Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

9:00 - 10:30 a.m., August 16, 2022, Hybrid meeting

If you require special assistance to participate, please contact the County Council Office at least 96 hours in advance.

Meeting Participation Information

Meetings are held in a hybrid format. Members of the public may attend via Zoom webinar using the join link below or in person at the County Council office located at 311 Grand Avenue, Suite 105. All committee members will participate remotely via Zoom. Zoom attendees will join the meeting without audio or video controls. The Webinar Host will invite attendees to speak at the appropriate time during the meeting.

Link to join meeting
Call in phone number: (253) 215-8782
Webinar ID: 886 2611 8409
Password: 17783

AGENDA

Land Acknowledgement Statement: Before we begin, we acknowledge that we are gathered on the traditional and unceded territory of the Lummi, Nooksack, Samish and Semiahmoo People who have cared for and tended this land since time immemorial. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference. We begin this effort to acknowledge what has been buried by honoring the truth. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.

Packet Pages

1. **Call to Order**

2. **Behavioral Health Gap Analysis Team (BHGAT) Needs and Gaps** .... 1 – 12
Discussion
   - Review, prioritize and make recommendations

3. **Local fentanyl use trends** *(tentative)*
Information

4. **Other Business**

5. **Public Comment**
   1. If you would like to speak, virtually "raise your hand."
      a. Online: select the Raise Hand icon
      b. Phone: Press *9
   2. When called upon to speak, unmute your microphone. Inform the Webinar Host if you would like to enable your video during your comments.
   3. Please state your full name for the record.
   4. Staff will disable your microphone when you are done speaking.

6. **Adjourn**

Meeting summary of the previous meeting is included at the end of the packet for information only. Committee members may suggest changes and/or corrections to the draft summary to jlassite@co.whatcom.wa.us. Audio recordings are the official meeting record and can be found on the IPRTF and committee website.

Upcoming Meetings

Visit the Task Force website meeting calendar for the most up-to-date meeting schedule

At this time, all meetings are held in a hybrid format. Members of the public may attend meetings via Zoom webinar or in person at the County Council office, 311 Grand Ave Suite 105, Bellingham.

IPR TASK FORCE	COMMITTEES				
Monthly 2nd or 3rd Monday 9-11 AM	BEHAVIORAL HEALTH Monthly 3rd Tuesday 9:00-10:30 AM	LEGAL & JUSTICE SYSTEMS Monthly 2nd Tuesday 11:30 AM – 12:30 PM	CRISIS STABILIZATION FACILITY Quarterly, 3rd Thursday 9:30-11:00 AM	INDEX Bi-monthly 1st Thursday 1:30-3:00 PM	STEERING Monthly Various Thursdays 11:00 AM - 12:30 PM
September 19 October 17 November 14 December 19	**September 20 (11:30-1:00)** October 18 November 15 **December 13* (11:30-1:00)**	**September 20*** October 11 November 8 **December 13**	October 20	October 6 December 1	September 8 October 6 November 3 December 8

Draft 7/13/2022

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

[1] BHGAT Members: Perry Mowery, Jackie Mitchell, Mike Parker, Gail De Hoog, Barbara Johnson-Vinna, Thomas McAuliffe, Jeremy Morton, Mike Hilley, Dean Wight, Joe Fuller

Draft 7/13/2022

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	• State Legislature passed funding bill which created infusion of $100M for behavioral health agencies for workforce support, as of July 1, 2022. • 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.	• State increasing Medicaid rates as of Jan. 1, 2023 with an infusion of $86M for workforce support. • 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.	↑ LE officers have increased access to DCRs ↓ response time of DCRs to LE calls ↑ access to services for people with serious mental illness ↓ # individuals with serious mental illness entering jail.	• 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 and facility-based permanent supportive housing (additional locations)	Increase available permanent supported housing sites for people with serious mental illness with focus on people releasing from jail in need of housing. 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	↑ available permanent supported housing ↓ homelessness for people with serious mental illness/ incarceration history ↓ risk of incarceration/ recidivism	• 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.	↑ clinical support and quality of life for currently/previously incarcerated individuals and residents of permanent supportive housing with serious mental illness.	• 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.	↑ # People participating in therapeutic courts achieve housing stability. ↑ Improved compliance for therapeutic court members. ↑ Increased number of individuals participating in therapeutic courts diverted from jail.	• Need to determine required resources with help of housing partners

Draft 7/13/2022

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.	↑ 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*	Providers housed in jail for quick access to a fast-revolving population. 2 office spaces or a bull pen with confidential, pass-through rooms.

