

Incarceration Prevention and Reduction Task Force Behavioral Health Committee

Meeting Summary for October 19, 2021

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1. Call to Order

Committee Co-Chair Dan Hammill called the meeting to at 9:00 a.m. The meeting was held via remote-only Zoom Webinar.

Members Present: Chris Cochran, Doug Chadwick, Arlene Feld, Stephen Gockley, Dan Hammill, Mike Hilley, Perry Mowery, Mike Parker, Michael G. Smith, Donnell Tanksley, Brien Thane

Members Absent: Nathan Bajema, Heather Flaherty, Seth Fleetwood, Byron Manering

2. [Behavioral Health Provider Ride-Along with Law Enforcement \(00:01:09\)](#) and [\(01:25:19\)](#)

Chadwick gave a presentation on the possibility of a mental health clinician ride-along program with law enforcement:

- The model is being done in Skagit County via the Impact Program
- Have a behavioral health specialist in the car with a deputy
- Sheriff has two behavioral health deputies now, to respond to calls with a behavioral health crisis component and help people get the help they need
- They need to find funding, possibly via the Health Department
- The ride-along clinician can connect clients with Health Department, the mobile crisis outreach team (MCOT), and the hospital as needed
- Challenges may include hiring and retaining enough staff capacity to handle the need. Skagit County may actually hire their staff directly and pay them a higher wage

Committee members discussed what happens with the ride-along clinician in Skagit County with calls that are not behavioral health calls; the program would provide more rapid response than is provided now if help is needed immediately; whether a deputy can do anything to help the clinician while responding to a call, such as writing and submitting reports from the field; whether a ride-along clinician would respond to domestic violence calls; how the program would affect how they respond to calls involving juveniles and young adults; developing a juvenile and young adult shelter home; available childcare in local shelter facilities; whether enhancing behavioral health clinical crisis response will optimize the use of the crisis stabilization center; funding available in 2022 through the North Sound Behavioral Health Administrative Services Organization (BH-ASO) that is for completion of the facility to have involuntary certification; the lack of applicants for available behavioral health officer positions in the Bellingham Police Department; the need to keep people housed and out of the system; the possibility of multi-jurisdictional behavioral health crisis response teams for all law enforcement agencies and fire districts to use, and; challenges in developing the alternative response team.

[\(01:25:19\)](#) Hammill moved to make the recommendation to the Task Force to support the development of a program based on the Impact Program model. The motion was seconded and carried unanimously by the members present at the time of the vote: Mowery, Tanksley, Gockley, Chadwick, Hammill, Thane, Smith, Feld, Hilley, Parker.

3. Task Force Communications: Identify 3-5 key messages for a consultant

This item was held to a future meeting.

4. [GARE membership for Whatcom County \(01:23:05\)](#)

Parker reported that Whatcom County has decided to join Government Alliance on Racial Equity (GARE). It is a valuable resource. They still need to do the work on racial equity. The County will seek to have representatives in each department and with the IPRTF.

5. [Alternate Response Team \(00:34:16\)](#)

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Wight described the history of developing an alternative response team and how the mobile crisis outreach team (MCOT), ride-along, dispatch, jurisdictions, and other programs would work together.

The committee members discussed expanding and changing MCOT; expediting development and implementation of an alternate response team and similar programs; workforce issues; techniques to attract and retain an enhanced workforce, in addition to their recommendation for using America Rescue Plan Act (ARPA), such as increased wages and salaries; the need for a 24/7 behavioral health urgent care center available to everyone regardless of their ability to pay; cross-jurisdictional and cross-agency collaboration; developing job descriptions and compensation rates for a crisis response workforce; providing excellent supervision to clinicians; how to help clinicians who are suffering from burnout through enhanced clinical support and better work environment, and; the need to ensure crisis response clinicians have the necessary experience and education for the work.

6. [Next Steps on presentations from Dr. Alexes Harris and Chris Cochran \(01:13:23\)](#)

Committee members discussed potential next steps:

- Make sure they have a seat at the table for funding
- Regarding the presentation today from Doug Chadwick, funding from the North Sound Behavioral Health Administrative Services Organization (BH-ASO) is predominantly for crisis response, and may be available for an Impact Program-style model
- The relationship between crisis response and law enforcement is symbiotic. Increase funding for behavioral health crisis response in addition to retaining the existing funding for law enforcement. Get a program up and running for one department, which can serve as a model for other departments in the community.
- Chris Cochran will reach out to law enforcement to work together on youth behavioral health crisis services
- The program to provide school resource officers in the Bellingham School District is going away

7. **Continued review of priority items**

This item was held to the next meeting.

8. **Other Business**

There was no other business.

9. [Public Comment \(01:38:28\)](#)

Mark Gardner, City of Bellingham Legislative Analyst, spoke about his appreciation for today's conversation and dismantling the decades-old system of behavioral health and housing. If the private sector can't do the work, government must have that responsibility. Shift the paradigm. If it's more efficient, then work with partners. If it's not, then don't.

10. **Adjourn**

The meeting adjourned at 10:34 a.m.