

# Jail Transition Services

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Engrossed Substitute Senate Bill 6168; Section 215(11); Chapter 357; Laws of 2020

December 1, 2020

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## Executive summary

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The Health Care Authority (HCA) is submitting this legislative report in response to Engrossed Substitute Senate Bill 6168 (2020), which funds jail-based mental Health services for mentally ill offenders confined in a county or city jail and assistance in accessing services upon release. The proviso provides for:

\$2,291,000. Of the general fund-state appropriation for fiscal year 2020 and \$2,291,000 of the general fund-state for fiscal year 2021 are provided solely for mental health services for mentally ill offenders while confined in a county or city jail and for facilitating access to programs that offer mental health services upon release from confinement. The authority must collect information from the behavioral health entities on their plan for using these funds, the numbers of individuals served, the types of services provided, and submit a report to the office of financial management and the appropriate fiscal committees of the legislature by December 1<sup>st</sup> of each year of the biennium.

The Behavior Health Administrative Services Organizations (BH-ASO) and Behavioral Health Organizations (BHO) contract for jail-based services within their networks. The remaining three BHOs (Salish, Thurston Mason, and Great Rivers) transitioned to become BH-ASOs on January 1, 2020.

The BHOs and BH-ASOs provide incarcerated individuals with mental health evaluations, treatment, intake services, and pre-release services, including assistance in applying for Washington Apple Health (Medicaid) and other benefits of which these funds have supplemented the work, pursuant to the proviso. After release from jails, the BHOs and BH-ASOs help individuals transition back into the community by working to ensure their basic needs are met, providing employment support, housing support, and coordinating primary care access. These funds have been helpful supplementing these services.

However, while all are committed to serving the incarcerated and post-release populations, the BH-ASOs reported common barriers. At an organizational level, these included insufficient funding and difficulty finding and retaining qualified professionals to hire. At a service level, these barriers include lack of available jail space that can be used for treatment services and health care access, including prescription medications. On release, barriers include lack of affordable and appropriate housing, lack of employment opportunities, and challenges with coordinating the reinstatement of Apple Health. There are other countermeasures underway to address and mitigate the difficulties with many of these issues such as coordination with Apple Health. HCA has significantly increased efforts of coordination with jails and the managed care plans; HCA has prioritized IT system changes to improve data shared with managed care plans; and will work towards further reform based on legislation forthcoming.

As to this report, HCA will continue collecting data and report back to the Office of Financial Management (OFM) and the Legislature by December 1, 2021 See the detailed report from each BH-ASO for more information at the end of the report.

## Background

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Individuals experiencing incarceration often have multiple immediate needs, including behavioral and physical health issues, which require ongoing care. Upon release, these individuals continue to need support, including behavioral and physical health services, medication, housing, income support, employment, and education. Accessing services to address these needs is key for individuals to successfully transition back into their communities. Many individuals experiencing serious mental illness end up incarcerated due to behaviors associated with the symptoms of their illness. Jail-based services staff help link incarcerated individuals experiencing a serious mental illness with appropriate community services. This increases the likelihood of successful community reintegration.

Services provided as part of this program are intended to facilitate a safe transition into community services.

For the July 1, 2019 through June 30, 2020 reporting period, the BHOs and BH-ASOs reported a total of 9,684 individuals were served through jail services. These individuals received a total of 35,830 encounters.

## Services provided

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The BHOs and BH-ASOs indicated that they provided, and will continue to provide, the following types of non-Medicaid services in county and city jails with these proviso dollars:

During confinement:

- Mental Health evaluation/screening
- Mental health treatment
- Mental health intake
- Substance use disorder assessment/screening
- Assistance applying for Apple Health and other publicly funded benefits
- Integrated dual disorder treatment
- Pre-release service and case management

At release and post-release:

- Work to connect Apple Health eligible individuals to the managed care coordinator
- Providing intensive post-release outreach
- Facilitating post-incarceration access to basic needs (food, clothing, hygiene)
- Obtaining new identification upon release from custody
- Facilitating transportation at the time of release
- Coordinating access to primary health care, including dental upon release
- Providing post-release housing support (providing linkage to emergency shelters, transitional housing, and assessments for low-income public housing)
- Providing post-release employment support
- Facilitating access to education and job training

The BHOs and BH-ASOs contract with regional providers to develop their networks, to purchase services, and hire mental health care professionals. The majority of services provide access to intensive, short-term case management to individuals with mental health disorders who need assistance reintegrating into the community. Case management provides individuals with assistance on how to access publicly funded benefits, housing assistance, outpatient treatment, education, training, and employment in the community.

