

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
Meeting Summary for February 15, 2018

1. Call To Order

Committee Chair Chris Phillips called the meeting to order at 9:30 a.m. at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.

Members Present: Anne Deacon, Todd Donovan, Sandy Whitcutt (proxy for Betsy Kruse), Jeff Parks, Chris Phillips, Tyler Schroeder

Members Absent: Kate Hansen and Jack Hovenier

Review December 14, 2017 Meeting Summary

Whitcutt stated the summary should be amended to show she attended.

2. Draft Priorities and Work Plan

The committee members discussed the committee work plan:

- Continue reviewing and monitoring crisis triage facility capital construction
- Facility operations, including funding, staffing, and programming
 - From the Vera Institute Report: explore the option of a sobering center program at the facility
- Review, monitor, and coordinate facility access to first responders. Educate first responders on how to access and use the facility.
- Review the North Sound Behavioral Health Organization (BHO) triage facility priority as a step-down facility for Peace Health St. Joseph Hospital
- Ensure effective links with the Ground-level Response and Coordinated Engagement (GRACE) program

The purpose of the subcommittee is emerging to be multi-faceted. First, the committee advises and recommends policy and direction to the full Task Force for construction and operation of the crisis triage facility. Second, the committee supports the Health Department as this work advances. Third, the committee functions as a sounding board for the administration as they advance the facility capital project.

3. Identify Ideal Data Needs of the Committee

Schroeder reported for the Steering Committee's request on identifying data needs for the proposed new data subcommittee. Data that would be useful to this committee include:

- Number of law enforcement drop-offs

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- Number of people going into the facility, leaving the facility, and length of stay in the facility.
- Number of admittance denials due to lack of space
- Capacity relative to use in real time
- Number of discharges
- Transfers to treatment and other services
- Whether the triage facility is used to divert people from jail
- If someone is admitted to the triage facility from the hospital, identify the pathway the person followed to arrive at the hospital in the first place. They need to know how the person got to the emergency room before going to the triage center.
- Measure success by increasing referrals from law enforcement and jail and, eventually when certified, from emergency medical services.
- Information on self-referrals
- Need to know if they accomplished the goal of keeping people out of jail
- Create clear categories to identify why people were not admitted and/or denied admittance
- Number of repeat contacts
- Eventual outcome of people referred to the facility
- Data exchange and availability with EMS and law enforcement. Link to statewide ER data system for data exchange
- Number of admissions versus number of people
- Demographic data on the people, such as gender and age
- Payer/payment information (Medicaid versus private insurance)

Deacon submitted a handout of the existing data on the triage facility for January 2018. Whitcutt stated she would provide similar data from the BHO on the triage facility.

The committee discussed:

- How recidivism is not a bad thing in the context of treatment
- They must consider the time and cost of tracking data
- They must consider who owns the data
- Integrating Peace Health and the triage facility's real-time capacity into the EMS's ImageTrend electronic patient care reporting (ePCR) system project
- The upcoming transition from the BHO to the managed care organizations (MCOs)
- Deacon's upcoming meeting with the MCOs to talk about how they will fund Medicaid services, including funding the triage facility at capacity, not per diem. Have the Task Force take a position with the five MCOs and send a letter to support cost reimbursement at a capacity rate.
- Hold the discussion on data to the next subcommittee meeting
- Throughout the data exchange process, they still need to protect people's privacy

4. Update on Triage Facility architectural design

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Deacon submitted and the committee discussed the draft plans for option 1, a remodel of the existing facility, and for option 2, a new facility (*on file*).

The committee discussed the process for choosing an option, any potential problems with the land, the need to co-locate the offices of designated mental health and crisis intervention, and plans for an upcoming community meeting.

5. Update on Triage Facility funding

Deacon reported that they now have \$12.5 million for construction:

- \$5 million for mental health from State capital budget
- \$2 million for detox from the State capital budget
- \$2.5 million from the Behavioral Health Organization (BHO). These funds will be expended after the State funds.
- \$3 million from the local behavioral health fund. The funds will be expended last.

The committee discussed the local money used for capital and operations. Hopefully insurance will pay for all operations. Building maintenance will be funded from the local behavioral health fund.

Schroeder submitted a handout (*on file*) of a draft budget worksheet for option 2.

The committee discussed the draft budget and the process for finalizing the plan with the State Department of Health.

6. Next Steps: Ideas & Further Information

For March, schedule continued discussion of the committee work plan and draft data needs list, architectural design options, and construction budget.

Deacon to present update on transition to managed care organizations (MCOs) to the full Task Force in March with a draft letter of support, and to the Council's Public Works and Health Committee.

7. Other Business

The Committee rescheduled its April meeting to April 12, same time and location.

8. Public Comment

Lynn Campbell asked for information on the total number of triage facility beds when the project is done.

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9. Adjourn

The meeting adjourned at 11:00 a.m.