

# Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

9:00 - 10:30 a.m., February 15, 2022, Remote-only virtual meeting

If you require special assistance to participate, please contact the County Council Office at least 96 hours in advance.

## Link to join Zoom Webinar

Attendees will join the Zoom Webinar without audio or video controls. Webinar Host will invite attendees to speak at the appropriate time during the meeting

- [Link to join meeting](#)
- Call in phone number: (253) 215-8782
- Webinar ID: 865 7587 1071
- Password: 17783

## AGENDA

Land Acknowledgement Statement: Before we begin, we acknowledge that we are gathered on the traditional and unceded territory of the Lummi, Nooksack, Samish and Semiahmoo People who have cared for and tended this land since time immemorial. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference. We begin this effort to acknowledge what has been buried by honoring the truth. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.

### Packet Pages

#### 1. Call to Order

2. Recovery Navigator Program ..... N/A  
*Presentation/Perry Mowery*

3. Public Health, Safety, and Justice Needs Assessment ..... N/A  
*Update/Co-Chairs*

- Role of the Behavioral Health Committee: Behavioral health inventory and gap analysis
- Expanding the length of the committee to include discussion time with SAC members

4. Update the Sequential Intercept ..... 1 – 4  
*Update/Dan Hammill*

5. Items for March Joint meeting with Legal & Justice Systems Committee ..... N/A  
*Discussion*

#### 6. Other Business

#### 7. Public Comment

1. If you would like to speak, virtually “raise your hand.”
  - a. Online: select the Raise Hand icon
  - b. Phone: Press \*9
2. When called upon to speak, unmute your microphone. Inform the Webinar Host if you would like to enable your video during your comments.
3. Please state your full name for the record.
4. Staff will disable your microphone when you are done speaking.

#### 8. Adjourn

*Meeting summary of the previous meeting is included at the end of the packet for information only. Committee members may suggest changes and/or corrections to the draft summary to [jnixon@co.whatcom.wa.us](mailto:jnixon@co.whatcom.wa.us). Audio recordings are the official meeting record and can be found on the IPRTF and committee [website](#).*

## Upcoming Meetings

Visit the [Task Force website meeting calendar](#) for the most up-to-date meeting schedule  
 At this time, all meetings are held via remote-only Zoom Webinar

<u>IPR TASK FORCE</u>	<b>COMMITTEES</b>				
Monthly 2 <sup>nd</sup> or 3 <sup>rd</sup> Monday 9-11 AM	<u>BEHAVIORAL HEALTH</u> Monthly 3 <sup>rd</sup> Tuesday 9:00-10:30 AM	<u>LEGAL &amp; JUSTICE SYSTEMS</u> Monthly 2 <sup>nd</sup> Tuesday 11:30 AM – 12:30 PM	<u>CRISIS STABILIZATION FACILITY</u> Quarterly, 3 <sup>rd</sup> Thursday 9:30-11:00 AM	<u>INDEX</u> Bi-monthly 1 <sup>st</sup> Thursday 1:30-3:00 PM	<u>STEERING</u> Monthly Various Thursdays 11:00 AM - 12:30 PM
March 21 April 18 May 16 June 13 July 18 August 15 September 19 October 17 November 14 December 19	<b>March 15 (11:30-1:00)</b> April 19 May 17 <b>June 14*(11:30-1:00)</b> July 19 August 16 <b>September 20 (11:30-1:00)</b> October 18 November 15 <b>December 13* (11:30-1:00)</b>	<b>March 15*</b> April 12 May 10 <b>June 14</b> July 12 August 9 <b>September 20*</b> October 11 November 8 <b>December 13</b>	April 21 July 21 October 20	April 7 June 2 August 4 October 6 December 1	March 10 April 7 May 5 June 2 July 7 August 4 September 8 October 6 November 3 December 8

# INCARCERATION PREVENTION & REDUCTION TASK FORCE SEQUENTIAL INTERCEPT SERVICE SUMMARY

Programs in BLUE developed or expanded through or in consultation with the Incarceration Prevention and Reduction Task Force

