WHATCOM COUNTY
Health Department

Erika Lautenbach, MPH, Director
Amy Harley, MD, MPH, Co-Health Officer
Greg Thompson, MD, MPH, Co-Health Officer

BEHAVIORAL HEALTH ADVISORY COMMITTEE AGENDA

July 11, 2022, 3:30PM – 5:00PM

Hybrid Meeting (In person 800 E. Chestnut St, Suite 1B, Remote via Zoom)

When you join the meeting, please mute your microphone to avoid feedback and interference. The meeting organizer will do a roll call for board members. Speakers will present their topics and then stop for discussion and questions. When you are called on to speak, please identify yourself. Further instructions will be provided at the start of the meeting.

AGENDA

	Agenda Item		Action Required
1.	Welcome, roll call, meeting instructions, review and approval of minutes– Chris Phillips	5 min.	Information/Action
2.	PHAB Expansion- Steve Bennett, Leah Wainman (Chair & Vice Chair, respectively)	30 min.	Discussion/Action
3.	Sequential Intercept Model (SIM) Gap Analysis -Perry Mowery	35 min.	Presentation/Feedback
4.	Summary & Highlights of Youth Cannabis and Commercial Tobacco Prevention Funds- Alyssa Pavitt	15 min.	Information/Feedback
6.	Public Comment	5 min.	Discussion
	Next Meeting/Adjournment– Chris Phillips		Close Meeting

Next Meeting: 10/10/22

Attachments for the Meeting:

- BHAC Minutes from 04.11.22
- Sequential Intercept Gap Analysis Presentation
- Prevention Materials.

Non- Meeting Attachments:

- None

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Whatcom County HEALTH Department

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Whatcom County

Behavioral Health Advisory Committee

CHARTER

Primary Objective

To provide advice to the Whatcom County Executive via the Health Department's Human Services Division for the development and implementation of behavioral health programs and services.

Intent of the Local Behavioral Health Funds

To fund a county wide infrastructure for behavioral health programs and services, emphasizing a continuum of care that will benefit residents who are impacted by mental illness and/or substance use disorder. The goal is to promote resilience and recovery, and to reduce costly and less effective interventions of emergency services and the criminal justice system.

Advisory Committee Responsibilities:

1. Review information provided by the Whatcom County Health Department's Human Services Division and advise in the following areas
   a. Community Needs Assessments
   b. Comprehensive Behavioral Health Plans
   c. Strategies for programs and services that promote
      1. innovative approaches
      2. blended/multiple funding sources
   d. Budgets relative to planning strategies, including tax revenues collected
   e. Program evaluations and outcomes
2. Provide advice regarding the infrastructure of administration required in the Human Services Division to support planning, implementation and oversight of programs and services funded by local revenue sources.
3. Request additional information when necessary to aid understanding of issues, plans and budgets to include expert consultants.
4. Assist with evaluation of overarching strategies and plans pursuant to
   a. merits
   b. priority status
   c. response to stated needs
   d. reasonableness of budget
   e. contribution to community's infrastructure
   f. outcome and performance measures
   g. adherence to intent of pertinent County Codes and State Statutes
5. Ensure program evaluation components are integrated into planning, contracting, and MOUs.
6. Ensure that one annual summary is submitted to the County Council by the County Executive via the Health Department's Human Services Division.
7. Provide advice regarding a minimum reserve fund level for unexpected needs, start-up initiatives or intended capital projects.

Whatcom County Behavioral Health Advisory Committee (BHAC)
Meeting Minutes

Meeting Date/Time/Location: April 18, 2021 3:30 p.m. to 5:00 p.m. Virtual Zoom Webinar

Members Present: Chris Phillips, Dave Reynolds, Nick Evans, Susan Wood, Wendy Jones, Perry Mowery

Members Absent: Bill Elfo, Dac Jamison, Michael Massanari, Mullane Harrington, Todd Donovan

Health Depart Staff/Guests: Jackie Mitchell, Ann Beck, Malora Christensen, Joe Fuller, Dean Wight, Robin Willins, Amy Harley / Chris Furman

Agenda Item	Discussion	Action/Who
1. Welcome, Introductions and Announcements	The meeting was called to order. A quorum was present.	Chris
2. Approve Minutes of January 2022	Dave moved to approve the January 2022 minutes as presented. Wendy seconded the motion. The committee voted and the motion passed.	Vote to approve minutes: Ayes 6, Nays 0,
3. Health Department Staffing Update	Malora introduced herself as the manager of the Response Systems Division. GRACE and LEAD are operating under the Health Department with all of the same staff, and LEAD will be expanding by three new positions through funds from the Healthcare Authority. Perry, Jackie, and Mental Health Court staff will also be moving over to the Response System Division because of all of the overlap with the legal system, and Prevention will stay under Human Services. There will likely be more restructuring between the two divisions over time. There will be additional programs funded by state, BH-ASO, and local dollars that will also be coming in under the Response Systems Division.	Malora