Mental health professionals licensed through the Department of Health (DOH) provide on-site mental health evaluations. The courts may review evaluation summaries to ensure mental health professional and justice system collaboration on comprehensive discharge planning for participants being released back into the community.

## How funding will be used

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HCA requested each BHO and BH-ASO to provide its plans for how each organization will use FY 2020 funding to provide jail services. See Appendix A for 2020 funding allocations by BHO and BH-ASO.

## Barriers to service

The most common barriers for all the regions are:

- Insufficient funding
- Lack of qualified workforce
- Lack of access to affordable and appropriate housing
- Difficulty with access to medication and medical services upon release due to the individual's Apple Health enrollment being suspended while an individual is incarcerated.
- Lack of specialized training for the behavioral health workforce on how to serve this population.
- Insufficient jail space to provide treatment services.
- COVID-19

## BHO/BH-ASO region updates

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The following is a description of jail services provided by each BHO/BH-ASO region. Each includes the following underlying themes:

- Workforces issues; there are not enough licensed or skilled professionals to work with this population.
- Access to affordable housing; finding affordable housing in Washington is difficult .
- Lack of funding; there is not enough funding to support the needs of this population.
- Barriers associated with COVID-19

See Appendix B for a map detailing each region.

### **Beacon Behavioral Health-Administrative Services Organization (including Pierce, North Central, and Southwest Regions)**

Beacon BH-ASO consists of three regions and eight counties. The SW region includes Clark, Skamania, and Klickitat. The North Central region consists of four counties including Okanogan, Chelan, Douglas, and Grant. The Pierce region consists of only one county.

Jail Transition Services (JTS) funds in the Beacon regions were utilized to provide mental health services to mentally ill, incarcerated individuals. The jail transition program funds cover staffing expenses for mental health professionals who provide case management services by assisting clients for in jail providing crisis intervention, mental health assessments, and individual therapy during the transition. The work with the individuals supporting re-entry to the community. The jail transitions staff work with multiple parties, such as the jail staff, jail mental health office, and the Department of Assigned Council on release planning. They also work to connect clients to prescriber services to bridge the gap of paying for medications between the time an individual is released from jail until the clients can transition to a longer-term behavioral health program.

As part of transition coordination, the jail transition team works to connect clients to long term resources including access mental health treatment, SUD services, physical health providers, housing services, activating benefits, obtaining food and medication, transportation, follow-ups with court and probation when needed. The funds were also used for client support such as bus passes, getting IDs, office supplies, assistance with vehicle payments and fuel, hygiene kits, and winter gear.

Over the last year Beacon experienced COVID-19 as a common barrier across all regions which has significantly impeded the facilities' ability to provide services within the jail and has resulted in cancelations, fewer referrals, and difficulty creating release plans. Often, the facilities have been left to pick up a client at the jail with little to no knowledge of their needs until the day they are released. Facilities have been working with E&Ts to connect more clients and assist with their release planning, but not all E&Ts have been responsive.

Another barrier is not having enough funding for services, to support adequate staffing, client support resources including housing and transportation. Ideally, the facilities would like to expand by hiring



additional staff to provide services in outlying jails but are unable to do so at this time due to the lack of funds. Prior to COVID-19, the Jail Transition Specialists took an active role in transporting clients to housing and appointments. Due to COVID-19 they purchased bus cards/vouchers to provide transportation to their intake appointments and appointments with the DOC. However, purchasing bus cards/vouchers has proven to be a struggle due to lack of funding in regions.

An additional barrier is lack of internet coverage in some facilities, lack of a reliable internet connection has impacted the facilities' ability to perform telehealth services through jail.

Although COVID-19 has been a struggle, it has brought some creativity and new ideas for the facilities. Relationships between the Department of Assigned Council (DAC) and the facilities have strengthened, and members of the DAC are able to make direct referrals to JTS. This referral source has greatly increased the numbers of referrals since the pandemic started. For Pierce County Jail, a big success includes support of the JTS staff. They have developed an invaluable network and respect within the community.

