

Incarceration Prevention and Reduction Task Force
Triage Facility Ad Hoc Committee
Meeting Summary, March 24, 2016
 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	PeaceHealth St. Joseph Medical Center
Polidan, Randy	Unity Care NW
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
Staff	
Wight, Dean	WAHA-Facilitator

Meeting Summary

1. Call to Order

Chris Phillips called the meeting to order, the agenda was reviewed and a modification was made to include a discussion of location in Item 7.

A motion was made by Ken Mann and seconded by Jeff Brubaker that the meeting summaries from January 14 and January 21, 2016 be approved. The motion passed unanimously.

2. Discussion of Committee Chair Position

Chris expressed his concern that he was unable to attend TF meetings because of a conflicting PeaceHealth meeting schedule. Members of the Committee affirmed Chris in continuing as Chair of this Ad Hoc Committee, and agreed to present to the TF in his stead. Tyler will represent this Committee at the next TF meeting.

3. Review Phase I Recommendations

The Committee reviewed their Phase I recommendations, and called out specific items for further discussion.

- 2 – 16 bed units (and potential rule change around # of beds)
- Voluntary or involuntary
- Acute or sub-acute detox
- Potential co-location with a new 24/7 urgent care facility
- location

4. Report from NSBHO

Dean circulated a single-sheet summary from a recent Behavioral Health Advisory Board meeting (attached) that details current estimated substance use disorder treatment bed needs, and WCHD/NSBHO current thoughts re # of beds needed for detox. Whatcom

Triage Facility Ad Hoc Committee Meeting Summary

March 24 2016

N: WAHA PROGRAMS/IPR TASK FORCE/Triage Ad Hoc Committee

Page 1 of 1

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

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County is interested in an Addiction Stabilization Center for the detox side of the new facility as it will include medication assisted treatment (MAT) and facilitate the diagnosing and referral to further treatment more efficiently.

5. Discussion of Phase I Recommendations

The Committee agrees that the recommendation of **2 – 16 bed units**, as described in the Phase I report, should be their recommendation to the TF at this time.

Important components of the discussion include:

- Alignment with NSBHO and WCHD re. substance use disorder beds
- MH beds, as described in the report and the recent LE/EMS survey that indicated increased demand if beds were available
- Knowledge that MH utilization is under-reported at this time, and not the NSBHO focus at this time
- It should be noted that there appears to be some flexibility in the 16 bed/Medicaid funding rules (recent exception for Lake Whatcom and 28-32 bed facility that will be opening in Q3, 2016)
- Jack noted that aligning recommendations of the TF with NSBHO when appropriate, and providing NSBHO with a TF letter of support is important
- Whatcom County needs to have a voice in the NSBHO planning process (Ken Mann and Jack Louws on their Board)

There was extensive discussion regarding **voluntary or involuntary** treatment, and the current challenges with placement at the hospital. Since there are design considerations for each (voluntary or involuntary) and process improvement needs in the current (and future) systems, the Committee analysis of this question will continue at a future meeting.

- Need for better coordination between agencies (LE, hospital, EMS)
- Workforce development
- The need for “upstream” interventions was also discussed as involuntary treatment beds are the most expensive intervention
- Discussed the need for a facility with the ability to provide intake services for an agitated individual (with the possibility of de-escalating them) and provide that 10 minute drop-off location for LE/EMS (consider co-locating DMHP's at Crisis Triage Facility)
- Distinction drawn between the 72 hour hold that comes with involuntary treatment act, and the 12 hour hold at an Evaluation & Treatment facility.

Jeff Parks reflected on the impact that individuals with serious mental illness have on other inmates in the jail.

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Tyler requested a flow chart that shows what facilities would be available for voluntary and involuntary services, Chris asked the WCHD to help frame this conversation for the next Ad Hoc Meeting.

Acute or sub-acute detox

They briefly discussed the potential co-location of the Crisis Triage Center with with a **new 24/7 urgent care facility**.

- Concern raised regarding potential competition with existing private sector facilities
- Operational cost/funding to be substantially through NSBHO

The pro's and con's of the various **Locations** in the recommendation were discussed. There is a strong preference on the part of the Committee for the current location.

The need for an adequate continuum of care as people exit the Crisis/Triage Center was a theme throughout the conversation

6. Readiness to Present Recommendations to TF

The Committee believes that they are ready to take their recommendations to the Task Force, and that the Task Force needs to:

- Align with the region (NSBHO) on the detox facility
- Affirm the 16 bed recommendation for mental health
- Underscore the need for a deeper dive into voluntary vs. involuntary
- Address the location recommendations

Dean will frame this discussion for the Task Force at the April 4, 2016 meeting.

7. Work Plan for Phase II

To be discussed at the next Committee Meeting

8. Meeting Schedule

April 14, 2016 from 9 – 10:30am at the WCHD, 509 Girard Street, Lower Level

9. Adjourn