

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
Meeting Summary for August 18, 2016

1. Call To Order

Committee Member Jack Hovenier called the meeting to order at 9:00 a.m. in the Health Department Lower Level Conference Room, 509 Girard Street, Bellingham.

Members Present: Jack Hovenier, Jeff Parks, Tyler Schroeder, Sandy Whitcutt, Dean Wight

Also Present: Anne Deacon

Members Absent: Jeff Brubaker, Ken Mann, Chris Phillips, Kathy Walker

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There were no changes

2. Review North Sound Behavioral Health Organization (BHO) Crisis Stabilization Standards

Deacon referenced the BHO Crisis Stabilization Standards for Adults, beginning on packet page five. Deacon and Whitcutt reported on the standards:

- Item III of the procedures and standards are the BHO priorities, which are to divert people from a higher level of care, such as hospitals
- The BHO has minimized the exclusionary criteria, which are shown in Item IV(B)
 - The Department of Health Residential Treatment Facilities (RTF) generally excludes level 3 sex offenders from facilities.
 - Detox intake is supposed to check criminal backgrounds from the Washington Access to Criminal History (WATCH) database
- According to 42 Code of Federal Regulations (CFR), they can't get shared information on substance use, so they wrote the policy for what they can do
- Everyone can request direct referrals
- At this time, the facility is a stabilization facility, but there aren't any regulations for a facility of that name. When it becomes a licensed triage facility, the regulations will be much more stringent.

The Committee discussed facility and program licensing:

- Whether operational funding could be impacted before the facility is certified and licensed
- Make sure the facility becomes an certified triage facility to ensure the programming is based on a Washington Administrative Code (WAC)
- The Department of Commerce grant indicates they intend to build a certified triage facility
- The Task Force has recommended a certified triage facility
- There was a concern that Medicaid wouldn't pay for emergency medical service (EMS) transport to a non-certified facility, but it's not an issue here

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- Once certified, Medicaid will cover the cost of EMS transport to the facility
- Mental health staff are not allowed to provide to the EMS staff the information necessary to complete the required paperwork for transport reimbursement, due to privacy requirements.

3. Review updated pre-architectural designs and cost estimates

Deacon submitted and described a handout of the 2010 proposed facility schematic (on file). The updated cost estimates are included in the Department of Commerce grant, on Committee packet page 25, for the mental health part of the facility:

- Expand the facility footprint by 12,220 square feet, for a total of approximately 18,050 square feet.
- Detox will be housed in the existing building, which needs to be remodeled
- The schematic will be updated because it will not include a seclusion and restraint area
- The kitchens will only be warming kitchens for delivered food
- The existing triage facility will become the acute detox area, and the new expansion will be the mental health stabilization area.
- The area shown as the existing kitchen is for the work center.
- The updated schematic will likely reflect one centralized kitchen.

The committee discussed:

- How people with both mental health and substance use issues are housed:
 - The State may require that people with mental health issues are separated from people with substance use issues
 - The behavioral health community is working to educate the State about the best way to work with people with co-occurring disorders
 - The trend is moving toward integration
- The necessity of and cost to remodel the existing facility
 - To avoid a service shut-down, build the addition, move people from the existing facility to the new addition, and then remodel the existing facility
 - Request the architect to update the schematic and provide an approximate remodel cost estimate to include in the Phase II report. Include the difference in cost between a total program shut-down during construction and remodel and a phased construction/remodel to avoid a program shut-down.

4. Costs and funding

Capital funding:

- A request of up to \$2 million from the Department of Commerce
- Behavioral Health Fund has dedicated \$3 million
- The North Sound Behavioral Health Organization has committed up to \$2.5 million to a Whatcom County facility

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- If the County doesn't receive the Department of Commerce grant, the \$3 million from the Behavioral Health Fund may be bonded for additional money
- They County is working with the BHO on a State capital fund request for the recovery center, which is the back-door service to the triage center.

Operational funding:

- The North Sound BHO pays for detox and stabilization operational services, using both Medicaid and non-Medicaid dollars
- The Committee should determine how much the regional BHO anticipates it will pay toward annual operational costs
- The State plans to integrate behavioral health services with primary care medical services in 2020, in the hope of turning over those integrated services to commercial health plans
 - High risk, acute, and chronic sufferers may still have to be managed by the regional BHO
 - There are no assurance that a commercial health plan would prioritize these services
 - Crisis services are not part of managed care organizations (MCOs).
 - There hasn't been discussion yet about where triage services will go

Whitcutt stated she will get the information on the Snohomish County triage center operational cost, which will be relevant to the operational costs that they will expect for Whatcom County.

5. Discussion of secondary Triage Facility sites

Hovenier submitted a handout (on file) about available real estate in Bellingham. Nothing looks viable for a triage center location.

6. Recommendations that need to go into the draft Phase II Report

Schroeder stated the information in the grant application, including the cost estimates and schematic design, would be used to answer the required information in the Phase II report.

Hovenier stated the Phase II would include background information and construction data in the narrative:

- Information contained within the Department of Commerce grant application
- The likely range of costs

Deacon stated she would like the Task Force to advocate to the State, particularly the State legislature and Health Care Authority, to ensure operational funding in perpetuity.

Schroeder stated use the information from the Commerce grant, the background information on the mental health side, and the cost. Reach out to Ron Wright to update the schematic design and

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make a cost estimate on the remodel. Get some background information on anticipated operational cost using Snohomish County as the example. All that information would be included in the Phase II report. They can provide more specifics in the Phase III Report.

Whitcutt stated include the cost of operating an acute detox facility. She can provide information on the mental health operational costs.

Schroeder stated he and Forrest Longman will incorporate this information into a draft Phase II report for the committee.

Wight asked if Ms. Deacon's suggestion for advocating for long-term operational funding is to get a State-level commitment that there will be an expectation on the part of the MCOs to follow-through with operational funding when integration happens.

Deacon stated that's correct. She will bring forward a proposed recommendation for that advocacy.

Whitcutt stated triage facilities must bill insurance companies when possible. They must work with the MCOs to make sure triage facilities are entities that accept their insurance.

Deacon stated the Washington State Association of Counties (WSAC) should lobby for it.

The committee discussed the necessity a public process about the locating the triage facility permanently at the existing location, as the Sheriff recommended and the Task Force voted to do. Get a policy statement from the City from the Mayor or City Council to say they accept that the facility will locate there permanently.

The committee also discussed the impact to the work center building from a new triage facility and the Phase I Report promising to review workforce training opportunities to staff the new triage facility.

- Recognize that the work center building has a limited lifespan as it's used now
- The possibility of using the space in the future to expand the triage facility or as a recovery house
- The issue of behavioral health workforce development is a more community-wide issue that goes beyond this facility
- The Phase II Report can recognize that workforce development was a Phase I request, but it's a larger community discussion that should be accomplished as a whole by the entire behavioral health community

Hovenier stated the bulk of the Committee's recommendations for the Phase II Report have already been forwarded to and approved by the Task Force.

7. Public Comment

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There was no public comment.

8. Adjourn

The meeting adjourned at 10:15 a.m.