

Incarceration Prevention and Reduction Task Force
Behavioral Health Subcommittee
Meeting Summary for July 28, 2016

1. Call To Order and Meeting Review

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: Anne Deacon, Susan Gribbin, Kelli Linville, Byron Manering, Randy Polidan

Also Present: Jill Bernstein, Stephen Gockley, Peter Ruffatto (for Kelli Linville)

Members Absent: Julie Finkbonner, Greg Winter

Review March 31 and May 26, 2016 Meeting Summaries

There were no changes

2. Work Plan for Phase II

Deacon reviewed the Phase II requirements, which are specific to a triage facility.

The Committee discussed components of the Phase II report:

- Include a summary of what the Committee has been doing, including focusing on the front-door and back-door services that exist and that are planned
- More hours for the Crisis Prevention and Intervention Team (CPIT)
- A program similar to Law Enforcement Assisted Diversion (LEAD)
- Bellingham Police Department Behavioral Health Officer position
- Make program and service recommendations regardless of available funding, and allow City and County policymakers to decide which programs and services can be funded
- Realize efficiencies by coordinating services with Medicaid-funded behavioral health and the Behavioral Health Organization (BHO)
- They must communicate to a wide audience about what they are recommending and why, not just to the small group of people who decide funding
- First talk about what programs and services they want to recommend before talking about how to fund them
- The Committee should review how the Behavioral Health Tax funds are spent now.

Deacon described a recent statewide meeting she hosted to discuss Medicaid waiver money that would come through the BHO for housing, housing case management, and housing support services. They are working with partners to maximize those funds. The County is coordinating a pilot project to hopefully be funded from the waiver money. Funding will also be available through the Accountable Community of Health (ACH). She will begin to draft the Phase II report and will bring it to the Committee at the next meeting.

Other Business

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Manering presented a pilot program his agency will begin:

- It is proven to reduce criminal behavior by 50 percent
- Serves women with addiction issues and who are pregnant or have children up to the age of three
- Current services for the program participants include in-home, targeted, intensive case management, including behavioral health and child development services
- They will collect a variety of biographical data in partnership with the University of Washington Fetal Alcohol and Drug Unit
- This is a step toward becoming an evidence-based practice
- 70 mothers are enrolled in the program currently in Whatcom County, with capacity for up to 120 mothers
- Service is provided until the child turns three
- A goal is to have a baseline of information about recidivism rates by January 2017
- In January 2017, they will change the model to add components that are specific to reducing recidivism within the population
- This project is solely about keeping people out of jail, not solving mental health and substance use issues
- Further monitoring would be done until June 2019
- Annual status reports will be presented, with a final report after June 2019
- An possible incentive for the program participants is to somehow alleviate their outstanding warrants
- Dedicated supported housing, another possible incentive, is necessary throughout enrollment in the program
- The group they are working with now are the control group that has not received the special incentives
- This program also provides a better life for young children, which is a good early intervention program

The committee discussed how a warrant-forgiveness program may work and the lack of supported housing in the community.

Manering stated he is open to suggestions for other types of incentives for the program participants. He would like this committee to endorse his program.

The Committee concurred.

3. Update on County Health Department and North Sound Behavioral Health Organization (BHO) County Assessment and Proposed Response regarding Substance Use Disorder Inpatient Treatment

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Deacon submitted a handout on Opioid Treatment Facts (*on file*) and described the Whatcom County Behavioral Health Facility Planning Report:

- 16-bed acute detox, medically-managed (pre-booking diversion at the triage facility)
- 16-bed mental health stabilizers (pre-booking diversion at the triage facility)
- Substance use disorder treatment in-patient facility:
 - Two levels of care
 - 30-50 beds
 - Medicare/Medicaid will pay for up to 14 days of care
 - voluntary
- 16-bed recovery house
- Funding
 - \$2.5 million from the regional BHO
 - \$2 million Department of Commerce grant
 - \$3 million from local behavioral health fund
 - Possible State legislature capital budget allocation
 - The BHO will fund operational cost for the two 16-bed triage facilities
 - If they don't receive the Department of Commerce grant, they may see about bonding the \$3 million from the behavioral health fund
 - If they get the \$2 million grant from the Department of Commerce, they will need to break ground by June

The committee discussed the possibility of using the old St. Luke's property on Ellis Street or reusing another existing building, rather than buying property and building new. They will ask the status of Peace Health St. Joseph's plans for their facilities at the next Task Force meeting. Include capital facility funding for beds on the legislative agenda for the State.

4. LEAD-like program recommendation: How do we coordinate this with the Legal/Justice Committee?

Review of CHART program in Everett

Deacon referenced the Chronic Utilizer Alternative Response Team (CHART) program information beginning on packet page 28 and described a recent meeting with the Everett CHART leadership team:

- The program includes the leadership team and the social services team
- This is the City's modification of a LEAD program
- The goal is that they cannot cost-shift among partners
- They can share protected health information as appropriate via agreements

Gockley stated this is one of two early-win projects according the North Sound Accountable Community of Health (ACH). They're trying to expand this program in the five-county ACH region.

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The Committee discussed the lack of communication among all the agencies and jurisdictions about the new and different programs, such as Crisis Prevention and Intervention Team (CPIT), Law Enforcement Assisted Diversion (LEAD), the Homeless Outreach Team (HOT), and other programs. Organize a group meeting with everyone to make sure services are efficient and aren't duplicated.

Snohomish County Proposal for "embedded" Social Worker

Deacon described the proposed Snohomish County tax. Taxpayers would fund this LEAD-like program.

Deacon moved to recommend:

- Support for more mental health professionals for the CPIT program, as opposed to the 40-hour schedule they have now, and
- Support the Bellingham Police Department and encourage the Chief to move forward with their LEAD-like program, which will require an additional full-time police officer trained in behavioral health issues.

The Committee concurred.

5. Recovery Support Services

This item was not discussed.

6. Prevention & Early Intervention Efforts: Where do they belong in our work?

This item was not discussed.

7. Public Comment

The Committee discussed its meeting schedule, and agreed to meet monthly for a one-hour meeting. The Committee also discussed how to best facilitate communication on developing new programs and services among all the agencies and jurisdictions.

8. Adjourn

The meeting adjourned at 4:30 p.m.