

***Incarceration Prevention and Reduction Task Force
Crisis Recovery Facility Subcommittee
Meeting Summary for January 17, 2018***

1. Call To Order

Committee Chair Chris Phillips called the meeting to order at 9:30 a.m. at the Courthouse Fifth Floor Conference Room 513, 311 Grand Avenue, Bellingham.

Members Present: Jack Hovenier, Chris Phillips, Tyler Schroeder, Jeff Parks, Michael McAuley, Anne Deacon (for Perry Mowery)

Also Present: Stephen Gockley, Michael Lilliquist

Members Absent: Jerry DeBruin, Todd Donovan, Perry Mowery

Review October 18, 2018 Meeting Summary

There were no changes

2. Update from Anne Deacon on the status of the Crisis Stabilization Center operator/provider Request for Proposals/Qualifications (RFP/Q)

Deacon stated reported on project design updates and changes, including meeting space, the plan that must be submitted to the Department of Health, and the process for writing three requests of proposals/qualifications:

- Triage
- Withdrawal Management (detox)
- Operating the commercial kitchen

Deacon submitted a handout of the *10 Fundamental Components of Recovery* from the Substance Abuse and Mental Health Services Administration (SAMSA) (on file) and spoke about the recovery model.

The Committee members discussed the possibility of the service provider or a subcontractor also operating the kitchen; ensuring that the kitchen operator contract includes a dietician and ensures clients get good, healthy foods, rather than the cheapest foods that would lower the bid; the outstanding quality of the food service vendor at the hospital; including the *10 Fundamental Components of Recovery* in the RFQ; designing the aesthetic of the building so it's more welcoming and less institutional; what is necessary for successful diversion from the emergency department, including:

- For withdrawal management, onsite medical clearance screening, access to a lab, and access to a prescriber
- For mental health triage, intensive attention at intake is necessary. They will have to work with law enforcement to figure out the profile of the person who best benefits from mental health triage for successful diversion from arrest and incarceration

The Committee members discussed the possibility of creating an very focused operational working group of law enforcement, emergency department personnel, and the triage center service provider.

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- The working group would function at or before opening of the new facility to ensure they don't have the same problems as the existing facility in not being effective at diversion from the emergency department.
- Protocols must be established before the facility opens and first responders must have a training period.
- Too many patients who need seclusion and restraint at intake may overwhelm the provider. If the RFP/Q will include protocols and operations, there may be value to having an operating working group sooner.
- Allow law enforcement and emergency medical services (EMS) personnel have input on developing the protocols.
- Get cross-sector input into the formation of the RFP/Q.
- When the timing is right, the Health Department should convene a cross-sector operational group with people who work on the ground and have authority to make decisions.
- Include language in the contract that the service provider will participate in cross-sector conversations and in training as directed by the Health Department.

The Committee continued to discuss the timing of design, construction, and the RFP/Q.

3. Possibility of developing a sobering center in the current triage facility space

The Committee members discussed:

- The potential different uses for the current facility and
- Whether it would be appropriate for the Task Force to have an opinion on the use only if the potential use would result in incarceration prevention or reduction
- Operational funding for the triage facility
- A legislative bill to incentivize managed care organizations (MCOs) to be aware of the need for criminal justice diversion
- The technical and the political influences on operational funding
- Operational costs should factor in replacement costs
- If there are any advantages or disadvantages to the triage facility to use the space in the future, the committee can consider it again

4. Next Steps: Ideas & Further Information

Upcoming agenda items at the March meeting could include:

- A discussion of the RFP/Q submittals
- Status of the operational work group

Continue discussion at the Steering Committee on operational funding through fee-for-service versus cost-based reimbursement. Contract with someone to write a white paper on that can be used to make the case in favor of cost-based reimbursement.

5. Other Business

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Committee members discussed Chris Phillips' upcoming retirement.

McAuley described his work on homeless housing issues.

6. Public Comment

There was no public comment.

7. Adjourn

The meeting adjourned at 10:48 a.m.