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention/Initial Court Hearings	Jails/Courts	Reentry	Post-Incarceration Community Supports
<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>
<p><b>0.A</b></p> <ul style="list-style-type: none"> <li>• SEE APPENDIX A: Health Department, Human Services Division, community health programs</li> <li>• Gang prevention programs</li> <li>• Community Paramedic</li> <li>• Opiate Outreach and Engagement</li> <li>• <b>GRACE Program</b></li> <li>• School District Prevention Programs</li> <li>• Homeless Outreach Team (HOT) (<i>Opp. Council</i>)</li> <li>• Projects for Assistance in Transition from Homelessness (PATH)</li> <li>• Community Medicated Assisted Treatment</li> <li>• Whatcom Dispute Resolution Center (WDRC) youth restorative practices/justice services and conflict resolution training</li> <li>• WDRC adult conflict resolution training and skill building workshops</li> <li>• Parent Child Assistance Program (PCAP)</li> <li>• Brigid Collins Parenting Academy</li> </ul>	<p><b>1.A</b></p> <ul style="list-style-type: none"> <li>• Neighborhood Policing</li> <li>• Specialized training for law enforcement and first responders</li> <li>• Truancy/discipline school-based services</li> <li>• Law Enforcement crisis intervention team (CIT) training</li> <li>• <b>Crisis Stabilization Facility (Mental Health and addiction stabilization services)</b></li> <li>• Specialized training for case managers</li> <li>• <b>GRACE Program</b></li> <li>• <b>Behavioral health specialized law enforcement officers &amp; deputies (multiple jurisdictions)</b></li> <li>• Law Enforcement Assisted Diversion (LEAD)</li> <li>• Mobile Crisis Outreach Team (MCOT)</li> </ul>	<p><b>2.A</b></p> <ul style="list-style-type: none"> <li>• Mental Health Screening</li> <li>• Suicide Assessment</li> <li>• <b>Superior Court &amp; District Court Pretrial Risk Assessment</b></li> <li>• <b>Superior Court Pretrial Services Unit</b></li> <li>• Electronic Home Monitoring in Lieu of detention when applicable</li> <li>• District Court phone call and text reminders for select court calendars</li> <li>• Bellingham Municipal Court: Pretrial SCRAM, Pretrial GPS EHM, Pretrial Risk Assessment, and 2x/week warrant quash</li> <li>• District Court: Pretrial Unit and Pretrial Electronic Equipment Program</li> </ul>	<p><b>3.A</b></p> <ul style="list-style-type: none"> <li>• SEE APPENDIX A: Health Department, Human Services Division, community health programs</li> <li>• SEE APPENDIX B.1 and B.2: Sheriff's Office Corrections Bureau Programs</li> <li>• DUI Victim Impact Panel</li> <li>• Work and School release</li> <li>• In-custody work crew</li> <li>• Specialized courts (Teen, Drug, Mental Health, Family)</li> <li>• <b>Enhanced Drug Court</b></li> <li>• Health Dept. Jail Behavioral Health Program</li> <li>• <b>Sheriff's Office reduced fees and increased eligibility for jail alternatives</b></li> <li>• Expanded and increased out-of-custody work crew and work release capacity</li> <li>• District Court Post-Conviction Electronic Equipment Program</li> <li>• Homeless Outreach Team (HOT)</li> <li>• Coordinated Entry Referral Specialist</li> <li>• Bellingham Muni Court: Mental Health Court, DV Court, EHM in lieu of incarceration</li> <li>• Dist. Court High Risk DV Unit, court text messaging</li> <li>• Juvenile Court Behavioral Health Program</li> </ul>	<p><b>4.A</b></p> <ul style="list-style-type: none"> <li>• Short term housing for stabilization</li> <li>• Health Dept. Jail Reentry Program</li> <li>• Prescriptions and access to prescriptions upon release</li> <li>• Specialized Behavioral Health Unit in District Court</li> <li>• <b>GRACE Program</b></li> </ul>	<p><b>5.A</b></p> <ul style="list-style-type: none"> <li>• Specialized Behavioral Health Program</li> <li>• Community Outreach</li> <li>• Peer-to-peer community supports (12-step programs, volunteer organizations)</li> <li>• Community Medicated Assisted Treatment</li> <li>• <b>GRACE Program</b></li> <li>• WDRC adult conflict resolution training and skill building workshops</li> <li>• Parent Child Assistance Program (PCAP)</li> <li>• City Gate Supportive Housing</li> <li>• Homeless Outreach Team (HOT)</li> <li>• Offender Reentry Community Safety (ORCS) - DOC</li> </ul>

