

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

11:00 a.m. - 12:00 p.m., June 15, 2017

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

**AGENDA**

Topic	Requested Action	Presenter	Packet Pages
<b>1. Call to Order and Meeting Review</b> <ul style="list-style-type: none"><li>May 18, 2017 Meeting Summary Review</li></ul>	Review	N/A	1 - 4
<b>2. GRACE Program: Update and Oversight</b>	Update and Discussion	Dean Wight	5 - 6
<b>3. Private physician licensing for suboxone treatment</b>	Presentation and Discussion	Jill Bernstein Dr. Berdi Safford Jackie Mitchell	N/A
<b>4. Committee Direction</b>	Discussion	N/A	7 - 9
<b>5. Other Business</b>			
<b>6. Public Comment</b>			
<b>7. Adjourn</b> The next meeting is 11-noon on July 20, 2017 at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.			

Upcoming Meetings:

- Full Task Force: ~~9-11 a.m. on June 26 at the County Courthouse Fifth Floor Conference Rooms 513/514, 311 Grand Avenue, Bellingham~~ **Cancelled. A special meeting is scheduled 9-11a.m. on July 10, 2017 at the Courthouse Fifth Floor Conference Rooms 513/514, 311 Grand Avenue, Bellingham.**
- Legal and Justice Systems Committee: 11:30 a.m.-1:30 p.m. on July 11 at the Courthouse Fifth Floor Conference Room 514, 311 Grand Avenue, Bellingham.
- Triage Facility Committee: 9:30-10:45 a.m. on July 20 at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham



**Incarceration Prevention and Reduction Task Force**  
**Behavioral Health Subcommittee**  
**DRAFT Meeting Summary for May 18, 2017**

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**1. Call To Order**

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

Members Present: Anne Deacon, Dan Hammill, Randy Polidan

Also Present: Mike Parker (Proxy for Greg Winter).

Members Absent: Nick Lewis, Susan Gribbin, Byron Manering, Greg Winter

Review April 20, 2017 Meeting Summary

Deacon stated amend page 2, "The program would service a total **an initial estimate** of 30-59 people."

Hammill moved to approve the meeting summary as amended. The motion was seconded.

The motion carried unanimously.

**2. GRACE Program Update**

Deacon submitted and reported on a handout of the Ground-level Response and Coordinated Engagement (GRACE) map (on file).

- The Health Department hired a part-time project planner, Dean Wight.
- They are working regionally with the Accountable Communities of Health (ACH), which requires the community to have a care coordination project and provides significant funding.
- The GRACE program would be the local piece of the regional care coordination project.
- The Snohomish County CHART program is also a component of the regional care coordination project.
- The State is in the first five months of a five-year demonstration project.
- There is a contract in place between the State and federal government.
- The Pathways software may not be adequate for all they want to do, but this project includes finding adequate software.
- The ACH also funds expansion of the community paramedic-like models.
- Fire chiefs in the region may submit a proposal for funding for that type of project.
- Many ongoing community and regional projects are happening.

Polidan reported on a project description he's writing regarding medication waiver money for a committee that includes Tom Sebastian from Compass Health, Greg Arnold from the Behavioral Health Organization (BHO), and Dean Wight.

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- The Unity Care Northwest (UCNW) model is integrated between primary care and behavioral health.
- The UCNW needs to tie into the greater care coordination effort.
- The project description should include a discussion of the software at UCNW and in conjunction with Peace Health and, possibly, the community paramedic program efforts.
- The description will partially discuss how much they can bring substance use disorder into UCNW as a federally qualified health center (FQHC).
- The project description must answer whether there is an opportunity to engage the private business sector.
- Regarding substance use disorder capacity and medication-assisted treatment, FQHC's may be able to serve as a clinical hub for communities and triage those people who are being discharged from hospitals.
- Some people may require a level of case management that is too high for the FQHC to manage.
- They must make sure partnerships in the community are in place and functioning well.

