

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

2:30 - 3:30 p.m. on November 26, 2018

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

AGENDA

Topic	Packet Pages
1. Call to Order	
2. Jail population statistics and research <ul style="list-style-type: none">• Define what we need to know about jail population regarding behavioral health	1 - 3
3. Next Steps: Ideas & Further Information <ul style="list-style-type: none">• Review assigned tasks• Next meeting topics	
4. Other Business	
5. Public Comment	
6. Adjourn	

UPCOMING MEETINGS

- November 26:
 - Incarceration Prevention and Reduction Task Force, 9-11 a.m., Courthouse Conference Rooms 513/514
 - Behavioral Health Subcommittee, 2:30-3:30 p.m., Health Department Creekside Conference Room
- November 27: Pretrial Processes Work Group, noon-1:30 p.m., Courthouse Conference Room 514
- December 6: Information Needs & Data Exchange (INDEX) Committee, 1:30-3:00 p.m., LOCATION TBD
- December 10 (Monday): Pretrial Processes Work Group, noon-1:30 p.m., LOCATION TBD
- December 11: Legal and Justice Systems Subcommittee, 11:00 a.m.-1:00 p.m., LOCATION TBD
- December 17:
 - Incarceration Prevention and Reduction Task Force, 9-11 a.m., Courthouse Conference Rooms 513/514
 - Behavioral Health Subcommittee, 2:30-3:30 p.m., Health Department Creekside Conference Room

The most up-to-date meeting schedule can be found online at:
[http://wa-whatcomcounty.civicplus.com/calendar.aspx?CID=40,](http://wa-whatcomcounty.civicplus.com/calendar.aspx?CID=40)



Whatcom County Jail Behavioral Health Program Data

(September, 2015)

The Process

The Jail Behavioral Health Program (JBHP) team provides behavioral health services in the jail and connects inmates with community services upon release. JBHP collects data on inmates who are screened, triaged, and assessed.

The author reviewed JBHP data for people with Serious Mental Illness (SMI), and their key characteristics were identified. We attempted to answer the question, "How many people could be diverted from jail and what resources would need to be in place?"

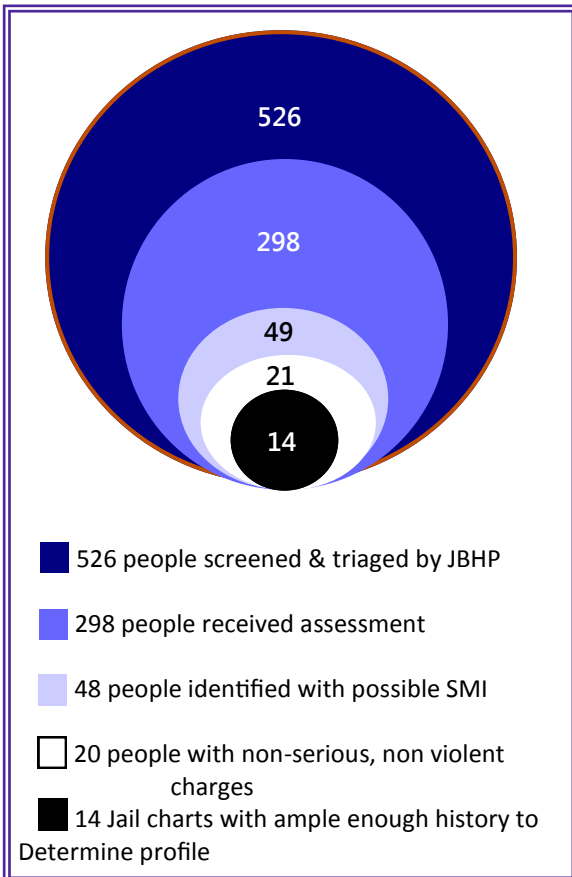
The process used to gather the data is described below.

- Selected the month of September 2015.
- Reviewed program data for number of people screened, triaged, and identified as having a mental health assessment.
- Identified people who had probable serious mental illness (SMI).
- Identified people with non-serious, non-violent offenses.
- Reviewed medical charts to confirm SMI, and for evidence of substance use disorders, past history of any treatment, acquired brain injury, and other pertinent characteristics.



Key findings, conclusions and key strategies are offered on the following two pages.

Key Findings

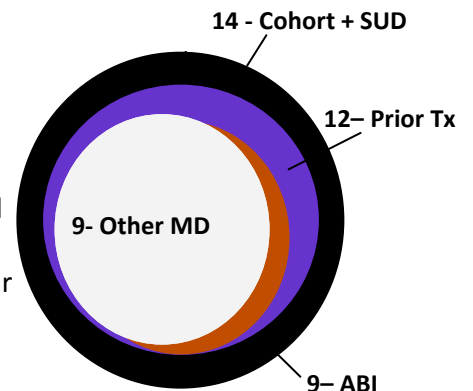


The Whatcom County Jail is accredited by the National Commission on Correctional Healthcare which requires the highest standards for behavioral health services. Inmates who are not released immediately from custody are screened within 24 hours for non-urgent behavioral health issues.

