

***Incarceration Prevention and Reduction Task Force***  
***Crisis Recovery Facility Subcommittee***  
**DRAFT Meeting Summary for July 19, 2018**

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**1. Call To Order**

Committee Chair Chris Phillips called the meeting to order at 9:35 a.m. at the Courthouse Fifth Floor Conference Room 514, 311 Grand Avenue, Bellingham.

Members Present: Todd Donovan, Jack Hovenier, Chris Phillips, Tyler Schroeder, Perry Mowery, Jeff Parks, Michael McAuley

Also Present: Jill Bernstein, Anne Deacon, Dean Wight

Members Absent: Jerry DeBruin, Kate Hansen, Betsy Kruse

Review May 17, 2018 Meeting Summary

This item was not discussed.

**2. Voluntary vs. Involuntary certification and background information on the recovery model versus seclusion and restraint**

Deacon described the certification process for the entire facility:

- They aren't required to engage in any involuntary holds, including seclusion and restraint, even if the facility is certified as such and has a room equipped for it
- Seclusion and restraint is for safety, not punishment
- Designated crisis responder (DCR) = designated mental health professional (DMHP)
- Civil commitment and police officer holds operate under different laws
- Those held under civil commitment must be transferred as soon as possible. They cannot be held in the crisis recovery facility
- Those held under a peace officer hold, and not committed, must be evaluated within three hours and moved within 12 hours
- Those committed are sent to a certified evaluation and treatment (E&T) center, which includes the hospital and two units in Skagit County
- There are options for involuntary treatment in the region

The committee members discussed:

- The recovery model is a trauma-informed approach
- Seclusion & restraint can be traumatizing, and is used as a last resort
- Voluntary versus involuntary
- NSBHO clinical guidelines (on file)
- An involuntary facility provides one point of drop off for law enforcement. It is a true alternative to incarceration

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- If they build the facility with an additional, 17<sup>th</sup> bed, for seclusion and restraint, they always have the option for involuntary certification
- Operationally, an involuntary facility could be more expensive
- Changes in state regulations from two years ago impact the decision are that the BHO now pays for an onsite nurse and an on-call physician 24 hours per day, seven days per week
- Other triage facilities in the region have not chosen voluntary certification because these changes in the state regulations were not in effect
- An involuntary facility would mitigate concerns about people choosing to leave right after they're dropped off at the facility
- Whether other counties in the region would use their facility
- How restraint could happen, either physically or medically, in the seclusion and restraint room or outside of it
- The impact of involuntary certification on voluntary patients
- BHO funding for operations with an involuntary certification if they use the recovery model
- They can mitigate the downsides of involuntary certification if they use the recovery model
- Existing providers use the recovery model generally and seclusion and restraint minimally, and only in well-defined emergencies
- The County has leverage in the treatment model through the facility lease and how the provider is selected. It would be built into the contract.
- The Washington Administrative Code (WAC) changed recently to allow a police officer hold in a triage center rather than in an E&T facility
- Law enforcement must be trained on how they assess and use the system. They cannot default to 12-hour holds.
- The triage facility as a release valve for law enforcement versus for the hospital
- A big concern with an involuntary certification is that the provider won't implement the recovery model very well

Phillips stated that in summary, the committee could change its original recommendation for a voluntary facility due to:

- Changes in the WAC
  - Fidelity to the recovery model
  - To reduce and prevent incarceration and hospitalization
- An involuntary facility must mitigate concerns with fidelity to the recovery model.

### **3. Next Steps: Ideas & Further Information**

At the next meeting, get more information regarding the Thurston County involuntary triage facility, including feedback from their Sheriff about its usefulness

**4. Other Business**

Deacon announced they received a grant for remodeling the Girard Street facility for both capital and operating funds.

The Task Force members discussed the annual report to the County Council and the status of funding from managed care organizations (MCOs).

**5. Public Comment**

There was no public comment.

**6. Adjourn**

The meeting adjourned at 11:04 a.m.

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