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention/Initial Court Hearings	Jails/Courts	Reentry	Post-Incarceration Community Supports
<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>
<p><b>0.B</b></p> <ul style="list-style-type: none"> <li>• Sex offender ADA accessible housing</li> <li>• Funding for affordable housing, clean and sober housing, and other specialty housing</li> <li>• Employment resources, including “second chance employers”</li> <li>• Supportive shelters</li> <li>• Eviction prevention assistance</li> </ul>	<p><b>1.B</b></p> <ul style="list-style-type: none"> <li>• Community Outreach and Recovery Support (CORS)</li> <li>• Law enforcement direct referral to Crisis Mobile Outreach Team (BHASO)</li> <li>• Additional behavioral health trained officers</li> <li>• <b>Funding CSF beds for non-Medicaid individuals, especially 12-hour holds</b></li> </ul>	<p><b>2.B</b></p> <ul style="list-style-type: none"> <li>• Mental Health-Assisted Outpatient Treatment / Lesser Restrictive Orders (LRO)</li> <li>• <b>Superior Court Pretrial Services Unit</b></li> </ul>	<p><b>3.B</b></p> <ul style="list-style-type: none"> <li>• APPENDIX B.3: Sheriff’s Office Corrections Bureau Programs</li> <li>• Vocational and Literacy Training for Offenders, with bilingual accessibility</li> <li>• Jail Medication Assisted Therapy (MAT) program</li> <li>• Dedicated housing for drug court participants</li> <li>• Increased warrant quash opportunities</li> <li>• Housing Lab in Jail</li> <li>• LROs – more teeth</li> <li>• Increased work release capacity</li> <li>• DV Offender Treatment</li> </ul>	<p><b>4.B</b></p> <ul style="list-style-type: none"> <li>• Jail Reentry Services, including from contracted jail service agencies</li> <li>• Community-based reentry service</li> <li>• Access to mental health treatment</li> <li>• 2<sup>nd</sup> Sheriff Corrections fulltime re-entry specialist</li> <li>• <b>Goodwill reentry employment services</b></li> <li>• Employment resources, including “second chance employers”</li> <li>• Expand work release</li> <li>• Improve pathway for voluntary removal of protection orders / DVSAS services</li> <li>• Brigid Collins Family Support Services</li> </ul>	<p><b>5.B</b></p> <ul style="list-style-type: none"> <li>• 24/7 staffed permanent supportive housing</li> <li>• Clean and sober housing</li> <li>• Community SUD Treatment</li> <li>• CJTA Rental Assistance</li> <li>• Supportive Shelters</li> <li>• Improve pathway for voluntary removal of protection orders / DVSAS services</li> </ul>

<b>Intercept 0</b>	<b>Intercept 1</b>	<b>Intercept 2</b>	<b>Intercept 3</b>	<b>Intercept 4</b>	<b>Intercept 5</b>
<b>Community Services</b>	<b>Law Enforcement</b>	<b>Initial Detention/Initial Court Hearings</b>	<b>Jails/Courts</b>	<b>Reentry</b>	<b>Post-Incarceration Community Supports</b>
<b><i>Programs needed but not in existence:</i></b>	<b><i>Programs needed but not in existence:</i></b>	<b><i>Programs needed but not in existence:</i></b>	<b><i>Programs needed but not in existence:</i></b>	<b><i>Programs needed but not in existence:</i></b>	<b><i>Programs needed but not in existence:</i></b>
<b>0.C</b> <ul style="list-style-type: none"> <li>• Safe Storage</li> <li>• Youth Street Outreach Team (NWYS)</li> <li>• Eliminate criminalization of homelessness</li> </ul>	<b>1.C</b> <ul style="list-style-type: none"> <li>• <b>Seamless protocol for CSF discharge treatment plans for individuals admitted on a 12-hour peace officer hold</b></li> <li>• Dedicated DCR to BPD/WCS</li> <li>• DCR procedures evaluation</li> <li>• <b>Triage mental health unit for juveniles</b></li> </ul>	<b>2.C</b>	<b>3.C</b> <ul style="list-style-type: none"> <li>• Offender treatment for Domestic Violence</li> <li>• Young Adult Court</li> <li>• <b>Young Adult reduced incarceration</b></li> <li>• <b>Court processing and case workload efficiency improvements</b></li> <li>• Brigid Collins family support services</li> <li>• Intensive case manager for the jail</li> <li>• MAT: include possibility of temporary release for evaluation and new treatment</li> </ul>	<b>4.C</b> <ul style="list-style-type: none"> <li>• Forensic program for Assertive Community Treatment (FACT)</li> <li>• <b>Offender treatment for Domestic Violence</b></li> <li>• Reentry navigators</li> <li>• Sheriff's Office Corrections Bureau: Reentry services for release from incarceration other than Whatcom County jail.</li> <li>• Warm handoff</li> <li>• Employment assistance</li> <li>• Discharge planning and mainstream benefits re-enrollment</li> <li>• Peer re-entry specialists</li> </ul>	<b>5.C</b> <ul style="list-style-type: none"> <li>• Behavioral Health consultation to housing providers</li> <li>• <b>Recovery house (3/4 way house after treatment)</b></li> <li>• Sex offender ADA accessible housing</li> <li>• City Ambassadors / hiring program like Metropolitan Improvement District in Seattle</li> <li>• Safe storage</li> </ul>
Affordable supported housing is necessary across all intercept levels.					
In addition to expanding existing and developing new programs, the Task Force will continue to identify best practices and engage in ongoing review and monitoring of current programs for quality assurance purposes.					
The Information Needs and Data Exchange (INDEX) Subcommittee works to support policy and program data efficiency enhancements across all intercept levels.					
The Task Force will first prioritize specific requests from the Whatcom County Council.					

