

The following charts list needs/gaps in Whatcom County's programs and services for people who have mental health and/or substance use disorders, and who are at risk of criminal legal system involvement, or have been incarcerated. The charts were created by the Behavioral Health Gap Assessment Team (BHGAT)¹ using the Sequential Intercept Model (SIM) and prioritizing those needs/gaps that were identified by subject matter experts (SMEs) as the highest priority actions to take for reducing the census of people with mental health and substance use disorders in the jail. Input from the Stakeholder Advisory Committee and other groups has informed the development of the information presented here.

The BHGAT has proposed recommendations for addressing these needs/gaps and is now working in consultation with other SMEs to estimate the resources needed to implement the recommendations (staff, facilities, costs). Draft estimates are included in the charts, and the work continues to complete and refine these estimates.

The charts below are organized by the general location where people receive services (i.e., in the community or in jail), and by type of service:

- Community Behavioral Health Services
- Housing Services for At Risk Populations
- Jail Behavioral Health Services
- Reentry Services – Transition from Jail to Community

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Community Facilities and Services

About: The following two charts includes community-based programs and services that aim to divert people to behavioral health resources, and ensure long-term recovery supports to prevent further involvement in the criminal legal system (SIM Intercepts 0, 1, 2, 4, & 5). Resources needed to implement the recommendations (providers, costs, and facilities) are estimates based on current costs and projections.

Target Population: Individuals with behavioral health issues who have potential for criminal legal system involvement; those interacting with first responders; and individuals who are about to be, or who already have been, released from incarceration.

COMMUNITY BEHAVIORAL HEALTH SERVICES				
#	Needs/Gaps	Recommendations	Intended Outcomes	Estimates of Resources Needed to Implement Recommendations
1.	Need increased access to mental health & substance use disorder (SUD) assessments, on demand/no waiting	Support additional positions for SUD and mental health professional with certified agencies to provide assessment on demand when people are highly motivated	↑ # people prepared to enter treatment for mental health &/or SUD ↓ criminal legal system involvement due to untreated mental health &/or SUD	<ul style="list-style-type: none"> • State Legislature passage of Medicaid rate increase as of 7/1/23, plus infusion of additional 100M dollars • Higher rates will allow BH providers to utilize improved recruitment efforts for hiring, including higher wages, better benefits, incentive pay, etc. • Incentive pay for working with people in the criminal legal system or who are incarcerated in jail • Use current waitlists to determine if capacity will meet demand • Providers offer a model of services which initiates screening/assessment and diagnosis in the jail
2.	Need additional community mental health treatment capacity (in-patient & out-patient), and address lack of community SUD treatment.	Increase availability of mental health &/or SUD treatment. Prioritize admission of individuals releasing from incarceration.	↑ # incarcerated individuals admitted to mental health &/or substance use disorder treatment immediately following release. ↓ # formerly incarcerated individuals returning to jail due to charges related to mental health &/or SUD.	<ul style="list-style-type: none"> • State Legislature passage of Medicaid rate increase as of 7/1/23, plus infusion of additional 86M dollars • Higher rates will allow BH providers to utilize improved recruitment efforts for hiring, including higher wages, better benefits, incentive pay, etc. • Incentive pay for working with people in the criminal legal system or who are incarcerated in jail • Providers' caseloads prioritize individuals with behavioral health issues releasing from jail • Work with Managed Care Organizations (MCO) and Administrative Services Organization (ASO) to determine additional facility/space needed to provide behavioral health treatment