4. County Boards and Committees	Malora acknowledged that concerns about the role of the committee advising on Behavioral Health Funds have been heard, and that there will be more clear direction for boards and committees as we start to revisit the strategic plan. Perry added that he took the minutes and survey results from the previous meeting and discussed with Erika. Susan asked about a timeline, and Perry said he will take responsibility to find out more information and relay that to committee members. Ann and Malora answered clarifying questions about Health Department structure.	Malora, Perry, Ann
5. Sequential Intercept Gaps Analysis	A Behavioral Health Gap Analysis Group was formed as a component of the larger community Justice Project that originated in 2019. The project was recently reestablished, and the Sequential Intercept Model (SIM) developed in 2020 is under review. The SIM is a uniform way to show the different points that people who have behavioral or mental disorders come in contact with the criminal justice system. The task of the Analysis Group was to update 2020 SIM by identifying 1) current programs, 2) existing programs that are needing resources, 3) programs that are not in existence but needed in the community, and 4) associated costs. Committee members were encouraged to email to Jackie with suggestions for the SIM and she will share with the Analysis Group at their weekly meeting. Nick provided feedback about the need for a single access point to behavioral health services and Malora responded with detail on some efforts, including products created for law enforcement, discussions with community organizations, alternative response teams, and 9-8-8. Chris asked a question about Intercept 4, Wendy and Jackie clarified. This new version of the SIM will be finalized in June.	Perry
6. Healthy Youth Survey Results	Joe shared results from the Whatcom County Healthy Youth Survey. In the past, the survey has been administered every other year on even years to grades 6, 8, 10, and 12. Due to COVID, the survey was not administered in 2020, and there is a new cohort of youth who participated in 2021. 5,581 Whatcom County youth in all seven school districts participated in the survey and answered questions relating to tobacco, alcohol, and marijuana use, mental health status, bullying, and adverse childhood experiences. Joe reviewed several charts displaying the data and answered questions from the committee.	Joe
7. Public Comment	There was no public comment.	Chris
Next Meeting:	**July 11, 2022 3:30-5:00** **Virtual**	

WHATCOM COUNTY
Health Department

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WHATCOM COUNTY PUBLIC HEALTH ADVISORY BOARD MEETING

July 7, 2022
7:00 a.m. to 8:30 a.m.

Hybrid Meeting
In person: Administrative Conference Room, 509 Girard Street, Bellingham, WA 98225.
Virtual: Public Zoom Link
https://us06web.zoom.us/j/83883664812?pwd=cVRzcmtFUnd1anVZUzluek5oRldGUT09
Join by phone: 1 253 215 8782
Webinar ID: 838 8366 4812
Passcode: 304329
(members and presenters: please use Zoom link in your meeting invitation)

A G E N D A

Meeting Topics			Presenter
1.	Call to order. Acknowledgments. Roll call of PHAB Members. Approve June 2022 minutes (pages 2-5).	7:00 – 7:05	Steve Bennett, PHAB Chair Shamika Brooks, PHAB Member
2.	Public comment	7:05 – 7:10	Steve Bennett, PHAB Chair
3.	Health Board/County Council update	7:10 - 7:20	Barry Buchanan
4.	Health Director/Health Officer update	7:20 – 7:30	Erika Lautenbach, Amy Harley, Greg Thompson
5.	Health Department biennium budget (page 6-7)	7:30 – 7:50	Kathleen Roy
6.	PHAB bylaws changes, proposed Health Board/PHAB meeting structure (page 8-14)	7:50 – 8:10	Steve Bennett, PHAB Chair
7.	BERK Consulting after action report on COVID-19 response (page 15-71)	8:10 – 8:25	Steve Bennett, PHAB Chair
8.	Meeting Evaluation	8:25 - 8:30	All PHAB Members
The public is invited to email written comments on agenda items or other topics of interest to the Public Health Advisory Board at PHAB@co.whatcom.wa.us. Please put "PHAB Public Comment" in the subject line.			
Adjourn			

Next Regular Meeting of the Public Health Advisory Board: August 2, 2022 (Joint meeting with the Health Board)

Community members who require special assistance to participate in a committee meeting are asked to contact the meeting facilitator at least 4 business days in advance.

Whatcom County HEALTH Department

Draft 7/6/2022

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 Facilities and Services
    - Behavioral Health Services
    - Housing Services

- Jail Facilities and Services
    - Behavioral Health Services

- Reentry Services

[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

Community Facilities and Services

About: The following 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 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.	• 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.	↑ 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				
#	Needs/Gaps	Recommendations	Intended Outcomes	Estimates of Resources Needed to Implement Recommendations
4.	Lack of scattered-site 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				
#	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

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.