Of the 298 inmates who received an assessment, 14 people were identified who had possible SMI, non-violent, non-serious offenses, and for whom there was enough information to determine specific behavioral characteristics.

The Final 14 in the Data Cohort:

- 14 had co-occurring substance use disorders (SUD).
- All 14 had prior treatment
- 9 people had, probable, or definite identified Acquired Brain Injury (ABI).
- 9 people had other Mental Disorders, MD (ADHD, PTSD, personality disorders) in their file.



The Conclusion

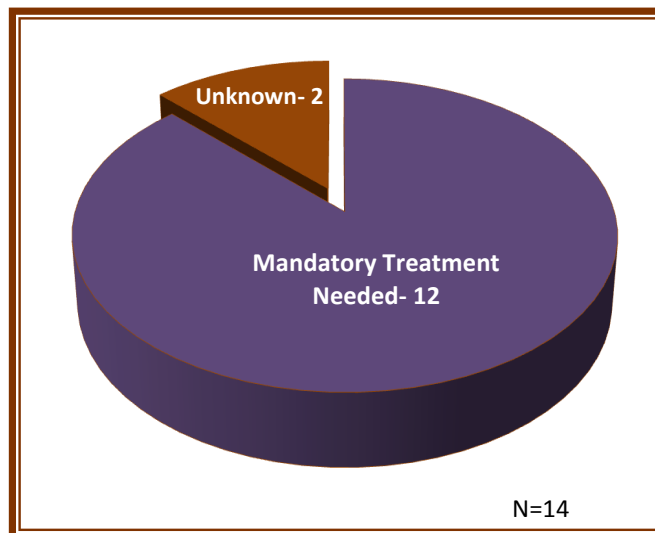
The majority of Whatcom County Jail inmates who had serious mental illness, also had a substance use disorder (SUD).

The majority of our cohort also had unrelenting challenges such as acquired brain injury (ABI), personality disorders, and other conditions, not reviewed for this cohort. Nearly all have had prior treatment

Additional substance use disorder, mental health treatment, or housing is unlikely to provide specific benefits to either the inmate or the community unless the design includes upgrades such as the following:

- Intensive supervision/case management,
- 24/7 Residential staffing,
- Specialized programs equipped to manage a high degree of impulsivity, criminogenic attitudes, and co-occurring mental health and SUD.

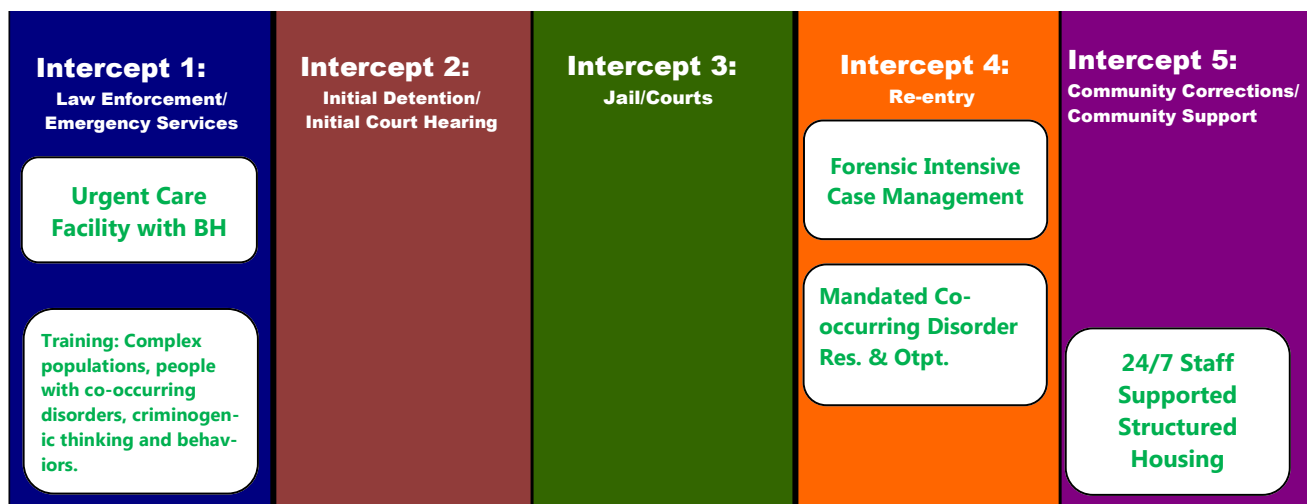
Persons Likely to Require Court Ordered Treatment (September Cohort)



Key Strategies

- Provide staff competency training for all professionals who work with people who have criminogenic thinking and behavior, and mental illness, and substance use disorders.
- Expand care coordination and enhance forensic multidisciplinary care coordination team for individuals releasing from jail.
- Develop an urgent care facility with behavioral health services embedded within.
- Develop staff-supported, structured housing, with intensive case management.
- Provide mandated co-occurring disorder inpatient and outpatient treatment as an alternative to jail.

Whatcom Strategies for Sequential Intercept Model



The Cadillac of Jail Diversion Systems

A system redesign would require a complex structure of services, which would incorporate overarching mandated compliance and training on forensic/criminogenic issues.

