

Stakeholder Advisory Committee (SAC) for the Justice Project

SAC Group Discussion #4 – Behavioral Health

Tuesday, May 17, 2022

2:00 – 3:00 pm

Meeting Summary

SAC Participants: Arlene Feld, Atul Deshmane, Barry Buchanan, Brel Froebe, Brooke Eolande, Cliff Langley, Daron Smith, Daniel Hammill, Darlene Peterson, David Goldman, Doug Chadwick, Eric Richey, Erika Lautenbach, Heather Flaherty, Harriet Markell, Kendra Cook, Kristin Hanna, Maialisa Vanyo, Mary Lou Steward, Michael Lilliquist, Mike Parker, Perry Mowery, Peter Frazier, RB Tewksbury, Scott Korthuis, Stephen Gockley

Presenters/Data Team: Daniel Hammill, Malora Christensen, Tommy McAuliffe, Judge Lee Grochmal, Prosecutor Eric Richey

Absent SAC Members: Jack Hovenier, Chad Butenschoen, John Mutchler, Deborah Hawley, Eli Wainman, Kara Mitchell, Satpal Sidhu/Tyler Schroeder, Seth Fleetwood/Brian Heinrich, Anthony Hillaire, Katrice Rodriguez/Rick George, Flo Simon

To view a video recording, click on the link in the section heading.

[Welcome](#) – Daniel Hammill

[Presentation on Whatcom County Response Systems Division](#) - Malora Christensen, Tommy McAuliffe

A video was played highlighting the programs of the Response Systems Division, including:

- Crisis Stabilization Center,
- Ground Level Response and Coordinated Engagement (GRACE) program,
- Law-Enforcement Assisted Diversion (LEAD) Program.
- Mobile Crisis Outreach Team (MCOT)
- Sheriff Co-Responder Team
- The Way Station
- Contract and Program Support
 - o Crisis Stabilization
 - o Jail Re-Entry
 - o Prevention

A new website www.RespondWhatcom.org has more information about the different programs the county offers.

A presentation continued with details on the division's work including:

- [GRACE](#)

- Launched in 2018 and serves 80-100 community members at any one time
- Members had a 97% reduction in EMS contact, 85% reduction in jail bookings and 62% reduction in ED visits
- Intensive case management is offered.
- Case managers partner with paramedics and law enforcement.
- There is one ARNP on the team.
- Create community support plans for clients and provide transportation to services.
- Small caseloads around 10-20 so they can provide intensive case management.
- [LEAD](#)
 - Launched in 2020 and is focused on clients with low level offences.
 - It is a public health approach to public safety.
 - Intensive case management addresses the immediate and long term needs of clients.
 - LEAD has 4 intensive case managers and 1 outreach coordinator. Program is expanding in 2022 to add a fifth case manager and 2 outreach coordinators.
- [Mental Health Court](#)
 - Designed to provide wrap around services.
 - Clients need to have current legal charge, high likelihood for further legal charges without interventions, and a willingness to engage in care and wellness.
- [Alternative Response Team \(ART\)](#) (Bellingham only)
 - Starting in 2022 as a City of Bellingham pilot
 - ART will be deployed as an alternative to Law Enforcement, deployed by a mobile outreach crisis team triage specialist, directly via 911 dispatch.
 - 988 rollout – crisis hotline
- [Co-Response](#) (county service)
 - New program partnering Mental Health Professionals with Behavioral Health Deputies (County Sheriff's Office)
 - Responding to 911 calls
- [First Responder Training](#)
 - Online platform built for first responders and social service providers.
 - Training on behavioral health and the system of services available locally
 - 5-hour training funded by the Whatcom Community Foundation
 - Available at the end of 2022

The following [questions regarding the Response Systems Division](#) were discussed and answered.

- The program received funding through the Recovery Navigator Program funding. How much money is there from this legislation.
 - The Blake Decision changed the way prosecution could charge for possession of drugs. For Counties that don't have a LEAD program, the funding is available to start a recovery navigator program. For counties that already have a program, the funding supports an expansion of the LEAD program. Whatcom LEAD only serves adults. As the program is expanded the County will be able to serve minors as well.
- What programs are mandatory and how does that impact efficacy? Do you have ways to project how these programs impact incarceration reduction?

- All these programs are voluntary. Our team has to do relationship building to encourage people to engage in services.
- The only program that is involuntary is the Mobile Crisis Outreach Team. The crisis system has the ability to involuntarily detain someone when they meet the threshold.
- Diversion is what many of the programs work to achieve.
- Outcome data can be a guide as they move forward. Many factors impact incarceration reduction, and it could be a combination of LEAD or GRACE with booking restriction changes. Outcomes work well when there is coordination among programs.
- The Health Dept receives funding for drug court, which is passed to the court system that runs it. Traditionally, the Health Dept runs mental health court and drug court is run by the court system. The Response Systems Division coordinates with drug court.
- Would there be a benefit to expanding the behavioral health deputy program?
 - Need at least 4 BH trained officers to pair with mental health professionals. The co-responder model works very well.