Although internet has been a barrier for some, other facilities are able to continue to provide services for juvenile detention during COVID-19 through telephonic visits. Facilities are also able to stay engaged with current JTS clients to help support them through transitioning and navigating the changing resources that are available during the pandemic.

For one of the facilities, a huge success is having a DX-80 machine installed in the Klickitat County Jail. This machine allows for quicker access to services, does not expose clients or staff to illness, and provides the opportunity for clients in jail to continue SUD groups via telehealth.

Relationships between inmates and staff has also improved. For example, in Grant County there was resistance in prescribing psychotropic medication, particularly if the client had not been taking their medication prior to becoming incarcerated. This was a concern of the jail administration but through education and collaboration, this resistance no longer exists.

Another success is displayed in juvenile detention, getting a client hospitalized at the Child Study and Treatment Center then subsequently into the New Journeys Program at Catholic Charities.

In the Skamania treatment program clients that started the treatment process in jail with them were transitioned into the outpatient services program directly upon release. They also sign up to see a Mental Health Clinician weekly, but not all of them end up being jail transition eligible.

## **Great Rivers BHO (July 1, 2019-Dec 31, 2019) BH-ASO January 1, 2020**

Great Rivers BH-ASO consists of five counties including Cowlitz, Pacific, Grays Harbor, Wahkiakum, and Lewis.

Great Rivers BH-ASO began operations on January 1, 2020 and is only able to report from that date forward. Great Rivers BH-ASO contracts with four Behavioral Health Agencies for JTS: Cascade Community Healthcare, Columbia Wellness, Wahkiakum County Health and Human Services, and Willapa Behavioral Health.

Services are provided in coordination with Great Rivers BH-ASO, local law enforcement, and jail personnel to expedite applications for Washington State Health Care Authority (HCA) benefits for individuals with mental health disorders being released from local jails or juvenile detention facilities.

Jail transition staff worked to coordinate services with outpatient providers for an intake or the continuity of service provision to safely transition individuals into the community outpatient behavioral health system from local jails or juvenile detention facilities. Staff also provided Crisis Intervention Services in the jail.

Due to the implementation of Integrated Managed Care, unprecedented challenges because of the COVID 19 pandemic, and delays in contracting there was not sufficient time to implement services within all contracted counties within the reporting period.

Despite the challenges experienced in 2020, Great Rivers continues to provide technical assistance to ensure the jail transition funds are being utilized.

## **Greater Columbia Behavioral Health-Administrative Services Organization**

Greater Columbia BH-ASO consists of nine counties including Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Klickitat, Walla Walla, Whitman, and Yakima. There are five network providers that serve individuals in need of jail services. The services are provided by:

- Blue Mountain Counseling in Columbia County
- Lourdes Counseling in Benton/Franklin Counties
- Quality Behavioral Health in Asotin/Garfield Counties
- Palouse River Counseling in Whitman County
- Comprehensive Healthcare in Kittitas, Walla Walla, and Yakima Counties

The current pandemic created a myriad of challenges with regards to pre-release planning, as often it was more difficult to secure a behavioral health appointment. When services have been arranged, most are provided by telehealth (video conf) or telephonically, which, especially for new clients, can detract from the overall experience for the client. The jail mental health team has also been limiting transportation of clients due to COVID-19 which resulted in lower follow through for appointments once released from jail. Restrictions on outside entities coming into the jail due to COVID-19 (case management, care coordinators, etc.) has also created some disruptions in continuity of care. The overall number of SUD assessments has decreased, as currently they are only allowing for court ordered assessments to be completed. Homelessness also continues to be an issue with this population and creates obstacles for individuals released from the jail with regards to follow-up with behavioral health appointments.

The barriers in Columbia County region are due to shortage of law enforcement officers available at scheduled times. As a result, there is a frequent need to reschedule contact with clients, which does not always work out.

In Benton/Franklin Counties, Lourdes Counseling is only responding by phone unless it is an evaluation. Per agency policy services have been limited to only responding to the emergency room during this time. Lourdes reported a lack of referrals and a lack of space at the jail to provide services. The Inmates want counseling in jail and that is not currently provided, due to staffing and lack of available space.

