

Incarceration Prevention Reduction Task Force Triage Facility Ad Hoc Committee Meeting

December 03, 2015

Whatcom County Health Department, 509 Girard Street, Bellingham WA
9:00 – 10:30am

AGENDA

Time	Topic	Purpose	Responsible	Attachment
9:00 5 minutes	1. Welcome and Introductions		Co-Chairs	
9:05 15 minutes	2. NSMHA Role in Developing a Crisis Triage Facility	Information and Discussion	Betsy Kruse	
9:20 40 minutes	3. Discuss Draft Statement of Work <ul style="list-style-type: none"> • Review and revise goals • Review and revise scope • Assign tasks, set schedule 	Discussion and Decision	Co-Chairs	
10:00 10 Minutes	4. Subject Matter Expertise <ul style="list-style-type: none"> • Whom do we need to hear from or have at the table? 	Discussion	Co-Chairs	
10:10 15 Minutes	5. Draft Vision for a Crisis Triage Facility <ul style="list-style-type: none"> • Possible vision for the facility in our community 	Discussion	Co-Chairs	
10:25 5 Minutes	6. Next Steps <ul style="list-style-type: none"> • Review assigned tasks • Spokesperson for Task Force Meeting 		Veronica	
10:30	4. Meeting Schedule <ul style="list-style-type: none"> • December 17, 2015 9-10:30am • January 07, 2016 9-10:30am • January 14, 2016 9-10:30am 	FYI		
10:30	6. Adjourn			

Incarceration Prevention and Reduction Task Force Triage Facility and Facility Programming

DRAFT Statement of Work

Statement of Purpose

The purpose of the Incarceration Prevention and Reduction Task Force is to continually review Whatcom County's criminal justice and behavioral health programs and make specific recommendations to safely and effectively reduce incarceration of individuals struggling with mental illness and chemical dependency, and minimize jail utilization by pretrial defendants who can safely be released. (Ord. 2015-037; Ord. 2015-025; County Code 2.46.020).

The purpose of this Ad Hoc Committee is to make recommendations to the County Council, County Executive and other appropriate officials regarding the construction and operation of a new or expanded multi-purpose crisis triage facility to assist with jail and hospital diversion of individuals struggling with mental illness and/or chemical dependency (County Code 2.46.030). These recommendations will take national best practices into account, as well as the work of the other two Ad Hoc Committees.

The Goals of Expanded Crisis Triage Service in Whatcom County

- Improve the ability of law enforcement or emergency medical services to divert mentally ill citizens directly to a Triage Facility or a Crisis Stabilization Unit (CSU) and return to their duties
- Improve the ability of law enforcement or emergency medical services to divert citizens struggling with chemical dependency directly to a Triage Facility or a Crisis Stabilization Unit (CSU) and return to their duties
- Improve access for individuals would like to self-refer for chemical dependency or mental health concerns
- Provide a clear point of entry (no-wrong door) to access behavioral health services in Whatcom County
- Provide the ability to hold and treat unsafe citizens involuntarily until they have stabilized their symptoms and are safe to return to the community
- Provide comprehensive discharge planning to ensure citizens are connected to and engaged in treatment services upon their return to the community (warm hand-offs)

Scope (Project Tasks)

- Conduct needs assessment
- Define the purpose of the proposed facility
- Identify the population it will serve
- Identify what services are currently offered
- Identify appropriate staffing structure
- What are our funding sources for capital costs?
- What are our funding sources for operations?
- Develop revenue and expenditure projections (general)
- Determine license requirements
- Obtain clarity re. RCW 10.31.110
- Identify appropriate location(s)
- Identify appropriate services prior to client entry into facility (easy access/no wrong door)
- Identify appropriate resources and supports for client departures from facility (warm hand-offs)

Deliverables for Phase One Deadline (February 9, 2016)

Review current practices and assigned resources, (facilities, programs, funding sources), and develop goals for new or modified programs, and projected operational objectives. Determine licensing

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requirements and program components. Provide general information on expenditures and sustainable revenue projections.

Schedule of Work (need to set dates)

The Task Force and the Ad Hoc Committees that are engaged in the Phase One work are functioning under a narrow timeframe for the successful delivery of their initial report to the Whatcom County. With a Phase One delivery date of February 09, 2016.

- Workgroup meeting schedule
 - December 10, 2015
 - December 17, 2015
 - January 7, 2016
 - January 14, 2016
- Sequential Intercept Mapping Completed by:
- Benchmarking Completed by:
- All Tasks identified in Scope assigned to/completed by:

Measures of Success

Identified Best Practices

- SAMHSA's Gains Center
- VERA Institute of Justice
- National Association of Counties
 - Stepping Up Initiative
- Council of State Governments Justice Center
- Other national standards

Other Ad Hoc Committees

The work of the Behavioral Health Programs and Services Ad Hoc Committee will inform the work of Triage Facility and Facility Programming Committee in Phase One through its review of current behavioral health programs and services that are in operation in Whatcom County, and through the development of recommendations for improvements to current programs and services.

