

**Incarceration Prevention Reduction Task Force
Triage Facility Committee**

9:30 a.m. – 11:00 a.m. on March 15, 2018

Health Department Creekside Conference Room, 509 Girard Street, Bellingham WA

AGENDA

Topic	Packet Pages
1. Call to Order <ul style="list-style-type: none"> Review February 15, 2018 meeting summary 	1 - 4
2. Draft Priorities and Work Plan (Held from February 15) <ul style="list-style-type: none"> From Steering Committee, develop timeline, a high level description, basic tasks, separation into short-term and long-term, possible indicators and measures 	5
3. Identify the ideal data needs of the committee (Held from February 15) <ul style="list-style-type: none"> From Steering committee: 1. Create 3-5 outcomes the Triage Facility Comm. would like to measure, 2. Identify concrete interoperability issues, and 3. Define no more than 6 trends to track in each committee's domain that would measure how to reduce and prevent incarceration. 	6
4. Update on Triage Facility architectural design & construction budget	7 - 11
5. Update on Triage Facility funding <ul style="list-style-type: none"> Meeting with the MCOs to discuss funding for services 	N/A
6. Next Steps: Ideas & Further Information <ul style="list-style-type: none"> Review assigned tasks Next meeting topics: Committee sub-report for the IPRTF Annual Report to the County Council 	
7. Other Business	
8. Public Comment	
9. Adjourn	

UPCOMING MEETINGS:

IPR TASK FORCE various Mondays 9-11 a.m. Courthouse Conf. Rm 513/514 311 Grand Ave., Bellingham	COMMITTEES			
	BEHAVIORAL HEALTH various Mondays 2:30-3:30 (except where noted) Health Department Creekside Conf. Room 509 Girard, B'ham	LEGAL & JUSTICE SYS. 2 nd Tuesday 11:30 am–1:30 pm Courthouse 5 th Floor Conference Room 514 311 Grand Ave., Bham	TRIAGE FACILITY 3 rd Thursday 9:30-11:00 a.m. Health Dept. Creekside Conference Room 509 Girard, B'ham	STEERING As needed Courthouse County Council Conference Room Courthouse Suite 105 311 Grand Ave., Bham
April 2	April 16 2	March 13	March 15	April 26: 9:30 a.m.
May 14	May 14	April 10	April 19 April 12	Courthouse 5 th floor #514
June 11	June 11	May 8	May 17	
July 16	July 16	June 12	June 21	Tentative future meetings:
August 6	July 16	July 10	July 19	May
September 17	August 6	(no august)	August 9 *	(annual report)
October 15	September 17	September 11	September 20	September/October
November 26	October 15	October 9	October 18	(check-in)
December 17	November 26	November 13	November 15	
	December 17	December 11	December 20	

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
DRAFT Meeting Summary for February 15, 2018

1. Call To Order

Committee Chair Chris Phillips called the meeting to order at 9:30 a.m. at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.

Members Present: Anne Deacon, Todd Donovan, Sandy Whitcutt (proxy for Betsy Kruse), Jeff Parks, Chris Phillips, Tyler Schroeder

Members Absent: Kate Hansen and Jack Hovenier

Review December 14, 2017 Meeting Summary

Whitcutt stated the summary should be amended to show she attended.

2. Draft Priorities and Work Plan

The committee members discussed the committee work plan:

- Continue reviewing and monitoring crisis triage facility capital construction
- Facility operations, including funding, staffing, and programming
 - From the Vera Institute Report: explore the option of a sobering center program at the facility
- Review, monitor, and coordinate facility access to first responders. Educate first responders on how to access and use the facility.
- Review the North Sound Behavioral Health Organization (BHO) triage facility priority as a step-down facility for Peace Health St. Joseph Hospital
- Ensure effective links with the Ground-level Response and Coordinated Engagement (GRACE) program

The purpose of the subcommittee is emerging to be multi-faceted. First, the committee advises and recommends policy and direction to the full Task Force for construction and operation of the crisis triage facility. Second, the committee supports the Health Department as this work advances. Third, the committee functions as a sounding board for the administration as they advance the facility capital project.