COMMUNITY BEHAVIORAL HEALTH SERVICES				
#	Needs/Gaps	Recommendations	Intended Outcomes	Estimates of Resources Needed to Implement Recommendations
3.	Reduce response time for Law Enforcement (LE) involved potential Involuntary Treatment Act (ITA) calls	Assign Dedicated Crisis Responder (DCR) to LE personnel to reduce response time, increase likelihood of engagement in services, & reduce likelihood of incarceration.	<p>↑ LE officers have increased access to DCRs</p> <p>↓ response time of DCRs to LE calls</p> <p>↑ access to services for people with serious mental illness</p> <p>↓ # individuals with serious mental illness entering jail.</p>	<ul style="list-style-type: none"> • Research with other communities' successes, challenges, and value of adding DCR to LE response, or improving access to ITA process from the field • If viable and valuable, discuss options for adding DCR staff to LE or other crisis response teams with ASO • Work with current behavioral health emergency services providers to implement DCR in the field with LE • If feasible, work with LE to move forward with planning and implementation

HOUSING SERVICES FOR AT RISK POPULATIONS				
#	Needs/Gaps	Recommendations	Intended Outcomes	Estimates of Resources Needed to Implement Recommendations
4.	Lack of scattered-site permanent supportive housing (additional locations)	<p>Increase available permanent supported housing sites for people with serious mental illness with focus on people releasing from jail in need of housing.</p> <p>Affordable housing across the income spectrum from 30% - 80% Area Median Income (AMI) with units dedicated for re-entry population and with on-site supports</p>	<p>↑ available permanent supported housing</p> <p>↓ homelessness for people with serious mental illness/ incarceration history</p> <p>↓ risk of incarceration/ recidivism</p>	<ul style="list-style-type: none"> • Need to determine required resources with help of housing partners

HOUSING SERVICES FOR AT RISK POPULATIONS				
#	Needs/Gaps	Recommendations	Intended Outcomes	Estimates of Resources Needed to Implement Recommendations
5.	Permanent supported housing programs (scattered-site and facility-based) need access to clinical support and onsite or improved intensive case management.	Increase on-site clinical support and number of Intensive Case Managers to support housing Case Managers in work with housed individuals with serious mental illness. Make 24/7 clinical support available.	<p>↑ clinical support and quality of life for currently/previously incarcerated individuals and residents of permanent supportive housing with serious mental illness.</p>	<ul style="list-style-type: none"> • Need to determine required resources with help of housing partners
6.	Need dedicated housing for therapeutic court members	Provide dedicated housing for individuals engaged in therapeutic courts as a component of involvement in the monitored wrap around services provided through therapeutic court involvement.	<p>↑ # People participating in therapeutic courts achieve housing stability.</p> <p>↑ Improved compliance for therapeutic court members.</p> <p>↑ Increased number of individuals participating in therapeutic courts diverted from jail.</p>	<ul style="list-style-type: none"> • Need to determine required resources with help of housing partners

Jail Facilities and Services

About: The following chart includes programs and services offered in jail, generally by community providers (SIM Intercept 3). Resources needed to implement the recommendations (providers, costs, and facilities) are estimates based on current costs and projections.

Target Population: Incarcerated individuals with mental health and/or substance use disorders, and people who are nearing release from jail who have continuing care needs (e.g., mental health and/or substance use disorders (SUD), primary health, housing, and employment needs).

JAIL BEHAVIORAL HEALTH SERVICES						
#	Needs/Gaps	Recommendations	Intended Outcomes	Estimates of Resources Needed to Implement Recommendations		
				Service Providers	Estimated Costs	Facilities/Space
7.	Insufficient number of MHP/Intensive Case Managers for the jail	Create positions for 2 Intensive Case Managers working in both the jail and community to facilitate care coordination and support re-entry staff.	<ul style="list-style-type: none"> ↑ service coordination ↑ engagement with support services ↑ Stability while incarcerated ↑ stability at point of release 	2 additional FTE MHP/ICM contracted with a community provider working in both jail and community to ensure coordinated transition to community providers.	\$218K*	<p>Providers housed in jail for quick access to a fast-revolving population.</p> <p>2 office spaces or a bull pen with confidential, pass-through rooms.</p>

*Includes benefits. Excludes indirect costs, supervision, and administrative support.