*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	↑ # of incarcerated individuals who receive mental health &/or SUD treatment ↓ recidivism due to untreated mental health &/or SUD	2 FTE SUD professionals 2 FTE Master's level MHPs Positions are part of Behavioral Health Reentry Services (BHRS) Team	196k* 218k*	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.	↑ # incarcerated individuals who receive SUD treatment ↓ recidivism due to untreated substance use disorder, especially methamphetamine dependence.	2 FTE SUD professionals providing SUD assessments will also provide SUD treatment in the jail. 1 FTE ARNP/prescriber	196k* 130k, contracted	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.	Create additional positions for jail reentry specialists to facilitate care coordination Specialists will also coordinate with Managed Care Organizations for immediate enrollment or reinstatement of benefits upon release.	↑ # of incarcerated individuals nearing release who receive care coordination planning & support ↑ # people whose Medicaid benefits are reinstated immediately upon release so there is no gap in services ↓ recidivism due to inability to access necessary community-based services	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 *(coordinate estimates of unmet need with Permanent Supported Housing staffing requirements]*		

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

SAC Feedback on Needs/Gaps Charts

From 7/14/22 SAC Meeting Notes:

Community Behavioral Health Services – SAC Discussion

- Make sure there are adequate services for youth in all three of the priorities. (Note: This is outside the scope of the SAC)
- Peer models are really effective in community behavioral health. There could be a lot more of that.
- Wendy said that 42%+ people have serious mental illness. The severity isn't addressed in the three priorities. Insurance limits the number of sessions. That is not adequate for treating severe mental illness. As a policy matter, we need to develop a system with more depth to the help it offers. (Note: 42% is referring to % of avg. daily population. There is no limit to the number of sessions for people on Medicaid. if a person with serious mental illness is not getting as many services as needed, this is a system issue.)
- Mental Health Court is one of the most effective tools in decreasing law enforcement and social service contacts. The criteria to use this service currently are very strict. This is an existing resource that should be expanded.

Housing Services – SAC Discussion

- We just need more of it. County and City just passed HB 1590 and that money is already gone. We do have Drug Court housing that opened last year but we need more. (Note: This is treatment, as opposed to housing) Based on current experience, scattered site supported housing is probably a better option than facility-based. Interested in what scattered site housing Bellingham Housing Authority has to offer.
- How do housing services for at risk populations fit within the SAC's role? There is funding in place. It's probably inadequate, but the Behavioral Health Fund currently funds operations (1406 and 1590 go towards supported housing). (Note: The BH Fund also funds some case management, and some BH treatment at specific housing locations.) There isn't enough permanent supported housing (PSH) in our community today, but there are a lot of people and funds working towards that goal. Concern about scope creep for SAC. There are other community forums discussing this topic.
- Reentry programs and therapeutic court programs that we need housing for fit with our conversation. Need to review what level of clinical case management is needed in other PSH programs. (Note: The County Housing Program Specialists have a pretty good idea of what is needed. They have been tracking the requests for BH services at PSH locations.)
- Clarify the recommendation for #4 – How will it be implemented? Is it a policy recommendation or will funding be requested?
- There are system-based contradictions in PSH with clashing needs of landlords and behavioral health needs of clients. Are there policy changes that could ameliorate this contradiction of needs? It's not just a need for more case managers. May need structural, policy, legal changes in how housing programs are structured. (PSH as a best practice does not have BH services onsite. This best practice somehow assumes that having the services on site enforces treatment. IMHO.)

