Incarceration Prevention and Reduction Task Force

Behavioral Health Ad Hoc Committee

Meeting Summary, March 31, 2016

Whatcom County Health Department
509 Girard Street, Bellingham WA 3 – 5pm

Attendance

Present	Representing
Bernstein, Jill	Citizen representative
Deacon, Anne	Whatcom County Human Services
Gribbin, Susan	Consumer
Lewis, Nicholas (proxy for Julie Finkbonner)	Lummi Tribal Council Member
Linville, Kelli	City of Bellingham, Mayor
Morgan, Irene	Restorative Community Coalition
Polidan, Randy	Unity Care NW
Absent	
Manering, Byron	Brigid Collins
Parks, Jeff (proxy for Sheriff Elfo)	Whatcom County Sheriffs' Office
Walker, Kathy (proxy for Dave McEachran)	Whatcom County Prosecutor's Office
Winter, Greg	Opportunity Council
Staff	
Gardner, Mark	City of Bellingham
Mitchell, Jackie	Whatcom County Health Department
Mowery, Perry	Whatcom County Health Department
Nixon, Jill	Whatcom County Council Office
Wight, Dean	WAHA, Lead Facilitator

Meeting Summary

1. **Call to Order**
   Anne called the meeting to order and reviewed the work of the Committee to-date, with a review of the agreed-upon priorities in the Phase I Report. She noted the focus on early intervention, the need for re-entry services, recovery support, and the challenges faced in workforce development.
2. **Review SIM Template**
   The Committee reviewed the SIM graphic presented by Anne. It was suggested that the graph be re-named to "Whatcom Community" rather than "Whatcom County". The color coding and content of each intercept were also reviewed.

   The question of scope was briefly discussed as there are a number of programs and services that are "pre" Intercept One. No recommendation was reached regarding incorporating early intervention or youth services into this model.

3. **Evaluating Program Needs**
   Key information includes:
   - Treating mental illness alone does not improve law abiding behavior
   - Focus should be on dynamic criminogenic risk factors (things we can change)

- Washington State Institute on Public Policy has additional information re. effective solutions
- Stepping Up Initiative Resources
    - 4 key measures (with defined metrics)
        - Reduce the # of people booked into jail with BH disorders
        - Reduce the length of time people with MI stay in jail
        - Increase connections to community-based services and support
        - Reduce the # of people returning to jail

4. Criminogenic Risk Factors

Anne reviewed Criminogenic Risk Factors (see meeting handouts) with the Committee.

- Age you begin
- History of criminal behavior
- Anti-social patterns of behavior
- (references hand-out again)
    - Impulsiveness
    - Restlessly aggressive
    - Risk taking
    - Anti-social thinking and attitudes
        - Rationalizing your bad behavior
        - Minimization
        - Sense of entitlement
    - Criminal associates – hanging out with people that reinforce your thinking
- 4 other factors associated with but not predictive of criminal behaviors
    - Substance use
    - Poor familial relationships/dysfunctional families
    - Poor performance in school and/or work
    - Time is not spent doing positive social things; they hang out without positive or productive outlets

Anne also reviewed other factors that impact behavior, brain function (Adverse Childhood Experiences), and how mental illness and addiction are brain disorders that impact social and daily functioning, as well as judgment, decision-making, learning, thinking and mood.

5. Next Steps – Phase II Objectives

The group discussed the Phase II report that is due in November and that the focus of the Phase II report is the triage facility. Anne suggested that this Committee focus on programs and services needed “pre triage facility” and “post triage facility” so that when we have the facility available for use, there will be programs and services that support entry into and exit from the facility.

- LEAD-like programs (spread to the County as a whole)

  - CPIT – Mobile Crisis Team working with Law Enforcement
- Neighborhood policing
- Homeless Outreach Team
- Workforce development for care providers
- Expand SUD treatment and continuum of service levels
- Workforce development for citizens (supported employment)

Need to keep Triage committee and BH Advisory Board informed

Need to find ways to connect with the small cities

6. **BH Ad Hoc Meeting Schedule**

   Whatcom County Health Department staff will send out a survey monkey to determine interest and availability as there appears to be a low turnout for the BH Ad Hoc Meetings.
7. **Public Comment**

   None
8. **Adjourned**

1. Welcome and Introductions

Committee Chair Anne Deacon called the meeting to order at 3:00 p.m. at the Health Department Lower Level Conference Room, 509 Girard Street, Bellingham.

Members Present: Jill Bernstein, Anne Deacon, Julie Finkbonner, Randy Polidan

Also Present: Peter Ruffatto (for Kelli Linville)

Members Absent: Byron Manering, Susan Gribbin, Betsy Kruse, Kelli Linville, Greg Winter

2. Approval of the March 31, 2016 meeting summary

Meeting summary review was held to the next meeting.

Deacon submitted a handout *(on file)* on a Huffington Post article regarding the Law Enforcement Assisted Diversion (LEAD) program in Seattle.

3. Review targeted priorities for programming

Deacon stated that this committee previously decided to focus on both front door and back door programs and services for the triage facility. Front door services divert people into triage rather than being arrested or sent to jail. Back door services transition people to community treatment services once they are stabilized at the triage center. These services fall into the sequential intercept model (SIM) intercepts one and four.

