

# Stakeholder Advisory Committee (SAC) for the Justice Project

## SAC GROUP DISCUSSION #3 BEHAVIORAL HEALTH

Tuesday, April 5, 2022

4:00 – 5:00 pm

### Meeting Summary

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**SAC Members in Attendance:** Anne Deacon, Arlene Feld, Barry Buchanan, Cliff Langley, David Goldman, Doug Chadwick Erika Lautenbach, Harriet Markell, Heather Flaherty, Jack Hovenier, Kendra Cook, Kristin Hanna, Michael Lilliquist, Mike Hilley, Perry Mowery, Peter Frazier, Raylene King, RB Tewksbury, Satpal Sidhu, Scott Korthuis, Seth Fleetwood, Stephen Gockley

**Presenters/Data Team:** Jackie Mitchell, Daniel Hammill

**Guests:** Jackie Mitchell - Behavioral Health Program Specialist for the Health Department; Wendy Jones - Chief Corrections Deputy, Sherriff's Office; Anne Deacon

**Absent SAC Members:** Anthony Hillaire, Atul Deshmane, Bill Elfo, Brel Froebe, Brooke Eolande, Chad Butenschoen, Darlene Peterson, Daron Smith, Deborah Hawley, Eli Wainman, Flo Simon, Jeff Monks, John Mutchler, Kara Mitchell, Katrice Rodriguez, Mary Lou Steward, Patrick Brodie Allen, Sheryl Cartwright, Tyler Schroeder

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

[Welcome](#), Daniel Hammill

[Presentation on Behavioral Health](#), Jackie Mitchell: Behavioral Health Program Specialist

#### Funding and Administration infrastructure diagram:

- There are three goals of the diagram: to show the main entities that provide behavioral health funding and administration, to show the complexity of the system and to show the relationship between the various entities.
- The State Healthcare Authority (HCA) – provides state and federal funding to North Sound Behavioral Health Administrative Services Organization (ASO), Managed Care Organizations (MCOs) and Whatcom County.
  - HCA funding to the Whatcom County includes triage facility, crisis stabilization center, remodeling facilities for the next set of services.
- ASOs administer funding of non-Medicaid services in behavioral health to Island, San Juan, Skagit, Snohomish and Whatcom County.
  - Within the ASO, there are two elected positions on the Board of Directors
  - Six citizen appointees for the Advisory Board
  - ASO contracts with entities that are not necessarily behavioral health agencies
- Whatcom County has been integrated into all levels of organizations shown in the diagram throughout the past 25 years. The County's goal is to fill services gaps between MCOs and ASOs.
- The Whatcom County Health Department staffs most all of the agencies that support the communities with behavioral health, prevention, outreach, housing and special populations.

- Contracted agencies include Compass Health, Catholic Community Services, Lifeline connections and SeaMar Community Health Services.
- MCOs work with insurance companies to provide all of the Medicaid behavioral health treatment services and funding to the ASOs. Examples of MCOs include Amerigroup, United Health Group, Coordinated Care and Community Health Plan of Washington.
- SAC Members requested information on how the ASOs distribute their funding. This will provide more of an idea of the need for specific funding for behavioral health mechanisms in Whatcom County.
- SAC Member understands the gaps of funding (people who may fall through the cracks) within the diagram and the challenges the clients may be experiencing.
- The City of Bellingham invests in housing, which is essential for the community to succeed upon release from jail. Under City's the Linville administration, there was an estimated 5 million dollars a year of funding for housing. House Bill 1590 accounts for 3 million of funding and forty percent of the funding can be used for behavioral/mental health services.

### Jail Behavioral Health Program

- Perry Mowery from the Whatcom County Health Department is facilitating and analyzing data from the Incarceration Prevention and Reduction Task Force which includes a gap analysis using the Sequential Intercept Model (SIM).
- SAC Members should review and understand the Sequential Intercept Model (SIM) and Gap Analysis to understand the existing programs and any gaps or needs along the continuum.
- The Whatcom County Jail received between 2,300-3,000 referrals from inmates, corrections staff, and medical staff and are expected to respond to those referrals within 24 hours. Those referrals are recommendations of where to send an offender.
- National research shows 15 – 17% of people incarcerated have a serious mental illness or mental health disorders. This figure may be even higher due to lack of treatment and resources for mental illness.
  - Challenges that employees face include state Intuitions closing and other factors that were not mentioned.
  - Serious mental health disorders include- Schizophrenia, Schizoaffective Disorder and Bipolar Disorder, Substance Use Disorder, Anxiety, Depression and Post Traumatic Stress Disorder
- In 2016, data was collected regarding people who had Medicaid services over a period of five years. The results showed the percentage of people in Whatcom County Jail who had a mental health disorder, mental health need or co-occurring disorder.
- Currently the Whatcom County Jail has a Behavioral Health and Re-Entry Services Program that has aided between 1,300-1,600 clients over the last three years
  - Lifeline Connections is a service provider and includes two mental health professionals, re-entry staff, juvenile behavioral health staff and supervisor. These services include suicide risk assessment, crisis intervention/stabilization, behavioral management and medication management
- Whatcom County Jail is one of the few that is certified by the National Commission on Correctional Health Care which requires a higher standard of care and responsiveness.

