Stakeholder Advisory Committee (SAC) for the Justice Project

Wednesday, June 8, 2022
2:00 – 4:00 pm

Meeting Minutes

SAC Participants: Barry Buchanan, Teresa Bosteter, Arlene Feld, Cliff Langley, Stephen Gockley, RB Tewksbury, Michael Lilliquist, Satpal Sidhu, Starck Follis, Scott Korthuis, Doug Chadwick, Brian Heinrich, Bill Elfo, David Goldman, Jack Hovenier, Maialisa Vanyo, Eve Smason-Marcus, Kristin Hanna, Daron Smith, Darlene Peterson, Tyler Schroeder, Erika Lautenbach, Eric Richey, Dan Hammill, Brooke Eolande, Brel Froebe, Kendra Cook, Heather Flaherty, Kara Allen, Atul Deshmane, Mary Lou Steward, Peter Frazier, Seth Fleetwood

Presenters, Behavioral Health Gap Analysis Team: Perry Mowery (SAC member), Dean Wight, Jackie Mitchell, Mike Parker

Other BHGAT Members: Tommy McAuliffe, Mike Hilley, Gail de Hoog, Joe Fuller

Other: Wendy Jones

Support: Holly O'Neil, facilitator; Mardi Solomon, notes; Cathy Halka, County Staff; Jennifer Moon, Needs Assessment report writer

Absent SAC Members: Chad, Butenschoen, Rick George, Katrice Rodriguez, Deborah Hawley, Anthony Hillaire, Harriet Markell, Jon Mutchler, Eli Wainman

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To view a video recording, click on the link in the section heading.

Call to order, Welcome – Barry Buchanan, Council Member and SAC Chair

- Welcome new members: Eve Smason-Marcus, Eric Richey, Teresa Bosteter, Stark Follis & Maialisa Vanyo (sharing Public Defenders Office seat)
- Focus of this meeting is on the research the Behavioral Health Gap Analysis Team (BHGAT) has been doing.
- The 4th SAC meeting will be on July 14. This will be an interactive work session.
- The 5th meeting will focus on facilities.

SAC Process Overview & Agenda Review – Holly O'Neil, Crossroads Consulting, Facilitator

Review of why we are here, and what we are aiming to accomplish – Stephen Gockley, IPRTF Co-Chair

- Acknowledge the SAC's good work to date, engaging with the Incarceration Prevention & Reduction Task Force (IPRTF) committee co-chairs in complex conversations to understand the committees' work, and hearing about the criminal legal system data presented in the second SAC meeting.
- The SAC's responsibilities are to:
    - Inform ourselves and learn from subject matter experts
    - Collaborate with the IPRTF
    - Provide input to guide the needs assessment process
    - Contribute to the creation of a needs assessment report

- Ultimately, the Council will put forward a ballot initiative to fund the Justice Project's recommendations to reform the criminal legal system.
- Stephen reviewed the Guiding Principles that the County handed down to the SAC in the form of a Resolution 2019-036.
- The County and IPRTF have joined the Government Alliance on Race and Equity (GARE) and use the guidance in the Racial Equity Toolkit. This will inform the SAC's work as well.

Introduction of Presenters – Barry Buchanan

- Mike Parker – Manager of Housing & Healthcare Integration, Opportunity Council
- Jackie Mitchell – Behavioral Health Program Specialist, Health Dept.
- Perry Mowery – Behavioral Health & Special Projects Supervisor, Health Dept.
- Dean Wight – Special Projects Manager, Health Dept.

Behavioral Health Presentation

About the Sequential Intercept Model (SIM) – Mike Parker, IPRTF Behavioral Health Committee Co-Chair

- Goals of today's presentation:
  - Focus on people with mental health and substance use disorders who are involved with the criminal legal system.
  - Understand the SIM
  - Learn how the SIM has been used to identify gaps in the criminal legal system.
  - Begin prioritizing programs and services that can reduce the jail census.
- What the SIM is:
  - In the early 2000's Munetz, Griffin, & Steadman created the SIM.
  - The SIM is a conceptual model that has been used across the country to see how people with mental health and substance use disorders flow through intercepts in the criminal legal system.
  - The SIM is a useful tool for listing and prioritizing interventions and identifying service gaps.
- The SIM is not a laundry list of all services. It is targeting services for people with mental health and substance use disorders involved in the legal system.
- The IPRTF used the SIM to inventory programs and wrote up the results in the Service Inventory and Strategic Plan in 2018-19. The BHGAT's work being presented today is the most significant update of the SIM since then.
- How to read the SIM:
  - The columns represent intercepts – The places people may interact with law enforcement/criminal legal system.
  - Originally, there were five intercepts. Communities using the SIM, including Whatcom County's IPRTF, added Intercept 0 to capture community-based incarceration prevention programs.
  - The rows/tiers present programs and services like an asset map. Tier A is programs/services that are in place. Programs in Tier B are in place but don't have enough resources (capacity, staff, funding). Tier C is the wish list – programs and services identified by stakeholders as important that we don't have in our community.
- An Addendum to the SIM was created to capture policy issues, and processes for improving systems.

