

# Stakeholder Advisory Committee (SAC) for the Justice Project

## SAC Group Discussion #1: Crisis Stabilization Center

Wednesday, March 30, 2022

3:00 – 4:00 pm

### Meeting Summary

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**SAC Participants:** Atul Deshmane, Barry Buchanan, Brel Froebe, Brian Heinrich, Brooke Eolande, Cliff Langley, Daniel Hammill, Darlene Peterson, David Goldman, Erika Lautenbach, Heather Flaherty, Jack Hovenier, Karla Ward, Kristin Hanna, Mardi Solomon, Michael Lilliquist, Peter Frazier, Perry Mowery, RB Tewksbury, Scott Korthuis, Seth Fleetwood, Stephen Gockley

**Presenters:** Jack Hovenier (IPRTF), Perry Mowery (Whatcom County Health Department)

**Absent SAC Members:** Anthony Hillaire, Arlene Feld, Chad Butenschoen, Daron Smith, Debora Hawley, Eli Wainman, Flo Simon, Harriet Markell, John Mutchler, Katrice Rodriguez/Rick George, Kara Mitchell, Kendra Cook, Mary Lou Steward, Satpal Sidhu/Tyler Schroeder, Sheriff Elfo/Doug Chadwick

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To view a video recording, click on the link in the section heading

### [Welcome](#)

#### [Presentation on the Crisis Stabilization Facility](#), Jack Hovenier

- Substance Abuse Advisory Board first discussed idea of a crisis stabilization facility in 2007/2008
- Original ordinance creating the Incarceration Prevention and Reduction Task Force (IPRTF) included the need to create a new and/or expanding crisis center for people struggling with mental illness and substance use disorders
- The 16 beds per side is a Medicaid funding requirement. There are two operators with a common lobby. One side is substance use disorder treatment and the other is mental health emergencies. The goal was to reduce incarceration through the use of this facility.
- Construction of the facility began in 2019, and the facility opened in 2021.
- \$2 million came from a Commerce grant. Staffing costs can be very high and Rep. Shewmake got \$2 million to fund staffing. Keeping the facility funded is an ongoing challenge. It is not typical for governments to take on this type of risk and our community took a risk.
- There is a reputation in the recovery community that the facility offers services that can help people.

#### [Providers in the Crisis Stabilization Center](#), Perry Mowery

- This is two 16-bed programs under a single roof, and 32 beds total.
- Pioneer Human Services offer detox in the facility with 24/7 nursing staff and on-site medical clearance for treatment. Medication assisted treatment is available. A common length of stay is

3-5 days. During that time, staff is working with clients to assess needs and connect them to resources in the community.

- Compass Health provides mental health stabilization services at the Crisis Stabilization Center. They support the individual and determine if a higher level of care is needed (e.g. placement at the hospital) as well as connect clients to additional services. Treatment services focus on calming the crisis and identifying resources in the community.
- Crisis Stabilization operates as a voluntary treatment facility. Clients can leave and discontinue treatment as they wish
- Rooms are individual, not shared. There is a commercial kitchen.
- Crisis Stabilization Center serves as a diversion from arrest and incarceration.

#### Certification of Law Enforcement 12-Hour Hold

- Compass Health is pursuing certification to facilitate law enforcement 12-hour hold
- This is defined by the state as an involuntary hold. RCW 10.31.110 identifies the 12-hour law enforcement hold.
- This is not involuntary admission as defined by code. If an individual comes into contact with law enforcement, person has a choice to go to jail or the crisis stabilization center. Law enforcement delivers the individual to the Crisis Stabilization Center for a 12-hour hold.
- If the individual leaves, the facility will contact law enforcement to inform them the individual left and broke the agreement of the 12-hour hold.
- The 12-hour hold is applicable for both the detox and mental health programs, and if someone arrives at the jail they are able to be referred to either program.
- The certification has not been issued yet. Pioneer Human Services is working on certification. It would only apply for mental health stabilizations services (not detox). It is a possibility in the future to add detox services to the 12-hour hold.
- A breach of the agreement would not trigger a warrant because it would be up to the law enforcement officer.

#### Questions about the 16-bed rule

- What is the limit to the 15-bed rule and what are the rules?
  - Services can be provided by a single entity, but needs separate and distinct licenses with 16 beds. IF there were four programs, for example, there would be a lengthy certification of the build and of the provider.
- The 12-hour law enforcement hold was applicable when the person was suspected of a low-level crime. This applies when they can arrest someone, but not if they have no present charge
- Prosecutor's Office has to specify the low-level crime. There are some limitations where the Crisis Stabilization Center cannot intake people who need a higher level of care (e.g. if they're on oxygen). Law enforcement will at times take people directly to the hospital. Overall, law enforcement has a free hand in bringing people into the Crisis Stabilization Center.

#### Identifying the correct number of beds

- What is the process to identify the correct number of beds?
  - Size was determined by the requirement of 16 beds.

- It's hard to measure how many people are being turned away or who aren't going. Anecdotally, many people in the recovery community who needed detox services weren't trying to go to the Crisis Stabilization Center.

#### Data available on usage

- What data is available on how many people call in for a bed and don't get one because there isn't enough space?
  - Staff does gather data in terms of referrals made by law enforcement, EMS, LEAD, GRACE, Mobile Crisis Outreach Team, Peace Health, jail transfers, and other community providers, self-referrals or family referrals, and base camp. A summary is created on a monthly and quarterly basis. The facility has been open for a year now, and that timeframe also includes the COVID pandemic so the data and impact of the pandemic may skew admissions data.
  - On the withdrawal management side, the facility had an instance where they were at capacity and individuals were turned away. When an opening was available, staff contacts the people turned away to try to get them to come in.
  - The pandemic makes the early data in the first 6 months look very different than it would if there were no pandemic.
- If an arresting officer gives a person the option of going to the crisis stabilization center and they decline, there won't be space in the jail for them so they will be released (due to booking restrictions)
- Crisis Stabilization Advisory Committee meets regularly to discuss how to streamline referrals to the center.

#### Restraints/Involuntary treatment

- Concerns initially with plans to have a room with restraints because it is not an involuntary facility.
- The certification for the 12-hour hold, staff do not have certification to go hand on with a client. They cannot subdue a client chemically or physically.
- If an individual is a threat to themselves or others, they may need an involuntary admission and that would be at the hospital (not at the Crisis Stabilization Center)
- We need more space in facilities
- The Sheriff's Office has specialized behavioral health deputies that are trained to respond to people having a behavioral health issue.
- County tracks unduplicated individuals at the center. 42CFR requirements include protected health information. Since the county is not the provider, health information is protected.
- Individuals would come in for detox and not accept a referral for additional care. After seeing them repeatedly they'd finally accept an additional or higher level of care. If we address the acute issue, it's essential to have ongoing services. GRACE and LEAD programs offer case management and wrap around services, including housing transportation to appointments.
- There is a need for more receiving services in our community.
- There is a mental health board and therapeutic courts. Mental health court is a case manager and a recovery plan for the individual. Some individuals may be ill enough that getting to services continuously can be a challenge

## Wrap Up

- Councilmember Buchanan reflected on the question about weak links being exposed in the system. The work that is going on with the Behavioral Health Data Group will identify gaps in the system and will be presented at SAC Meeting #3 on June 8<sup>th</sup>.