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Citizens Advisory Committee Meeting
Tuesday, February 18, 2020
5:00 p.m. – 7:00 p.m.
Kitsap WorkSource Center, Kitsap Room
1300 Sylvan Way, Bremerton

AGENDA

1. Call to Order - Introductions 5:00 – 5:05
Jeanne Screws, Chair
2. Review & Approval of January 21, 2020 Minutes* 5:05 – 5:10
Full Committee (Attachment 1)
3. Additions/Changes to the Agenda 5:10 – 5:15
Full Committee
4. Community Input 5:15 – 5:20
Please limit individual comments to **2 minutes**. Written comments may also be submitted to the Board, if this timeframe is insufficient.
5. Kitsap Community Health Priorities 5:20 – 6:20
Kitsap Public Health District
6. Membership Sub-Committee Report 6:20 – 6:40
Jackie Fojtik, Sub-Committee Chair
7. Request for Proposal Update 6:40 – 6:55
Full Committee
8. Committee Member Check-in 6:55 – 7:00
Location Update
9. Adjourn

*** Action Item**



**MENTAL HEALTH, CHEMICAL DEPENDENCY AND THERAPEUTIC COURT
CITIZENS ADVISORY COMMITTEE (CAC)
MINUTES
January 21, 2020**

Jackie Fojtik, Vice Chair, called the meeting to order at 5:00 p.m. Introductions were conducted around the table.

APPROVAL OF MINUTES

After review of the November 19, 2019 Minutes, the following action was taken:

ACTION: Ursula Petters moved to approve the November 19, 2019 meeting minutes as presented. Richard Daniels seconded the motion. Motion carried.

ADDITIONS/CHANGES TO THE AGENDA

None

COMMUNITY INPUT: None

KITSAP MENTAL HEALTH SERVICES UPDATE

Joe Roszak attended on behalf of the council's request, to discuss questions relating to Crisis Triage and Pendleton Place.

1. Q:1 Please address the Crisis Triage Center drop off policy. Police report not having the ability to do direct drop off, as they felt they were promised. They report that they are required to drop at the hospital and leave unstable people, who wait in general waiting, for a ridiculous amount of time, who then may be released from the hospital and end up being jailed by Bremerton police for the very behavior the original officers were trying to get them into the triage center to address.

Answer: The Crisis Triage is not a drop off facility, it is by referral only. Police officers are encouraged to call ahead for screening. There are many cases that cannot be accepted due to licensure; client needing restraints, head injury, BAC over limit, history of seizures.

Populations being served; Domestic Violence, Sex Trafficking Victims, mental health crisis, substance use crisis, homelessness, eviction. Individuals who are not combative but need stabilization from being off psychotropic medications, forced prostitution victims, gender transition support.

2. Q:3 Are Fire and Rescue medics authorized to drop off directly at the Crisis Triage Center? If not, why not? How is this being address?

Entities who can refer include Designated Crisis Responders (DCRs), Kitsap Mental Health Inpatient facility, Emergency Rooms, Kitsap Recovery Center, Fire Departments and Police Departments.

3. Q:5 I would like to know when the BAC limit was changed to .160 BAC and why this was not communicated to LE. Is this even correct?

Answer: We did increase the BAC limit and we met with Police Officers from Poulsbo, Bainbridge Island and Kitsap at their Chief Officer's meetings. I am unsure how information is disseminated from there, within the departments.

Sarah Folger, CTF Program Manager is working on another announcement that will be sent out via email to local law enforcement.

4. Q:10 Why does LE have to drop potentially dangerous clients in the ER hallway, only to have them be combative later and run out. This then requires BPD to respond. Why are they not being put in secure areas when LE determines they are combative or have been assaultive? What can we do to change this?

Answer: This is a systematic issue. Hospitals are not equipped to deal with the influx of Mental Health issues that they have been inundated with. Emergency rooms are for medical emergencies and life saving cases and physical medical emergencies take precedent over mental health. Hospitals are voluntary as is the Crisis Triage Center. Until a person has been seen and assessed to fit the criteria to be detained, they are free to leave. The Crisis Triage Center is a voluntary establishment and we do not have the legal authority to hold people involuntarily. We do however coordinate with local law enforcement and DCRs when there is a risk to the individual or the community.