The committee discussed the project report description:

- An effort to create a homeless service center hub, which is different from the City of Bellingham's effort to create a homeless shelter.
- A discussion about the GRACE program being a crisis response system for everyone; some of those people being triaged will be GRACE participants.
- Some people will require a level of care beyond the FQHC ability to serve.
- The care coordination hub will have to serve everyone.
- The FQHC will be able to provide the most clinical expertise in terms of getting someone to the right facility.
- To commit to that effort, the FQHC will need additional case management support for their providers.

Deacon continued the GRACE update and the committee discussed the appropriate Hub provider and location:

- The hub structure shouldn't be a treatment provider.
- Case management is different from providing treatment.
- Medicaid can pay for case management if that service is attached to a provider who can bill Medicaid.
- Whether Catholic Community Services (CCS) should be the hub.
- Whatcom Alliance for Health Advancement (WAHA) no longer employing the intensive case management (ICM) team due to lack of support capacity.
- Whether the ICM team could be moved to a treatment provider to use Medicaid funds.
- They should figure out the hub location and function by October.
- Make sure all stakeholders value and are invested in the program.
- Integrating law enforcement by pairing them up with behavioral health specialists, getting them good communication software, and get the triage facility implemented.

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- Bellingham may invest money from the sales tax into a behavioral health specialist to work with the Police Department.
- In terms of determining the appropriate size of the new jail, they need data on the number of potential GRACE participants who are involved in the criminal justice system and how much the GRACE program would impact the jail population.
- There will be space available in the new jail for services that aren't available now.
- Deacon and her staff will continue to work on the ACH timeline now, and will continue the GRACE planning when that's done.

#### **4. Other Business**

Deacon submitted the draft phase three information (on file) submitted for the Phase Three Report, due in June.

The committee discussed:

- The direction of this committee.
- Continue working on the GRACE program.
- They have been working on adding more treatment beds.
- The regional BHO is looking for more Medicaid substance use disorder (SUD) treatment providers, in addition to SeaMar and Catholic Community Services.
- The reasons for the lack of providers.
- Evolving systems of substance use disorder and mental health, which are coming together as co-occurring disorders.
- Having adequate resources in the community.

Regarding the draft Phase 3 Report, the committee has focused on front- and back-door programs to the triage center, such as the GRACE program and recovery housing support programs.

#### **3. Decide Next Steps**

Deacon stated she and her staff don't have the capacity to continue meeting monthly and working in this committee on suggestions, such as reviewing current programs and evaluating their effectiveness in terms of using evidence-based best practices. She would like to know how the committee wants to move forward and whether they need to meet every month.

The committee discussed using the committee as an advisory group for GRACE program development, the primary purpose and scope of the committee, reviewing work already being done elsewhere on evaluating programs. Going forward, focus on:

- GRACE oversight, including an advisory group.
- Developing a path to moving forward with back-door support services, such as reviewing the housing levy.
- Advocate for treatment and housing capacity.

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- Identify how this committee can assist people already working on issues.
- Make policy recommendations to the Task Force on things like the number of mental health beds that are needed, for example.
- They must gather data from the BHO, facility report, hospital, jail, and law enforcement on the necessary number of SUD beds, triage, mental health beds, reentry beds, detox beds, Coalition on Homelessness Steering Group, etc. to prioritize and make recommendations.

Deacon stated the Health Department is already working with the partners who have the expertise to help design community-wide programs. They don't have an ongoing, formal advocacy effort to educate the community. This committee could work on advertising the benefits of all the efforts that are going on to get support from community members and potential funders. This isn't a committee to do the actual work, because the department and agencies are already doing this work all the time.

The committee discussed:

- Getting staff help from a coordinator funded by the City or County, with the help of the BHO, while the agencies represented on the committee are consultants;
- Creating a steering committee for the GRACE program;
- The newly-combined Behavioral Health Advisory Committee, which could act as a GRACE oversight committee.
- The Behavioral Health Advisory Committee, a County advisory board, work to review the functionality and efficacy of existing Health Department programs, but not community-wide programs.
- The City needs to be involved in any GRACE oversight group.
- A group planned the GRACE program launch, but it's now the project planners' role to create the program.
- The IPRTF ordinance tasks them with developing new or enhancing existing programs designed along a continuum that effectively reduces incarceration of individuals struggling with mental illness and chemical dependency.
- They must gather data from the BHO and the facility report on the necessary number of SUD beds, triage, mental health beds, reentry beds, detox beds, etc. to prioritize and make recommendations.

