

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
Meeting Summary for May 17, 2018

1. Call To Order

Committee Chair Chris Phillips called the meeting to order at 9:32 a.m. in the Courthouse Fifth Floor Conference Room 513, 311 Grand Avenue, Bellingham.

Members Present: Todd Donovan, Kate Hansen, Jack Hovenier, Jeff Parks, Chris Phillips, Tyler Schroeder, Sandy Whitcutt

Members Absent: Jerry DeBruin, Perry Mowery

Review March 15, 2018 Meeting Summary

There were no changes.

2. Annual Report

Mark Gardner, Bellingham City Council Office, reported on the status of the annual report.

The committee discussed:

- The potential opportunity for including sobering chairs in the architectural design, including funding
- Include language on how often this committee meets
- Include better context on recent increases in services
- Include information on the outcome of the public meeting being well-received
- Include the recommendation for an involuntary placement, if approved
- Include how to allow greater access to community and peer-to-peer recovery groups in the detox facility
- The official naming of the entire facility:
 - Crisis behavioral health facility.
 - It is a medically-monitored withdraw facility for the acute detox side
 - It is a certified triage facility for involuntary placement for the mental health side
 - They are no longer able to call it a triage facility, according to the Washington Administrative Code.
 - A “triage facility” is strictly attached to the mental health side of the facility
- Include the status of how managed care organizations (MCOs) plan to reimburse for operating funds
- They will have a common foyer open to the public, but not a common intake space
- Potential use for the existing triage facility space

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
Meeting Summary for May 17, 2018

3. Review data needs of the committee and forward to the INDEX Committee

The committee discussed whether the outcomes and trends are measurable, measuring use by law enforcement, expectations for reporting by the managed care organizations (MCOs), how the County leases the County's facility to providers, and how law enforcement chooses to take someone to a crisis center rather than jail.

4. Voluntary vs. involuntary triage facility

Deacon reported on changes to the State statutes that allow triage facilities with two different levels of certification. The County administration has decided the facility can meet the new requirements to certify as an involuntary facility. She described the differences in the voluntary and new involuntary certification definitions and requirements, which includes the ability to seclude and restrain.

The committee discussed costs and funding issues, the State Department of Health requirements for physician oversight for seclusion and restraint; the opportunity of designing a capital facility to allow for involuntary certification, if they so choose; the costs of adding two seclusion rooms to the design;

Hovenier moved to recommend construction of the triage facility with two seclusion rooms, at an additional approximately \$80,000 to the project, to accommodate involuntary services if they choose to use them. The motion was seconded.

Schroeder suggested a friendly amendment to clarify the difference in operational issues between voluntary and involuntary certification before making a formal recommendation to the Task Force.

Hovenier accepted the friendly amendment.

The committee continued discussion on keeping their options open on certification; inviting experts and providers to a future meeting for further discussion on operations; and a recovery model versus seclusion and restraint.

The motion carried 6-0-1, with Whitcutt abstaining.

The committee continued to discuss:

- The nursing level of training required to do 15-minute checks when a seclusion and restraint room is used.
- What services are provided now to people who may need seclusion and restraint.
- Whether an involuntary certification and design will have a negative impact on existing patients who volunteer to go to the facility

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Triage Facility Subcommittee
Meeting Summary for May 17, 2018

The committee concurred to continue discussion at the June and July meetings to get background information on the Recovery Model versus seclusion and restraint, why the NSBHO has chosen the Recovery Model and to not use seclusion and restraint, and the consequences if they don't include involuntary/seclusion and restraint.

5. MacArthur Grant opportunity to supplement Health Department technology grant

The committee discussed whether or not anyone at the table has the time to put together a grant application for the MacArthur grant to supplement a recent \$25,000 Data Across Sectors for Health (DASH) grant the Health Department received for information exchange.

Phillips asked if the general consensus of the committee is to let the grant opportunity go.

The committee concurred.

Barry Buchanan, Whatcom County Council Office, stated he will work with the Council Committee and administration on other options for possibly applying for the grant funds.

6. Next Steps: Ideas & Further Information

Schroeder stated he will work with staff to update the data needs list and annual report.

Phillips stated he will work with staff to set up an informal meeting to talk about governance and operations, and report back to the committee.

7. Other Business

Whitcutt stated Michael McAuley will replace her on the Triage Facility Committee, but she will attend the next meeting for the discussion on the recovery model.

8. Public Comment

There was no public comment.

9. Adjourn

The meeting adjourned at 11:07 a.m.