

**Incarceration Prevention Reduction Task Force
Behavioral Health Committee**

2:30 - 3:30 p.m., May 14, 2018

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

AGENDA

Topic	Requested Action	Packet Pages
1. Call to Order		
2. Annual Report	<ul style="list-style-type: none"> ▪ Review draft content ▪ Define 1-3 metric(s) to measure the success of each topic 	1 - 4
3. Identify the ideal data needs of the committee for the INDEX Committee	<ul style="list-style-type: none"> ▪ Create 3-5 outcomes the Committee would like to measure ▪ Identify concrete interoperability issues ▪ Define no more than 6 trends to track in each committee's domain that would measure how to reduce and prevent incarceration 	5
4. Draft Priorities and Work Plan	<ul style="list-style-type: none"> ▪ Develop timeline ▪ Identify basic tasks ▪ Identify possible indicators and measures 	6 - 7
5. Next Steps: Ideas & Further Information		
<ul style="list-style-type: none"> • Review assigned tasks • Next meeting topics 		
6. Other Business		
7. Public Comment		
8. 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 Conf. Rm 514 311 Grand Ave., Bham	TRIAGE FACILITY 3 rd Thursday 9:30-11:00 a.m. Health Dept. MOVED TO Courthouse 5 th Floor 513 or 514, 311 Grand Avenue, B'ham	STEERING As needed Courthouse Conference Room 513 Courthouse Suite 105 311 Grand Ave., Bham
May 14	May 14	June 12	May 17 in Room 513	May 31: 9:30 a.m.
June 11	June 11	July 10	June 21 in Room 514	
July 16	July 16	(no august)	July 19 in Room 514	September 6: 9:30 a.m.
August 6	August 6	September 11	August 9 * in Room 513	
September 17	September 17	October 9	September 20: location TBD	
October 15	October 15	November 13	October 18 in Room 514	
November 26	November 26	December 11	November 15 in Room 513	
December 17	December 17		December 20 in Room 514	

Behavioral Health Ad hoc Committee County Council Report Outline

Goal: Reduce admissions to jail

Context: *Crisis Prevention and De-escalation Training.*

Progress: 1. The Sheriff and the police are working to ensure all deputies and officers receive the state required training, Crisis Intervention Training (CIT). The Sheriff's office has sent a team to training for Crisis and Hostage Negotiation every year for the last few years, funded with county dollars.

Context: *Law Enforcement Interface with Behavioral Health Services.*

Progress: 1. The Crisis Prevention & Intervention team (CPIT), employed by a community behavioral health agency has had intermittent successes working with law enforcement. The main barrier to a coordinated effort has been the exchange of protected health information.

Federal and state laws are extensive and require a release of information signed by the client to share confidential information. The North Sound Behavioral Health Organization (NS BHO) has developed, in consultation with an expert health care attorney, two generic forms that can be used for the purpose of information sharing. These forms will be distributed to county entities for their internal review in hopes that a shared format will promote helpful information exchange when it is necessary.

Context: *County Opioid Response Plan.*

Progress: 1. Many community partners convened to develop and implement a comprehensive education and awareness campaign focused on preventing access to unauthorized medications, safe storage and disposal of medications, overdose prevention. .

Educational materials on the potential harmful effects of opiates when used inappropriately were developed and widely distributed. The overall theme is that "Anyone can become addicted to Opiates, including Heroin." Educational posters have been placed on Whatcom Transit Authority (WTA) buses. Educational materials in several different languages have been placed on pharmacy counters, in schools, and in lock bags that were distributed by pharmacies to patients receiving controlled substance medications. Visit the website, www.WhatcomHope.org.

Context: *Substance Use Disorder (SUD) Treatment.*

Research indicates that mental illness alone rarely drives criminal behavior. However, when combined with an SUD, criminal behavior is three times more likely. Approximately 80 percent those who are addicted to heroin began by abusing prescription medication National Institute on

Drug Abuse (NIDA). Therefore, efforts to prevent or treat these disorders must be prioritized. Treatment options in the community are scarce.

Methamphetamine (meth) use is on the rise in Whatcom County as well as other places in the state. Meth addiction is very difficult to treat and medication-assisted treatment is not yet an effective response to this type of disorder. Meth brings special challenges to the criminal justice system since individuals who are under the influence of meth can become extremely agitated and even aggressive.

These behaviors increase the chance that a law enforcement response occurs. If the aggressive behavior cannot be managed safely and it poses a safety risk to others, arrest and jail placement may be the only option. Moreover, meth use can contaminate indoor living environments, making it very difficult to retain tenants who are meth users in their housing units.

Progress: 1. Medication-assisted treatment (MAT) has been shown to be effective in treating opiate addiction. The expansion of these services in Whatcom County is a result of a federal State Targeted Response (STR) grant award. Cascade Medical Advantage is spearheading this expansion as a “hub and spoke” model in the community. MAT can stabilize the ups and downs of addiction and assist individuals in returning to productive lives. A new SUD provider is currently hiring staff and will soon open its facility. The new SUD facility will increase capacity for people addicted to opioids and other substances.

Progress: 2. The County received a “pass-through” federal grant to implement Opiate/Substance Use Disorder Services (OSUDS) with the goal of targeting outreach services for opioid addicted individuals on the street. The County contracted with the Whatcom Homeless Service Center to place a full time position on the Homeless Outreach Team. The new position is bringing dedicated engagement services to people with opioid use disorders and creating specialized pathways of care.