[Presentation on Behavioral Health in the Criminal Justice System](#) - Judge Lee Grochmal, Prosecutor Eric Richey

- Judge Grochmal presides over felony drug court in Superior Court and does regular rounds on the criminal calendar in Superior Court.
- The Thursday morning criminal calendar every week from 8:30-noon is where she hears motions on criminal charges for those in custody.
- There is a large percentage of people that have issues with competency to stand trial, waiting for evaluations or restoration services and are incompetent to stand trial.
- Roughly 40% of the criminal calendar are people held in jail with cases going nowhere because they are waiting for competency stage, and they not receiving care in the jail.
- Drug Court is lacking an ability to keep people detained so they can detox. Currently, people can walk away. We need a new jail and my dream would be to have a lock and key detox facility. There's not enough detox in our community.

[The following questions were discussed:](#)

- What is the drug court capacity, and how much more capacity does it need?
 - It is not at capacity and I would like to see it at capacity. One reason is booking restrictions. People released with drug addiction are terrible decision-makers.
- What does a locked detox facility look like and where is it located?
 - Ideally it would not be connected to the jail physically. Because the detox is next to the jail work center there is a reluctance to go as people fear they will be incarcerated.
- Any additional questions for the judges can be [emailed directly to judges](#)
- How has the Blake Decision affected drug court?
 - It's no longer a felony to possess controlled substances. People with only possession charges were removed from drug court and were enjoying the support and felt nervous about going off on their own. Disappointed to lose some people from the program.
- Where do you see holes in the system?
 - Having behavioral health services in the jail is needed. Correctional officers are put in a difficult position and we ask a lot of them.

- We should have a safe and clean place where officers can work.

Presentation by Prosecutor Richey

- Crime rates are concerning. Community is upset about property crime, which is increasing.
- Crime is up in Washington for vehicle thefts by 95% since the reform laws from 2021.
- People booked and released. When they are released, they are committing more crime.
- We have a lot of mental health problems and addiction in our community. People are not being cared for as they need to be but they are also committing crimes.
- LEAD started in Prosecutor's office and found a good home in the Rapid Response Division.
- Reducing recidivism is important to keeping our community safe. Making sure people have accountability when they are committing crime is also important

SAC Members discussed the following questions with the presenters:

- What do you see as a gap, or if you could have one program what would that be?
 - We need involuntary treatment because some people will not accept treatment voluntarily.
- Creating an umbrella that's intended to capture GRACE and LEAD – is that what the Whatcom County division of the Health Department is all about?
 - It's about coordination and when we are able to have the same leadership and coordination among the programs it allows us to do it well.
 - When we did GRACE and LEAD we knew we were missing parts (more immediate response) because MCOT couldn't get out there fast enough.
- Will there be work done to see to what extent the services are duplicative and what functions produce the highest benefit to the community? How can we oversee and maintain measures of what's working?
 - The creation of the response division speaks to the issue. It provides the staff supports for each other, the flow of information, and the collection of data.
- The New York Times had an article indicating that Involuntary treatment is not effective – how does that apply to the work being done in our community?
 - The discussion is not only drug treatment but also mental health treatment that is involuntary. Finding a place that is safe and providing some treatment.
- Our jail is full as a result of people awaiting competency hearings and trial delays for a couple of years. We have an increase in property crimes. Poverty, substance use, opportunity, peer group pressure are factors that increase property crime – not a full jail. As we consider recommendations, how much opportunity is there for the SAC to recommend services outside the jail and is that part of the suite of recommendations to include in the needs assessment?
 - We will get into a more detailed discussion of the gaps we are finding in the behavioral health and substance abuse side when Perry Mowery opens discussions at the June meeting.
- Don't you need a civil order for an involuntary health treatment, and if so why are we talking about that treatment being administered in the jail?

- It is a civil issue. I am not suggesting a mental health facility be part of our jail, but it's something our community needs. We don't have enough space in our voluntary mental health facilities. People are being left on the streets because there is not enough space.
- If you don't have room in your jail, you are giving people a lot of opportunity for crime.
- We need to build many facilities as part of the solution and physical separation from the jail is more than symbolically important.
- Two behavioral health deputies have been valuable. We struggle with staffing coverage, and we hope to expand the program.

[Wrap up by Daniel Hammill](#)

- We have more ground to cover in behavioral health. SAC Members agreed to meet one more time in the next month or two. We are gathering the pieces and then assembling the pieces. If there are specific areas of interest you would like to discuss at another meeting, please email sac@co.whatcom.wa.us.