Behavioral Health Services for People in the Criminal Legal System – Jackie Mitchell

- Tier A of the SIM consists of behavioral health programs and services in place. Some are under development but imminent. A lot of these programs are best practice, evidence-based, and innovative. They all have shown positive outcomes here or in other communities.

- A 2016 statewide study by the DSHS Research and Data Analysis Division looked at 2013 booking data from jails all over the state. It showed the incidence of people needing mental health treatment (58%), substance use disorder treatment (61%), and those with co-occurring disorders (41%). This high acuity level has evolved over the past few years and is related to the state shutting down behavioral health programs they run and not resourcing communities enough to take on those programs.
- Whatcom County Jail 2022 data shows a high incidence of people with mental illness (42%) and substance use disorders (80%). In April, 50% of people were on psychotropic medications. The average wait for competency restoration is 55 days.
- The Whatcom County Health Dept. is working to centralize behavioral health programs (GRACE, LEAD, Alternative Response) and has created the Response Systems Division. The goals are for people to be able to access services through any door, and warm handoffs between providers. This requires a deep level of coordination between community partners, and shared/transparent data. Over time, the hope is to fill the gaps in the behavioral health system.

The Process of Updating the SIM – Perry Mowery

- The BHGAT was made up of 13 subject matter experts.
- The BHGAT met weekly for about 3 months to work on updating the IPRTF's 2019-20 SIM and Addendum.
- The criteria for including programs/services in the SIM:
    - Target population is youth and adults who are experiencing mental and/or substance use disorders and are at risk or already involved with the criminal legal system.
    - Included programs designed to prevent involvement in criminal legal system, and support exit from the system.
    - Also looked at programs/services for people who may not have behavioral health issues but are struggling with housing, education, employment, and/or relationship challenges to help them prevent further involvement in criminal legal system.
- In the update, no items were removed from the original SIM, though some programs were moved to different tiers. Programs started since 2019-20 were added to the SIM, and programs that don't exist but are needed were added to Tier C.
- Material from appendices to the original SIM were incorporated into the SIM update.
- The SIM Update was sent to 13 groups along with a survey and request for review. Received 21 responses and this input was incorporated.
- The SIM is a living document and updates will continue. Further review is needed by the SAC, IPRTF, and other community groups.

Q & A about the SIM **(Q=Question; A=Answer; C=Comment)**

Q: To what degree are the items on the SIM always sequential?

A: Mike Parker – We hope that we've designed programs that forestall movement to later intercepts. There are programs working at more than one intercept because we need interventions at multiple intercepts.

A: Stephen Gockley – An example is in intercept 3. Drug Court (DC) is an intervention which diverts people into treatment instead of incarceration. The DC team found that a challenge was where to house people while they were in DC. If people were in their old environment, they were less likely to succeed in the DC program and more likely to be incarcerated. The IPRTF worked with partners to start housing people in the Meridian St. detox housing. This also is important in intercept 5. When people succeed in the DC program, they still need support to keep them from re-abusing substances and re-offending.

Q: If it's not a literal sequence, what are we describing? The middle intercepts seem more standard, but the services at the far ends of SIM are softer and more humane (things you do to nurture people and give them skills). I don't think "sequence" is the right way to describe it. The six categories are meaningful, but how to understand the relationship between them?

A: Dean Wight – In real life, the experience of individuals isn't linear when they are caught up in the criminal legal system. The SIM is a way to organize our thinking and interventions around points when one might prevent or forestall future involvement in the criminal legal system.
A: Dan Hammill – We didn't name this tool. It was developed by researchers at Policy Resource Assoc. We use it as a way of understanding and organizing programs we have in the community and to understand where interventions can be used to help people out of the system.