In Asotin and Garfield Counties, Quality Behavioral Health reported that during the first 6 months of the reporting period, Jail Services experienced challenges with low staffing and high volumes of requests for services. This provided challenges in meeting the needs of the population served. More recently the Jail Services Team has experienced challenges with COVID-19 and clients being placed in quarantine, thus reducing access to care. Clients in quarantine have access to a phone but are generally unable to utilize the phone for therapy purposes as they have a limited number of free calls and those are reserved for contacts with their lawyer. The jail contracts out for the phone services and therefore is unable to adjust client's access to phone services.

Blue Mountain Counseling in Columbia County plans to continue to provide training and education to jail staff and the jail medical staff about the jail behavioral health program to ensure inmates are aware of these services. They will also continue to offer pre-release and post release transitional services. For those individuals without phones that require follow-up, it would be beneficial to be able to use these funds provide phones for that purpose upon release. Post pandemic some of these barriers will decrease. Adding an SUDP to the team would help with being able to provide the full complement of behavioral health services in-house. Continue to look at options for housing individuals when released from jail.

In Benton/Franklin, Lourdes Counseling reported the jail has been approved for a remodel and this may allow more room to provide additional services. Lourdes Counseling created a form to track people who are ready for release. This will help the jail and crisis workers have a better idea of who may need services. They are also working to set up ongoing meetings with the captain of the jail, so they have ongoing communication and to can promote a better relationship with the jail staff. They will work to improve staffing. The ability to offer incentives for employees filling these positions would be of aid in the hiring process. Lourdes also plans to continue working with the jail to reevaluate jail phone contracts in the future or develop a plan to access funds to assist in purchasing additional phone calls specifically for inmates to use to connect with therapists while in quarantine situations.

The team in Asotin/Garfield has successfully identified inmates who would benefit from a diversion to another program (inpatient treatment, Prosecutorial diversion). They worked to help connect inmates to services upon release and refer inmates to providers for treatment of psychiatric symptoms with medications. One of the main tasks in keeping inmates safe while incarcerated is through conducting suicide/safety assessments. Quality Behavioral Health also runs a Multidisciplinary Team (MDT) meeting that has proven to be successful in keeping inmates who are potentially in need of several different services at once (medical, mental/behavioral health, custody management) safe and well connected while incarcerated, this also allows better transition of these inmates either back into the community or to prison without concern of gaps in service.

In Whitman County, Palouse River Counseling has provided several mental health and SUD evaluations and treatment, so people did not need to stay in jail longer than necessary. In addition, the Court has asked the program to provide several risk evaluations.

Comprehensive Healthcare reported low staffing and high volumes impacting responses to initial referrals, they worked to fill positions as well as reviewing their tiering system, which assigns clients into a category based on risk, determining a time frame for appropriate follow up. They were able to adjust their system to be more streamlined and better meet the needs of the clients and the jail services team. Due to COVID there are fewer requests for services at this time, the team is fully staffed, and they are consistently meeting all targets for appropriate timely contact.

Limited funding continues to limit the number of staff hours available to each of the jails served across the Greater Columbia region.

## King County Behavioral Health-Administrative Services Organization

King County’s report is inclusive of services delivered via JTS funds, as well as through local and other state funds. These funding sources are utilized to provide jail reentry services, behavioral health services within jails, and services like the intent of the jail transition proviso. For reference, the jails within King County are listed below, although in the current context of the COVID pandemic most jails are maintaining a census well below listed capacity to minimize infection spread among incarcerated populations.

King County Jails – annual average daily population in 2019 is 2,149; consists of two sites:

- King County Correctional Facility in downtown Seattle, WA; capacity ~1,200
- Maleng Regional Justice Center in Kent, WA; capacity ~800

Suburban Jails:

- South Correctional Entity (SCORE) – a seven-member jail (Cities of Auburn, Federal Way, SeaTac, Des Moines, and Tukwila) that holds individuals on misdemeanor charges. Located in Des Moines, WA; Capacity = 813
- Kent City Jail located in Kent, WA; capacity = 96
- Enumclaw Jail located in Enumclaw, WA; capacity = 25
- Issaquah Correctional Facility located in Issaquah, WA; capacity = 62
- Kirkland Jail located in Kirkland, WA; capacity = 64

The following table describes the JTS provided within King County.