Jail BH Services – SAC Discussion

- The Public Defenders Office will be requesting additional behavioral health specialists in the 2023 budget. Believe these services can reduce incarceration & recidivism.
- It is not competency evaluations that are the bottleneck, it is the restoration services. There is an evaluator who resides in Bellingham. Once found incompetent, nothing can happen on the case until they are restored to competency.
- Because of COVID, people aren't being restored in a timely manner, and are housed in the jail which contributes to mental health problems. (Note: Competency restoration process was too lengthy prior to COVID.)

- If we could provide effective and timely mental health services locally, some number of people could be restored to competency locally instead of going to Western State Hospital. We can't get the state to do this in a timely manner, but if we could circumvent that by doing more of it locally, that would help. (Note: Providing the services locally means getting people ITA'd and sent for involuntary medications. Part of the root of this problem is the patients' refusal of treatment which is present in most of the competency cases. Most often, the patients have been through many episodes of treatment and did not follow through with treatment, or the treatment was ineffective.)
- Barry met with the Exec. Dir. of WA State Assoc. of Counties yesterday and brought this up as an important issue to bring to the state legislature. He has sent an email to many stakeholders to convene a meeting to develop a statewide strategy for engaging the legislature to address this issue.
- Whether to have competency restoration in the jail was the question. The BHGAT decided it would be better to have competency restoration services in the community rather than in jail. (Note: Should add this to the community BH services chart.)
- Identifying & reducing barriers to services that are existing outside the jail for people in the jail (e.g., if a student is part of the WISE program and has a parent in jail, how to include the parent in the treatment planning).
- Some policy or training for counselors about not saying something that would put their client's case at risk. (Note: This comment is from the public defenders' perspective. They suggest the person talk to the PD about anything related to the crime for which they have been accused/arrested. Clinicians are usually instructed to discuss client needs and resources with the individual.)
- Currently there are workforce issues with behavioral health specialists at the jail. Now there are two MHP positions, and one reentry case manager. That's not a lot for the number of people. (Note: This is included on the needs/gaps chart of BH resources needed.)

Reentry Services – SAC Discussion

- BHGAT was thinking of reentry as starting in jail and then setting people up with services like PACT, LEAD, GRACE so they would get intensive case management and help accessing services they want. (Note: We have to engage them as soon as we can. One idea is to station a MHP at booking.)
- PACT is wonderful but limited in numbers of people they will enroll and people they will accept based on diagnosis. PACT deals with a certain population and it's not a broad enough population to really address the issues. With PACT, the BHGAT was thinking of an adapted best practice to serve the populations not served by a typical best practice PACT program.
- Ensuring we have formalized supported employment in the community will be critical.
- Re equity: The IPRTF enthusiastically adopted the Racial Equity Toolkit and the IPRTF is working on this. Find a way to take the time to slow it down and look through an equity lens.
- Do community outreach to folks who have been incarcerated to find out what reentry supports have been effective and what would help with reentry.
- We are talking about much more than a jail. We're talking about modernizing public health & safety services in Whatcom County. Think about how to reframe this for Nov. 2023 and what the messaging will be to help the public understand this isn't what we talked about in the past, this is about a lot more.

Needs/Gaps Other than Behavioral Health

- Focus on mind-body health that is more lifestyle-oriented (not pharmaceutical, more holistic). That is congruent with a more restorative justice philosophy.
- Process and policy issues will need to be included.
- Need to look at all the material we are creating through the Racial Equity Toolkit

From Tyler Schroeder 7/14/22:

- Community Behavioral Health Services

- Identify Roles and Responsibilities for these programs and who and where they should be provided (ex. County, Cities, Service Providers, Corrections, Law Enforcement, Health Department, State and/or Federal responsibilities, etc.)
- Develop a Flow Chart to show how programs overlap to try and limit silos
- Recognize what State or Federal funding is available and make a cognitive decision if it is best that the programs are locally funded
  - This may turn into more of a lobbying effort to get more State and Federal Funding
- Adequate funding and services provided through the Alternative Response Teams (GRACE, LEAD, etc.)
  - These programs should be highlighted, as appropriate