Q: How is more input into the SIM being solicited? I would love this group to have more discussion around this.
A: Perry – We hope that SAC members will be directly involved in giving input. Surveys are a convenient way to get input. Soliciting input will continue into future SIM updates.
A: Holly – After this meeting, we will send out a survey to SAC members to provide input on the SIM.

C: Dan – The SIM doesn't account for the impacts of external factors on people's involvement with the criminal legal system (e.g., Blake decision, Long v. Seattle). We need to think about how those things impact services on the SIM.

C: Mike Parker: The input from listening sessions done by Exec. Sidhu was extremely valuable and also informed the SIM update.

How the SIM Can Be Used to Identify Gaps and Make Recommendations – Dean Wight

- The focus is on people who are at risk or already involved in the criminal legal system.
- We are looking specifically at Tier B – existing programs/services that don't have sufficient resources or capacity; and Tier C – programs/services that don't exist in this community but would be of value.
- The BHGAT reviewed all SIM items in Tiers B and C and ranked them 1, 2, or 3, with 1 being the gaps of highest priority to address, and with greatest potential impact the jail census.
- This is not to discount the importance of the other services on the SIM which have other helpful outcomes.
- This ranking is not a done deal. There will be continued solicitation of input as this process continues.
- The BHGAT grouped those service gaps they ranked #1 as having the highest priority into four general categories by type of service: Community-based, Jail-based, Reentry, and Post-incarceration. These groups of service gaps often impact more than one intercept point in the SIM model.

- Four #1 community-based needs/gaps: (Intercepts 0 & 1, and also intercept 5)
    - There is insufficient timely access to mental health and substance use disorder (SUD) assessments, on demand, without needing to wait days or weeks for that assessment.
    - The jail census is also impacted by the lack of community SUD treatment, both as a way of diverting persons from contact with the criminal legal system, and as a way of preventing future involvement following re-entry into the community.
    - We lack sufficient capacity in the Program for Assertive Community Treatment (PACT) for those who have severe and persistent mental illness, including those who also have a SUD.
    - The time it takes Designated Crisis Responders to respond to Law Enforcement calls for potential detention of a person with mental illness often is not fast enough to avoid arrest and incarceration.

- Four #1 jail-based needs/gaps: (Intercepts 2 & 3)
    - While in jail, inmates lack sufficient access to Intensive Case Managers who can offer meaningful support and treatment while incarcerated, and collaborate in post-release service planning.
    - There is lack of access to timely competency restoration services, resulting in excessively lengthy pre-trial jail stays (55 days on avg.).
    - Inmates need more timely access to mental health and SUD assessments that are timely, on demand with no waiting.

- While there is no clear evidence-based practice yet, there is a critical need for treatment for methamphetamine dependence in the jail setting.
    - A **side note**: In SIM Tier C, the need for Medication Assisted Treatment (MAT) & Medication for Opioid Use Disorder (MOUD) was given a high priority. We recently learned there is a new grant funding these services for approx. 100 inmates. These services have now been removed from Tier C. This work is dynamic and changing!
- All these service needs require adequate space within the jail.

- Two #1 reentry needs/gaps: (Intercept 4)
    - There is insufficient staff to aid in supporting people from incarceration into the community.
    - There continues to be a delay in reinstating Medicaid insurance benefits as eligible persons are released from jail, resulting in delays in post-release behavioral health and medical treatment services.

- Three #1 post-incarceration needs/gaps: (Intercept 5 and also intercept 0)
    - There is a lack of sufficient Permanent Supportive Housing, which is defined as having 24/7 staffing and on-site clinical support for people with behavioral health issues.
    - Dedicated housing is essential for people diverted from prosecution through therapeutic courts.
    - Residential treatment is particularly needed for people with methamphetamine dependence. It is particularly problematic that there is no effective, evidence-based treatment for people with this SUD, which is highly correlated with criminal legal system involvement.

Questions & Discussion (Q=Question; A=Answer; C=Comment)

Review each of the four groups of #1 priority needs/gaps and ask two questions:

1. Do these needs/gaps match your sense of what the priorities are?
2. Are there other high priority needs/gaps that you think are more important to consider?

Community-based needs/gaps

Q: Sometimes people aren't willing to accept mental health and SUD treatment. How to get them in if they won't accept treatment, and what percent don't accept it.

A: Jackie Mitchell – Anecdotally, about 30% of people in jail refuse behavioral health services. Took this into account in trying to determine how many people we could serve in behavioral health programs. Unsure about the percent who refuse services in other intercepts.