4. Discussion with Sgt. Chad Cristelli, Bellingham Police Department, regarding proposed "LEAD-like" program

Deacon introduced Sgt. Cristelli and stated they have been talking about the new Crisis Prevention and Intervention Team (CPIT) program and the mental health professional who works full time with the Bellingham Police Department. She described how the CPIT program works.

Cristelli presented the City of Bellingham Policy Department's behavioral health unit (BHU) programs.

- A police officer assigned to the BHU would team with the CPIT liaison
- At this time, the CPIT professional responds reactively and on call
- The BHU team would be proactive and work with the crime analyst, patrol, and other stakeholders

- A Bellingham PD program similar to LEAD would focus on low-level and non-violent offenders who have warrants and/or behavior that begins to escalate
- Modeled after the Portland PD behavioral health component
- The Bellingham PD received over 2,500 behavioral health calls in 2015
- This program is the City's attempt to help with information sharing among service providers

The committee discussed the inability of law enforcement and mental health providers to share information without violating State law and the Health Insurance Portability and Accountability Act (HIPAA).

Ruffatto stated there is an exception in federal law that defers to State law requirements, so State law could trump federal law if the State requires shared health information on a very restricted basis. At the request of law enforcement, the State changed its law to require shared basic information in certain instances.

The committee continued to discuss the Bellingham program:

- Until last year, hospital social workers were releasing people from the hospital without consulting the certified mental health professionals (CHMP)
- Encouraging the CPIT professional to use the triage center when possible instead of the hospital
- Allowing the CPIT and the BHU law enforcement to directly refer people to services
- The necessity of creating more options for after-hours crisis services
- Expanding the program countywide in collaboration with the Sheriff and small cities
- Whether the Bellingham PD could create a voluntary work crew diversion program that includes a meal and connections to social services
- Structuring the intake process to create appropriate and timely access to services so people don't fall through the cracks
- Success is measured by lower recidivism rates
- The triage program at the Crisis Solution Center in Seattle that is a 24/7 triage response team that is called into the field by law enforcement when necessary
- Make sure the County Designated Mental Health Professionals (CDMHPs) are on alert and have priority to go into the field as needed
- Make sure outreach teams, including the homeless outreach team (HOT), CPIT, BHU, and hospital are connecting with each other regularly
- Enrolling people in two phases: those without probable cause but who are escalating and those who have probable cause for arrest
- Sheriff Deputy Brandon Foister's training in mental health response

Deacon stated she would like this committee to consider how they can use behavioral health funds to pay for more BHU police officer. The committee discussed:

- The City of Bellingham cost is about $100,000 per year for the BHU officer.

- A behavioral health outreach specialist would have be able to act independently and be a mental health professional with chemical dependency training
- Funding a behavioral health specialist would add police capacity

Finkbonner stated the Lummi community has all the same services as the county and is having these same discussions. They would like to have consistency with the County. Half of their jail budget is diverted to provide wraparound services. They will be developing the statistics on how their services are working. The Nation is focusing now on restructuring all its programs and services. The Lummi and County behavioral health representatives should network with each other, as should their probation officers and law enforcement officers. They are outfitting a building on the reservation to house their home monitoring and other alternative programs. They have all the certified treatment services available on the reservation, but they aren't State- or federally-certified, so they aren't acceptable according to Superior Court, which the State requires.

Bernstein stated all the jurisdictions should develop uniformity in information gathering. They should all gather information on how communication, collaboration, and coordination can be improved.

The committee discussed the next steps:

- First look at what kinds of outcomes they want from this type of a program. Clearly identify those outcomes, which should be measurable
- Talk with Compass Health and the Region to see if they could expand the program.
- Deacon and Sgt. Cristelli will talk about the sales tax and suggest recommendations that this committee can make to the Task Force
- Make sure the small towns, County, and Lummi Nation are aware of Bellingham's program. Shared resources will cost less
- More information must be spread among the service providers about direct connections with the Police Department to help those who need it most. The social worker and outreach team need priority for handoffs and referrals
- Have universal and continuous CIT training for law enforcement officers in the county

Deacon described the current effort to provide CIT training for all law enforcement officers and jurisdictions around the county.

5. Discussion of Behavioral Health Continuum of Care Plan to be submitted to the North Sound Behavioral Health Organization

Deacon described the County's proposed plan for behavioral health facilities, and sending the proposed plan to the regional behavioral health organization. The plan is to create two inpatient residential units, one to be open before the end of the year:

- One inpatient residential unit is an enhanced triage facility
  - Enhanced with addiction stabilization that includes medication-assisted treatment
  - Infrastructure to support the prescribers of those medications
  - 30-50 inpatient residential beds

- The second inpatient residential unit will be a recovery house
    - Approximately 30 beds in the recovery house

The estimates include the two tribal populations. They must work with regional partners on the final plan. If approved, there will be a net increase in capacity.

6. Behavioral Health Committee 2016 meeting schedule

Deacon stated most people are available on Mondays. She will continue to work out a monthly schedule that doesn't conflict with the Bellingham City Council.

7. Public Comment

No one spoke.

8. Adjourn

The meeting adjourned at 4:20 p.m.