- Housing services for at Risk Populations
  - Connect these PSH programs to the funding streams and programs that are already in place
  - Go further in defining how the housing services can be focused into the criminal justice programs as re-entry, therapeutic court efforts, etc.)
- Jail Behavioral Health Services
  - Needs/Gaps are focused on the operations but doesn't recognize the ABSOLUTE lack of physical space in the existing facility
  - Happy to see the Facility/Space is an item recognized as resources needed
  - Disconnect in the physical space limitation should be noted, if intended to be located in the Jail
  - We should understand what services should be provided to those that are in the Jail on a very limited timeframe (a couple of days) vs. those that are in the facility for many months. What type of BH services are provided in State Correctional facilities that we should do for a person that has a longer stay, many months? (Note: Brief Counseling vs. longer term psychoeducational classes and individual counseling/case management.)
- Re-entry Services
  - Vocational efforts (Note: Case managers assist people who are ready with getting into vocational services or gaining temporary or permanent employment upon release. GED classes available at the jail.)
  - Learn from lived experiences
- Other Needs not related to Behavioral Health
  - Physical Space and Design that leads to a healthy environment

From Maia Vanyo 7/14/22:

Community Behavioral Health/Housing/SUD:
The folks who are incarcerated need caseworkers to help them navigate the systems to get services they need. Most of the inmates are pretrial felony defendants and behavioral health specialists in the public defender's office are best suited to do this work. Inmates with pending charges are advised by counsel to be very careful about who they communicate with. Behavioral health specialists who work with the public defender have the protection of attorney/client privilege. Investment in public defense services like this can reduce incarceration.

From Brel Froebe 7/14/22:

One reflection I have from our last meeting on 7/14 that synthesizes Sheriff Elfo and Michael Lilliquist's comments: I believe it's important to be honest about the purpose of the jail: it is not a site of effective rehabilitation, but a place to incarcerate people in the criminal legal system. If it is not an appropriate space to rehabilitate, to provide the services needed to reduce the likelihood of recidivism, and to support people in getting at the root causes of why they did something harmful, then we should take that into account when we look at where we want to invest resources. As Lilliquist said, perhaps we should be making sure that we focus on what happens before and after incarceration as far as where we will see the highest return on our investment, if our goal is "incarceration prevention and reduction."

Some additional comments on the Needs Recommendation Chart:

Community behavioral health:
#2 Is this requesting funding for building/staffing additional inpatient SUD/MH facilities? (Note: We need to see if the state has current prevalence estimates of MH/SUD, and we need an updated BH facility assessment. Last one was in 2016. The ASO is conducting a BH facility assessment and gaps assessment for the region currently.)

#3 If the goal of these recommendations is to recommend "the highest priority actions to take for reducing the census of people with mental health and substance use disorders in the jail," I'd love to learn more about how this intervention will accomplish this goal. Does the BHGAT think that this intervention would reduce arrests/incarceration, or is more of an additional support system to help facilitate a better/more "humane" process when dealing with arrest/incarceration?

Housing Services for At Risk Populations:
#4 I'd still love more clarity on how the "affordable housing across income spectrum..." would be achieved? Is there a policy solution to require that more affordable housing is built in future development within Whatcom County/Bellingham? Or is this requesting funding to provide more dedicated affordable housing for folks post incarceration? Or both?

Reentry Services:
I want to uplift/combine comments made by Arlene, Eve, and myself: having navigators that can help people with reentry, building community within housing, and behavioral health peer support should be a priority. Navigators may be most effective if they are folks who have been legal system-involved themselves at one point in their life. Having a program that provides meaningful and high quality training to peer navigators would be so beneficial and empowering. There are models out there that are effective, and also provide economic opportunities for formerly incarcerated people.

1. **Call to Order**

Committee Chair Daniel Hammill called the meeting to order at 9:01 A.M. The meeting was held via remote-only Zoom Webinar.