A: David Goldman – My experience as a teacher at the jail has been that if I ask about desire for education they say no, until I get them in a class and build rapport. We are developing a way of asking inmates questions about what they want. We can try to find out about that.

A: Dean – In the community, if an assessment can be done at that moment where the person is in crisis, ideally where they are without them having to take two buses to get to a facility, there is a much greater likelihood they will accept the intervention because they recognize they are in a crisis.

C: Erika Lautenbach – We could benefit from gap analyses in all systems. Struggle with the priorities and time horizon we are using to think about potential involvement in the criminal legal system. We are thinking about imminent involvement, but it is a philosophical question about where we start, as there are underlying factors that may result in involvement with the criminal legal system 20-30 years in the future. Unless we start thinking about the earlier time horizon, we will continue having these conversations without getting to root causes.

C: Arlene Feld – The IPRTF has been addressing prevention all the way along. The state is offering more counselors in the public schools. This is an opportunity, but where are the family counselors?

Also we need a 24/7 urgent care program to provide especially fast assessments. The Crisis Stabilization Center does a good job but it's limited. Law Enforcement, Emergency Services, and outreach programs want a place to take people who need help right away. Programs that do this aren't actually 24/7.

A: Perry – The BHGAT added to Tier C, intercept 0 a sobering center and a 24/7 drop in center for persons experiencing homelessness with behavioral health and other needs.

C: Maia Vanyo – Additional gaps: Serious delays in the jail for mental health services. People are on *long* waitlists before they see a provider. There is a new mental health sentencing alternative available. There are gaps in what can be done to prepare the necessary documentation for someone to participate in that sentencing alternative. It is a very important option. It avoids incarceration and prison sentences, but we don't have resources to get the psychiatric evaluation services necessary. Lifeline Connections contracts with the jail for mental health services but doesn't provide that kind of service. It's an unfunded mandate but could significantly affect our jail population.
There are 2 mental health professionals in the public defenders office but we could use more.

Jail-based needs/gaps

C: Wendy Jones – An additional gap is the backup of the court system. When someone is evaluated about whether they are competent to be part of the criminal legal system, that report goes to the court system. Over the past couple of years, we have seen repeated continuences by the attorneys and the court between the time of the evaluation and when a decision is made. When they get back from the hospital, the same thing will happen and it may be 2-3 months before they go to court. In the interim, often the person will fail to follow the treatment regimen and the jail doesn't have the ability to compel someone to submit for treatment involuntarily. They decompensate and the whole process has to start again. Out of 19 people who have been in jail for longer than a year, 8 would qualify as seriously mentally ill. It's not just getting them to restoration, it is the legal process to get the determination and getting the medical diagnosis. There are inadequate resources.

C: Doug Chadwick – Ideally early prevention & early treatment works at intercepts 0 and 1 and people don't enter the criminal legal system. But those programs don't work for everyone and some people get arrested and need to be in the jail for public safety. There is a lack of resources within the jail for behavioral health and medical services. A lot comes down to inadequate facilities (space). We should continue to work on resources for lower levels of the intercept model, and we also have to provide an adequate jail and services for people in jail.

C: Cliff Langley – I was a deputy with the Sheriff's office for 27 years and worked in the jail for 4 years. Was co-chair of "Jail yes" committee to pass a tax for the jail. Want to see a jail built to adequate size to house all these programs we are talking about. Sent an email to the SAC with a video made in 2012 talking about the need for space. Programs got taken away because there wasn't space in the jail. Also, have a timeline from 1983-2012. It shows the history of the jail, overcrowding, unsafe conditions, programs that have been eliminated. Encourage the SAC to encourage the County Council to put the jail on the ballot this year.

A: Jackie – We do have a reentry Case Mgr. in the jail. The jail wasn't designed with treatment in mind and we can't provide quality mental health care talking to people through food hatches in the jail. We have to be able to meet with them in a confidential space. That's not happening in the jail right now.

Reentry

Q: Seeking clarification: Is there an issue with a delay in accessing Medicaid after the person is released from jail?

A: Stephen – If you have to start the paperwork to re-enroll in Medicaid at the point you get out of jail, it will take a while for Medicaid coverage to be reinstated, creating a gap during which you can't access services.

A: Maia – This is a huge problem for the mental health sentencing alternative. PACT is the only program that understands this issue and they will eat the costs for services. None of the other programs (e.g., Unity, SeaMar) will take the people coming out of jail without insurance to cover the services.