3. Identify Ideal Data Needs of the Committee

Schroeder reported for the Steering Committee's request on identifying data needs for the proposed new data subcommittee. Data that would be useful to this committee include:

- Number of law enforcement drop-offs

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- Number of people going into the facility, leaving the facility, and length of stay in the facility.
- Number of admittance denials due to lack of space
- Capacity relative to use in real time
- Number of discharges
- Transfers to treatment and other services
- Whether the triage facility is used to divert people from jail
- If someone is admitted to the triage facility from the hospital, identify the pathway the person followed to arrive at the hospital in the first place. They need to know how the person got to the emergency room before going to the triage center.
- Measure success by increasing referrals from law enforcement and jail and, eventually when certified, from emergency medical services.
- Information on self-referrals
- Need to know if they accomplished the goal of keeping people out of jail
- Create clear categories to identify why people were not admitted and/or denied admittance
- Number of repeat contacts
- Eventual outcome of people referred to the facility
- Data exchange and availability with EMS and law enforcement. Link to statewide ER data system for data exchange
- Number of admissions versus number of people
- Demographic data on the people, such as gender and age
- Payer/payment information (Medicaid versus private insurance)

Deacon submitted a handout of the existing data on the triage facility for January 2018. Whitcutt stated she would provide similar data from the BHO on the triage facility.

The committee discussed:

- How recidivism is not a bad thing in the context of treatment
- They must consider the time and cost of tracking data
- They must consider who owns the data
- Integrating Peace Health and the triage facility's real-time capacity into the EMS's ImageTrend electronic patient care reporting (ePCR) system project
- The upcoming transition from the BHO to the managed care organizations (MCOs)
- Deacon's upcoming meeting with the MCOs to talk about how they will fund Medicaid services, including funding the triage facility at capacity, not per diem. Have the Task Force take a position with the five MCOs and send a letter to support cost reimbursement at a capacity rate.
- Hold the discussion on data to the next subcommittee meeting
- Throughout the data exchange process, they still need to protect people's privacy

4. Update on Triage Facility architectural design

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Deacon submitted and the committee discussed the draft plans for option 1, a remodel of the existing facility, and for option 2, a new facility (*on file*).

The committee discussed the process for choosing an option, any potential problems with the land, the need to co-locate the offices of designated mental health and crisis intervention, and plans for an upcoming community meeting.

5. Update on Triage Facility funding

Deacon reported that they now have \$12.5 million for construction:

- \$5 million for mental health from State capital budget
- \$2 million for detox from the State capital budget
- \$2.5 million from the Behavioral Health Organization (BHO). These funds will be expended after the State funds.
- \$3 million from the local behavioral health fund. The funds will be expended last.

The committee discussed the local money used for capital and operations. Hopefully insurance will pay for all operations. Building maintenance will be funded from the local behavioral health fund.

Schroeder submitted a handout (on file) of a draft budget worksheet for option 2.

The committee discussed the draft budget and the process for finalizing the plan with the State Department of Health.

6. Next Steps: Ideas & Further Information

For March, schedule continued discussion of the committee work plan and draft data needs list, architectural design options, and construction budget.

Deacon to present update on transition to managed care organizations (MCOs) to the full Task Force in March with a draft letter of support, and to the Council's Public Works and Health Committee.

7. Other Business

The Committee rescheduled its April meeting to April 12, same time and location.

8. Public Comment

Lynn Campbell asked for information on the total number of triage facility beds when the project is done.

9. Adjourn

The meeting adjourned at 11:00 a.m.