Members Present: Doug Chadwick, Brian Estes, Seth Fleetwood, Dan Hammill, Stephen Gockley, Jackie Mitchell (for Perry Mowery), Mike Parker, Courtney Taylor, Brien Thane

Members Absent: Nathan Bajema, Chris Cochran, Arlene Feld, Heather Flaherty, Mike Hilley, Jenn Lockwood, Michael G. Smith, Donnell Tanksley

2. **Whatcom Family Community Network project to identify community resources (00:02:00)**

Kristi Slette, Secretariat of The Whatcom Resource Information Collaborative (WRIC) gave a presentation about her group:

- WRIC is a group of 50 individuals and 35 organizations working to increase access to resources in Whatcom County by developing a public data utility.
- The Opportunity Council acts as the data steward, who manages the public utility. Community organizations act as members who have a responsibility to share information from the utility with primary and secondary target populations.
- The target group for their pilot is families raising children age zero through eight.
- Equity considerations are central to the data utility.
- The goal is for individuals to be able to access resources directly without a gatekeeper.
- Slette explained the phases involved in the implementation plan and the future vision for the utility.
- The Charter for the WRIC was recently adopted and they've voted in their first Steering Committee.
- Eventually there will be integration with the 211 system.
- They have a beta website up already and have many languages available to select from.

Committee members asked questions, including:

- Will the population that the IPRTF focuses on be served by this database? Slette said that she anticipates that they will be, but is unsure of the timeline.
- What are the expectations of support from local government? The first year budget is only $250,000, mainly for staffing. They will likely be seeking funding from the County, local philanthropists, and may seek City funding in the future.
- Does the 988 system have access to this? They are not yet, but there is no barrier to their inclusion and access.
- How does the 988 system work logistically? It is run locally by Volunteers of America, which has been providing this service long before the new phone number was introduced.
- Will the search function be available and accessible to non-professional people? Yes, they are designing it to be easy to use and accessible to everyone.

- Will there be a curated list available of the top services that may be useful for those going through re-entry? Slette encouraged the committee members to get involved and ask for that if that's what is needed.
- How does advocacy fit in? Members are expected to come to meetings representing those that they are serving and being a voice for that population. The system should be flexible and constantly adapting to the changing needs of communities based on advocacy from members.
- How will clients of the Public Defender's office utilize this? Taylor said that she thought it would be useful to reduce the siloing of services and the ability to offer targeted services, rather than just handing off a list of resources.

3. Draft updated sequential intercept model service inventory for Justice Project (00:45:28)

Parker introduced the topic, explaining how and why the sequential intercept model (SIM) was updated for the Justice Project by the Behavioral Health Gap Analysis Team (BHGAT). Mitchell went over the needs and gaps priority list. Main points included:

- Needs and gaps were broken up into three different priority lists based on parameters including what services would have the greatest impact. The services were broken into four categories based on the location in which they are located, and prioritized within each category.
- Mitchell summarized the top needs identified in each category, as well as the recommendations they came up with. The full list is attached to this summary.
- An addendum was created for the SIM to identify policy issues that need to be addressed.

Committee members discussed and asked questions, including:

- What is the best place for navigation assistance and advocacy services? Should they be in the jail or in the community? Services based in the jail are essential to getting connecting with those who are incarcerated, but community-based services are also needed.
- The SIM primarily addresses needs of those already involved in the criminal justice system rather than prevention programs aimed at young people.
  - The Task Force is limited to focusing on adults, which is laid out in the charter. However, there is a group working on a Children's Initiative.
  - Reaching adults in the jail can also have an impact on interrupting cycles of incarceration because incarcerated people often have families and children as well.
  - Adults involved in the criminal justice system are worth investing in and providing them with services is extremely important.
- Justice-involved individuals can be disaffected by community-based services; however, a public defender can be a valuable asset who is trusted by the individual.
- The BHGAT has finished with its work, and the Task Force now needs to decide if it will adopt it as-is or make changes first.

- Parker pointed out that there is a focus on housing in the updated SIM. He asked for Brien Thane's perspective on the updates to the SIM. He responded that the key is on the clinical support and that simply providing a living space is not adequate.

Hammill and Parker discussed how to move forward with the updated SIM. They agreed to solicit feedback from members and then the Steering Committee would look at it in a more formal way.

4. Other Business

There was no other business.

5. Public Comment

There were no public comments.

6. Adjourn

The meeting adjourned at 10:36 A.M.