**Table 1: Services provided**

Service	Population Served	Description
Benefits Application Assistance <b>(WA State DSHS, contract with Belltown Community Services Office) in jails and community corrections.</b>	Adults with behavioral health conditions who are transitioning from incarceration at any jail within King County, as well as those who are court-ordered to report to the King County Community Corrections - Community Center for Alternative Programs (CCAP). Part of this position also supports individuals who utilize the Seattle Municipal Court Resource Center.	Assistance in applying for Aged, Blind Disabled (ABD) benefits, Housing & Essential Needs (HEN), Supplemental Nutrition Assistance Program (SNAP), Apple Health/Medical; Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), and cash assistance.
Integrated Dual Disorders Treatment (IDDT) <b>(embedded</b>	Adults with co-occurring behavioral health conditions who are transitioning from	Co-occurring mental health and substance use disorder (SUD) treatment; transitional housing for

**in Sound Reaching Recovery)**

incarceration at any jail within King County and assessed as appropriate for IDDT. Participants are enrolled in Apple Health as quickly as possible.

participants experiencing homelessness.

<b>Mental Health Assessments at the Transitional Recovery Program (TRP)</b>	Adults participating in King County Adult Drug Diversion Court who are attending intensive outpatient SUD treatment at the TRP, which is located at the Maleng Regional Justice Center.	Mental Health assessments for treatment planning purposes in coordination with Adult Drug Diversion Court. JTS supports a 0.5 FTE mental health assessor.
<b>Jail-Based Substance Use Disorder Assessments</b>	Adults who require SUD assessments for possible inpatient treatment.	Individuals who are currently incarcerated in a King County Jail facility and who require a SUD assessment to go to residential SUD treatment. JTS supports a 0.5 FTE to provide assessments
<b>Legal Intervention and Network of Care (LINC)</b>	Adults at risk of legal competency orders for whom the relevant prosecutor's office is willing to dismiss or decline to file the charge by diversion to transitional behavioral health services.	Intensive case management, peer support services, and medication management services providing jail in-reach for initial engagement and community-based services to address basic needs, provide low barrier behavioral health treatment, and connect individuals to appropriate ongoing outpatient care.

Multiple transitions have occurred or are underway with King County's allocation of JTS, driven by provider/program factors and the criminal legal system's response to the COVID pandemic.

Due to under-expenditures in this program in 2019, funds were ramped down for IDDT services at the end of the calendar year. Behavioral health treatment for individuals referred by courts, or returning to the community from incarceration, will continue to be funded by Apple Health and other local and state funds, and JTS continues to support transitional housing resources within this program.

JTS funds support a 0.5 FTE MHP that provides mental health assessments for participants of the Transitional Recovery Program (TRP), an in-custody substance use disorder treatment program for participants of the King County Adult Drug Diversion Court (ADDC). The dedicated MHP position was vacant July 2019 through December 2019. While a back-up MHP was made available to the TRP program, the back-up experienced challenges accessing TRP clients due to Department of Adult and Juvenile Detention's (DAJD) jail clearance process and a corrections officer shortage required for supporting a window visitation interim option for seeing participants (which does not require an extensive jail clearance process). Jail clearance requirements and COVID-19 developments in 2020 delayed onboarding of the new 0.5 FTE MHP.

The DAJD suspended jail clearance for the TRP staff in March 2020. As a result, TRP services, which are provided within the DAJD jail facility, were suspended, and TRP staff were redeployed to serve criminal legal-involved individuals in community-based clinics in King County. To date, jail clearance remains suspended. Due to ongoing COVID-related jail clearance restrictions, King County Behavioral Health and Recovery Division (BHRD) and the TRP implementation partner, ADDC, has suspended funding to the TRP program effective August 1, 2020 (after the end of this reporting period). BHRD and ADDC are reconvening in Q4 2020 to evaluate status of DAJD jail clearance restrictions and budget to determine whether the TRP program can resume in January 2021.

