

Welcome!

Stakeholder Advisory
Committee for the
Justice Project

Meeting #3

www.whatcomcounty.us/justice

The meeting will begin at 2:00 pm

Zoom Logistics:

- Keep your video on as much as possible.
- Make sure your full name is showing by your image.
- Keep yourself muted except when speaking.
- These are Open Public Meetings and will be recorded.
- Whenever we are in an open discussion mode, use the **raise hand** button to be recognized to speak by the facilitator.



Justice Project

PUBLIC HEALTH, SAFETY, AND JUSTICE FACILITY
NEEDS ASSESSMENT

SAC MEETING #3 – JUNE 8, 2022

www.whatcomcounty.us/justice

PROCESS OVERVIEW

Meeting	Dates	Focus Topic
1	January 20, 2022	Foundation
2	April 7, 2022	Criminal Justice Data
3	June 8, 2022	Behavioral Health
4	July 14, 2022	Work Session: Integrating Information and Identifying Needs/Gaps
5	TBD	Facilities
6	TBD	Preliminary Needs Assessment
7	TBD	Final Needs Assessment

AGENDA

- **Remembering why we are here**
- **Introduction of Presenters**
- **Behavioral Health Presentation**
- **Questions and Discussion**
- **Official Business, Updates, Next Steps**
- **Adjourn**

Guidelines for Participation

- Diverse opinions are welcome
- Treat others with respect, even when you disagree
- Stay on topic, and speak to the point
- Avoid repeating ideas (your own, or others)
- “Stay in the room” (avoid reading email, texting, etc.)
- Participate in balance with other participants

Remembering What We are Doing

Be Informed	Be informed by subject matter experts on major needs and gaps within the criminal legal system.
Collaborate	Work with IPRTF to determine priorities for facilities and services that will address needs & gaps.
Guide	Provide feedback and direction on the development of the needs assessment. Members of the public have a chance to weigh in.
Report	Prepare a report presenting recommendations.
Vote	A ballot initiative can help fund Justice Project recommendations and other core programs and facilities in the county's criminal legal system.

Guiding Principles

Government Alliance on Race and Equity (GARE)

Resolution 2019 – 036 (8/7/2019, Reaffirmed 9/28/2021)

- Adopting a statement of Public Health, Safety, and Justice Facility Planning Principles for Whatcom County

1. Shared public safety (jail) facility with integrated behavioral health services
2. Linked: stewardship of funds, public safety, and behavioral health services
3. IPRTF annual reports provide specific recommendations
4. Commit funding towards community-based preventative services, post-release support
5. Continue to look towards behavioral health facilities as alternatives to jail

Guiding Principles, continued

Resolution 2019 – 036 - *continued....*

6. Data to decision-makers and the public, enhanced data collection through INDEX Committee of the IPRTF
7. Size of jail facilities based on diversion programs and justice policies
8. Jail location where it works best for all partners, reanalyze downtown Bellingham location
9. Irongate minimum security facility is a valuable part of justice continuum
10. Apportion construction and operating costs separately among jail users based on actual use or estimates of future use

Guiding Principles, continued

Resolution 2019 – 036 - *continued....*

11. Continue to reduce current use of bail and probation procedures that affect the jail population
12. Hire a Behavioral Health/Criminal Justice Planner to evaluate additional aspect of our justice system and needs
13. Funding proposal on the ballot to fund justice system improvements
14. Commitment to a transparent planning process, with opportunities for community input

Presenters

- ❖ **Mike Parker** – Manager of Housing & Healthcare Integration, Opportunity Council
- ❖ **Jackie Mitchell** – Behavioral Health Program Specialist, Whatcom Cty. Health Dept.
- ❖ **Perry Mowery** – Behavioral Health & Special Projects Supervisor, Whatcom Cty. Health Dept.
- ❖ **Dean Wight** – Special Projects Manager, Whatcom Cty. Health Dept.

Goals of this Presentation

Focus

- Focus on the needs of people with mental and substance use disorders involved with the criminal legal system.

Understand

- Understand the Sequential Intercept Model (SIM).