Opioid Engagement/Case Management is an outreach service which accepts referrals throughout the community for opioid involved individuals and provides case management and treatment services coordination. The program has access to a broad spectrum of MAT service and tailors unique service plans to individual needs. Case managers regularly access tapering/withdrawal services, MAT, and traditional SUD treatment for their clients. Since the case managers provide follow up services, they note significant challenges in accessing recovery housing or clean and sober housing after treatment.

Context: *Hospital Aggression Management Polices.*

Progress: 1. PeaceHealth Hospital has been working with law enforcement jurisdictions to reduce the number of arrests that occur due to assaults from patients who are experiencing a mental health crisis. Improvements have been noted as a result of new hospital policies.

Goal: Diversion from Arrest

Context: *System-wide Efficacy for Managing Behavioral Health Challenges.*

Certain individuals living with behavioral health disorders who engaged in low-level criminal behavior may experience greater benefit in a treatment facility rather than through arrest and jail placement. The extent to which a person can benefit from one over the other depends on the individual's level of criminogenic risk. At times, a transport to the Crisis Triage Facility for mental health stabilization purposes may be most effective in preventing or reducing future interface with law enforcement.

Progress: 1. An expansion of the current Crisis Triage Facility is in the planning process and will be addressed in another section of this report. Before the new facility opens, pre-arrest diversion training and education, and coordination with Triage staff will be provided as a priority.

Progress: 2. The Whatcom GRACE (Ground-level Response And Coordinated Engagement) program launch is about to occur. The purpose of the program is to reduce episodes of unnecessary interface with law enforcement, EMS, hospital emergency department, and the jail. "Familiar Faces" are people who are well-known to these agencies and often use the first responder systems inappropriately and ineffectively. GRACE is intended to provide intensive care coordination services to support individuals in need. The county released a Request for Qualifications seeking an agency to act as the hub of a coordinated system of intervention and response. Program operations are expected to begin in summer of 2018.

Goal: Improve Access to Behavioral Health Support to Individuals in the Criminal Justice System

Context: *Stabilization, Re-entry, and Community Supports.*

Once a person with behavioral health challenges has entered the criminal justice system, they can decompensate quickly without appropriate care. The goal is to stabilize them in their current environment and assist them with accessing community resources to continue the stabilization process. A variety of programs and services such as specialized behavioral health probation, therapeutic court programs, in-jail services and jail re-entry, a behavioral health specialist embedded with the Public Defender's Office, and specialized supportive housing constitute our current stabilization services.

These programs have significant challenges of treatment and housing resources which continue to be a priority focus for strategic planning. Current specialized supportive housing is insufficient for the community need.

Progress: 1. Two Probation Officers trained in behavioral health provide specialized supervision to offenders with misdemeanor charges. The Probation Officers work closely with mental health providers, housing providers, and other community service organizations to stabilize offenders in the community and help them satisfy their court obligations. The Behavioral Health Probation Unit recently starting providing Moral Reconciliation Therapy (MRT) for probationers on their caseload.

Progress: 2. Two therapeutic courts: Mental Health Court and Drug Court are programs embedded within the court system which have specialized dockets. The programs are designed to improve the likelihood of successful reintegration into the community and ultimately to avoid jail sentences for people whose primary issues are behavioral health related. Both court programs continue to lack access to treatment and housing capacity.

- Mental Health Court is planning an expansion of services and will add a case management position to ensure appropriate follow up for individuals with significant need.
- Drug Court has increased case management by adding a half-time case management position. Drug Court is currently researching statewide Drug Court outcomes to determine program improvements which can be implemented.

Progress: 3. Jail Behavioral Health Team (JBHT) provided services to 1,985 people in 2017. And of those a total of 1,147 people were referred for behavioral health re-entry services. The program added a new part time supervisor in March of 2018 and increased Re-entry capacity from half time to full time in January 2018. JBHT will continue to search for ways to improve access and services in the existing jail facility, and re-entry pathways upon release from jail.

Progress: 4. A new Behavioral Health Specialist (BHS) position for the Public Defender's Office was developed in 2017. The position is partially funded by the Whatcom County Behavioral Health Sales Tax. The BHS meets with people in the jail, assess their unique needs, and coordinates appropriate care.

Progress: 5. Specialized Supportive Housing, such as Sun Community Services' Sun House, offers short term Emergency Shelter for people released from the jail with serious mental illnesses. Sun House works to ensure that post-jail stabilization continues and that residents will gain access to permanent supported housing such as CityGate or Frances Place when needed.

DATA OUTCOMES, TRENDS, AND ISSUES: Behavioral Health Committee:

Outcomes to Measure:		
	1	
	2	
	3	
Trends to Track:		
	1	
	2	
	3	
	4	
	5	
	6	
3 Metrics from 3 Annual Report Topics:		
	1	
	2	
	3	
Interoperability Issues:		

From March 5 Behavioral Health Committee:

- Who is in jail
- What are the behavioral health disorders identified
- What programs exist to address behavioral health disorders of jail inmates
- Is there potential for an involuntary facility
- Does the inmate have serious and persistent mental illness, which is defined as very symptomatic and chronic
- What are the legal charges that allows them to divert from jail
- Whether the person has had services previously, and if so, what were those services
- Behavioral health issues that are not serious and/or persistent
- What is the social metadata: social, legal, family
- A confidential interviewer
- What kind of substance use disorder
- Information on people in jail versus out of jail
- An assessment at point of release
- Interview people who have been in jail in the last six months
- Offer an incentive to participate in an interview
- GRACE cohort to provide data

