

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

8:30 a.m. – 10:00 a.m., August 3, 2017

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

AGENDA

Topic	Requested Action	Presenter	Attachment
1. Call to Order <ul style="list-style-type: none">May 18, 2017 meeting summary review	Review	N/A	1 - 4
2. Update on Capital Funding	Information	Tyler Schroeder	N/A
3. Next Steps: Ideas & Further Information <ul style="list-style-type: none">Review assigned tasksNext meeting topics			
4. Other Business			
5. Public Comment			
6. Adjourn The next meeting is not yet scheduled.			

Upcoming Meetings:

- Legal and Justice Systems Committee: 11:30 a.m. - 1:30 p.m. on August 8 at the County Courthouse Fifth Floor Conference Room 514, 311 Grand Avenue, Bellingham
- Behavioral Health Committee: 11:00 a.m. - noon on August 17 at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.
- Full Task Force: 9:00-11:00 a.m. on August 28 at the County Courthouse Fifth Floor Conference Rooms 513/514, 311 Grand Avenue, Bellingham..

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
DRAFT Meeting Summary for May 18, 2017

1. Call To Order

Committee Member Ken Mann called the meeting to order at 9:30 a.m. at the Health Department Administrative Conference Room, 509 Girard Street, Bellingham.

Members Present: Jack Hovenier, Ken Mann, Tyler Schroeder,

Also Present: Anne Deacon, Mark Gardner (proxy for Kelli Linville), Sandy Whitcutt (proxy for Betsy Kruse)

Members Absent: Jeff Brubaker, Betsy Kruse, Kelli Linville, Chris Phillips

Review April 20, 2017 Meeting Summary

There were no changes.

2. Triage Facility Public Involvement Plan

Schroeder read through and reported on, and the committee discussed, the draft public involvement plan:

- The property is zoned for a Public currently, and the use is allowed outright.
- A community meeting is not required, but meets the commitments that government officials made to the community when the current facility was originally developed at the location.
- The administration will notify all neighbors within 500 feet of the property line plus the Orchard Street neighborhood.
- The square footage of the existing facility, including the work center, triggers State Environmental Policy Act (SEPA) requirements.
- The Task Force members must be prepared to address public concerns about lack of transit that may give the impression there will be unstable people wandering through their neighborhood.
 - The service is being provided right now.
 - There have been virtually no complaints about the facility to-date. Be prepared to provide statistics on actual problems.
 - Most people are transported to the facility when unstable, and leave when they're stable.
 - They administration offers transportation options when people leave.
 - There will be an increased presence of law enforcement and people will be arriving in a thoroughly secure manner.
 - Provide information on and a map of bus route 49, which is the closest bus stop.
 - Although the Behavioral Health Organization policy is to encourage walk-in access, most people will be arriving securely and voluntarily.
- The best time for a community meeting will be in September.

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- They need more information from the architect about the process and an architectural pre-design.
- They should know by September if funding is committed.
- They must balance the need to have enough information for the public's information about funding and design, without having the facility plans seem so complete that the neighbors won't have input.
- They are still awaiting the final architect contract because the contractor is still negotiating with the State on restrictions and requirements placed on the facility, which are clinically contra-indicated, by the State Department of Health's Construction Review Services.
- There is a concern that the public meeting will have a negative effect on the project, due to making people aware of the facility who weren't aware in the first place.
 - Emphasize that the project isn't for a new facility, but for the expansion of an existing facility.
 - Educate the community about the need for enhanced services to alleviate community issues such as homelessness.
 - Ask for the neighbors' help and input on making the facility as compatible with the neighborhood as possible, rather than asking for their permission to do the project.
 - Remind the community that they are following up on a commitment the County made when the original facility was developed.
- Throughout the summer before the September public meeting, the Task Force should lay the groundwork for the public conversation.
 - Update the work center website with information on where they're at now, what the plans are, and the anticipated funding, permit process, and community meeting in September.
 - Anne Deacon and Joe Valentine will meet with Julie Shirley of the Bellingham Herald editorial board on Monday, May 22 to explain the value of the project, which will hopefully result in a positive editorial article in the newspaper in the next few weeks.
 - A month after that and when there is more information about funding, the full Task Force will write an Op-Ed and make sure this item is emphasized.
 - Link to the website in the Op-Ed
 - The initial Phase 3 Report, due in June, can be used to develop the Op-Ed.
 - They can hopefully acknowledge the State for giving the County funding.