Hammill stated that at the next meeting, he would like the committee to begin to identify needs, determine capacity, potential, and then prioritize.

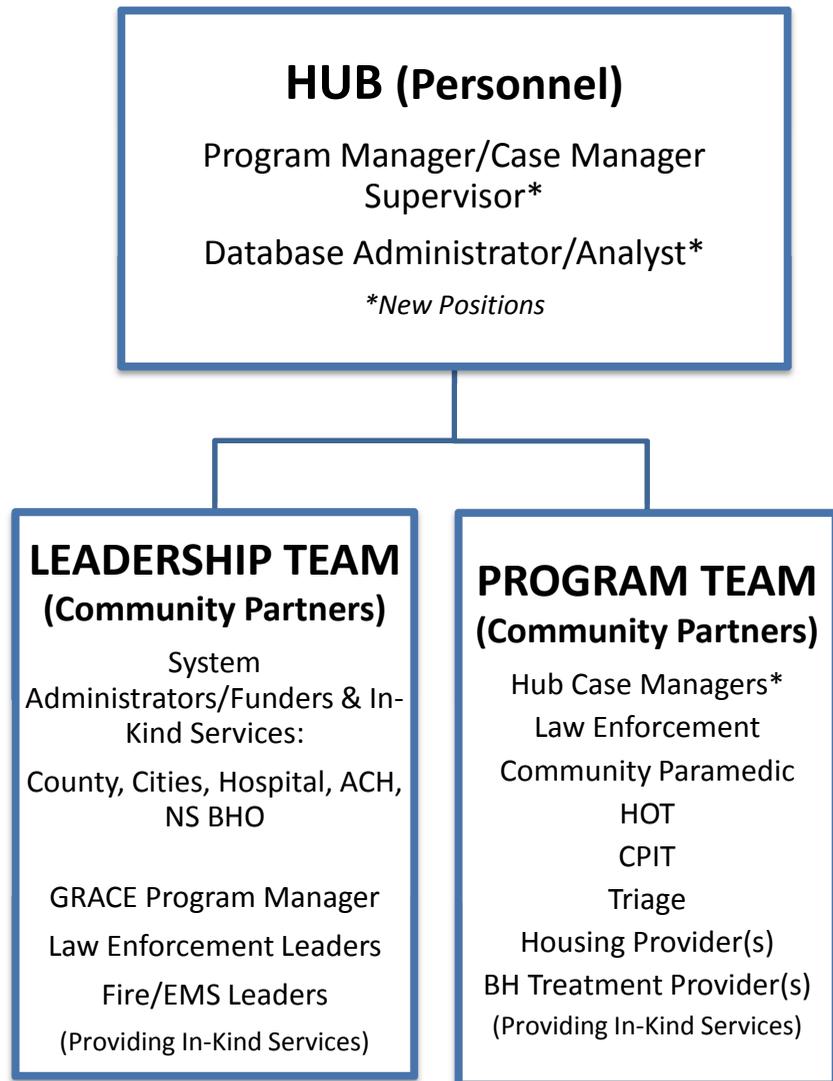
**5. Public Comment**

There was no public comment.

