Incarceration Prevention Reduction Task Force
Crisis Recovery Facility Committee
9:30 a.m. – 11:00 a.m., September 20, 2018
Health Department Creekside Conference Room, 509 Girard Street, Bellingham, WA

AGENDA

	Topic	Attachment
1.	**Call to Order** • Review July 19, 2018 meeting summary	1 - 3
2.	**Discussion of the Telecare Thurston Mason Crisis Triage Center** • Committee to continue discussion of voluntary versus involuntary certification and potential use of seclusion and restraint.	4 - 6
3.	**Brief updates** *(referred from August 6 Task Force):* • Anticipated Crisis Recovery Facility groundbreaking • The Governor's plan for small facilities to replace Western State beds • Impacts from a private proposed facility on Whatcom County's crisis recovery facility	N/A
4.	**Other Business**	
5.	**Next Steps: Ideas & Further Information** • Review assigned tasks • Next meeting topics	
6.	**Public Comment**	
7.	**Adjourn**	

UPCOMING MEETINGS

IPR TASK FORCE various Mondays 9-11 a.m. Courthouse Conf. Rooms 513/514 311 Grand Ave., Bellingham	COMMITTEES			
	BEHAVIORAL HEALTH various Mondays 2:30-3:30 Health Department Creekside Conf. Room 509 Girard, B'ham	LEGAL & JUSTICE SYS. 2nd Tuesday 11:30 am–1:30 pm Courthouse 5th Floor Conf. Rm 514 311 Grand Ave., Bham	CRISIS RECOVERY FACILITY 3rd Thursday 9:30-11:00 a.m. Courthouse 5th Floor 513/514, 311 Grand Avenue, B'ham	STEERING As needed 311 Grand Ave., Bham
September 17 October 15 November 26 December 17	September 17 October 15 November 26 December 17	October 9 November 13 December 11	September 20: Health Dept. October 18 in Room 514 November 15 in Room 513 December 20 in Room 514	October 25, 9:30-11:00 Room 513

The most up-to-date meeting schedule can be found online at:

http://wa-whatcomcounty.civicplus.com/calendar.aspx?CID=40,

Whatcom County Incarceration Prevention and Reduction Task Force **TRIAGE FACILITY COMMITTEE**			*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	Not started												
Report from the Behavioral Health Advisory Committee (quarterly)	Insert	Not started												
Use the data collected to inform their conversations	Insert	Not started												
Other as needed:	Insert	Not started												

DRAFT Meeting Summary for July 19, 2018

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

- If they build the facility with an additional, 17th 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).

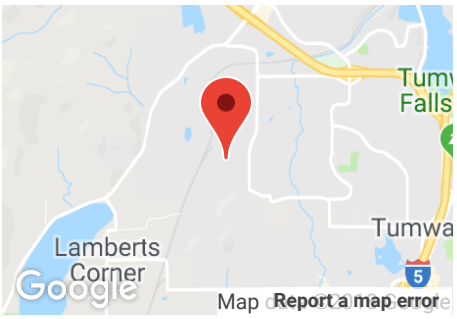
5. Public Comment

There was no public comment.

6. Adjourn

The meeting adjourned at 11:04 a.m.

Thurston Mason Crisis Triage



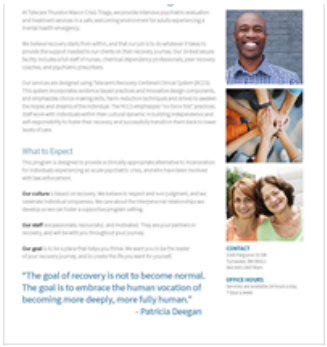
3285 Ferguson St SW
Tumwater, WA 98512
(360) 943-1907

About Thurston Mason Crisis Triage

At Telecare Thurston Mason Crisis Triage, we provide intensive psychiatric evaluation and treatment services in a safe, welcoming environment for adults experiencing a mental health emergency.

We believe recovery starts from within, and that our job is to do whatever it takes to provide the support needed to our clients on their recovery journey. Our 10-bed secure facility includes a full staff of nurses, chemical dependency professionals, peer recovery coaches, and psychiatric prescribers.

This program is designed to provide a clinically-appropriate alternative to incarceration for individuals experiencing an acute psychiatric crisis, and who have been involved with law enforcement.



CLICK HERE FOR THE PDF

Just the Basics

Beds: 10
Population Served: Adults, ages 18 and older, who have been diagnosed with a serious mental illness
Funded by: Thurston Mason Behavioral Health Organization

Recovery Model

Our services are designed using Telecare's Recovery-Centered Clinical System (RCCS). This system incorporates evidence-based practices and innovative design components, and emphasizes choice-making skills, harm-reduction techniques and strives to awaken the hopes and dreams of the individual. The RCCS emphasizes "no-force first" practices. Staff work with individuals within their cultural dynamic in building independence and self-responsibility to foster their recovery and successfully transition them back to lower levels of care.

Services and Supports

A variety of therapies and activities are offered in our program. Services at Thurston Mason Crisis Triage include, but are not limited to:

- Comprehensive evaluation and risk assessment, covering mental health and substance use
- Client-centered, strengths-based and trauma informed crisis intervention and stabilization
- Psychiatric assessment and treatment
- Peer support and community group meetings
- Social and recreational activities
- Counseling on both a group and individual basis
- Medication administration and management

Office Hours

24 hours a day, 7 days a week

Referral Process

Designated Mental Health Professionals (DMHP) will evaluate individuals referred by local law enforcement and the Thurston County jail. If individuals are found to need emergency involuntary detainment, they will be admitted to the inpatient unit.

Who Is Served

Adults, aged 18+, in Thurston and Mason Counties, who have been diagnosed with a serious mental illness and are currently experiencing a significant crisis in their lives.

Exclusion Criteria

- Any individual who has a co-occurring medical condition that requires more than an outpatient level of care will be excluded from the program.
- Sexually violent offenders being detained pursuant to RCW 71.09 or high risk sex offenders classified by the local law enforcement agencies are excluded from admission.
- Any individual with any pending (not dismissed or otherwise disposed) felony charge shall be excluded from admission. Individuals released on a Temporary Release (TR) may be considered for admission on a case-by-case basis after consultation with the DMHP.

About Telecare

Telecare is a family- and employee-owned company that has been treating individuals with serious mental illness since 1965. We specialize in innovative, outcomes-driven services for high-risk individuals with complex needs. Our programs are recovery-focused and clinically effective and are designed in partnership with local, county, state and other behavioral health organizations.