

Incarceration Prevention Reduction Task Force Triage Facility Ad Hoc Committee Meeting

January 07, 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 Dec. 17, 2015 Meeting Summary 		Dean Wight	Summary
9:05 75 minutes	2. Triage Recommendations Discussion <ul style="list-style-type: none"> • Site selection criteria • Size of facility • Involuntary/voluntary • Other facilities in the region 	Discussion	Dean Wight	Triage Recommendations Draft Facilities Grid Draft-TBD
10:20 5 Minutes	6. Next Steps		Dean Wight	
10:25 5 Minutes	7. Meeting Schedule <ul style="list-style-type: none"> • January 14, 2016 9-10:30am, WCHD(?) • January 21, 2016 9 – 10:30am, WCHD 	Decision	Dean Wight	
10:30	8. Adjourn		Dean Wight	

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, December 17, 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
Mann, Ken	Whatcom County Council Member
Morgan, Irene	Restorative Community Coalition
Parks, Jeff (proxy for Sheriff Elfo)	Whatcom County Sheriff's Office
Phillips, Chris, Ad Hoc Chair	PeaceHealth St. Joseph Medical Center
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
Wight, Dean (proxy for Stephen Gockley)	Whatcom Alliance for Health Advancement
Staff	
Mowery, Perry	Whatcom County Health Department
Smith, Veronica	WAHA

Meeting Summary

1. Call to Order

Chris Phillips called the meeting to order

2. Prevalence Data

Discussed data in the meeting packet; Whatcom County Health Department and NSMHA have agreed to provide Whatcom-specific data to WAHA staff, and an 'ask' will be sent to PeaceHealth regarding emergency department visits for substance use disorder, mental health or co-occurring disorders.

3. Review Existing Utilization Data

Dean Wight will work with Veronica to clarify the current utilization data points under review and identify gaps in available data.

Ken Mann asked the Ad Hoc Committee members for their current views on the number of beds needed; consensus among committee members was two 16-bed facilities, located in close proximity. Physical location of the facility briefly discussed. Site selection criteria will be a future agenda item for the Committee.

4. Next Steps

Dean and Veronica to compile information to put before the Ad Hoc committee at its next meeting

5. Meeting Schedule

January 07, 2016, 9 – 10:30am, Whatcom County Health Department Conference Room

January 14, 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).