

Incarceration Prevention and Reduction Task Force Joint Behavioral Health Committee and Legal and Justice Systems Committee

Meeting Summary for December 14, 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

Raylene King called the meeting to order at 11:34 a.m. The meeting was held via remote-only Zoom Webinar.

Behavioral Health Committee Members Present: Nathan Bajema, Doug Chadwick, Arlene Feld, Heather Flaherty, Stephen Gockley, Dan Hammill, Mike Hilley, Byron Manering, Perry Mowery, Mike Parker, Brien Thane

Members Absent: Chris Cochran, Seth Fleetwood, Michael G. Smith

Legal & Justice Committee Members Present: Bill Elfo, Arlene Feld, Stephen Gockley, Deborah Hawley, Raylene King, Jackie Mitchell, Moonwater, Darlene Peterson, Eric Richey, Donnell Tanksley, Bruce Van Glubt,

Members Absent: David Freeman, Flo Simon, Maia Vanyo,

2. [Vacant Behavioral Health Specialist Position in the Jail \(00:59:32\)](#)

Mitchell gave an update on hiring the position and answered questions. The Regional Community Services Director for the new contractor, Lifeline Connections, is surveying the behavioral health needs of inmates, crisis response services, and reentry. They plan to hire a clinician around January 1. They are looking for other funding to increase reentry services for this program. Services to inmates are available from other programs. She and the contractor need to discuss the appropriate caseload.

The committee members discussed services provided by the homeless outreach team (HOT).

3. [Current use data on the Crisis Stabilization Center \(01:10:10\)](#)

Mowery gave an update on use statistics from the Crisis Stabilization Center and the Center's Advisory Committee and on data collected on referrals and their outcomes, including year-to-date totals. In 2022, the contractor will likely receive licensure for involuntary service, in the form of a 12-hour law enforcement hold. There have been 1446 referrals to detox from May through November. Most referrals came from Peace Health transfers and self-referrals. Limited law enforcement referrals occurred. The Peace Health transfers may have originally been emergency medical service (EMS) transport to the hospital. EMS currently can't transport to the Crisis Stabilization Center. For mental health stabilization, there have been 650 referrals from May through November. Most came from Peace Health and self-referrals. There were also referrals from the Mobile Crisis Outreach Team (MCOT) and other professionals, and 27 referrals from law enforcement.

The committee members discussed the possibility of reserving the involuntary bed for law enforcement, prioritizing involuntary beds for law enforcement, and referrals made vs referrals accepted.

4. [Staffing at Western State Hospital \(00:01:11\)](#)

Restoration and Competency

King introduced the following meeting participants:

- Darla Dawson, Washington State Department of Social and Health Services (DSHS)
- Tom Kinlen, Washington State Department of Social and Health Services
- Thomas Lyden, Keating and Lyden, public defense counsellor for City of Ferndale
- Jason Smith, North County Public Defense, representing the courts of limited jurisdiction, except Ferndale

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Darla Dawson spoke about her work at DSHS and the process for competency evaluation and restoration for inmates who will be transferred to one of the four residential treatment facilities (RTFs). She answered questions:

- The three levels of service to a patient are the State hospitals for intense care, an RTF for mid-level intensity care, and outpatient competency restoration program for a less intense level of care
- If a person doesn't meet criteria for RTF, the person is added to the State Hospital wait list
- There are no criteria used for Western State Hospital.
- If Eastern State Hospital has available capacity, she may ask if they can accept westside patients, if a variety of criteria and conditions are met.
- The RTF admission criteria are official policy
- Local courts don't have access to the information in the DSHS tracking system at this time, but staff can answer requests for information on status.
- There are discussions about updating the 2016 analysis on the programs, the Groundswell Report. A portion of the report was updated after the Trueblood decision.
- The State has had an ongoing barrier to access to competency beds from holds on admissions, due to Covid. The State is focused on admitting people timelier and more efficiently, including expedited admission if necessary. Both state hospitals will open more beds in the future.

Tom Kinlen, DSHS, spoke about bed capacity issues and answered questions. They plan to increase capacity as they get a handle on Covid and open up more beds. In addition, 50 beds are being built now at Western State Hospital. Opening is expected in a year. They will move high users out of the competency system so they can receive care outside of the system. A third project is opening an additional 25 beds by moving some individuals at Western State Hospital to another facility. These increases will alleviate, but not eliminate, the demand for beds.

- Hiring staff for these facilities is challenging, including nurses, clinicians, and psychiatrists. They are looking at different recruitment strategies.
- Upstream diversions and interventions focus on residential supports, co-responder programs, diversion from arrest, increasing crisis stabilization facility capacity, intensive case management, crisis intervention training for law enforcement, outpatient competency restoration and forensic navigators, and workforce development. They work all along the sequential intercept model.
- Case backlogs are due to Covid.
- Available contact information for case managers and clinicians may be available so the public defenders can better serve their clients.
- Outpatient mental health and prescription monitoring is necessary for individuals who are diverted from competency.
- There are 12 to 15 individuals in the Whatcom County jail who are currently waiting for competency restoration.
- The forensic navigators from DSHS and the Health Care Authority (HCA) competency restoration program can provide opportunities for outpatient work for people who are currently in jail, so they don't get worse. Misdemeanors and low-level felony are the best fit for outpatient services.
- The timeline is to be determined for Whatcom County contempt settlement, which is in the North Sound region, phase 3.
- They hope to replicate successful programs in all 39 counties.
- March 2022 is when initial data information and outcome measures will be available for the diversionary program.
- There are evaluators for individuals out of custody on personal recognizance.
- They strive to add and improve programs all along the sequential intercept.

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5. Reentry Services

This item was not discussed and held to the next meeting for each committee.

6. Other Business

There was no other business.

7. Public Comment

There were no public comments.

8. Adjourn

The meeting adjourned at 1:04 p.m.