DRAFT

TRIAGE FACILITY AD HOC SUBCOMMITTEE

Draft Work Plan items

1. With guidance from the Whatcom County Health Department and involvement of other key stakeholders, the Triage Committee plans for and monitors progress to ensure development of a programmatically effective and financially sustainable Triage and Crisis Stabilization facility for Whatcom County. The committee supports the work being undertaken by the County Health Department, in the following areas:
 - Facility design and construction
 - Securing operational funding
 - Program design and RFP development and review
 - Developing operating procedures
 - Developing progress metrics and outcome measures

2. With the aim of ensuring that the Triage Center programming is effectively integrated with new and existing programs, the Committee will coordinate its work with the IPRTF Behavioral Health Committee and the County Behavioral Health Advisory Board. Specifically, the TC will identify behavioral health services that will be needed to support the successful operation of the Triage Center, (e.g. service enriched housing) and make recommendations to the full Task Force regarding opportunities for advocacy.

TRIAGE FACILITY AD HOC SUBCOMMITTEE

Draft Ideal Data Needs

Suggestions regarding specific **data points** to collect:

- Number of law enforcement drop-offs
- Number of people going into the facility, leaving the facility, and length of stay in the facility.
- Number of admittance denials due to lack of space
- Number of discharges
- Transfers to treatment and other services
- If someone is admitted to the triage facility from the hospital, identify the pathway the person followed to arrive at the hospital in the first place. They need to know how the person got to the emergency room before going to the triage center.
- Information on self-referrals
- Create clear categories to identify why people were not admitted and/or denied admittance
- Demographic data on the people, such as gender and age
- Payer/payment information (Medicaid versus private insurance)

Suggestions regarding data **collection system**:

- Capacity relative to use in real time
- Number of repeat contacts
- Eventual outcome of people referred to the facility
- Number of admissions versus number of people

Suggestions regarding **data interpretation and processes**:

- Whether the triage facility is used to divert people from jail
- Measure success by increasing referrals from law enforcement and jail and, eventually when certified, from emergency medical services.
- Need to know if they accomplished the goal of keeping people out of jail
- Data exchange and availability with EMS and law enforcement. Link to statewide ER data system for data exchange
- How recidivism is not a bad thing in the context of treatment
- They must consider the time and cost of tracking data
- They must consider who owns the data
- Integrating Peace Health and the triage facility's real-time capacity into the EMS's ImageTrend electronic patient care reporting (ePCR) system project

**WHATCOM COUNTY CRISIS TRIAGE FACILITY
WHATCOM COUNTY FACILITIES MANAGEMENT
Conceptual Design**

Executive Summary

This report provides the feasibility of two options for providing two separate Residential Treatment Facilities at the existing Whatcom County Jail Work Center site.

Option 1 – Build a new 14,125 square foot addition to accommodate a 16-bed Residential Treatment Facility and support spaces, including an area dedicated to triage and intake processing for both facilities, and a commercial kitchen. Upon completion of the addition, the existing facility would temporarily occupy the new facility to allow for renovation of the existing 5,765 square foot facility. After completion of the renovations, the detox facility would relocate back to the newly renovated area, and the new facility would be opened to accommodate the mental health program.

The project would be structured to have two phases. The first phase is the completion of the construction of the addition, the second is the completion of the renovations. The overall construction process is anticipated to be 56 weeks, with approximately 8 additional weeks for transitions and relocations, for a total project timeframe of 62 weeks.

The total anticipated budget cost for Option 1 is \$9,214,916.

Option 2 – Build a new 21,100 square foot building adjacent to the existing Whatcom County Jail Work Center. The new building includes two separate 16-bed Residential Treatment Facilities, including an area dedicated to triage and intake processing for both facilities, and a commercial kitchen. The existing detox facility would remain in operation without interruption for the duration of the construction process, and would then relocate to the new building upon completion of construction.

The construction process is anticipated to be 32 weeks.

The total anticipated budget cost for Option 2 is \$9,222,961.

The detailed budget breakdowns are attached for each option.