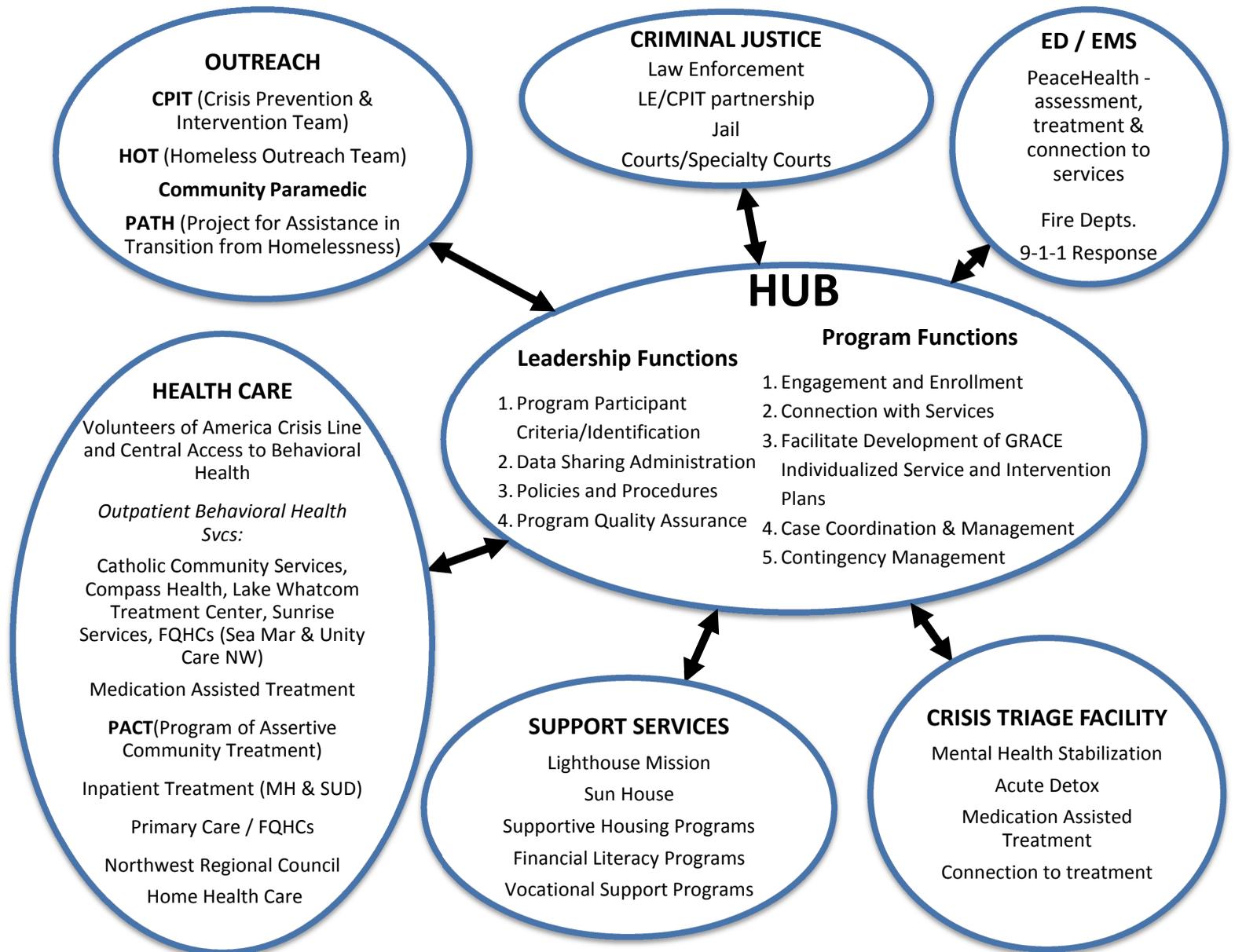
**6. Adjourn**

The meeting adjourned at 12:12 p.m.

Organizational Structure



Functional Structure



# WHAT COM GRACE

GROUND-LEVEL RESPONSE AND COORDINATED ENGAGEMENT

"HOW DO WE IMPROVE OUTCOMES?"

"HOW DO WE BUILD FLEXIBILITY WITHIN THE SYSTEM?"

