

Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

9:00 - 10:30 a.m., August 17, 2021, Remote-only virtual meeting

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- Call in phone number: (253) 215-8782
- Webinar ID: 914 5512 3377
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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. American Rescue Plan Act (ARPA) Fund Investments and Recommendations 1 – 4 *Review and Approve/Heather Flaherty*

3. 2021 Committee Priorities (continued from June & July meetings) 5 – 6 *Discussion*

4. Agenda Items for September joint meeting with Legal & Justice Systems Committee *Discussion*

5. Other Business

6. 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.

7. 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. 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

IPR TASK FORCE	BEHAVIORAL HEALTH COMMITTEE	LEGAL & JUSTICE SYSTEMS COMMITTEE	CRISIS STABILIZATION FACILITY COMMITTEE	INDEX COMMITTEE	STEERING COMMITTEE
Monthly on various Mondays 9-11 AM	Monthly, 3rd Tuesday 9:00-10:30 AM	Monthly, 2 nd Tuesday 11:30 AM – 1:00 PM	Bi-monthly, 3 rd Thursday 9:30-11:00 AM	Bi-monthly, 1 st Thursday 1:30-3:00 PM	Various Thursdays 11:00 AM-12:30 PM
August 16 September 20 October 18 November 15 December 13	August 17 September 14 (Joint) October 19 November 16 December 14 (Joint)	August 10 September 14 (Joint) October 12 November 9 December 14 (Joint)	September 16 November 18	September 2 November 4	September 9 October 7 November 4 December 2

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. We recognize the landscape for these decisions is complex and want to share our perspective on some of the issues that continue to come up as barriers or gaps in services. The following are four priority areas that we support broad investment in – through the use of ARPA dollars in addition to other resources (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 supports Whatcom County government’s desire to use ARPA sustainably, as start-up funds, capital dollars, or catalytic investments in programs that can build sustainability over-time.** Additionally, we request that Whatcom County explore how the recent passing of HB1407, HB1590, 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.

Support and Partnership

The Behavioral Health Subcommittee of IPRTF is optimistic and hopeful about the work ahead to create meaningful and successful pathways of diversion for our some of our most vulnerable and hard-to-serve community members. We offer our support and partnership in advancing this vision and are at the ready to serve and support the development and implementation of these strategies. We recognize that there is much need and more to do, and we believe these issues have been impacted and made worse by the pandemic, and are cornerstone opportunities to make a considerable difference in Whatcom County.

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.

DRAFT

Priority Item	Total Points
O. Service Capacity. Expand local behavioral health staff capacity however possible, such as establishing training programs at local colleges or using local funds that don't have as many restrictions as State or federal funds. Review opportunities to enhance retention of said personnel through comp/benefits etc. <ul style="list-style-type: none"> Action Item: The Health Department is working with the Behavioral Health Administrative Services Organization (BH-ASO) and Health Care Authority on the lack of a workforce being a statewide issue that needs a statewide response. Health Department staff can let this committee know how it can support this effort. 	115
N. Racial Equality. Apply a GARE overlay to everything the committee does, including determining priorities and recommending new programs and services.	109
G. Juvenile SUD. Enhanced juvenile SUD treatment and services <ul style="list-style-type: none"> Action item: Parker and Hammill stated they will work with the Health Department to look for youth SUD treatment service models in other areas and possible schedule a presentation at a later meeting. <i>(July 2021)</i> 	106
H. Crisis Response. Dedicated mental health professionals in ride-along program with law enforcement, similar to the Impact Program in Skagit County.	106
C. Reentry and Warm Handoff. Enhance existing connection gaps between the emergency department and the crisis stabilization center. Care navigators/coordinators for people leaving incarceration or the Crisis Stabilization Center.	102
F. Meth Use. Methamphetamine treatment and recovery. Are there additional services to provide for people who want to recover? Examine the problems of meth use in supportive housing.	98
J. Upstream. Prevention, such as a children's initiative, align with Healthy Whatcom recommendations on enhancing Youth Mental Health services	97
E. Reentry and Warm Handoff. Evaluate the need for additional services for inmates being released from incarceration as a result of the Blake Decision: behavioral health treatment	95
L. Data and Program Review. Work with other committees, such as INDEX, to make sure the IPRTF has pertinent data to assess current conditions and evaluate outcomes. Review niche issues at the nexus of behavioral health and criminal justice and recommend promising new practices	94
K. Funding. House Bill 1590, House Bill 1406, Economic Impact Development (EDI) funds, the real estate excise tax (REET) fund, learn how funds are being spent from the one-tenth of one percent sales tax, and review other potential funding options	92
B. Reentry and Warm Handoff. Jail Reentry, including on-boarding the new full-time reentry specialist. Can the reentry specialist work outside the jail to maximize the possibility of a successful warm hand-off?	87
M. Data and Program Review. Determine what services are already in place and working in the community. Teacher training, including trauma-informed work	87
D. Reentry and Warm Handoff. Develop better transportation between service programs, both in and outside of Whatcom County	81
I. Program Review. Review outcomes of the new recovery house	80