The work of the Non-Behavioral Health Programs and Services Ad Hoc Committee will inform the work of the Triage Facility and Facility Programming Committee in Phase One through its review of current non-behavioral health programs and services that are in operation in Whatcom County, and through the development of recommendations for improvements to current programs and services.

WAHA's former Executive Director developed this document last spring, in collaboration with other concerned community members. It is provided today as a "Strawman Proposal", and as such provides a point of departure for the development of a vision for a Crisis Triage facility or a Crisis Stabilization Unit here in Whatcom County.

WHATCOM MULTI-PURPOSE URGENT TREATMENT CENTER

WHAT IS IT?

The Center provides a safe and effective care resource for people with urgent needs for medical, mental health, and substance abuse services. As a multi-purpose program the Center engages, in an inter-disciplinary way, with the spectrum of needs faced by people in crisis and/or with medical needs needing urgent assistance. The Center serves as a community resource by being a diversion to the ER, hospitalization, or incarceration, and also by stabilizing its clients while linking them to an ongoing plan of care.

WHY IS THIS A GOOD IDEA?

- We can provide **BETTER CARE FOR LOWER COST** for XX% if people who would otherwise end up in jail or in the ED
- **INTEGRATED TREATMENT** is better care because it treats the whole person and thereby produces improved outcomes
- Consolidation of services into a single location will reduce public confusion while **AIDING THE EFFICIENCY OF FIRST RESPONDERS (police and EMS)**
- Consolidation of services will result in **LOWER TOTAL COSTS** of care by eliminating service and administrative redundancy. Whatcom County is not large enough to afford multiple, independently operating crisis services
- Currently, there are **FUNDING PARTNERS** for which this fits their strategic plan.
- The overwhelming majority of jail bookings occur while the person is under the influence of drugs or alcohol

WHAT SERVICES WILL BE PROVIDED?

- Crisis stabilization and initial treatment for adults experiencing a mental health crisis
- Treatment and stabilization for people experiencing a drug or alcohol crisis
- Medical and sub-acute detoxification services that are kept physically separate from programming
- Medical treatment such as provided in a higher level urgent care facility with certain capabilities available for the kinds of episodes often triaged by EMS to the ER for lack of alternatives (hydrations, observations, cuts and other injuries, minor broken bones). The facility would have an onsite lab and x-ray capability and an infusion station and casting room, if possible
- Linkages to care management and other community resources
- Medical services in support of persons who have primary diagnoses in the behavioral health spheres

If possible, we also recommend that initial respite services through provision of short term (up to 14 days) assisted shelter be provided.

At this time the issue of whether the Center will open initially with its entire planned range of services or whether these will phase in over time has not been determined. The most important constraint is that the facility itself be large enough to accommodate planned expansion.

WHAT ARE SOME OF THE KEY OPERATIONAL FEATURES OF THE CENTER?

- All services should be physically located on the same site; detox and respite housing potentially could be located within separate building on the same site
- The entire center should be under unified management to afford the best chances of avoiding service fragmentation; subprograms may have specialized management so long as the entire program is operated on an integrated basis
- Urgent care will need a separate entrance and waiting area from the crisis treatment subprogram as the clientele are distinct and, to a degree, incompatible
- Very serious consideration should be given to securing an FQHC designation for the urgent care portion of services; this will have continuity of care benefits while maximizing reimbursement
- Licensing and certain program requirements will require the facility to be built and/or renovated in ways distinct from typical commercial properties

HOW WILL THE CENTER BE PAID FOR?

- Based on the cost of somewhat similar facilities in Washington State the capital cost for a new, tailor-made facility is likely in the \$5-10 million range; while new construction is likely more expensive, its advantage is that it likely produces operational efficiencies over time due to space programming; a renovated facility is likely in the \$3-6 million range including purchase and/or capitalized lease
- Sources of capital may include the RSN, residual sales tax dollars (\$3million now in reserve for capital costs), revenue from jail bonds
- Operating costs will be supported through a variety of means. The medical capability is likely self-sustaining, especially if operated as an FQHC. Depending on clinical reimbursement model, PHMG may also be able to provide specialty care. Some fees for services and/or capitation can be expected to support the behavioral health side to at least the level of 90-95% of cost. Some degree of operating subsidy is likely for this, the respite housing, and the detox
- Operating subsidies can be anticipated from sales tax revenues, philanthropy, the RSN (BHO), and potentially from PeaceHealth
- Current care management programs may want to co-locate their operations at this facility to create a social service hub

WHAT ARE THE FACILITY REQUIREMENTS?

- Location proximate to the hospital is strongly preferred as (a) there will be bi-directional transfers and (b) first responders and clients are used to this location and (c) it is close to the epicenter of the overall clientele's residences
- There needs to be enough space for the full range of services plus expansion space
- Built new is preferable due to unusual space requirements and the need for sufficient site size

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