Programs existing prior to convening the Incarceration Prevention and Reduction Task Force. Please add any programs that existed and were overlooked, above.  
**Programs developed or expanded through or in consultation with the Incarceration Prevention and Reduction Task Force**

## ACRONYMS

ADA	Americans with Disabilities Act
BH	Behavioral health
BHASO	(North Sound) Behavioral Health Administrative Services Organization (formerly NS Behavioral Health Organization: NSBHO)
BPD	Bellingham Police Department
CIT	Crisis Intervention Training
CJTA	Criminal Justice Treatment Account
CORS	Community Outreach and Recovery Support
CSF	Crisis Stabilization Facility
D/C	Diversion
DCR	Designated crisis responders
DUI	Driving under the influence
DV	Domestic Violence
DVSAS	Domestic Violence & Sexual Assault Services
EHM	Electronic home monitoring
FACT	Forensic Program for Assertive Community Treatment
GPS	Global positioning system
GRACE	Ground-level Responses and Coordinated Engagement (Program)
HOT	Homeless Outreach Team
LEAD	Law Enforcement Assisted Diversion
LRO	Lesser restrictive orders
MAT	Medication Assisted Treatment
MCOT	Mobile Crisis Outreach Team
NWYS	Northwest Youth Street Outreach Team
PATH	Projects for Assistance in Transition from Homelessness
PCAP	Parent Child Assistance Program
SCRAM	Secure continuous remote alcohol monitor
SUD	Substance use disorder
TX	(medical and/or clinical) treatment
WCOS	Whatcom County Sheriff's Office
WDRC	Whatcom Dispute Resolution Center

# Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

Meeting Summary for January 18, 2022

*Agenda item links to YouTube video are functional at the time this meeting summary was created, however, YouTube links may change. Links in this document will not be updated. Please refer to the time notation on each agenda item.*

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## 1. Call to Order – 9:01 A.M.

Committee Chair Mike Parker called the meeting to order at 9:01 A.M.

Members Present: Doug Chadwick, Chris Cochran, Brian Estes, Arlene Feld, Stephen Gockley, Dan Hammill, Mike Hilley, Byron Manering, Perry Mowery, Mike Parker, Michael G. Smith, Courtney Taylor, Brien Thane.

Members Absent: Nathan Bajema, Seth Fleetwood, Heather Flaherty, Donnell Tanksley

New members introduced themselves:

Courtney Taylor

Brian Estes

Existing members introduced themselves

## 2. Methamphetamine Use and Treatment (00:11:52)

Hammill summarized concerns about new drugs emerging on local streets and possible treatments. Smith described what he is seeing at his treatment center. He said that his clients are often on a combination of drugs. He also described what he is seeing as far as treatments available and use of existing treatments for different addictions. He stated that once his clients are stabilized, they are released back into their same environments, start using the same drugs, and end up back in treatment.

Feld asked if Smith's clients can achieve a normal life after recovery or if there were long term brain function challenges. Smith said that he did see clients leading normal lives but he does see a pattern of memory issues with recovered clients.

Cochran asked for more details on the treatment side of things. Smith clarified how treatment works when drugs are titrated down and why benzodiazepine users are especially hard to treat.

