

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

1. Call To Order

Committee Chair Chris Phillips called the meeting to order at 9:35 a.m. at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.

Present: Jill Bernstein, Anne Deacon, Todd Donovan, Jack Hovenier, Chris Phillips, Tyler Schroeder, Jeff Parks, Sandy Whitcutt

Review February 15, 2018 Meeting Summary

There were no changes

2. Draft Priorities and Work Plan

Phillips referenced the version of the work plan submitted by Anne Deacon (on file) and the committee discussed:

- It's necessary to clarify the role and call out three items: 1. the Committee is working closely with the Administration and Health Department, 2. specific tasks, and 3. identify other necessary services for success at the Task Force and advocate for those through the Task Force
- Supporting the Health Department's past work without making a unilateral statement that they support future work
- Communicating and collaborating, but not coordinating, with the Behavioral Health Advisory Committee due to their different roles
- Ensuring that the Triage Facility Committee doesn't go in a direction that isn't going anywhere
- Advocating for housing and the need for the continuum of care
- Creating a process for feedback, evaluation, and monitoring
- Communication and marketing to the community in the long-term
- Policy, oversight, and engagement versus department operational responsibilities
- The IPRTF Behavioral Health Committee prioritized front- and back-door services:
 - Make sure behavioral health programs are in place to defer people to the triage center as much as possible
 - Make sure there are as many options as possible for continued support when someone leaves the triage center
- Reviewing the committee structure once the new triage facility is operational
- Including outreach and engagement strategies in the contracts with the providers as part of the work they do for operating the facility
- It falls on the Task Force to get the word out to the community about what the County is doing before the new facility opens
- Engaging with and training law enforcement and first responders in using the facility

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Hovenier read the work plan items as amended. The Committee concurred by general consent with the amendments.

3. Identify the ideal data needs of the committee

Deacon submitted and described a handout of triage facility data points (on file) and the committee discussed:

- This list in the handout is high level, and specific data points would come from the list. Those more specific data points will include:
 - Which law enforcement agencies are and are not using the facility
 - How many self-referred people enter the facility at the encouragement of law enforcement in lieu of being detained
 - How well the triage facility works for law enforcement
 - How and why someone self-referred enters the facility
 - How long people wait if there's no room at the facility
 - Does someone enter jail or the emergency room within six months, for example, after discharge from the triage facility
 - Is someone on Medicaid and, if not, why not
 - Will the sobering chairs be used for driving under the influence (DUI) arrests that aren't booked into jail.
 - How many people using the sobering chairs make it to their first appearance before the court
 - How many people are staying in the triage facility after using the sobering chair
 - It's necessary to track the data by hour to get accurate data on use
- The number of emergency department referrals to the triage facility should go down when first responders begin going directly to the triage facility
- When people are self-referred, it's actually at the encouragement of friends and family
- The specific data will be refined as they define operating procedures
- Rules for residential treatment facilities (RTFs) according to the State Department of Health that exclude folks with pending level three sex offenses, and some level two sex offenses
- The outcomes to measure are the two goals of the committee:
 - Diversion from criminal justice and/or hospital
 - Maximum use of the facility
- Measure the maximum use of the facility will show whether there is a significant need that could justify further diversion opportunities
- Add a goal to stabilize an individual in a less restrictive environment
- They are interested in how many people they're diverting from jail and the emergency department through the intake data from the triage center, emergency department, law enforcement.
- It's preferred that people return to the triage center as needed instead of returning to the jail and/or emergency department

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- Whether law enforcement can bill Medicaid for drop-offs to the facility
- Consider whether the County, in concert with the managed care organizations (MCOs), could pay the regional Behavioral Health Organization (BHO) to collect all the data as a central repository
- Integrate claims data into the data collection system
- It's necessary to maintain confidentiality while tracking the data

4. Update on Triage Facility architectural design & construction budget

Schroeder reported on the public meeting on the triage facility architectural design options. Option 2, the stand-alone facility, is the most feasible. He will make a presentation to the County Council at the next meeting on March 27.

Hovenier moved that the Triage Facility Committee support the Whatcom County Crisis Triage Center project budget worksheet for option 2. The motion was seconded. The motion carried unanimously.

Deacon stated the actual architectural design is not done, and the building will likely be slightly bigger and more expensive to include more office space and a different configuration for the triage entrance for emergency medical services (EMS) and law enforcement.

The committee discussed expedited permitting and decided it isn't necessary for the this committee, through the motion, to recommend support of option 2 from the full Task Force, which is scheduled after the next County Council meeting.

5. Update on Triage Facility funding

Deacon reported on the Health Department meetings with the managed care organizations (MCOs). The MCOs understand that the County expects cost reimbursement. The requests for proposals (RFPs) are due April 12. Cost reimbursement should be in the MCOs' RFP and ultimately in the State's contracts with the MCOs. The State received letters of support for full funding from the Incarceration Prevention & Reduction Task Force, the County Council, and the County Executive.

6. Next Steps: Ideas & Further Information

Phillips and Deacon will update the data point list and Jill Nixon will update the work plan per today's discussions and submit to the Steering Committee. Schroeder will present the architectural design to the County Council.

7. Other Business

The committee referred to the Legal and Justice Systems Committee the question of whether the law enforcement and prosecutors willing to divert, even upon arrest.

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8. Public Comment

Jill Bernstein stated they must not lose the plans for sobering chairs in the new facility and their associated data collection details.

9. Adjourn

The meeting adjourned at 10:53 a.m.