

July 19, 2021

To: Behavioral Health Subcommittee; Incarceration Prevention and Reduction Taskforce, and Whatcom County Council

The Behavioral Health Subcommittee of the Incarceration Prevention and Reduction Taskforce (IPRTF) was asked to develop recommendations for Whatcom County Executive Sidhu and Whatcom County Council to consider regarding American Rescue Plan Act (ARPA) investments. **Priority areas for investment include** the following (additional details below):

- 1. Behavioral Health Workforce**
- 2. Pre-trial and Re-entry support**
- 3. 24/7 Mental Health Emergency Center**
- 4. Supported and Transitional Housing**

The goal of the taskforce is to prevent and reduce incarceration – bringing leaders from across the sectors needed to work together to build systems to achieve that goal. The Behavioral Health subcommittee in particular focuses on building up the system of diversion and treatment to assist with the complex overlap of behavioral health issues within the criminal justice system. Committee members see how untreated behavioral health issues and trauma can lead to someone’s involvement with the legal system, and if left untreated, can lead to cycles of recidivism.

ARPA funds provide a one-time opportunity to make investments in creating systems of care across Whatcom County. Whatcom County sees a high and unmet need for treatment and mental health support, and this has been exacerbated by the impacts of the COVID-19 pandemic – not only for all the children, families, and individuals who need support – but for the workforce who is providing support. **The Behavioral Health Committee implores Whatcom County government to explore how ARPA funds can be used sustainably as start-up funds, capital dollars, or catalyst investments in programs that can build sustainability over-time.** Additionally, we request that Whatcom County explore how the recent passing of HB(two councilmatic funds), the current Behavioral Health Fund, and the additional Substance Abuse Prevention and Treatment Block Grants and Community Mental Health Services Block Grants can provide sustainable and ongoing support for one-time ARPA investments.

Behavioral Health Workforce

Problem: Repeatedly treatment providers, community-based organizations, and skilled professionals are saying that a lack of people going into the Behavioral Health and support services workforce presents a significant challenge in the ability to provide adequate care and to meet demand. Though it will take layered strategies to see a shift in this, there are things that can be done locally to accompany state, philanthropic, nonprofit, and higher-ed efforts. Anecdotally, one local mental health service provider has seen over 100 vacancies unfilled in recent months. Salaries are not commensurate to training and education requirements, the job itself is stressful and taxing at times, and with the cost of living and housing prices in Whatcom County rising, it is hard to recruit and retain adequate talent.

Opportunities:

- Evaluate the possibility of implementing hiring and retention bonuses for frontline behavioral health positions
- Support and develop workforce bridge strategies, such as apprenticeships for laypeople with proper supervision and tuition assistance.

- Ensure programs have the depth and breadth of clinicians to maintain favorable staff to patient ratios and quality outcomes.
- Advocate for strategies to increase industry salaries – whether through philanthropy, reimbursement rates, working with the Health Care Authority and Center for Medicaid
- Provide relocation support for those moving to the area. (It can cost \$10,000+ to move across the country for example).
- Invest in organizations working on long-term strategies and develop strategic relationships and partnerships to advance this goal.

Pre-Trial and Re-Entry Support

Problem: The Criminal Justice system exists to ensure public safety, accountability and consequences for actions that harm others, and to allow for correction and rehabilitation for individuals who have committed crimes. The COVID-19 pandemic has stalled the processing of individuals through the system but has also demonstrated some progress in incarceration reduction through the constraints put on jail bookings. There is an opportunity to set individuals up for success during the extremely vulnerable times of pre-trial and re-entry. Ensuring the pre-trial services and re-entry supports are robustly staffed and provided enhanced training to serve this population is an opportunity to keep people from recidivating or from having to enter the jail.

Opportunities:

- Invest in staffing and capacity for Pre-Trial and Re-Entry services.
- Provide trainings and ongoing education in how to be trauma-informed; best practices and evidence-based approaches; and diversity, equity, and inclusion for probation, pre-trial, law enforcement, and re-entry specialists
- Hire specialized Navigators/Case-Managers whose role would be to support individuals through all aspects of the criminal justice system – from arrest to re-entry – with the mind-set of re-entry from the very beginning.

24/7 Mental Health Emergency Center

Problem: With legislative reforms making significant impact on local law enforcement’s ability to respond to calls and provide support, and with a treatment and diversion system working to scale up and needing investments, there is nowhere for individuals to go on their own accord, or for mental health professionals to refer to in a moment of crisis.

Opportunity: Use ARPA dollars to build a Mental Health Emergency Center – a 24/7 facility open to the public for anyone who is in crisis to access and be given care, treatment, support, and referrals that are needed. This would be different than the Crisis Stabilization Center in that (services would be broader and accessible to anyone in the community). Example: [DESC \(Crisis Solutions Center\), Seattle, WA.](#)

Supported and Transitional Housing

Problem: The COVID-19 pandemic has resulted in many individuals losing their incomes, jobs, and even their housing. There are some supported housing programs for individuals who need additional case-management support when they are working through mental health or substance use disorders. There is not a continuum of support however, and when individuals “graduate” from these programs, they are often left without help or resource at an exceedingly vulnerable time.

Opportunities:

- Invest in and develop a continuum of supported housing, including recovery-oriented step-down programs to help participants who are transitioning from needing a high level of support but who aren't ready for zero support.
- Use ARPA dollars to acquire properties (like the newly established Recovery House) designated for re-entry support or graduated supports – this also helps remove a barrier for those with a criminal record as many traditional landlords will not rent to individuals who have been convicted of a crime, and this can lead to despair, homelessness, and recidivism.
- Build in a spectrum of programming that meets people where they physically are with access to supports, therapies, and job training. Example: [White Feather Re-Entry, Tacoma, WA](#)

Additional Priorities

Knowing that the Whatcom County Executive and Council are seeking input from a number of community groups, the Behavioral Health Subcommittee would like to also express support for investments in strategies and programs that support child and family success, as the science shows that early childhood experiences can have dramatic impacts on whether someone ends up on a trajectory of success, or one that leads to poverty, homelessness, substance use disorders, behavioral health disorders, or incarceration. **Youth mental health supports and making sure families have the resources and care they need as the community transitions out of the pandemic is a high priority when it comes to upstream prevention efforts as they relate to the IPRTF and its goals.**

Though more the purview of the INDEX committee of the IPRTF, the Behavioral Health Committee would like to also **underscore the importance of investing in data and where possible, using ARPA funds to build the infrastructure and connectivity between databases and systems to allow for meaningful analysis of the criminal justice system.** As a community, it is impossible to know if improvements have been made or if investments saw a return if there is not an ability to measure, utilize, and analyze data.

It is the understanding that ARPA funds may be allocated broadly within the scope of the following five categories (italicized categories directly connected to Behavioral Health priorities):

Supporting public health expenditures by funding COVID-19 mitigation efforts, medical expenses, *behavioral healthcare*, and certain public health and safety staff.

Addressing *negative economic impacts caused by the pandemic*, including economic harms to workers, households, small businesses, impacted industries, and the public sector.

Replacing lost public sector revenue, using this funding to provide government services to the extent of the reduction in revenue experienced due to the pandemic.

Providing premium pay for essential workers, offering additional support to “those who have and will bear the greatest health risks because of their service in critical infrastructure sectors.”

Investing in water, sewer, and broadband infrastructure, making investments to improve access to clean drinking water, support wastewater and stormwater infrastructure, and expanding access to broadband internet.