However, we are unable to provide the best quality of care due to lacking confidential treatment space.

- Professionals are communicating through the food hatch or by phone and it can be very uncomfortable for professionals and clients.
- There is a greater need for:
  - Four offices for mental health professionals
  - Three to four confidential bullpens, with one room having remote ability to access.
  - One to two clinical spaces for psychiatrists to conduct evaluations and medication monitoring
  - Classroom space available to accommodate eight to twelve people at once and be managed by the mental health staff,
    - Very important to have the mental health staff manage classroom due to setting themselves up to provide behavioral health services, conduct classes, change the schedule as needed and have the ability to invite the community services to conduct other classes as well.
  - Mental Health Provider (MHP) – to provide coverage for other positions
  - Case Manager for re-entry services

#### Behavioral Update, Whatcom County Chief of Correction

- Whatcom County Jail has been collecting data and found 38% of the population is classified as seriously mentally ill.
  - This includes showing signs and exhibiting symptoms of schizophrenia, schizoaffective disorder or bipolar disorder.
- Data shows approximately 90% of offenders struggle with Substance Abuse Disorder.
- Whatcom County Jail understands the needs of the population and the challenge to be able to meet the needs
- Whatcom County Jail is the only company that has a “no refusal” rule. Meaning they cannot refuse anyone who is acting out due to their mental health. The jail is finding offenders continue to escalate until they meet the criteria to be booked in jail.
- There hope is to shift the communities view on the jail to point of engagement. Due to observing that offenders are in denial regarding mental health issues and 70% of offenders are throwing away medication in the garbage just after release. Providing people with an opportunity, there is no guarantee that they will take advantage of it.

#### Re-Entry Challenges and Services – 33:07

- Main challenge that is affecting the Behavioral Health System is the shortage of workforce. Programs are only being staffed at half to three quarters.
- Current programs we are using include:
  - Law Enforcement Assisted Diversion Program (LEAD) – serves people who have substance or mental health problems and low-level crimes that can be diverted from jail.
  - Ground- level Response and Coordinated Engagement (GRACE)- Previously administered by SeaMar Community Health Services. Provides service coordination and advocacy for familiar faces released from jail and other systems.

- Drug Court Program (DCP) – Evaluates individuals for program readiness while in jail.
- Mental Health Court (MHC) – Evaluates program readiness of individuals in jail and provides support to people for two years post incarcerations.
- Peer Path Finder Program (Jail Pilot Program) – Provided by Lifeline Connections. Responds with a Peer Support Specialist to jail referrals for individuals who have a stimulant disorder or an opioid use disorder. Provides warm handoffs and case management services.
- Both LEAD and GRACE provide a high level of system coordination through policy, program and management by building and ensuring a healthy re-entry conduit.
- Funding for the programs is the biggest need and most important. If all the programs are staffed and funded it would be a great opportunity for the community and would be successful.
- Credit time served is offered to offenders when entering into a treatment center. Finding difficulties because offenders don't have to stay there due to no lockdown. When an offender chooses to leave a treatment center the cycle continues and a warrant is issued for their arrest.

### Addressing behavioral health issues

- In 2005, research showed treatment for mental illness did not have a statistically significant impact on reduction of recidivism or criminal behavior. However, the research also showed treatment for addiction was the most effective way of reducing future criminal behavior.
- The last five to ten years of data shows the use of methamphetamines creates behavior such as aggression, violence and predation. There are no successful medical interventions for methamphetamines.
- Treating addiction takes consistent work over a long period of time and the jail does not hold offenders long enough to provide them with the tools to stay sober. There is an opportunity to look into certain medications that can be administered before release to reduce cravings. Those medications may help individuals stay connected to treatment and thrive.
- Mental illness rarely causes criminal behavior; however, addiction can impact criminal behavior.
- There is a need to build a program that impacts criminogenic behavior, similar to GRACE, LEAD, and Mental Health Court.
- There is a need for education in the jail. Data show when offenders receive education services (GED or college courses) while incarcerated, it can help reduce future criminal behavior.
- Main things to keep in mind for the jail:
  - How to keep offenders safe when they are unable to keep themselves safe by having a separate location with on-site monitoring
  - Space to offer services to maximize the ability connect with people and have an initial engagement
- There is a new program of alternative response team or a non-law enforcement team: would respond to a mental health or crises related substance abuse disorder. There are discussions underway for a co-response model which would include both behavioral health specialists with Law Enforcement to provide services.

### Wrap Up

- Complexities of behavioral health are huge, and it would be helpful to figure out a follow up to see if we could further discuss these issues.