Conceptual plans for each option are provided

SITE AND BUILDING CONSTRUCTION COSTS

FIXED BUDGET COSTS

Land Allowance		\$0	
Subtotal			\$0

CONSTRUCTION

Construction	\$295/sf	\$4,416,875	Addition
	\$265/sf	\$1,527,195	Renovation
Construction Contingency	10%	\$594,407	
WSST	8.70%	\$568,847	
Subtotal			\$7,107,324

PERMITS, FEES, TAXES, INSURANCE, BONDS

Building/Use Permits	1.80%	\$127,932	
Misc utility installation charges		\$0	
Newcomer Development Charges		\$0	
Insurance		\$0	
Geotechnical & Misc. Reports	allow	\$8,000	
Inspection /Testing	allow	\$15,000	
A/E Consultants fees	allow	\$701,579	State Fee Schedule
Commissioning Consultant	allow	\$30,000	Required for LEED
Balancing Services (HVAC)	allow	\$15,000	
LEED Consultant Services	allow	\$60,000	LEED
Civil Design	allow	\$20,000	
Landscape Design	allow	\$15,000	
Project Management Costs	allow	\$100,000	County Project Mgmt
Contingency	allow	\$30,000	
Subtotal			\$1,122,511

EQUIPMENT/FURNISHINGS

Computer System (wiring/installation)	allow	\$50,000	
Security System	allow	\$65,000	
Misc Equip (applicances, etc.)	allow	\$0	Included in Construction
Furniture	allow	\$115,000	
Contingency	allow	\$20,000	
Subtotal			\$250,000

TEMPORARY DETOX LOCATION

Allowance for temporary relocation	allow	\$250,000	
Contingency	allow	\$50,000	
Subtotal			\$300,000

INFLATION/CONTINGENCY

Escallation to June 2019	3.00%	\$254,395	
Owners Project Contingency	2.00%	\$180,685	
Subtotal			\$435,080

TOTAL ESTIMATED PROJECT COSTS

\$9,214,916

SITE AND BUILDING CONSTRUCTION COSTS

FIXED BUDGET COSTS

Land Allowance		\$0	
Subtotal			\$0

CONSTRUCTION

Construction	\$295/ft.	\$6,224,500	Including site development
Construction Contingency	10%	\$622,450	
WSST	8.70%	\$595,685	
Subtotal			\$7,442,635

PERMITS, FEES, TAXES, INSURANCE, BONDS

Building/Use Permits	1.80%	\$133,967	
Misc utility installation charges		\$0	
Newcomer Development Charges		\$0	
Insurance		\$0	
Geotechnical & Misc. Reports	allow	\$8,000	
Inspection /Testing	allow	\$15,000	
A/E Consultants fees	allow	\$664,154.15	State Fee Schedule
Commissioning Consultant	allow	\$25,000	Required for LEED
Balancing Services (HVAC)	allow	\$10,000	
LEED Consultant Services	allow	\$60,000	LEED
Civil Design	allow	\$25,000	
Landscape Design	allow	\$15,000	
Project Management Costs	allow	\$100,000	County Project Mgmt
Contingency	allow	\$30,000	
Subtotal			\$1,086,122

EQUIPMENT/FURNISHINGS

Computer System (wiring/installation)	allow	\$50,000	
Security System	allow	\$65,000	
Misc Equip (applicances, etc.)	allow	\$0	Included in Construction
Furniture	allow	\$115,000	
Contingency	allow	\$20,000	
Subtotal			\$250,000