Learn

- Learn how the SIM has been used to identify gaps in services for people with mental and substance use disorders.

Begin

- Begin process of prioritizing programs/services most needed to reduce jail census.

What is the Sequential Intercept Model (SIM)?

Developed in early 2000's by M. Munetz, P.A. Griffin, & H.J. Steadman

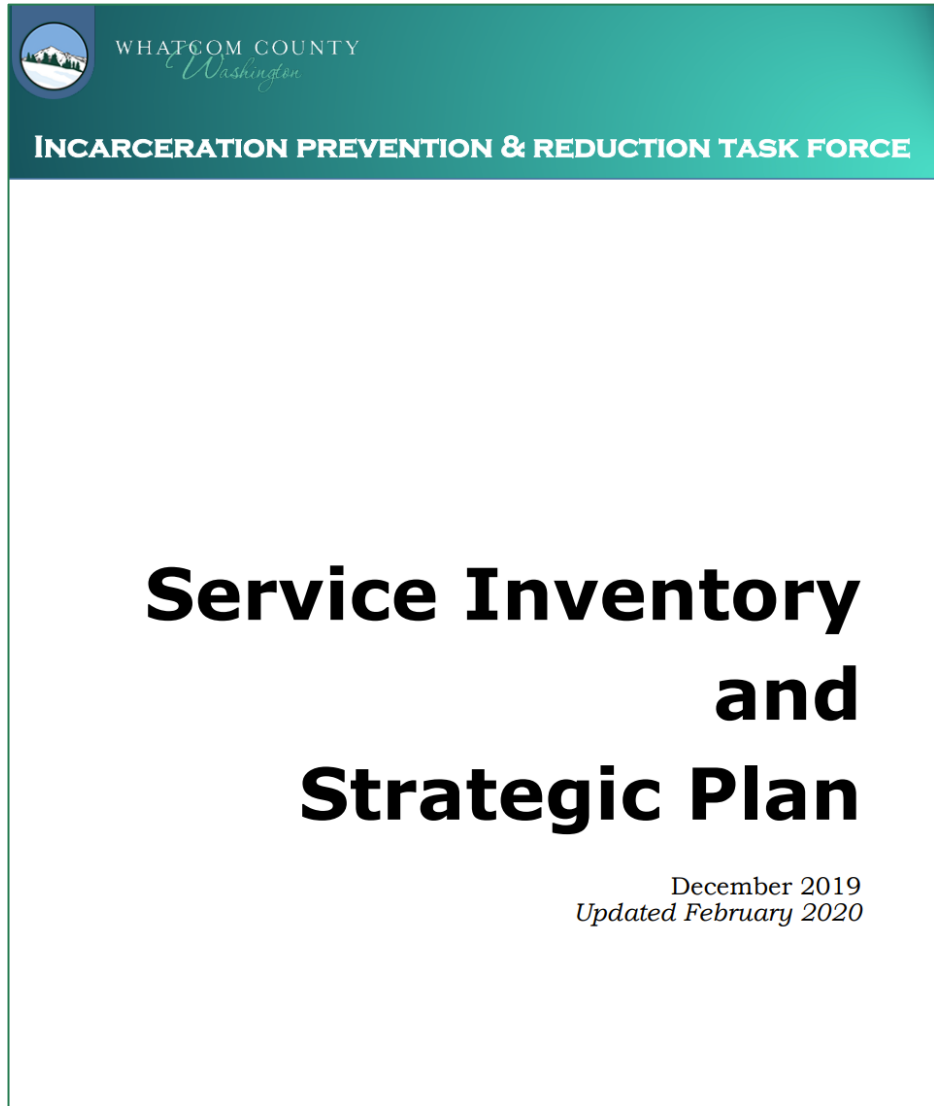
A conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal legal system.

A useful tool for strategic planning to assess available resources, identify program/service gaps, and develop priorities for action to improve systems and services.

What the
SIM is *not*

The SIM is *not*
intended to be a
resource list of all
programs/services
available in the
community.

In 2018-19, the IPRTF used the SIM to inventory existing programs that make an impact on preventing or reducing incarceration, and to identify gaps in services.



