

Incarceration Prevention and Reduction Task Force
Behavioral Health Subcommittee
DRAFT Meeting Summary for April 20, 2017

1. Call To Order

Committee Chair Anne Deacon called the meeting to order at 11:05 a.m. at the Health Department Administrative Conference Room, 509 Girard Street, Bellingham.

Members Present: Anne Deacon, Dan Hammill, Randy Polidan

Members Absent: Nick Lewis, Byron Manering, Greg Winter

Also Present: Mike Parker (for Greg Winter)

Review March 16, 2017 Meeting Summary

Deacon moved to approve the meeting summary.

The motion carried unanimously.

5. Other Business

The Committee discussed its March meeting at the Lummi Administration building. Benefits of the Lummi program includes a structured suboxone program and the number of tribal members they're able to treat. Pharmacies use a State system to track prescriptions, but physicians don't often use that information. Public health efforts hope to engage and educate doctors, dentists, pharmacists, and consumers about opioid prescription problems. Fifty to 80 percent of heroin users begin by using opioid prescriptions inappropriately. Barriers to educating providers include their unwillingness to change their practices and their training to treat chronic pain.

2. Draft Initial Phase 3 report

Deacon reviewed the ordinance requirements and the Phase 2 report. She stated would like the committee to review and provide feedback on the results of last week's GRACE stakeholder forum. The program will identify specific people to participate. The homeless outreach team (HOT) or another outreach team, law enforcement, and emergency responders are the best people to identify participants.

Bernstein referenced the LEAD program and other pre-arrest diversion opportunities in the Phase 1 report. The GRACE program is an extension of that reference and can be described in the Phase 3 report as the model they've chosen to help the five percent of the population that is using up 50 percent of the resources. They need to communicate better about available service and have a central location to find out what's available.

The committee discussed efforts of the Bellingham Police Department to use a diversion program to encourage people to get connected with services and others who have a list of people who

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could participate, including the hospital's emergency department, community paramedic, and housing providers.

3. Update on GRACE Program

Deacon stated law enforcement would like an involuntary mental health triage facility, but there are not enough people who would use it to warrant the cost of creating a facility. They need more supportive housing and a way for agencies to communicate. She submitted and read from handouts (*on file*) on the gaps, challenges, and solutions for serviced coordination, system communication and information sharing, resource allocation, and scale of the needs; the functional structure of the program; and the administrative structure of the program. A central hub would be a central location where everything is known about the program participants and can share that information with partners as needed.

The committee discussed:

- The Accountable Communities of Health (ACH) Care Coordination Subcommittee will be a county process also, so there should be coordination between the GRACE Program and the regional care coordination plan.
- A sense of ownership by the service providers is key, so they don't give up on a participant.
- Service providers need partners to help keep participants stable and moving forward.
- Not everyone within the health care circle of the structure can offer all services.
- When an individual is identified, the hub team members will come up with an individualized service plan so they know who does what, who pays for what, and what happens when there is a setback.
- The program would service a total of 30-50 people.
- The HOT team model is different from the need within the administrative hub to coordinate the relationships among the service providers.
- The leadership team must be equally balanced between law enforcement and therapeutic responders.
- The barriers to the system have always been about too many steps required for engagement.
- The engagement and connection process will vary based on the needs of the participant and the individualized service plan.
- The program must work equally well with participants who are not homeless.
- The leadership team is made up of agencies with funding. The program team will be working on-the-ground.
- There are pros and cons to having the hub in the County Health Department. Because it's a government entity, some participants may not want to share their information.
- One option for the hub location would be at Fire Station 1 on Broadway Street, Bellingham.
- Consider a data management system for data sharing.

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- To help people in other areas of the county who are not in Bellingham, case managers could be mobile or they could develop a remote hub at a location like the East Whatcom Regional Resource Center.
- Define the specific leadership team members.
- Hear from the HOT team members, Catholic Community Services, and others about operational plans and possible pitfalls.

The committee concurred that the plans for the program so far are good.

4. Next Steps: Ideas & Further Information

This item was not discussed.

6. Public Comment

There were no public comments.

6. Adjourn

The meeting adjourned at 12:12 p.m.