JTS funds support a 0.5 FTE SUDP that provides in-custody SUD assessments (ASAM) for Public Health-Seattle & King County's Jail Health Services Release Planning referrals. Because of programmatic and staffing challenges, BHRD and the community provider implementing this body of work jointly decided to terminate the contract by the end of 2019. BHRD has been in negotiations with Public Health-Seattle & King County (PHSKC) to transition the body of work to PHSKC's Jail Health Services team, with negotiations finalized and the new 0.5 FTE SUDP hired in May 2020. In 2020, jail clearance requirements and COVID-19 developments delayed recruitment and onboarding of this new 0.5 FTE SUDP.

Beginning in October 2019, the Legal Intervention and Network of Care (LINC) program was added to the JTS spectrum of services during this report period. JTS specifically funded expansion of this program which is primarily funded by DSHS-OFMHS (Prosecutorial Diversion) and a Trueblood Diversion Services Phase I grant by adding:

- 3 FTE LINC Specialists -providing jail in-reach, screening and engagement, legal coordination, and intensive community-based case management upon release.
- 1 FTE Competency Boundary Spanner -providing coordination specific to King County District and Superior Courts for individuals with a history of or current competency orders, screening, and coordination of care for individuals in custody, and referral to services upon jail release

These staff are embedded in a larger care team and diversion project which includes peer support, medication management, day treatment, staffed respite, transitional housing, a Seattle Municipal Court Competency Boundary Spanner, and dedicated prosecutorial liaisons within Seattle City Attorney's Office and King County Prosecuting Attorney's Office.

## **North Sound Behavioral Health-Administrative Services Organization**

The North Sound BH-ASO consists of five counties including San Juan, Island, Whatcom, Skagit, and Snohomish.

Island County uses the SAMHSA guidelines for Successful Transition of People with Mental and Substance Use Disorders from Jail and Prison: Implementation Guide. They assess the individuals clinical and social needs and public risk, universal screening early in booking/intake, look for SUD/MH disorders/co-occurring disorders, criminogenic risk. If any are indicated, they complete a comprehensive assessment, develop a treatment plan for in custody and for release, work to develop strategies for integrating recovery support services, develop collaboration plan between BH and criminal justice meeting individual needs/supervision requirements. Additionally, they develop a plan for the first hours/days/weeks after release, work to support continuity of care warm hand offs, develop ways to support adherence to treatment plans including incentives and graduated sanctions to promote participation in treatment. They

work to ensure communication between systems supporting cross system goals, support cross system training to facilitate collaboration between agencies and workforces for working with people with MH and COD.

Skagit provides access to community-based services, especially through DSHS and community-based MH and SUD services, re-activating Apple Health, connecting to housing resource services through Community Action, and providing access to employment and educational resources. Skagit provides support in: completing new Apple Health applications; reactivating existing Apple Health; enrolling clients in community based MH and SUD services; supporting clients to ensure they have medications and prescriptions when released for jail; supporting accessing transitional housing; signing up for permanent housing resources; assisting with transportation providing rides and bus passes; accessing needed medical and dental care; and providing advocacy with the legal system including court and monitored and community supervised probation through district court and DOC probation.

Snohomish provides in-jail MH treatment and coordination to the community. This includes counseling, medication, and 90-day intensive case management services. Snohomish also provides SUD treatment coordination and other supportive services and access to resources. Snohomish provides initial eligibility screening, MH assessments, coordination and enrollment into ongoing services post release with contracted agency, SUD referrals, transportation resources (free/reduced fee bus passes) collaboration with in-jail services including access to MHPs, jail health services, education to incarcerated individuals regarding additional community resources related to homelessness, access to services, employment, housing. They also follow up with interviews for individuals who re-offended without completing services.

Whatcom completes individual needs assessments and service plans provided for individuals leaving the jail and provides referral for housing, MH and/or SUD services. Whatcom also has a part time re-entry worker who also provides crisis services in the jail with staffing levels are low.

## **Salish Behavioral Health-Administrative Services Organization**

Salish BH-ASO consists of three counties including Clallam, Jefferson, and Kitsap.

Jail Transition funds are used across the region for assessment services in jail and care coordination for transition back to the community. The scope is limited due to the limited amount of funds available in the region. The funds are contracted with the mental health provider network in four distinct geographical areas of our region. Most of the funds support case coordination by case managers who enter the jail facilities and work with individuals and jail staff to coordinate follow up care.

