

***Incarceration Prevention and Reduction Task Force***  
***Behavioral Health Subcommittee***  
**Meeting Summary for June 15, 2017**

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**1. Call To Order**

Committee Vice Chair Dan Hammill called the meeting to order at 11:00 a.m. at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.

Members Present: Dan Hammill, Byron Manering

Also Present: Jackie Mitchell (proxy for Anne Deacon), Mike Parker (proxy for Greg Winter), Jill Bernstein

Members Absent: Anne Deacon, Nick Lewis, Randy Polidan, Greg Winter

Review May 18, 2017 Meeting Summary

This item was not discussed.

**2. GRACE Program: Update and Oversight**

Dean Wight, Health Department, submitted a handout (on file) on design considerations and principles, the framework, and project development and implementation activities. He read through the handout on the activities. They will package the program as a regional project with other counties to take advantage of funding opportunities with the Accountable Communities of Health (ACH). A challenge is sharing patient data among the agencies and region partners. There are 20 factors identified in the pathways of service for care coordination, including housing.

Committee members discussed specialized software to allow the agencies to share patient data; ACH funding model for outcomes, not processes; staffing the new GRACE host organization; identifying the program participants; many individuals have housing, but may need other services; a realistic start date by the end of 2017 if they identify funding; how the program works for law enforcement, jail, and therapeutic courts; and locating the hub at Bellingham Fire Station 3

**3. Private Physician Licensing For Suboxone Treatment**

Dr. Berdi Safford spoke about barriers to medical access for people who are struggling with opioid and other narcotic addictions and about physician licensing requirements and limits. They could make progress on the problem if the community, possibly through this group, asked the physicians to reduce barriers and partnered with physicians to make the process easier:

- They need additional training, which isn't widely available
- A better and easier process for record-keeping
- Some type of mentoring option so doctors can see actual cases that are being treated from other doctors with experience.
- Doctors who take new patients specifically with addiction

To get doctors to begin prescribing suboxone, they need to:

- Ameliorate the extra work for doctors

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---

- Get doctors to do work that is outside of their comfort zone
- Provide an incentive for the doctors to change their practice
- Provide doctors with tools and resources for other social services for their patients

A one-stop shop for doctors to help patients connect to services, and report back to the doctors on whether the patients engage in those services, would be very helpful. Doctors would like to easily partner with service providers.

Mitchell stated that physicians who have prescribed buprenorphine to 100 patients for at least one year can now apply to increase their patient limits to 275 under new federal regulations. Only the 8-hour training is required for physicians. She described the services provided by Dr. Adam Kartman through the Lummi Nation. Dr. Kartman has been allowed to be a provider hub for other treatment agencies, mental health providers, the jail, and other entities. He has submitted a grant to do that work.

The North Sound Behavioral Health Organization (BHO) can provide up to four new substance use providers for outpatient services in the community. Two of them may bring prescriber services with them. By August, they will have a lot more going on than there is now. There is a process now for doctors to work with service providers of substance use disorders, but there is limited capacity. She will provide that information to Dr. Safford.

Task Force members and Dr. Safford discussed:

- Patients who are higher functioning and who have private insurance
- Training from the University of Washington
- Improving wraparound services for doctors to access on behalf of their patients, with a feedback component for care coordination
- The Task Force could create a pathway for doctors to use and approach the County medical society
- Lack of accessing to treatment services leading to illegal use and incarceration
- Whether there is a role for peer recovery support
- Physician education about proper pain management is making great improvements
- Doctors struggle and need support with the conflict that comes from patients who want drugs prescribed inappropriately

Hammill stated that to move forward, the Health Department could contact the Medical Society, and this item could be held for the next meeting. They could ask Dr. Kartman to attend a meeting as well.

**4. Committee Direction**

This item was not discussed.

**5. Other Business**

This item was not discussed.

**7. Public Comment**

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There was no public comment.

**8. Adjourn**

The meeting adjourned at 12:00 p.m.