The committee recommended the following changes to the draft public involvement plan:

- On plan page 5, "~~Rezoned Zoned property to~~ **Property is zoned** Public to allow governmental operations."
- On plan page 5, "Ensure that **all** addresses in Orchard Street area are included."
- On plan page 2, paragraph 2, "...understanding of the ~~siting and future operations of the proposed~~ **expansion of the** Crisis Triage Facility."

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- On plan page 2, paragraph 2, “...The County ~~made non-binding assurances~~ **indicated** to the City of Bellingham and the neighbors in the area...”

Hovenier moved to recommend to the full Task Force that the IPRTF recommend to the County that, no later than September 2017, County will facilitate the community meeting for the expansion of the crisis triage facility. Prior to that, the IPRTF and County will try to educate the community about the benefits.

The motion was seconded and carried unanimously.

The committee members discussed possible community meeting locations in the area, which include a Whatcom Transit Authority (WTA) conference meeting room and the Building Industry Association building.

3. Funding Update and Institutions for Mental Diseases (IMD) Facility Assessment Tool

Deacon stated the capital budget request from the State is still pending, and the State legislators aren't in town this week. The next special session starts next Monday for 30 days. They can pass the capital budget without passing the operational budget.

The Construction Review Services (CRS) Division of the State Department of Health has added significant costs to projects throughout the state. Staff of the CRS have agreed to work with them on the design. Those additional design and construction costs could be up to \$150,000.

The IMD Facility Assessment Tool will provide information to people who have questions about the reason for having 16 beds and other questions.

The Committee discussed the capital funding talking points and a response from State Senator Kevin Ranker's Office, which indicated that the project is in the budget as a competitive grant at this time; the State's budget approval delay due to the Hirst decision;

4. Next Steps: Ideas & Further Information

The Triage Facility Committee will hold its next meeting on June 15.

5. Other Business

Whitcutt reported on the Ground-level Response and Coordinated Engagement (GRACE) project work sessions. Law enforcement emphasized the need for a locked facility for drop-off, but the data doesn't support it at this time. However, the Bellingham Mayor asked that it be revisited. Cost is a factor. Data supports the rationale for the decision. There is also a clinical consideration for such a facility.

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Deacon stated Sheriff Elfo and Mayor Linville asked that they not give up on an involuntary facility. Law enforcement want a place to bring people who aren't willing to go, yet don't belong in the jail.

Jeff Parks, Sheriff's Office, stated there has been a default concept to put such people in the jail, but that's not where they should be. They understand the concerns about costs and design requirements, but keep the option open. It may be a component of the new jail. Regardless, it's a service that is required and needed.

There was committee discussion on the need for an involuntary facility so certain unwilling people aren't inappropriately put in the jail versus emphasizing voluntary diversion strategies and law enforcement knowing when to use the jail, diversion, or hospital.

- There is an issue of competency, criminal behavior, and whether some of those who commit felonies are criminally culpable given severe mental health issues.
- Discussion of this issue is unfinished.
- A question remains of who in the jail would be able to manage these people.
- Law enforcement receives unjustified complaints that they are randomly putting mentally ill people in jail. On the other hand, they also receive complaints that people with severe mental illness are causing problems downtown and law enforcement isn't dealing with the problem.
- The medical beds planned for the new jail weren't planned for involuntary commitments.
- The U.S. Supreme Court decided that there can't be any mental health facility or any involuntary mental health processes happening in a correctional facility, unless it has the capacity to follow the rules regarding involuntary treatment.
- The only involuntary corrections facility in Washington State is the special offender unit in Monroe.
- An involuntary mental health facility would have to be a separate evaluation and treatment (E&T) facility, and they can only be held for 12 hours.
- Even if there were personnel to involuntarily treat offenders, they still need the use of force to administer the medication, which is staff-intensive, dangerous, and expensive.
- There's no prohibition against having voluntary and involuntary people in the same place, but it isn't feasible in terms of disruptions, staffing, and other factors.
- It may be possible for the work center to be converted to an involuntary treatment center in the future.

6. Public Comment

There were no public comments.

7. Adjourn

The meeting adjourned at 10:25 a.m.