COVID-19 has presented a significant barrier beginning spring of 2020. Agency staff are not allowed access to jails within our region. There have been some creative engagement strategies through telehealth in one larger jail in our region. There continues to be challenges with access due to rising COVID numbers within our region.

Pre-COVID access to jails in the region is a success. All providers have relationships with jail staff that allow referral and access for individuals in the jails. The individuals are connected directly to treatment upon jail release. Regionally, agencies have also been successful in providing services to assist with challenges with Apple Health re-activation for the mental health population.

As a Behavioral Health Organization, Salish was able to obtain and distribute jail census data to our network. Due to changes with integrated managed care, we are no longer able to provide this data

directly to our provider network. Providers do still have access to jail census and agencies do use this data to monitor for jail service’s needs.

## Spokane Behavioral Health-Administrative Services Organization

Spokane BH-ASO consists of six counties including Ferry, Pend Oreille, Lincoln, Spokane, and Adams.

The Spokane region has historically supported Jail Services and recognized the importance of ensuring these services are available to incarcerated individuals to ensure a smooth transition back into the community. Spokane BH-ASO has consistently advocated for additional funds to ensure each county in our region can provide JTS and expand the current services delivered. Each county in the region identifies that there is a significant need for more funding.

For the period of July 1, 2019 through June 30, 2020, the Spokane BH-ASO, received Jail Proviso funds in the amount of \$193,224.00 for the six-county region.

The BH-ASO contracted Jail Proviso funds to the following four behavioral health agencies (BHAs):

- Adams County Integrated Health Care Services for Adams County.
- Northeast Washington Alliance Counseling Services for Ferry, Lincoln, and Stevens Counties.
- Pend Oreille County Counseling Services for Pend Oreille County; and
- Spokane County Detention Services for Spokane County

Due to the limited amount of annual Jail Proviso funding allocated by the Health Care Authority (HCA) for the six-county Spokane RSA, the SCR BH (ASO) provided an additional \$208,956 in general state Non-Medicaid funds for jail services in the region.

Additionally, Spokane County contributed local mental health sales tax funds to Spokane County Detention Services during state fiscal year (SFY) 2020 for medically necessary behavioral health services. Although we do not report the amount of Spokane County mental health sales tax utilized to support the behavioral health services provided in the Spokane County jail, the service encounters funded by these local dollars are transmitted to the HCA.

Contracted funding for jail services, excluding Spokane County local mental health sales tax funds, for SFY 2020 by each BHA are itemized below:

**Table 2: Contracted funding for jail services SFY 2020**

Agency	Funding Amount
Pend Oreille County Counseling Services	\$ 4,562
Adams County Integrated Health Care	\$ 6,896
NEW Alliance Counseling Services	\$ 31,658
Spokane County Detention Services	\$ 359,064
<b>Total</b>	<b>\$ 402,180</b>



Other Jail Proviso activities which are allowable under passed legislation for Jail Proviso funds and provided by the rural counties but are not accounted for via service encounters include the following:

- Adams County Integrated Health Care Services' jail activities include Staff Outreach time and mileage to the Adams County Jail in Ritzville on a weekly basis.
- For Northeast Washington Alliance Counseling Services, the cost of travel, materials, and the loss of time that occurs when the jail is not able to accommodate a scheduled service unexpectedly is a challenge.
- Pend Oreille County Counseling Services cross checks their client database with daily reviews of Jail Dispatch and Arrest Reports. Limited consultations to jail staff are provided. Pend Oreille County counseling and Sheriff department leadership meet to review partnering efforts, potential process improvements and/or training interests.

As reported during the previous SFY 2018 and 2019 Jail Service Reports, the biggest barrier to service within rural jails continues to be adequate funding to provide needed services, particularly the limited access to medication management.

Due to the limited funding, the rural providers do not receive sufficient funds to pay the cost of a full-time employee (FTE) or .50 FTE employee. Therefore, it is challenging to carve out a set time considering the staffing capacity needs and the administrative tracking and potential for frustration by criminal justice partners cautions even pursuing. The rural counties would appreciate sufficient Jail Proviso funds that could cover a dedicated full-time behavioral health professional. This would enable consistent accessibility, which would support rapid response to jails and the criminal justice system.