TEMPORARY DETOX LOCATION

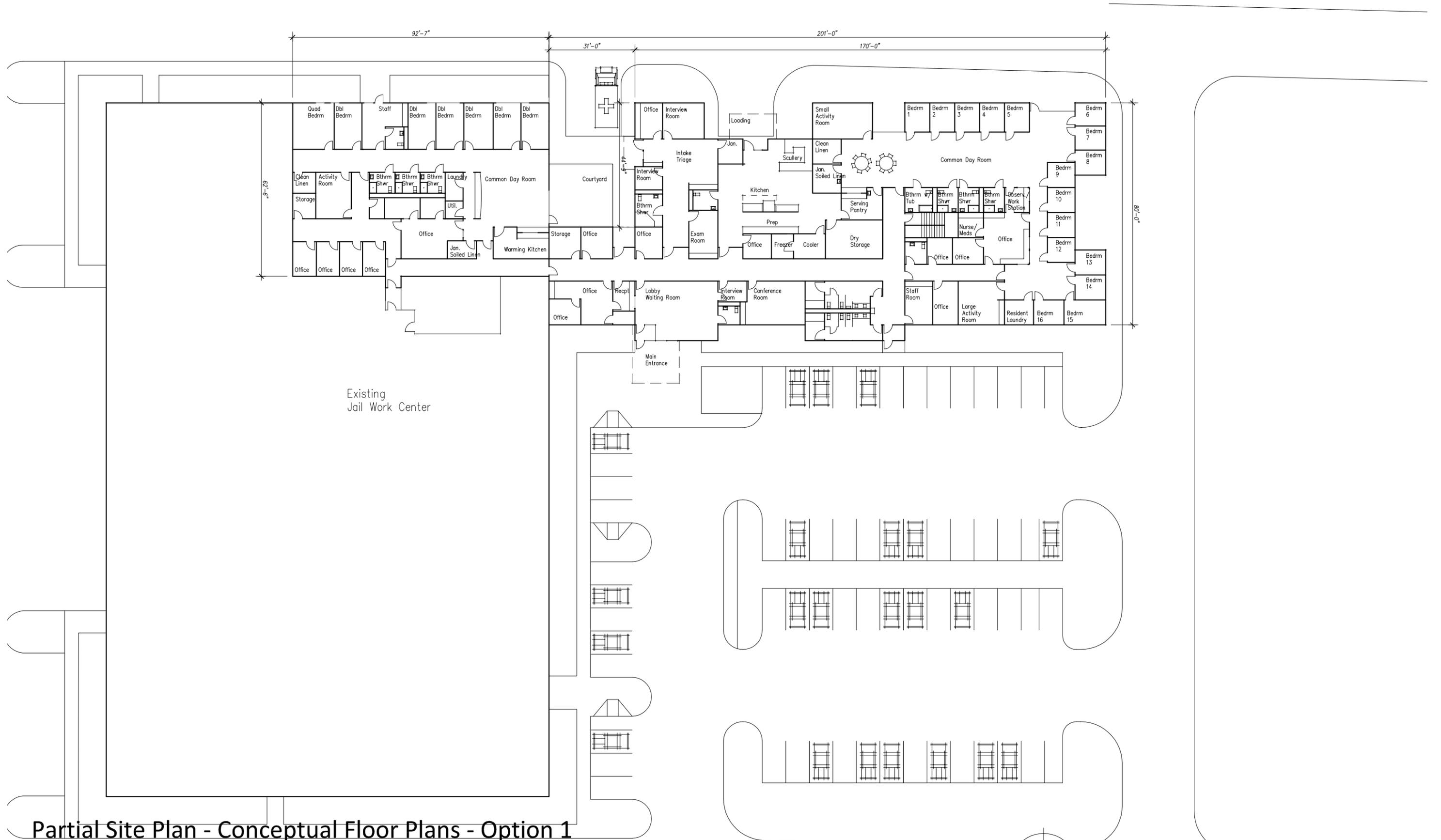
Allowance for temporary relocation	allow	\$0	
Contingency	allow	\$0	
Subtotal			\$0

INFLATION/CONTINGENCY

Escallation to June 2019	3.00%	\$263,363	
Owners Project Contingency	2.00%	\$180,842	
Subtotal			\$444,205