5. Q:9 Why is the ER releasing people when LE drops off requesting KMH eval? Where is the disconnect?

Answer: The Crisis Triage Center is trying to work with the hospital to have a Mental Health person on site to expedite referrals but there are legalities with this. They are looking into having third party assessments outside of the hospital and liabilities associated with this.

Hospitals follow the governance of RCW 71.05.153 Emergency detention of persons with mental disorders or substance use disorders—Procedure

(4) Persons delivered to a crisis stabilization unit, evaluation and treatment facility, emergency department of a local hospital, triage facility that has elected to operate as an involuntary facility, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program by peace officers pursuant to subsection (3) of this section may be held by the facility for a period of up to twelve hours, not counting time periods prior to medical clearance.

(5) Within three hours after arrival, not counting time periods prior to medical clearance, the person must be examined by a mental health professional. Within twelve hours of notice of the need for evaluation, not counting time periods prior to medical clearance, the designated crisis responder must determine whether the individual meets detention criteria. If the individual is detained, the designated crisis responder shall file

a petition for detention or a supplemental petition as appropriate and commence service on the designated attorney for the detained person. If the individual is released to the community, the mental health service provider shall inform the peace officer of the release within a reasonable period of time after the release if the peace officer has specifically requested notification and provided contact information to the provider.

6. Q:12 Why do the DCR's tell LE they have to take people to Harrison for clearance before going to Triage center? What does this accomplish?

Answer: There are clients who require medical clearance and assessment that is only available in an ER or Hospital setting. See question #1. By law, this must be a separate assessment. The Crisis Triage employs 5.5 FTE nurses with one present per shift who can assess skin, vitals, respirations and ambulation only.

7. Q:8 How many LE contacts that are dropped off at the hospital for clearance actually make it to the Triage Center?

Answer: We do not currently have this data but once the individual is cleared at the hospital and free to leave, they must make a choice to go to Crisis Triage voluntarily. If they choose to go, transportation is set up by nursing and can consist of a taxi cab or ambulance.

8. Q:6 Data tracking: Neal talks about each agency dropping off clients to the triage center by their zip code. This is not true data as the cities incorporate the same zip codes as unincorporated Kitsap County. This overinflates the numbers for the cities and underinflates the county numbers. It also doesn't take into account for the people not dropped off by LE.

Q:7 Is there a better way to track who is being dropped off by LE, by KMH and by the hospital? Why are the numbers not tracked this way now?

Q:11 What is the average length of stay at the Triage center when they are a LE drop off vs a KMH or Harrison drop off?

Answer: We have started to track data with a new medical records system that captures data beyond what the 1/10th Sales Tax was requiring. We should be within in the year be able to track referrals by law enforcement department.

We can tell you that out of all Crisis Triage residents from 2019, 88% chose outpatient mental health services and had an appointment scheduled at discharge. 88% wanted physical health care and had a follow up appointment scheduled with (PCP's). Those wanting chemical dependency services, 80% had a post discharge appointment.

Q:2 Filling open positions at Kitsap Mental Health Services still seems to be a concern. Is there an issue filing vacant positions, including in the Crisis Triage Center? How is this being addressed?

Answer: Being the only Mental Health provider of our kind in the community for a long time, we had high volumes of community partners reaching out for support. We wanted to support community partners, believing it would help aid the system. We make no money from these partnerships at the 5% administrative allocation. We have had to decline offering support and in turn these entities have been able to secure other resources to implement their missions. We do try to support as much as we can when we are able to.

There is a workforce shortage in Washington state with our 24/7 Recovery Services Department we have 196 employees, the ratio of open positions is 1.75%. We have hired seasoned recruiters and we grow people internally. We have a 42% internal promotional rate as an agency, KMHS has an overall vacancy rate below 10%. We are looking at partnering with Olympic College to create job planning for nurses. There is discussion about creating fast tracks for nurses to get master's degrees and Chemical Dependency (CD) certification as well as possible loan repayment options. Hoping to see some of these develop in the future.