JAIL BEHAVIORAL HEALTH SERVICES						
#	Needs/Gaps	Recommendations	Intended Outcomes	Resources Needed to Implement Recommendations		
				Service Providers	Estimated Costs	Facilities/Space
8.	Need increased access to mental health & SUD assessments, on demand/no waiting	Create positions for SUD and mental health professionals to provide "Medicaid-ready assessment" (required to admit people into Medicaid services) when people are highly motivated	<p>↑ # of incarcerated individuals who receive mental health &/or SUD treatment</p> <p>↓ recidivism due to untreated mental health &/or SUD</p>	<p>2 FTE SUD professionals</p> <p>2 FTE Master's level MHPs</p> <p>Positions are part of Behavioral Health Reentry Services (BHRS) Team</p>	<p>196k*</p> <p>218k*</p>	Offices with the BHRS Team, or bullpen confidential spaces with pass through windows.
9.	Need evidence-based services for people with substance use disorders who are incarcerated	Utilize SUD professionals to provide available evidence-based SUD services (e.g., brief counseling, psychosocial/education groups), including for methamphetamine dependence, in the jail setting.	<p>↑ # incarcerated individuals who receive SUD treatment</p> <p>↓ recidivism due to untreated substance use disorder, especially methamphetamine dependence.</p>	<p>2 FTE SUD professionals providing SUD assessments will also provide SUD treatment in the jail.</p> <p>1 FTE ARNP/prescriber</p>	<p>196k*</p> <p>130k, contracted</p>	Offices with BHRS, or bullpen with additional confidential space with pass through.

*Includes benefits. Excludes indirect costs, supervision, and administrative support.

Reentry Services for People Transitioning from Jail to Community

About: Reentry services ideally are initiated in jail and support the individual through the transition to community-based services (SIM Intercept 4). Resources needed to implement the recommendations (providers, costs, and facilities) are estimates based on current costs and projections.

Target Population: People who are nearing release from jail who have continuing care needs (e.g., mental health and/or substance use disorders, primary health, housing, and employment needs)

REENTRY SERVICES – Transition from Jail to Community						
#	Needs/Gaps	Recommendations	Intended Outcomes	Resources Needed to Implement Recommendations		
				Service Providers	Estimated Costs	Facilities/Space
10.	Need increased jail and community re-entry case management services/support, and ensure Medicaid reinstatement upon release.	<p>Create additional positions for jail reentry specialists to facilitate care coordination</p> <p>Specialists will also coordinate with Managed Care Organizations for immediate enrollment or reinstatement of benefits upon release.</p>	<p>↑ # of incarcerated individuals nearing release who receive care coordination planning & support</p> <p>↑ # people whose Medicaid benefits are reinstated immediately upon release so there is no gap in services</p> <p>↓ recidivism due to inability to access necessary community-based services</p>	3 FTE BA level Behavioral Health Reentry (BHRS) staff (in jail and in the community)	300 K*	3 Offices with BHRS team, or bullpen with 2 confidential spaces with pass through.

*Includes benefits. Excludes indirect costs, supervision, and administrative support.

REENTRY SERVICES – Transition from Jail to Community						
#	Needs/Gaps	Recommendations	Intended Outcomes	Resources Needed to Implement Recommendations		
				Service Providers	Estimated Costs	Facilities/Space
11.	Need increased capacity of Program for Assertive Community Treatment (PACT)	Increase PACT services dedicated to incarcerated individuals. Evaluation for services prior to release and immediate entry into PACT services upon release.	↑ access to PACT services for incarcerated individuals with serious mental illness. ↑ # individuals experiencing serious mental illness who are reincarcerated.	PACT Services currently provided by Behavioral Health Agencies based in community <i>(coordinate estimates of unmet need with Permanent Supported Housing staffing requirements]</i>		

*Includes benefits. Excludes indirect costs, supervision, and administrative support.