TOTAL ESTIMATED PROJECT COSTS

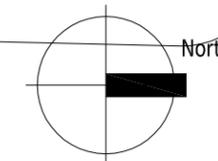
\$9,222,961



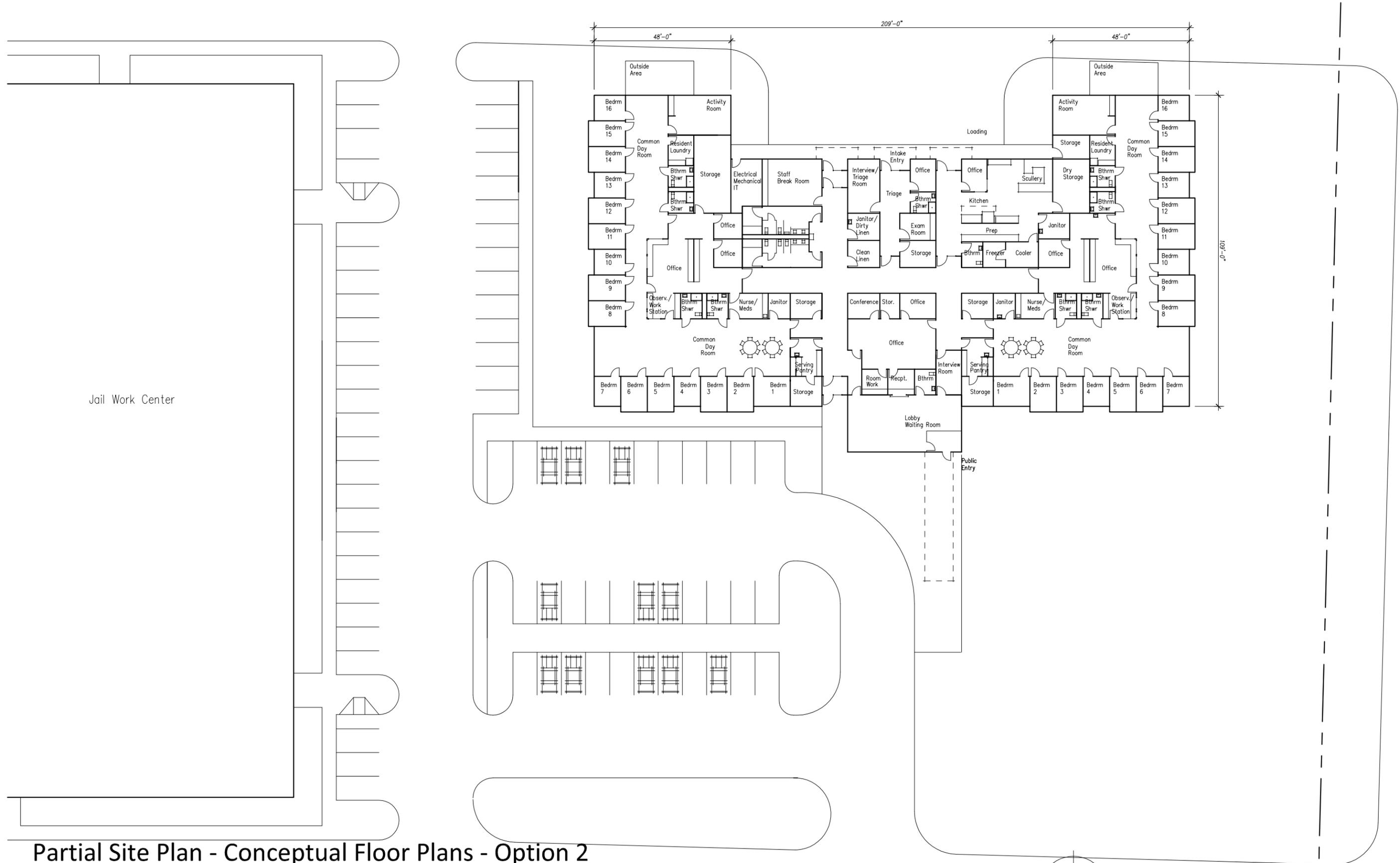
Partial Site Plan - Conceptual Floor Plans - Option 1
Whatcom County Triage Center

Scale: 1/32" = 1'-0"
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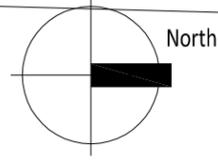
Jail Work Center

Division Street

Partial Site Plan - Conceptual Floor Plans - Option 2
Whatcom County Triage Center

Scale: 1/32" = 1'-0"

25 February 2018



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