

Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

Meeting Summary for January 18, 2022

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1. Call to Order – 9:01 A.M.

Committee Chair Mike Parker called the meeting to order at 9:01 A.M.

Members Present: Doug Chadwick, Chris Cochran, Brian Estes, Arlene Feld, Stephen Gockley, Dan Hammill, Mike Hilley, Byron Manering, Perry Mowery, Mike Parker, Michael G. Smith, Courtney Taylor, Brien Thane.

Members Absent: Nathan Bajema, Seth Fleetwood, Heather Flaherty, Donnell Tanksley

New members introduced themselves:

Courtney Taylor

Brian Estes

Existing members introduced themselves

2. Methamphetamine Use and Treatment (00:11:52)

Hammill summarized concerns about new drugs emerging on local streets and possible treatments. Smith described what he is seeing at his treatment center. He said that his clients are often on a combination of drugs. He also described what he is seeing as far as treatments available and use of existing treatments for different addictions. He stated that once his clients are stabilized, they are released back into their same environments, start using the same drugs, and end up back in treatment.

Feld asked if Smith's clients can achieve a normal life after recovery or if there were long term brain function challenges. Smith said that he did see clients leading normal lives but he does see a pattern of memory issues with recovered clients.

Cochran asked for more details on the treatment side of things. Smith clarified how treatment works when drugs are titrated down and why benzodiazepine users are especially hard to treat.

Estes asked if the Crisis Stabilization Facility can help with the issues described so far. Mowery said that the facility would likely not be able to detox clients using benzodiazepines because of the risk of serious illness or death. He also touched on the use of treatments for addictions for which they are not approved yet. He talked about the use of contingency management for methamphetamine users to build in a reward system for patients. Mowery also emphasized that in-patient treatment and a holistic approach are necessary for success.

Feld added that it seems that the use of navigators to keep patients on track would be useful in treatment.

Gockley asked for more details about contingency management and the possibility of pursuing a rewards-based system like that locally. Mowery described how the technique has been used in mental health court so far. In that program, participants are given gift cards in the amount of ten dollars or small items. Mowery concurred with Feld regarding the need for navigators to make sure those in recovery are connected to all needed services, including Law Enforcement Assisted Diversion (LEAD) and Ground-Level Response and Coordinated Engagement (GRACE).

Smith suggested that interested committees look at information available on via the National Institute of Health website regarding contingency management, medication treatment, and holistic treatment.

Chadwick gave an overview of what law enforcement is currently seeing and how officers are connecting drug users to treatment. He said that many of the contacts his department has been having are with people who are using more than one drug at a time and may also have co-occurring mental health disorders as well. He added that opioid crisis is still going on and that deaths related to fentanyl are rising. Chadwick continued that the medical assistance program (MAP) often gives vivitrol injections to drug users upon release from the jail when appropriate.

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Parker asked how the passage of recent legislation would cause officers to miss some drug users who were reacting to their drugs in a manner similar to someone who is experiencing a mental health crisis. Chadwick replied that he does think they are seeing a reduction in proactive policing and that some people who would normally be taken to the hospital are being left in place. He added that they are working on getting behavioral health specialists on board.

Hammill said that it is concerning to him to hear that officers are unable to get people the help they need due to legislation. He said that he is not optimistic that there will be a legislative fix to that problem and that they are working on an alternate response team within the Sheriff's office and the Bellingham Police Department (BPD), along with the Health Department. He said he hopes that that team would be ready to go by the end of March. He relayed a story of an incident that occurred downtown which was not responded to and may have been able to be addressed by an alternate response team.

Hilley agreed that the alternate response team would be a valuable resource to encourage diversion, outreach, and engagement in treatment. Hilley also pointed committee members to an e-mail list that provides a monthly overview of causes of overdose deaths in the state. He added that Whatcom County is not included in the data, but he is in talks with the new medical examiner to become a participant.

Taylor asked what role designated crisis responders (DCRs) would play in a situation such as the one Hammill described earlier. Hilley responded that DCRs are not considered first responders and that there is a process and a significant wait involved for those groups to arrive at a scene because they are often overwhelmed and stretched thin across the county.

Estes shared that there was a bill in the State legislature currently that clarified some of last year's legislation. Committee members discussed this and other legislation.

Parker asked Thane to give an overview of how the current state of housing and how that interplays with those addicted to methamphetamines. Thane said that it is challenging as a housing provider, especially in regards to those who smoke meth. Smoking meth can contaminate a housing unit and neighboring units, turning them into hazardous sites. This issue has become more constant over the years and remediating a unit can be very costly, though they have been able to develop some cost saving measures such as doing the remediation in-house. Thane acknowledged that stable housing is essential to recovery, but housing providers can't afford the dangers that the contamination causes. Committee members discussed ideas on how to mitigate the risk of damage caused by meth contamination, and barriers to obtaining housing.

Parker asked Chadwick about the danger of laced marijuana that may be sold outside a retail setting to youth. Chadwick said that he would look into it and get more information. Cochran said that what they are seeing in schools changes rapidly and a lot of the concern lately revolves around fentanyl. They focus less on specific substances and more on how to create a safe environment in school.

Mowery pointed out that some users seek out fentanyl, rather than trying to avoid it.

[3. Reentry Services \(Held from December Joint meeting\) \(01:25:45\)](#)

Parker asked Gockley about adding review of legislation and a discussion of the Task Force's role to the Steering Committee agenda. Estes offered to share his organization's legislative agenda.

Committee members brainstormed what conversation topics around Reentry they would like to cover in a future meeting.

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4. Other Business

There was no other business

5. Public Comment

There was no public comment.

6. Adjourn 10:31 a.m.