PROVIDE HEALTH  
REDUCE COSTS  
COORDINATION: COOPERATION WITH EXISTING RESOURCES

"ENSURE WE SUPPORT PROVIDERS"

OPERATIONALIZE THROUGH "HUB and SPOKE"

CRIMINAL JUSTICE

LEADERSHIP TEAM (COMMUNITY PARTNERS)

PROGRAM TEAM (COMMUNITY PARTNERS)

ED/EMS

DATA COLLECTION, ANALYSIS AND REPORTING

"PROVIDING CONTACT/ACCESS 24/7..."

HUB ACTS AS ADMINISTRATOR

"ENGAGEMENT STARTS BY BUILDING RAPPORT."

HUB  
LEADERSHIP FUNCTIONS  
PROGRAM FUNCTIONS

CONTINUOUS QUALITY IMPROVEMENT

CRISIS TRIAGE FACILITY

"THE 'SPOKES' ARE CRITICAL FOR SYSTEM TO FUNCTION..."

OUTREACH

"HOW DO WE DEAL WITH CAPACITY?"

"HOW WILL LEADERSHIP TEAM AND PROGRAM TEAM INTERFACE"

"MUST HAVE PROCESS TO USE / SHARE CONFIDENTIAL INFORMATION"

ALL 'SPOKES' OF PROGRAM WILL "OWN".... SYSTEM

OUTCOME ORIENTED FOCUS

HEALTH CARE

TWO TEAMS  
LEADERSHIP TEAM  
PROGRAM TEAM

SUPPORT SERVICES

COMMON ELEMENTS OF SUCCESSFUL COORDINATED CARE PROGRAMS

OWNERSHIP OF PARTICIPANTS BY EVERY PROGRAM PROVIDER

MULTIPLE PATHWAYS TO PROGRAM REFERRAL

MEANINGFUL INCENTIVES TO PARTICIPATE

DATABASE TO TRACK SERVICES AND OUTCOMES

STANDARDIZED PROCEDURES FOR COORDINATION COMMUNICATION AND MEASUREMENT OF PROGRESS

REGULAR MEETINGS / COMMUNICATION OF A TREATMENT COORDINATION TEAM

CLEAR CRITERIA AND PROCEDURES FOR ENTRY

MECHANISMS TO RESOLVE PARTICIPANT LEGAL AND HEALTH ISSUES

PATHWAYS FOR REFERRAL, CONNECTION AND ENGAGEMENT



## **COMMITTEE DIRECTION**

Advisory group for GRACE program development, GRACE oversight, creating a steering committee for the GRACE program. The newly-combined Behavioral Health Advisory Committee, which could act as a GRACE oversight committee. The City needs to be involved in any GRACE oversight group.

Begin to identify needs, determine capacity, potential, and then prioritize. Review work already being done elsewhere on evaluating programs. Identify how this committee can assist people already working on issues. The Behavioral Health Advisory Committee, a County advisory board, work to review the functionality and efficacy of existing Health Department programs, but not community-wide programs.

Developing a path to moving forward with back-door support services, such as reviewing the housing levy.

Formal advocacy effort to educate the community, including treatment and housing capacity. Advertise the benefits of all the efforts that are going on to get support from community members and potential funders.

They must gather data on the necessary number of SUD beds, triage, mental health beds, reentry beds, detox beds to prioritize and make policy recommendations to Task Force:

- from the BHO
- facility report
- hospital
- jail and law enforcement
- Coalition on Homelessness Steering Group, etc..

Getting staff help from a coordinator funded by the City or County, with the help of the BHO, while the agencies represented on the committee are consultants

## **COMMITTEE TASKS AND RESPONSIBILITIES**

The IPRTF ordinance tasks them with developing new or enhancing existing programs designed along a continuum that effectively reduces incarceration of individuals struggling with mental illness and chemical dependency.

See Behavioral Health Subcommittee Statement of Work.

# ***Incarceration Prevention and Reduction Task Force***

## *Behavioral Health Programs and Services Ad Hoc Committee*

### Statement of Work

#### **Statement of Purpose**

The purpose of the Incarceration Prevention and Reduction Task Force is to continually review Whatcom County's criminal justice and behavioral health programs and make specific recommendations to safely and effectively reduce incarceration of individuals struggling with mental illness and chemical dependency, and minimize jail utilization by pretrial defendants who can safely be released. (Ord. 2015-037; Ord. 2015-025; County Code 2.46.020).