A. Covid Impacts Assessment. Needs assessment of how Covid has impacted the behavioral health population across Intercept Stages/PITA continuum.

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NEW. Expand co-responder teams to include opiate/drug overdose responses.

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Incarceration Prevention and Reduction Task Force

Behavioral Health Committee

Meeting Summary for July 20, 2021

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.

1. Call to Order

Committee Co-Chair Mike Parker began discussion of the agenda items with the committee members present at 9:03 a.m. There was not a quorum of committee members until later in the meeting. The meeting was held via remote-only Zoom Webinar.

Members Present: Chris Cochran, Doug Chadwick, Arlene Feld, Heather Flaherty, Dan Hammill, Mike Hilley, Byron Manering, Mike Parker, Brien Thane, Jackie Mitchell (proxy for Perry Mowery)

Members Absent: Megan Ballew, Nathan Bajema, Seth Fleetwood, Stephen Gockley, Perry Mowery, Michael G. Smith

2. [2021 Committee Priorities \(00:01:13\)](#)

Parker reviewed the list of priorities and previous discussion at the June meeting; reported on the workgroup making funding recommendations, and; applying the GARE toolkit on racial equity within the committee and the full Task Force.

Committee members discussed developing substance use disorder (SUD) and mental health treatment for youth, including types of services, incentivizing youth, appropriate location for services, and finding a successful model for youth services; how the Blake Decision and other recent State legislation impacts youth; inpatient SUD treatment for youth; developing the new alternate response team (ART) for 911 crisis response that includes a behavioral health specialist and EMT-B(asic); the status of behavioral health responses from the Sheriff's Office, and; percentage of 911 calls that do not have a criminal component.

Parker and Hammill stated they will work with the Health Department to look for youth SUD treatment service models in other areas and possible schedule a presentation at a later meeting.

This item will be continued to the next meeting.

3. [New Funding Sources \(00:45:38\)](#)

Parker reported for the workgroup, which drafted a letter of recommendations for using America Rescue Plan Act (ARPA) funds.

Flaherty referenced the draft letter of recommendations and reported on the workgroup suggestions for behavioral health opportunities; pretrial and reentry support; developing a 24/7 mental health emergency center; supported and transitional housing, and; prioritizing youth and data.

Committee members spoke about incentivizing worker retention; barriers to providing increased salaries and other financial incentives; reentry support services from the Opportunity Council pre-pandemic and the impact of services from the Covid pandemic; using one-time funding for staff; funding for reentry navigators; connecting the suggested items to the sequential intercept model, and; how a 27/7 mental health emergency center would differ from the crisis stabilization center.

4. [Other Business \(01:33:05\)](#)

The committee concurred by general consent to increase the joint meeting schedule with the Legal and Justice Systems Committee to quarterly, with the first meeting in September.

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

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5. Public Comment

There was no public comment.

6. Adjourn

The meeting adjourned at 10:37 a.m.