SEQUENTIAL INTERCEPT MODEL: INTERCEPTS AND TIERS

INTERCEPTS: Location an individual may interact with law enforcement/criminal legal system

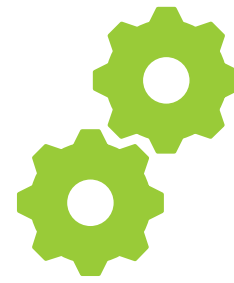
TIERS: Programs and services at three levels of existence

Intercept 0 Community Services	Intercept 1 Law Enforcement	Intercept 2 Initial Detention Initial Court Hearings	Intercept 3 Jails/Courts	Intercept 4 Reentry	Intercept 5 Post- Incarceration Community Supports
Tier A: Programs in Place					
Tier B: Programs in place with resource shortage					
Tier C: Programs recommended but not in existence					

Created Sequential Intercept Model Addendum: Important Challenges to Document & Address



Policy Issues



Processes for
Improving Systems

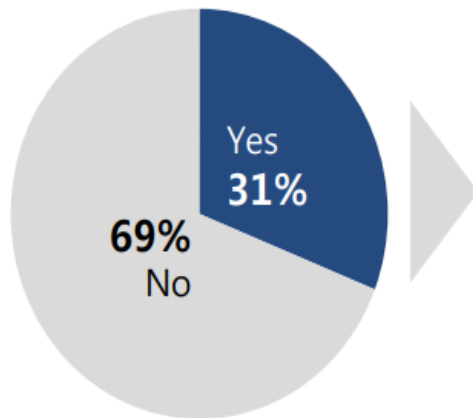
BEHAVIORAL HEALTH GAP ANALYSIS TEAM SIM UPDATE 2022 Draft 5/22

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention/Initial Court Hearings	Jails/Courts	Reentry	Post-Incarceration Community Supports
<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>
0.A <ul style="list-style-type: none"> Community Paramedic GRACE Program Law Enforcement Assisted Diversion (LEAD) Homeless Outreach Team (HOT) 	1.A <ul style="list-style-type: none"> GRACE Program Law Enforcement Assisted Diversion (LEAD) Co-Responders with Sheriff Deputies Alternative Response Team (ART) 	2.A <ul style="list-style-type: none"> Law Enforcement Assisted Diversion (LEAD) Jail Behavioral Health Program (MH Screening & suicide assessments) 	3.A <ul style="list-style-type: none"> DUI Victim Impact Panel Work and School release Inside Facility and In-custody work crew 	4.A <ul style="list-style-type: none"> Short term housing for stabilization Program for Assertive Community (PACT) specializing in jail referrals 	5.A <ul style="list-style-type: none"> Peer-to-peer community supports (12-step programs, volunteer orgs) Community Medicated Assisted Treatment GRACE Program

2016 Report: Behavioral Health Needs of Jail Inmates in WA State

Adults Booked into Jail

Medicaid Enrollee in 2012 or 2013?



TOTAL = 143,610



- Six in ten (58 percent) had mental health treatment needs.



- Six in ten (61 percent) had substance use disorder treatment needs.



- Four in ten (41 percent) had co-occurring disorder indicators.

2022 Whatcom County Jail Data

- **42%** of people booked into the jail have a **serious mental illness**.
- **80%** of people booked into jail have indications of **substance use disorders**.

Month of April:

- **50%** of the average daily population were **on psychotropic meds** (mostly antipsychotics and mood stabilizers).

Currently:

- **12** people are **waiting for competency restoration** for an average of 55 days each.

RESPONSE SYSTEMS DIVISION

VISION FOR THE COMMUNITY BEHAVIORAL HEALTH SYSTEM

Everyone

A system that works for everyone, including those people involved in the criminal/legal system.

Access

Access to any service from any provider's doorway – sometimes known as “no wrong door.”

Coordination

Deep coordination between community partners enhanced through shared/transparent data.
Understanding gaps/challenges & addressing them.