The purpose of the Behavioral Health Programs and Services Ad Hoc Committee is to develop recommendations for new, or enhancement of existing, programs designed along a continuum that effectively reduces incarceration of individuals struggling with mental illness and chemical dependency (Ord. 2015-037).

Recommendations will be based on local needs, recognized best practices and the work of the other two Ad Hoc Committees.

#### **Goals**

- Minimize jail utilization by pretrial defendants who can be safely released
- Identify new or enhancement of existing programs designed along a continuum that effectively reduces incarceration of individuals struggling with mental illness and chemical dependency.
- Improve the continuum of alternatives to incarceration and jail diversion programs.
- Identify and implement programs and services that are effective alternatives to incarceration
- Benchmark Whatcom County behavioral health programs and services against nationally recognized best practices
- Develop an understanding of the client profile of the population utilizing behavioral health services
- Provide comprehensive release planning to ensure citizens are connected to and engaged in available programs and services upon their return to the community (warm hand-offs)

#### **Scope (Project Tasks)**

- Assemble information about existing program and services
  - Services offered
  - Financial resources
  - Budgets and expenses
  - Number of people served
  - Demographics of people served
  - Effectiveness in reducing or preventing incarceration
- Map existing programs and services in the Sequential Intercept Model
- Identify gaps in existing programs and services
  - Consider pre-intercept One programs and services that may reduce incarceration
- Identify nationally recognized best practices for programs and services that are known to reduce incarceration
- Identify and recommend immediate opportunities for system improvements and measure effectiveness
- Create comparison with Whatcom County based programs
- Identify appropriate resources and supports for client departures from facility (warm hand-offs)
- Recommend improvements to existing programs and services
- Recommend additional or modified programs and services

# ***Incarceration Prevention and Reduction Task Force***

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## **Statement of Work**

### **Deliverables**

- Progress report for Phase One deliverable date
- Recommendations to the Task Force for improvements to existing programs and services
- Recommendations to the Task Force for additional or modified programs and services

### **Schedule of Work**

- Workgroup meeting schedule
  - December 10, 2015, 3 – 5pm, WAHA, 800 East Chestnut LL, Bellingham, WA
  - December 17, 2015, 3 – 5pm, WAHA, 800 East Chestnut LL, Bellingham, WA
  - January 07, 2016, 3 – 5pm, WAHA, 800 East Chestnut LL, Bellingham, WA
  - Additional meetings TBD
- Phase One Progress Report: February 09, 2016
- Sequential Intercept Model mapping completed by: TBD
- Benchmarking completed by: TBD
- Recommendations to the Task Force regarding available alternatives to incarceration: September, 2016

### **Measures of Success**

Consistent with established deadlines, establish benchmarks, and deliver to the Task Force an evaluation of existing behavioral health programs, as well as recommendations for enhancements to existing programs and new services that can be implemented in Whatcom County.

### **Identified Best Practices**

Incorporate as appropriate for our work and any appropriate additional best practices that meet nationally recognized standards.

- Substance Abuse and Mental Health Services Administration, GAINS Center
- The VERA Institute of Justice
- National Association of Counties, the Stepping Up Initiative
- Council of State Governments Justice Center
- Other national standards

### **Other Ad Hoc Committees**

The purpose of the Triage Facility and Facility Programming Ad Hoc Committee is to make recommendations to Task Force regarding the construction and operation of a new or expanded multi-purpose crisis triage facility to assist with jail and hospital diversion of individuals struggling with mental illness and/or chemical dependency.

The purpose of the Legal System Ad Hoc Committee is to make recommendations to the Task Force regarding programs and services that have the potential to prevent or reduce incarceration. Current, enhanced and new programs and services are under consideration. Behavioral health programs and services are the purview of a different Ad Hoc Committee.

The work between Ad Hoc Committees is interrelated and interdependent.