9. Q:4 Could you provide a spending timeline for construction and operations of Pendleton Place and will you be asking the CAC for additional 1/10th funding in the future?

Answer: 48% of our grant asks have been approved. We are currently waiting to see if we will secure the 52% Low Income Tax Credit, but we won't know until March 2020. We have hired BJC Contractor and SMR Seattle Architects. We plan to get our building permit in the fall and ground-breaking construction is planned for September 2020 - 2021.

We do not see Pendleton Place coming to the 1/10th for Capital in the future but we do anticipate coming back for Operations costs. The Waivers for Housing Support through Medicaid is unknown currently and we are unsure how the state plans to handle these.

MEMBERSHIP SUB-COMMITTEE REPORT

The membership committee comprised of members; Charmaine Scott, Ursula Petters and Jackie Fojtik discussed;

- Pre-appointment
- Sub-committee process of recommendations to the Board of County Commissioners
- Committee's opportunity to interview applicants
- Required work of an applicant
- Interview questions

Updates on three applicants Gay has reached out to;

- Alexis, a nurse at the Purdy Correctional Facility
- Helen, had a phone interview with Gay and was in attendance to witness a meeting
- Third applicant applied over a year ago, Gay reached out but didn't receive a response

COMMITTEE BYLAWS

The committee Bylaws were reviewed; section B (1) on page 2 states the committee should have one representative from the Salish Behavioral Health Organization. On December 31, 2019 the SBHO was dissolved and the Salish Behavioral Health Administrative Service Organization was established. Discussion was held on what entity would be an appropriate replacement.

b. Representation

Appointees are selected based on a balance of subject matter expertise and geographic distribution within Kitsap County and shall include;

- (1) One (1) from the Salish Behavioral Health Organization
- (2) One (1) from the Commission on Children and Youth
- (3) One (1) from the Area Agency on Aging
- (4) One (1) from Law and Justice
- (5) One (1) from Education
- (6) Six (6) At-Large representing a broad spectrum of community members whose background and expertise will enhance the function and effectiveness of the Committee in fulfilling its responsibilities

REQUEST FOR PROPOSAL UPDATE

Gay announced the progress of moving the RFP application online. The build was taking place and testing would be conducted February 4th-14th. The application will be available through Survey Monkey software. Gay will send everyone a link to the testing site and members can choose to participate.

STRATEGIC PLANNING PROCESS KCHP UPDATE

Kitsap Community Health Priorities KCHP reviewed areas of Chemical Dependency-CD, Mental Health-MH and Substance Abuse-SA . Currently, the committee is waiting for that data to be released in February. The Committee plans to review the data at the February meeting, following the Strategic Plan will be reviewed.

- February meeting to discuss volunteers for the Strategic Planning Committee

COMMITTEE MEMBER CHECK-IN

- Discussion of new meeting space following March is TBD.

NEXT MEETING

The next Citizens Advisory Committee meeting will be held on Tuesday, February 18, 2020 at the Work Source Center, Kitsap Room, Bremerton starting at 5:00 p.m. and ending at 7:00 p.m.

ADJOURN

There being no further business to come before the Committee, the meeting was adjourned at 6:30 p.m.

CITIZENS ADVISORY COMMITTEE ATTENDANCE

MEMBERS	GUESTS
Kathleen Cronin	Ellen Epsten, RMH Services
Richard Daniels	Neil Olson, KMHS
Jackie Fojtik	Joe Roszak, KMHS
Valerie Nau	Rochelle Duan, KMHS
Ursula Petters	Helen E. Havens, Applicant
Jeannie Screws (EXCUSED)	
Kimberly Shipp-House (EXCUSED)	
Charmaine Scott	
STAFF	
Gay Neal	
Doug Washburn (EXCUSED)	
Hannah Shockley	