

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
Meeting Summary for May 26, 2016

1. Call To Order and Agenda Review

Committee Chair Chris Phillips called the meeting to order at 9:00 a.m. at 9:15 a.m. at the Health Department Lower Level Conference Room, 509 Girard Street, Bellingham.

Members Present: Jeff Brubaker, Jack Hovenier, Ken Mann, Chris Phillips, Tyler Schroeder, Kathy Walker, Sandy Whitcutt, Dean Wight

Also Present: Jill Bernstein, Anne Deacon, Irene Morgan

Members Absent: Jeff Parks

Review April 14, 2016 Meeting Summary

Hovenier moved to approve the April 14, 2016 meeting summary as presented.

The Committee discussed whether St. Joseph Medical Center's psychiatric unit accepts policy hold involuntary individuals as referenced on page 2 of the summary. The discussion noted in the summary was specific to the law regarding the 12-hour hold and whether St. Joe's would be able to take 12-hour holds.

Schroeder moved a substitute motion to approve the minutes with a clarification to page 2 of the summary, "Does not accept 12-hour police hold involuntary individuals because they are full to overbooked with civil commitments."

The motion was seconded.

The motion carried unanimously.

2. Report from May 2, 2016 Task Force Meeting

Deacon referenced page three of the draft minutes for the May 2 Task Force meeting and asked if the motion made by Jack Hovenier was for an acute or subacute substance use detoxification license.

Hovenier stated the motion was meant to recommend a license for acute substance use detoxification.

Hovenier updated the committee on the Task Force's action on May 2, 2016 regarding the committee's recommendations.

The committee discussed:

- Reaching out to and allowing the neighborhood and community to provide input on the recommendation to continue the current location.
- Making Task Force recommendations in phase II without political considerations.

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- Investigating whether there are legal barriers to continuing in the current location.

3. Work Plan for Phase II

Phillips stated the direction of this committee and the Task Force is to recommend developing two 16-bed voluntary units at Division Street.

Schroeder referenced page ten of the packet and read the purpose of phase II.

The committee determined that it must continue to refine the recommendation and consider:

- Capital costs of construction
- Operational costs
- Funding sources for both capital and operational expenses
- Developing a request to the State for capital funding from either:
 - A capital request in next year's legislative session for substance use disorder treatment facilities, and/or
 - A grant request for up to \$2 million through the State Department of Commerce, with a preliminary application due July 16, for community mental health crisis triage beds

Deacon described the North Sound Mental Health Administration's (NSMHA) regional Behavioral Health Organization (BHO) needs assessment and proposed response regarding substance use disorder inpatient treatment. There are two parallel processes in the County and Region's plans to relocate substance use disorder inpatient treatment, given the closure of the Pioneer Center Sedro-Woolley facility

- The Region's goal to replace and relocate inpatient beds for substance abuse disorder
- The County's goal to provide an acute detoxification triage facility

The County may be able to apply for the Department of Commerce grant for crisis triage and also continue to work with the Region for capital funding for the substance use disorders. Hopefully the Region would ask for the proposed combined unit. The County is proposing to the Region that it include the substance use disorder treatment, acute detox, and mental health crisis triage.

The committee discussed whether it wants to spend time and resources considering a second location near the hospital.

The committee agreed that its work product for phase II will be to:

- Refine the proposal for the facility
- Identify capital and operating costs and funding options and strategies
- Determine whether there is property near the hospital that can be developed, but focus on Division Street

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Deacon stated the Health Department has done the pre-architectural designs for a facility. This committee can confirm the site and reconfirm the services and facility. They could make some changes from the plan. The architect provided square footage estimates for construction and associated fees.

The committee discussed the process for developing its work product. The committee's recommendations must include performance benchmarks for a triage facility and identify how it would reduce the jail population

The committee agreed that Forrest Longman, the Council's Legislative Analyst, can draw from work done by the County Health Department staff and the Region to draft the committee's phase II recommendations.

Phillips stated the Committee will ask Forrest Longman to develop a refined phase II proposal to deliver to the full Task Force that will:

- Focus on Division Street
- Delineate capital and operational costs and potential funding sources and strategies
- Draw from the Health Department and Region to inform that refined proposal

Mann stated the Task Force must advocate to local and State legislators to make sure funds are budgeted for these services. Mr. Longman can create reports from the work that they're doing, but he isn't authorized to do the research, develop cost estimates, or determine a funding strategy.

Schroeder stated many of the facility and funding specifications they're looking for are required for the Department of Commerce grant application. Phase II should focus on those acquisition requests.

The committee discussed potential triage facility site locations, including sites near the hospital.

4. Nexus of Criminal Justice and Mental Health Systems: What changes are necessary?

Walker stated she wanted to describe certain real events that happened to illustrate how the criminal justice and mental health systems interact in reality and get feedback to identify gaps and how the systems should work better. The two systems weren't designed to share information. Statute doesn't allow the systems to share information necessary to fill gaps.

The committee discussed:

- Whether this presentation should be given to the full Task Force
- Describing these case studies through three different lenses of the criminal justice system, behavioral health system, and at the point of contact with the designated mental health professional (DMHP)
- Legal barriers:
 - Presenting these case studies would identify individuals and violate the Health Insurance Portability and Accountability Act (HIPAA).

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- Mental health professionals in the system who cannot participate in a case study unless they talk anecdotally and systemically without identifiers
- The ability to discuss what happens during the crisis stage without revealing a specific diagnosis
- How Ms. Walker can present a case study through the criminal justice lens and Ms. Whitcutt can discuss generic situations in a way that will unravel the gaps in the systems
- The framework that allows them to unravel cases as they happen during the crisis phase, on an ongoing basis, to understand what is wrong with the system
- Whether a recommendation of the Task Force would be to advocate to the legislature that laws change to allow more open communication.

Phillips stated they are asking the Prosecutor's Office and the Region to provide case examples of crossover issues to the full Task Force.

Whitcutt stated that to be successful, the intersection of criminal justice and mental health is diversion. The intersection has to be at the point of crisis.

5. Next Steps: Ideas & Further Information

Phillips stated the committee already talked about the next steps.

6. Next Meeting Agenda Topics

Schroeder stated he and Ms. Deacon may be able to provide an update on the next steps for the Phase II Report.

Hovenier stated have a discussion with Mr. Longman to make sure he has the data he needs to begin drafting the phase II recommendations, which could be ready for the committee in September.

The committee agreed to change the June meeting time to 9:30 – 11:00 a.m. due to scheduling conflicts.

7. Public Comment

No one spoke.

8. Adjourn

The meeting adjourned at 10:15 a.m.