Behavioral Health Gap Analysis Team

- ❖ **Perry Mowery, Team Leader** – Behavioral Health & Special Projects Supervisor, Whatcom Cty. Health Dept. (WCHD)
- ❖ **Barry Buchanan** – County Council Member and SAC Chair
- ❖ **Malora Christensen** – Response Systems Division Mgr., WCHD
- ❖ **Gail DeHoog** – Special Projects Manager, WCHD
- ❖ **Chris D’Onofrio** – Housing Specialist, WCHD
- ❖ **Joe Fuller** – Prevention Program Specialist, WCHD
- ❖ **Mike Hilley** – Manager, Emergency Medical Services
- ❖ **Barbara Johnson- Vinna** – Housing Specialist, WCHD
- ❖ **Erika Lautenbach** – Director, WCHD
- ❖ **Thomas McAuliffe** – LEAD Program Supervisor, WCHD
- ❖ **Jackie Mitchell** – Behavioral Health Program Specialist, WCHD
- ❖ **Jeremy Morton** – Systems Analyst, Emergency Medical Services
- ❖ **Mike Parker** – Manager of Housing & Healthcare Integration, Opportunity Council
- ❖ **Dean Wight** – Special Projects Manager, WCHD

Process for Updating the SIM

1. FORMED
BEHAVIORAL
HEALTH GAP
ANALYSIS
TEAM OF
SUBJECT
MATTER
EXPERTS



2. Established Criteria for Updating the SIM

Included programs/services
designed to:

- Prevent involvement in the criminal legal system (CLS)
 - Support exit from the CLS
 - Make a difference even if they weren't originally designed to prevent CLS involvement
- Target populations: Youth & adults who are experiencing mental and/or substance use disorders and are at risk or already involved with the CLS.

3. Reviewed, Moved, & Added SIM Entries

Reviewed items on 2019-20
SIM and updated by:

- Adding new programs that started since 2019-20.
- Moving items to different tiers as needed.
- Adding recommended services/programs to Tier C.
- Integrating entries from indexes A & B in 2020 SIM

4. Sent SIM Update & Survey to:

Behavioral Health Advisory Committee

Downtown Bellingham Partnership

East Whatcom Regional Resource Center

Homeless Coalition

Housing Advisory Board

IPRTF Committee Chairs

Lummi Nation

NAMI

Nooksack Tribe

Opiate Task Force

Prevention Coalitions

Small Cities Caucus

Whatcom County Sheriff & Chiefs Association

21 People
Responded

5. Incorporating Input



The SIM is a living document



BHGAT is continuing to gather input



Further review and updates are needed

Any questions about what the SIM is, and the work to update the SIM so far?

Using the SIM to Identify Gaps & Make Recommendations

Focus on target population – People at risk of criminal legal system involvement who could be diverted from the jail with additional services

Focus on Tier B – Existing services/programs with resources needed, and
Tier C – Services recommended that don't exist

Address the question: Which gaps in services are most pressing at this time?