Northeast Washington Alliance Counseling Services often receives requests for psychotropic "medication only". This request is typically to reduce symptoms of anxiety or depression related to being incarcerated, although there are many individuals who need medication for other persistent, chronic mental illness, such as schizophrenia. There is a local physician who is contracted with the jails in each community; however, they often do not want to prescribe and/or the cost of the medication is prohibitive within the local jail budget.

Pend Oreille County Counseling Services is unable to respond to requests for non-crisis evaluations, counseling, or care coordination supports, due to inadequate jail proviso funding to cover services. This results in missed opportunities for engagement and outreach services due to staffing capacity limitations.

Additionally, in rural county jails, there is limited space to meet with individuals in the jails. The schedule and limited space for other appointments, such as meeting with attorneys, visitation with family members or other supports, etc., which impacts the ability of behavioral health staff in consistently meeting with individuals.

Northeast Washington Alliance Counseling Services reported they have been turned away from the jail setting at times due to internal incidents or events that have impacted jail staff ability to facilitate assisting an individual to meet with behavioral healthcare staff.

Northeast Washington Alliance Counseling Services does not provide comprehensive services to individuals, such as psychoeducational groups due to space and time. This forum would be very beneficial to this population. Solutions would require coordination with jail staff and specific funding to increase

space and staffing. There is insufficient funding for Adams County Integrated Health Care Services and Pend Oreille County Counseling Services to provide this service modality if there was space available.

The BHAs work to be as creative as possible with limited funds for a six-county region. They also partner to engage SUD providers/programs for individuals who need it to facilitate placement into SUD treatment programs upon release from the jail.

## **Thurston Mason Behavioral Health-Administrative Services Organization**

The Thurston Mason BH-ASO consists of two counties, Thurston, and Mason.

Within the Thurston-Mason region, JTS funds have been used to fund a full-time equivalent (FTE) mental health professional. Jail transition services offered, and the types of services, have included:

- Crisis intervention and stabilization.
- Suicide risk assessment and consultation.
- Comprehensive case management and care coordination.
- Education and consultation to jail staff.
- Advocacy for individuals who are incarcerated and have been diagnosed with a behavioral health disorder.

Barriers encountered providing jail transition services have included the quick turnaround of individuals who are incarcerated with unexpected releases from custody, limited low barrier affordable housing options in the community, and extended wait times when individuals need competency evaluations and restoration treatment.

Successes with JTS have included:

- The ability to provide centralized care coordination and comprehensive case management.
- Having essential mental health services in jails with linkages to psychiatric services and substance use disorder treatment, including medications for opiate use disorder.
- The ability to secure alternate funding to provide supplemental Diversion, Peer Support, and Re-entry Services.

## Conclusion

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HCA will continue collecting data and will report to OFM and the Legislature on the number of individuals served and types of services provided.

Individuals coming out of the jail system that are enrolled in Apple Health services will have an option to access supportive housing with the creation of the Foundational Community Supports (FCS) part of Washington's 5-year Medicaid Transformation Project providing targeted services for people in need. Supported housing services are available for Apple Health beneficiaries that meet the program criteria.

Supported employment services may be another option for Apple Health enrolled individuals that have a physical, behavioral, or long-term service need. These services include individual job coaching and training, help with employer relations and assistance with job placement.

This funding has allowed the regions to make improvements for those who are incarcerated or are transitioning back into the community. Although limitations continue to exist, each region is committed to providing the necessary services to promote the continuity of care that these individuals so desperately need.

Over this last year, COVID-19 has added additional challenges to the providers in accessing individuals who are incarcerated and in supporting transition out of the jails especially for individuals in need of inpatient treatment services.

## Appendix A: 2018 Jail Services Funding Allocations

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**Table 3: 2019 Jail Services Funding Allocations, by Behavioral Health Organization**

	BH-ASO	
	Per Month	FY19 Total
Great Rivers	8,629	103,548
Greater Columbia	22,787	273,444
King	52,524	630,288
North Central	6,879	82,548
North Sound	29,992	359,904
Beacon Pierce	21,604	259,248
Salish	9,564	114,768
Southwest	12,822	153,864
Spokane	16,960	203,520
Thurston Mason	9,156	109,872

# Appendix B: Map of Integrated Managed Care Regions

**Graphic 1: Regional Map and transition timeframes from moving for BHOs to BH-ASOs**

