

# Incarceration Prevention and Reduction Task Force: Crisis Stabilization Facility Committee

Meeting Summary for January 20, 2022

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## 1. Call to Order

Committee Chair Perry Mowery called the meeting to order at 9:31 a.m. The meeting was held via remote-only Zoom Webinar.

Members Present: Doug Chadwick, Todd Donovan, Mike Hilley, Jack Hovenier, Michael McAuley, Perry Mowery

Members Absent: Tyler Schroeder

**\*Note: the following three agenda items were spoken about concurrently:**

## 2. Various Updates

AND

## 3. Data Collection

AND

## 4. [Crisis Stabilization Center Advisory Committee and Subcommittees \(00:01:00\)](#)

Mowery gave an update on 2021 data collection. He explained what types of data had been collected and their sources as well as what outcomes they were tracking from that data. Mowery proceeded to give specific numbers from the collected data, giving an overview of the referral sources, bed utilization, for both the treatment and mental health sides seen in 2021.

Donovan asked about law enforcement referrals and Mowery said that they had been relatively low but he did not have the exact numbers in front of him. Mowery and Chadwick went into more detail about the challenges of law enforcement diversion to the facility including transportation, admission criteria, and legislation.

McAuley asked if data on the payer, i.e., Medicaid, private insurance, etc., was collected. Mowery said they do not collect that data and explained the reasoning why they decided not to. They discussed streamlining data collection across organizations to reduce the burden of reporting for the providers.

Donovan asked about the utilization rates and if they were high enough for the providers to want to renew their contracts. Mowery replied that the providers do need to cover their costs and there were challenges regarding funding. He added that the providers are motivated to keep their census high by the fee for service model. Mowery went on to explain that along with the higher level of care provided comes a higher level of liability and that because providers are generally liability averse, that can have an effect on utilization rates. He said that he has been having conversations with Compass Health about this issue.

Mowery told the committee members that he is also in conversations with Compass Health regarding the admissions process to make sure that the process is conducive to encouraging law enforcement to make diversions to the program. He reported that Compass Health has convened a group to review the relevant Washington Administrative Codes (WACs), their prioritization process, and ways they can

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streamline things to make it easier for law enforcement. He said the goal is to increase utilization and decrease the time it takes for law enforcement to take clients to the center. He added that they are also looking at obtaining certification for 12-hour involuntary holds from law enforcement.

Hovenier asked if they were still seeing hesitancy from law enforcement to do diversions because of concerns about the length of time it takes. He asked how close they were to their goal of a ten minute admission time. Mowery said they are seeing hesitancy from law enforcement for that reason and he does not know the exact time it takes to do a handoff from law enforcement. He also described reasons it may take longer, possible solutions, and how they are working on it. Hovenier emphasized that a fast drop off was essential to achieve the goals of incarceration prevention and reduction. Mowery introduced the idea of law enforcement being able to leave the facility more quickly if the center can provide transportation for the client if they cannot be admitted instead of law enforcement staying in order to provide that transportation if needed.

McAuley and Mowery discussed exclusionary criteria for admission and the barriers they may present as well as the effect this may have on timeframe of admission. They also discussed the process of 12-hour holds and the possibility of needing to use seclusion and restraint techniques.

Chadwick added that the ten minute timeframe was essential for law enforcement participation. He stated he was concerned about capacity issues or exclusionary criteria being a deterrent for law enforcement to divert to the center. He expressed that his concern was that if a pattern developed of law enforcement not being able to complete the diversions for whatever reason, they would stop treating it as an option at all. Mowery responded that ideally there should not be a need for law enforcement to stay at the facility after drop off and also that it was crucial for law enforcement to be able to call ahead to see if there is a bed available.

Hilley spoke about similar concerns for Emergency Medical Services (EMS) paramedic diversion from the emergency department.

Mowery gave an update on the funding, proviso, and other steps for the certification and implementation of 12-hour involuntary law enforcement holds.

Mowery provided information about the Crisis Stabilization Advisory Committee meetings, the members of that Committee, and their sub-groups, functions, and work products, such as a quality improvement document.

Mowery stated that the treatment side of the facility was nearing capacity regularly and the need to make sure that they were identifying and prioritizing their target group of clients for admittance. He spoke about other resources available to clients who would be better served by other services such as shelters.

Mowery gave an update on the mural painting. He said the funding and contracting pieces were finished and the first murals were scheduled to be painted at the end of the month.

Donovan requested overviews of the collected data more often. Mowery stated that he would provide that at each quarterly meeting and can provide it more often upon request as well.

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### **5. Other Business**

There was no other business.

### **6. Public Comment**

There was no public comment.

### **7. Adjourn**

The meeting was adjourned at 10:44 a.m.