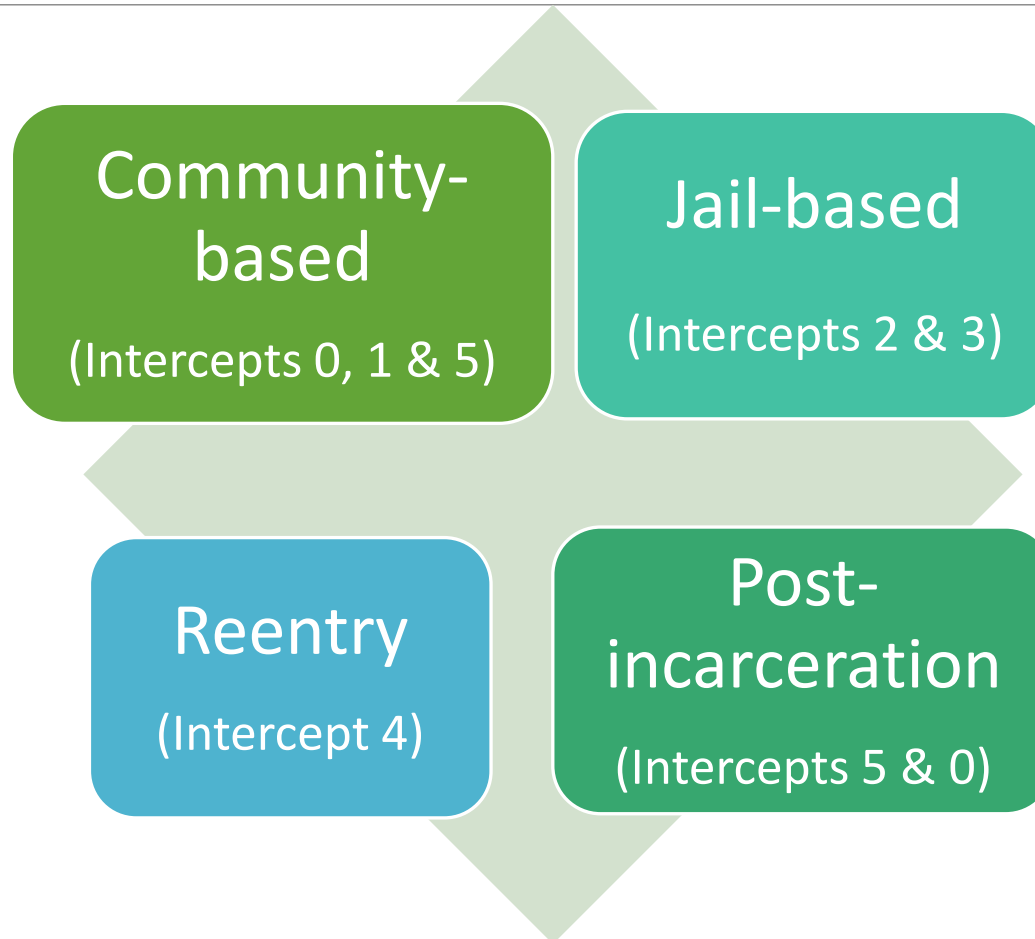
Identify which programs/services will likely have the greatest impact on reducing the jail census?

Behavioral Health GAP Analysis Team Process for Rating Needs/Gaps

Reviewed each item
in Tiers B & C
regarding potential
to reduce jail
population.

Ranked
1, 2, or 3.

Prioritized Needs/Gaps



Community- based

(Intercepts 0, 1 & 5)

Need increased access to Mental Health & Substance Use Disorder assessments, on demand/no waiting

Lack of Community Substance Use Disorder Treatment

Need increased capacity of Program for Assertive Community Treatment (PACT)

Reduce response time for Law Enforcement involved potential Involuntary Treatment Act (ITA) calls

Jail-based

(Intercepts 2 & 3)

(requires
adequate
space)

Insufficient number of Intensive Case Managers for the jail

Lack of access to timely competency restoration process

Need increased access to Mental Health & Substance Use Disorder assessments, on demand/no waiting

Need treatment for methamphetamine dependency

Reentry

(Intercept 4)

Insufficient capacity (staff) of jail & community-based reentry services

Medicaid insurance is suspended at point of incarceration. A delay in reinstating benefits creates a gap in transition from jail to community-based services.

Post- incarceration

(Intercepts 5 & 0)

Lack of Permanent Supportive Housing with 24/7 staffing and on-site clinical support

Need dedicated housing for therapeutic court members

Need Residential Treatment for Methamphetamine dependence (evidence-based treatment – doesn't currently exist)

Discussion

Do these needs/gaps match your sense of what the priorities are?

Are there other high priority needs/gaps that you think are important to consider?

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(Intercepts 0, 1 & 5)

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Wrap Up

Upcoming Meetings:

- Meeting with IPRTF Behavioral Health Co-chairs
 - July 7, 2022; 2:00-3:00 PM
- SAC Meeting #4: Work Session
 - July 14, 2022; 2:00-4:00 PM

SAC Homework:

- Survey to gather input on needs/gaps and SIM
- Optional opportunity to review questions to ask people incarcerated and working in the jail

Justice Project Webpage: www.whatcomcounty.us/justice

- SAC Meetings and Additional Information:
 - Watch meeting recordings
 - Review meeting summaries and handouts