

***Incarceration Prevention and Reduction Task Force***  
***Crisis Stabilization Facility Subcommittee***  
**DRAFT Meeting Summary for July 16, 2020**

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**1. Call To Order**

Committee Chair Anne Deacon called the meeting to order at 9:30 a.m. This was a remote-only virtual meeting.

Members Present: Doug Chadwick, Anne Deacon, Todd Donovan, Mike Hilley, Jack Hovenier, Tyler Schroeder

Members Absent: None

**2. Construction Schedule**

Deacon reported on the construction of the new Crisis Stabilization Facility, which will be renamed to the Crisis Stabilization Center. Opening is planned for the middle of October, barring any delays. They're meeting with the tenants and the architect every other week to work through details. The City of Bellingham fire marshal is requiring compliance on a number of factors they're working through.

The committee discussed the fire suppression requirements from the State and City.

**3. Program Considerations**

**-and-**

**5. Operational Funding**

Deacon described the programs provided by the treatment providers, Pioneer Human Services and Compass Health. The lease agreement is how the County can hold them accountable for program expectations. Each treatment unit is required to have 24/7 nursing capacity at an RN level, which will allow the emergency medical services (EMS) to divert from the emergency department and drop off at the center. Protocols and procedures are being put in place. Programming is dependent on operational funding from insurance or Medicaid. She described the programming features for both the substance use disorder (SUD) side and the mental health side. They met recently with the managed care organizations (MCOs) about operational funding being more expensive for the mental health side. Initially the County was going to subsidize the rent to a certain extent, but tax revenue has been down, so the subsidy will be less than they originally thought. The MCO representatives seem excited about and want to support the project, but its unclear of that will carry over to those who determine funding levels. The Behavioral Health Regional Administrative Organization is also looking for funding for operations and startup. They plan to provide office space in the center for EMS and other crisis response teams, to make the center the hub of the crisis response system throughout the county. She described a new program advisory committee to monitor programming on an ongoing basis.

Hilley reported on a recent EMS Oversight Board (EOB) meeting about how EMS is looking to support and expand the diversion ability. There is a desire to increase the community paramedic and Ground-level Response and Coordinated Engagement (GRACE) program services and diversion to the new Center. A project draft from the Bellingham Fire Department is forthcoming.

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The committee discussed whether there are options to use funds from the Cares Act for operational funding; the role of this committee going forward and possibly transitioning to the behavioral health committee once the new center has been operational for at least six months; using this committee's leverage to ensure operational funding; whether additional work is needed in Olympia, and; potential gaps in operational funding Medicaid and non-Medicaid clients.

**4. Involuntary Triage Challenges**  
**-and-**  
**6. Program Advisory Committee**

Deacon reported on the possibility of police to hold someone for 12 hours in involuntary triage for mental health. Compass Health would like to fully staff the center as though they may need to put someone in seclusion at any time. That is excessive. She anticipates the seclusion room will only be used once or twice per year. The lease agreement requires Compass Health to work toward an involuntary triage model. They want to negotiate two different rates of reimbursement with the MCOs: voluntary and involuntary. They built the facility with involuntary capacity on both sides. Now, they may open the facility as a voluntary facility only until they figure out how incorporate an involuntary service. They will have to work closely with law enforcement on how to use the facility for law enforcement drop-off.

The committee discussed the possibility that law enforcement won't use the facility if there are strict criteria on who can enter the facility; de-escalation training for the program provider staff; a successful involuntary program in Colorado Springs that freed up time for law enforcement and saved enough money to hire another position for that work, and; the number of staff that would be required onsite to accept involuntary admissions.

The committee also discussed a summary report of this meeting at the full Task Force meeting in August. It would include: construction timeline, program advisory committee, and negotiations on operational funding. Also emphasize the importance of prioritizing drop-off for law enforcement.

Deacon reported on discussion in other committees about in-the-field partnerships between law enforcement and behavioral health specialists. Make sure they are all tied into the center so everything is integrated. It would reduce duplication and increase efficiencies. A new software system will facilitate information-sharing.

**7. Public Comment**

There was no public comment.

**8. Adjourn**

The meeting adjourned at 10:20 a.m.