Estes asked if the Crisis Stabilization Facility can help with the issues described so far. Mowery said that the facility would likely not be able to detox clients using benzodiazepines because of the risk of serious illness or death. He also touched on the use of treatments for addictions for which they are not approved yet. He talked about the use of contingency management for methamphetamine users to build in a reward system for patients. Mowery also emphasized that in-patient treatment and a holistic approach are necessary for success.

Feld added that it seems that the use of navigators to keep patients on track would be useful in treatment.

Gockley asked for more details about contingency management and the possibility of pursuing a rewards-based system like that locally. Mowery described how the technique has been used in mental health court so far. In that program, participants are given gift cards in the amount of ten dollars or small items. Mowery concurred with Feld regarding the need for navigators to make sure those in recovery are connected to all needed services, including Law Enforcement Assisted Diversion (LEAD) and Ground-Level Response and Coordinated Engagement (GRACE).

Smith suggested that interested committees look at information available on via the National Institute of Health website regarding contingency management, medication treatment, and holistic treatment.

Chadwick gave an overview of what law enforcement is currently seeing and how officers are connecting drug users to treatment. He said that many of the contacts his department has been having are with people who are using more than one drug at a time and may also have co-occurring mental health disorders as well. He added that opioid crisis is still going on and that deaths related to fentanyl are rising. Chadwick continued that the medical assistance program (MAP) often gives vivitrol injections to drug users upon release from the jail when appropriate.

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Parker asked how the passage of recent legislation would cause officers to miss some drug users who were reacting to their drugs in a manner similar to someone who is experiencing a mental health crisis. Chadwick replied that he does think they are seeing a reduction in proactive policing and that some people who would normally be taken to the hospital are being left in place. He added that they are working on getting behavioral health specialists on board.

Hammill said that it is concerning to him to hear that officers are unable to get people the help they need due to legislation. He said that he is not optimistic that there will be a legislative fix to that problem and that they are working on an alternate response team within the Sheriff's office and the Bellingham Police Department (BPD), along with the Health Department. He said he hopes that that team would be ready to go by the end of March. He relayed a story of an incident that occurred downtown which was not responded to and may have been able to be addressed by an alternate response team.

Hilley agreed that the alternate response team would be a valuable resource to encourage diversion, outreach, and engagement in treatment. Hilley also pointed committee members to an e-mail list that provides a monthly overview of causes of overdose deaths in the state. He added that Whatcom County is not included in the data, but he is in talks with the new medical examiner to become a participant.

Taylor asked what role designated crisis responders (DCRs) would play in a situation such as the one Hammill described earlier. Hilley responded that DCRs are not considered first responders and that there is a process and a significant wait involved for those groups to arrive at a scene because they are often overwhelmed and stretched thin across the county.

Estes shared that there was a bill in the State legislature currently that clarified some of last year's legislation. Committee members discussed this and other legislation.

Parker asked Thane to give an overview of how the current state of housing and how that interplays with those addicted to methamphetamines. Thane said that it is challenging as a housing provider, especially in regards to those who smoke meth. Smoking meth can contaminate a housing unit and neighboring units, turning them into hazardous sites. This issue has become more constant over the years and remediating a unit can be very costly, though they have been able to develop some cost saving measures such as doing the remediation in-house. Thane acknowledged that stable housing is essential to recovery, but housing providers can't afford the dangers that the contamination causes. Committee members discussed ideas on how to mitigate the risk of damage caused by meth contamination, and barriers to obtaining housing.

Parker asked Chadwick about the danger of laced marijuana that may be sold outside a retail setting to youth. Chadwick said that he would look into it and get more information. Cochran said that what they are seeing in schools changes rapidly and a lot of the concern lately revolves around fentanyl. They focus less on specific substances and more on how to create a safe environment in school.

Mowery pointed out that some users seek out fentanyl, rather than trying to avoid it.

### [3. Reentry Services \(Held from December Joint meeting\) \(01:25:45\)](#)

Parker asked Gockley about adding review of legislation and a discussion of the Task Force's role to the Steering Committee agenda. Estes offered to share his organization's legislative agenda.

Committee members brainstormed what conversation topics around Reentry they would like to cover in a future meeting.



## **Incarceration Prevention and Reduction Task Force: Behavioral Health Committee**

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### **4. Other Business**

There was no other business

### **5. Public Comment**

There was no public comment.

### **6. Adjourn 10:31 a.m.**