

Incarceration Prevention and Reduction Task Force
Crisis Recovery Facility Subcommittee
DRAFT Meeting Summary for September 20, 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: Todd Donovan, Kate Hansen, Jack Hovenier, Chris Phillips, Tyler Schroeder, Perry Mowery, Jeff Parks, Michael McAuley

Members Absent: Jerry DeBruin

Also Present: Jill Bernstein, Anne Deacon, Stephen Gockley

Review July 19, 2018 Meeting Summary

There were no changes

2. Discussion of the Telecare Thurston Mason Crisis Triage Center Evaluation and Treatment Facility

Deacon stated she reached out to her counterpart in Thurston County and found out they don't operate a triage facility with involuntary treatment. They operate an evaluation and treatment center, which is under civil commitment laws. She doesn't know of any other facility in the state that operates a crisis stabilization facility with involuntary certification.

Deacon described and the committee members discussed the differences between an evaluation and treatment (E&T) center versus a crisis stabilization (triage) facility and the consensus of other committees about voluntary versus involuntary designation.

Committee members discussed the possibility of amending County Code or create a County policy to indicate that the County is a 12-hour, involuntary hold at maximum for this facility, regardless of what State law says, even if the State says the involuntary hold could be longer.

Parks reported on his discussion with Thurston County and Mason County law enforcement and administration about their experiences with the local facility. They were all in favor of having an involuntary option. They are experiencing the same problems as law enforcement in Whatcom County.

Committee members discussed the differences between E&T and hospital care; crisis stabilization versus residential placement; whether 12 hours is adequate to stabilize someone; getting consults 24 hours per day, seven days per week; coordinating Volunteers of America (VOA) crisis services information and provider triage line for law enforcement information; whether or how they will cap the number of involuntary placements; the differences between legal involuntary holds and seclusion and restraint; operational funding differences between voluntary and involuntary facilities; defining the scope of services for the operator/provider to accomplish; and the Task Force's job in messaging the involuntary certification to County Council and the community.

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The Committee members identified major issues, principles, and guidance that the eventual operational request for proposals (RFP) should include:

- The facility should be called a Triage Facility with Involuntary Placement, not an involuntary facility. It should be called “immediate access to treatment” rather than “alternative to jail.”
- Concerns about length of hold
- Establishing a culture of recovery for the operator and staff providers in a facility with involuntary placement
- The public perception of a facility with involuntary placement: An alternative to jail and availability to people in crisis, but not in the criminal justice system
- Potential operational funding
- Creating a review process after a year to determine if the systems are working optimally

Major Issues (From Chair Phillips’ notes):

1. From the first responder/ law enforcement perspective: having some kind hold ability is *vital*. The concern is that law enforcement will tend not to use the facility if they don’t have some assurance that dropping off patients at the Center is an effective way of dealing with challenging situations. If patients don’t stay put, and as a result officers need to transport them to jail or the hospital, eventually the officers will bypass the facility all together.
2. We want to create and maintain a culture of *recovery* for patients, families and staff at the facility. This involves respecting and encouraging individual responsibility and mutual caring and support. If we incorporate involuntary holds into the facility, we need to do so in a manner that does not materially compromise the recovery cultural that we are seeking build.
3. We need to strike a middle ground between the two perspectives outlined above. It will be important that we develop a set of metrics that helps us measure our success in doing so.

The Committee concurred to move forward with an involuntary certification, keeping in mind the concerns discussed regarding programming and establishing a culture of recovery; and establishing metrics to monitor outcomes.

Parks moved to move forward at the next meeting with developing a scope of work that incorporates the issues and themes that emerged from this conversation to inform development of a draft request for proposal (RFP). Include a set of guiding principles that takes all the points made by the members of the group in terms of the culture, the milieu, treatment, and their vision of how the facility is run.

The motion carried unanimously.

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Committee members discussed potential names for the facility, including “Whatcom Crisis Stabilization Facility” and “Deacon of Hope Facility.”

3. Brief updates

Anticipated Crisis Recovery Facility groundbreaking

Schroeder submitted the contracted schedule and updated the committee on the anticipated groundbreaking. They are on schedule for groundbreaking the first quarter of 2019.

The Governor’s plan for small facilities to replace Western State beds

-and-

Impacts from a private proposed facility on Whatcom County’s crisis recovery facility

Committee members discussed:

- The Governor’s plan to build 16-bed units throughout the state to pick up the slack
- To increase the capacity of the mental health system
- An effort to transfer some community hospital beds to long-term placement beds
- Private hospitals
- Size and length of stay
- Impacts to the State budget
- The State response to buy beds from hospitals as an alternative
- Staffing
- Legislative funding for the Governor’s plan

4. Other Business

Phillips provided an update on recent regular meetings between the hospital and law enforcement to discuss the use of the fit for jail form.

5. Next Steps: Ideas & Further Information

Schroeder stated he will invite architect Ron Wright to the next meeting to do a presentation.

6. Public Comment

There were no public comments.

7. Adjourn

The meeting adjourned at 11:00 a.m.