A: Jackie – We are starting a Reentry System Coordination meeting. This issue should have been fixed already by a law passed a couple of years ago that allows for people to be made Medicaid-eligible so they are ready the moment they step out the door. This is a systems issue that shouldn't be happening, but if there is more to it than that, we will come up with that information.

A: Wendy – There is a system set up. The Managed Care Organizations (MCO's) that manage Medicaid in WA get data from the WA State Assoc. of Sheriffs and Police Chiefs. The MCO's are very efficient about pulling data when somebody is booked, but there is a 24-72 hour delay when someone is released before the MCO's find that data. The system is set up but the system needs to be refined to address the lapse when people get out of jail. There are some people who don't have Medicaid and reentry specialists in the jail are good at helping people sign up for services.

Q: There are so many services listed on the SIM and I don't understand what they are (e.g., housing support, peer reentry specialist). Is there a way for those of us who aren't familiar with the existing programs to find out what they are?

A: Jackie Mitchell – Offered to meet 1-1.

C: David Goldman – A gap on reentry: Inmates say that who picks them up when they are released and where they go is a *major* factor in recidivism. Transportation is a gap.

Q: A theme in the recommendations is advocacy. How much has the BHGAT looked at the nature of advocacy? Recognize that the criminal legal system is like a marble maze and people are like marbles. All the people who work in local government have the desire to make system better but they have only limited intercepts. Do we need to focus on persistent advocacy that stops treating people like marbles and starts treating them like people? An example of advocacy: Get someone assigned to look at a person involved in the criminal legal system and follow them along. Someone who doesn't need to be a lawyer. Someone who is acting in the capacity of advocacy. There are a lot of people who volunteer in this capacity.

A: Michael Lilliquist – DVSAS has an advocacy counseling model. They aren't counselors or therapists but they walk alongside survivors and are long-term companions with someone through their process.

A: Dean – The GRACE & LEAD programs come closer to this model. They don't stick within silos of eligibility or stick to one intercept. Advocacy is an element of their services.

A: Maia Vanyo – For people in a pre-trial situation, their attorneys will constrain their communication. Working with the Public Defenders Office and the behavioral health specialists who work there is a productive way to address this. When people are accused of crimes, attorneys advise limiting communication.

A: Starck Follis – We are the advocates. We are on scene within hours or days after someone's arrest. The practice of public defense has evolved to a more holistic approach. We are involved in more than legal aspects of clients' lives (e.g., treatment, housing). The problem we have is we have caseload standards set by Olympia. As our practice has expanded, we are involved in more and more aspects of clients' lives, the standards are unrealistic and the resources are inadequate to provide this holistic approach for the numbers of people. There needs to be resources to cover these issues.

Post-incarceration

C: Jack Hovenier – Regarding methamphetamine treatment, there is not a great protocol. Some psychotic-looking behavior is from meth use. It takes a long time for a person with a history of meth use to be able to work and function.

Q: What does permanent supportive housing look like in our community? At NW Youth Services, people are being evicted from permanent supportive housing. Need to be clear what we mean by "permanent supportive housing." What processes are needed to make sure people stay housed when they need support.

Q: Is there a missing piece that has to do with employment? Are there programs that help people who have a record get a job? That's one of the challenges of reintegrating.

A: Arlene – In a previous program run by Goodwill there was a strong job training component. The program could have been expanded because a lot of people wanted the training. There are companies willing to take people who have been incarcerated. A list of these is needed.

A: Perry – There were employment supports in the jail, but they seem to have been discontinued.

C: David – In King County they have a "Where to Turn Guide" so a person can find out what services there are and help themselves. Whatcom County doesn't have a one-stop resource.

C: Mike P. – A theme is that so many people in our jail are homeless. When they discharge who picks them up? Maybe nobody, and where do they go? Housing is critical. Permanent supportive housing should have robust services. This is critical for preventing recidivism.

C: Brel Froebe – An organization in the Bay Area called Planting Justice combines living wage jobs, peer supp, food security. It's an incredible program with 0 recidivism. Programs that combine all services in a holistic manner are a dream.

Wrap-up

- Meeting with IPRTF Behavioral Health Co-chairs – July 7, 2:00-3:00
- SAC meeting #4, July 14, 2:00-4:00 will be a work session.
    - 14 people indicated they would be willing to meet in person.
- SAC Homework: Please respond to the post-meeting survey to provide additional thoughts about needs/gaps and the SIM.
- There is an opportunity to review survey and interview questions to ask people who are incarcerated or working in the jail.

Adjourn 4:00 pm