the general consensus of the committee is to let the grant opportunity go.

The committee concurred.

Barry Buchanan, Whatcom County Council Office, stated he will work with the Council Committee and administration on other options for possibly applying for the grant funds.

6. Next Steps: Ideas & Further Information

Schroeder stated he will work with staff to update the data needs list and annual report.

Phillips stated he will work with staff to set up an informal meeting to talk about governance and operations, and report back to the committee.

7. Other Business

Whitcutt stated Michael McAuley will replace her on the Triage Facility Committee, but she will attend the next meeting for the discussion on the recovery model.

8. Public Comment

There was no public comment.

9. Adjourn

The meeting adjourned at 11:07 a.m.

From May Meeting:

MOTION

Motion carried to recommend construction of the triage facility with two seclusion rooms, at an additional approximately $80,000 to the project, to accommodate involuntary services of they choose to use them.

- Motion includes a friendly amendment to clarify the difference in operational issues between voluntary and involuntary certification before making a formal recommendation to the Task Force.

The committee discussed:

- Keeping their options open on certification
- Inviting experts and providers to a future meeting for further discussion on operations
- A recovery model versus seclusion and restraint
- The nursing level of training required to do 15-minute checks when a seclusion and restraint room is used.
- What services are provided now to people who may need seclusion and restraint.
- Whether an involuntary certification and design will have a negative impact on existing patients who volunteer to go to the facility

The committee concurred to continue discussion at the June and July meetings to get background information on the Recovery Model versus seclusion and restraint, why the NSBHO has chosen the Recovery Model and to not use seclusion and restraint, and the consequences if they don't include involuntary/seclusion and restraint.

- Get the BHO perspective
- Remember the patient view
- Look at issues re: utilization and accomplishing outcome of jail diversion