

BENTON-FRANKLIN BEHAVIORAL HEALTH ADVISORY COMMITTEE

April 13, 2023

2:00PM

Benton County Commissioners Meeting Room
7122 Okanogan Place – Suite E303
Kennewick, WA 99336

Agenda

- Call to Order
- Introduction of Members
- Approval of Minutes from 3/9/2023 meeting
- Public Comment
- Discussion Items
 - Presentation from Lt. Kist & Comprehensive Health Care – Benton County Jail Behavioral Health Program Expansion Proposal
 - RFP – Discussion on interviews with providers & potential recommendation
- Public Comment
- Other Business
- Adjournment

Benton-Franklin Behavioral Health Advisory Committee
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BENTON-FRANKLIN BEHAVIORAL HEALTH ADVISORY COMMITTEE

Meeting Minutes | March 9, 2023

Call to Order: 2:00 PM

Introduction of Members: All voting and non-voting members introduced themselves.

Approval of January 12, 2023, and February 9, 2023, Minutes: The committee members reviewed the January 12, 2023 and February 9, 2023 committee meeting minutes. BJ Olson moved to approve both minutes as presented, Carla Prock seconded. Minutes approved.

Public Comment: None.

Discussion Items:

1. Report on Trip to Spokane to Review Behavioral Health Facilities:

A group from the committee went to Spokane to get an overview of provided services, challenges, and facility lay-out of their behavioral health facilities. Two facilities were visited.

- a. STARS-Spokane Treatment and Recovery Services
 - i. Basic facility-mat on the floor, concrete room, easily cleaned
 - ii. Staffing is a 7 to 1 ratio where no meds are administered
 - iii. Reimbursement is on an hourly rate
 - iv. Main goal is to get these people off the streets for at least 23 hours and hopefully on to the next step of either a SUD assessment or into a withdrawal management service
- b. Spokane County Crisis Stabilization Unit
 - i. Simplistic but efficiently ran facility-basic, clean, open concept. It's set up like an ED with the nurse's station at the hub.
 - ii. Provide 3 levels of service-Crisis Stabilization Unit (16 beds), Withdrawal Management Unit (14 beds), and a 28-day In-patient Program (16 beds)
 - iii. Reimbursements attained through MCOs
- c. The group was impressed with the facilities. They felt the stabilization unit facility was a good model to look at for future reference, and the 23 hour sobering services would be something attainable now since this type of service has less requirements and licensing demands.

2. RFP Discussion-path forward:

Two RFP proposals/letter of interest were received. One being Aristo Healthcare Services and Three Rivers Therapy LLC. In order to expand the provider pool, Matt suggested reaching out to those providers who would be interested in the administrative side of the deal such as Pioneer, RI, and Comprehensive.

- a. Have the interested providers fine tune their proposals
- b. Have a small group from the committee reach out to the providers' references
- c. **Motion:** Chad Michael moved and Sindi Saunders seconded to have the Board of County Commissioners move forward with the proposals for Aristo and Comprehensive and to make a recommendation. Motion carried.
- d. **Motion:** Becky Grohs moved and Jason Bliss seconded creating a sobering services work group. Motion carried.

- e. Those interested in joining the sobering services work group contact Chad or Bob.
- f. Matt and some of the committee met with United Family Center. They may be interested in facilitating sobering services. They have a facility that could be converted with low brick and mortar costs, lower licensing costs, and less intensive. This would be a good starter service that could potentially be transitioned to the permanent facility or operate separately.
- g. Goal is for the permanent facility to be a one stop shop for behavioral health needs.

Public Comment:

1. Jim, Kennewick City Council, would like for our communities to come together and address the growing homelessness problem.
2. Britney mentioned legislation, Senate bill 5120, regarding the 23-hour crisis stabilization and that it will be a costly service to prop up.

Other Business:

1. Becky and Joel were unsuccessful in their meeting with the telemedicine behavioral health provider, Eleanor Health. They will be reaching out to additional telemedicine providers to get a better idea of their capabilities and availability for around the clock acute needs and prescribing ability.
2. Matt mentioned that United Family Center may be a provider to reach out to. They may be interested in that type of service.

Adjourned: 3:07 PM

Benton County Jail Behavioral Health Program Expansion Proposal

- 57% of the population at Benton County Jail is involved with the Comprehensive behavioral health team.
- In Benton County Jail, 40 incarcerated individuals with mental health needs (about 10%) are in segregation according to Disability Rights of Washington.

Program expansion goal:

- Reduction in restrictive housing for behavioral health involved incarcerated individuals.
- Reduction in recidivism rates for incarcerated individuals in Benton County Jail.
- Increase in behavioral health involved incarcerated individuals that are successful in general population after program.

Other possible positive outcomes:

- Increase in the number of incarcerated individuals that engage in treatment upon release.

Additional staff:

- Substance Use Disorder Professional (SUDP)
- SUDP Peer
- Office Coordinator
- Therapist/DCR



- 1.** Two open bay style housing units
- 2.** Male-20 beds
- 3.** Female-9 beds

Criteria for admission

- The individual is classed appropriately to be housed with others.
- The individual agrees to a behavioral program plan that consist of attending daily treatment groups and weekly meetings with clinicians. Program consent would be signed.
- Any sanctions can be grounds for removal from the program. Client can be reconsidered to re-enter the program upon case review between jail staff and behavioral health staff.

Program Design/Expectations

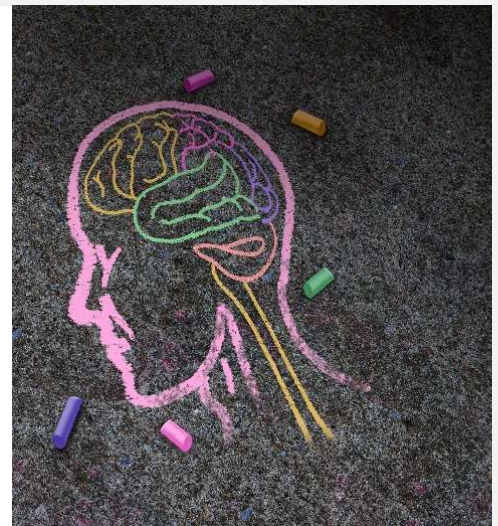
- 8-week program.
- Utilizes Collaborative Assessment and Management of Suicidality (CAMS) suicide risk curriculum for clients who have suicide risk.
- Access to SUD assessments to allow for entrance into inpatient or outpatient SUD treatment.
- Will live cooperatively with others.
- Will follow jail rules and policies per inmate handbook.
- Takes medications as prescribed.
- Attends appointments with mental health staff.
- Attends groups 4x per week:
 - > Curriculums would include - Changing Lives, Changing Outcomes (CLCO) 1 hour, Illness Management and Recovery (IMR) 2 hours, SUD focused group (either MRT or Seeking Safety) 1 hour in each unit (male and female)

Evidence to support expansion

- Turley, Thornton, Johnson and Azzolino (2004) who studied recidivism rates over 5 years for inmates who were in behavioral health treatment, found that for 1 year after receiving the treatment inmates were substantially less likely to be recidivists in comparison with control group inmates.
- A study by Blatch, O'Sullivan, Delaney and Rathbone (2016) was conducted in Australia, this found that their specific program reduced recidivism rates by between 19-42% depending on the offense and treatment program. It appeared in this study that the more programming inmates participated in the higher that reduction was.
- Another study conducted by Wallace (2020) found that for mental health involved inmates, better health in prison is related to lower recidivism odds outside of prison. Obviously, prison and county jail have differences, however with the trial extensions and unprecedented long incarceration rates we are currently seeing, county jail is reflective of a prison setting more than it ever has been. It is essentially a prison with constant restrictive housing.
- What we know now is that restrictive housing (Kapoor & Trestman, 2016), lack of adequate or supplementary programming is detrimental to mental health (Quandt & Jones, 2021), therefore it could be hypothesized that adding in behavioral health programming would be associated with positive mental health outcomes and therefore a reduction in recidivism.
- What we can say for sure is that this would reduce the number of behavioral health involved incarcerated individuals in restrictive housing, which by itself, is enough.

Restrictive housing, lack of adequate supplemental programming is detrimental to mental health outcomes (Quandt & Jones, 2021).

We hypothesize that adding in behavioral health programming would be associated with positive mental health outcomes and therefore a reduction in recidivism.



References

- Turley, A., Thornton, T., Johnson, C., & Azzolino, S. (2004). Jail Drug and Alcohol Treatment Program Reduces Recidivism in Nonviolent Offenders: A Longitudinal Study of Monroe County, New York's, Jail Treatment Drug and Alcohol Program. *International Journal of Offender Therapy and Comparative Criminology*, 48(6), 721-728. <https://doi.org/10.1177/0306624X04265088>
- Blatch, C., O'Sullivan, K., Delaney, J. J., & Rathbone, D. (2016). Getting SMART, SMART Recovery© programs and reoffending. *The Journal of Forensic Practice*, 18(1), 3-16. doi:doi:10.1108/JFP-02-2015-0018
- Wallace D, Wang X. (2020) Does in-prison physical and mental health impact recidivism? *SSM Popul Health*. doi: 10.1016/j.ssmph.2020.100569.
- Kapoor, R., & Trestman, R. (2016). *Mental Health Effects of Restrictive Housing*. U.S. Department of Justice.
- Quandt, K. R., & Jones, A. (2021). *Research Roundup: Incarceration can cause lasting damage to mental health*. Prison Policy Initiative.