

# Jail Transition Services

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Engrossed Substitute Senate Bill 5092; Section 215(10); Chapter 334; Laws of 2021

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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 5092 (2021), funding 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 2022 and \$2,291,000 of the general fund—state appropriation for fiscal year 2023 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, and 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 1st of each year of the biennium.

Behavioral Health Administrative Services Organizations (BH-ASO) contract for jail-based services within their networks.

BH-ASOs provide incarcerated individuals with mental health evaluations, treatment, intake services, and pre-release services, including assistance in applying for Washington State Apple Health (Medicaid) and other benefits of which these funds have supplemented the work, pursuant to the proviso. After release from jail, 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, including:

- At an organizational level, insufficient funding and difficulty finding and retaining qualified professionals to hire.
- At a service level, difficulty accessing jails.

Several BH-ASOs reported continued coordination between agencies and jail staff. On release, common barriers include lack of affordable and appropriate housing.

As to this report, HCA will continue collecting data and report to the Office of Financial Management (OFM) and the Legislature by December 1, 2023. See the detailed update from each BH-ASO for more information at the end of this 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 are 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, 2021, through June 30, 2022, reporting period, BH-ASOs reported a total of **13,029** individuals served through jail services. These individuals received a total of **37,991** encounters.

## Services provided

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

### During confinement

- Mental health evaluation and screening
- Coordination of mental health treatment
- Mental health intake
- Substance use disorder (SUD) assessment and screening
- Assistance applying for Apple Health and other publicly funded benefits
- Co-occurring treatment
- Pre-release service and case management

### At release and post-release

- Work to connect Apple Health-eligible individuals to a managed care coordinator
- Provide intensive post-release outreach
- Facilitate post-incarceration access to basic needs (food and medication)
- Obtain new identification upon release from custody
- Facilitate transportation at the time of release
- Coordinate access to primary health care, including dental upon release
- Provide post-release housing coordination and support
- Provide post-release employment supports
- Facilitate access to education

BH-ASOs contract with regional agencies to develop their networks, purchase services, and hire mental health care professionals. Most 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**

HCA requested each BH-ASO to provide its plans for how each organization will use SFY 2022 funding to provide jail services. See Appendix A for 2022 funding allocations 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
- Lack of specialized training for the behavioral health workforce on how to serve this population
- Difficulty accessing jails
- COVID-19 restrictions

## BH-ASO region updates

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

- Workforce 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 accessing jails

See Appendix B for a map detailing each region.

### Beacon BH-ASO (including Pierce, North Central, and Southwest regions)

Beacon BH-ASO consists of three regions and eight counties. The Southwest (SW) region includes Clark, Skamania, and Klickitat counties. The North Central region consists of Okanogan, Chelan, Douglas, and Grant counties. 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 individuals. The jail transition program funds cover staffing expenses for mental health professionals who provide case management services by assisting individuals in jail including crisis intervention, mental health assessments, and individual therapy during the transition. The work supports individuals with re-entry to the community. The jail transitions staff work with multiple parties, such as jail staff, for referral and case management to support individual's transition back into their communities following release from jail.

As part of transition coordination, the jail transition team works to connect individuals to long-term resources including access to mental health treatment, SUD services, physical health agencies, housing services, activating benefits, obtaining food and medication, transportation, follow-ups with transition planning, post release outreach and assisting individuals in applying for Apple Health once released.

A common barrier encountered was difficulty accessing jails. The inability to introduce team members and build rapport with individuals is reported to contribute to low retention of individuals following release from jail.

An additional barrier is lack of affordable housing and funding, which continues to be a challenge. Individuals struggle to afford rent in any setting such as apartments or shared housing.

Strategies to cope with identified barriers include agency conversations with jails in Washington State to gain access to individuals within the jails. A strategy to address housing challenges is to refer individuals to multiple housing resources to hopefully improve assistance for the individual.

### Greater Columbia BH-ASO

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

- Blue Mountain Counseling in Columbia County

- Lourdes Counseling (July 2021-March 2022) and Comprehensive Health (April 2022-June 2022) 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

## **Benton/Franklin counties**

Lourdes Counseling and Comprehensive Health report many individuals experiencing serious mental illness are incarcerated due to behaviors associated with the symptoms of their illness. Individuals experiencing incarceration often have multiple immediate needs, including behavioral and physical health issues, which require ongoing care. Mental health professionals assess inmates for ongoing mental health services and work closely with agencies to ensure the inmates receive quality care. Jail staff help link incarcerated individuals experiencing a serious mental illness with appropriate community services and help inmates apply for health insurance and arrange post-release services.

The most recent barrier to providing transition services was ongoing issues due to COVID-19 restrictions.

Collaboration with the jails will continue and staff will continue to follow the Centers for Disease Control (CDC) guidelines while providing mental health services.

## **Asotin and Garfield counties**

Quality Behavioral Health reported that each week their crisis provider on call for Friday reached out to the jail and requested status if there were individuals with a release date that desired jail transition services, including Apple Health eligibility help upon release, or discharge planning from the jail. If no individuals were identified, the jail staff signed and sent back to the agency a documentation sheet for tracking purposes.

The primary barriers reported COVID-19 restrictions, accessing the jail, and individuals released from jail earlier than anticipated.

Quality Behavioral Health meets with jail staff monthly to speak with jail staff to ensure services are known to inmates. Additionally, their team developed a form to attempt services via phone and fax.

## **Columbia County**

Blue Mountain Counseling reported serving a single individual to establish Apple Health coverage. They will continue to work with law enforcement to encourage them to advise individuals of their program. They plan to have one Blue Mountain Counseling staff person identified to contact jail staff to confirm individuals who are close to release from the jail.

## **Whitman County**

Palouse River Counseling reports outreach services which include personal contact or referrals to other community services that could benefit the individual. Individuals receive emotional support while in jail and encouragement to engage in more extensive behavioral health services when they are released.

All communication during this period were made through Zoom meetings between Palouse River Counseling and the Whitman County Jail in Colfax. These meetings were scheduled weekly with the county jail. The individual's behavior, or their refusal to participate, determined if a meeting would take place. This made it difficult to meet on a regular basis.



Palouse River Counseling reports a staff person assigned to this program, rather than sharing it across various staff, eliminated several challenges. Examples of challenges encountered are:

- a) Attempts to meet with individuals in the Whitman County Jail by scheduling weekly Zoom meetings through email with the jail
- b) Waiting to receive an email back from the jail that meetings were scheduled
- c) If meetings were not scheduled, the staff person contacted the jail to speak with the corrections office to inquire why the meetings were not scheduled. The staff person continued to support and encourage individuals to attend meetings by displaying appropriate behavior that allowed individuals to participate.

## **Kittitas, Walla Walla, and Yakima counties**

Comprehensive Healthcare reports clinicians are available to provide in-jail and transition out-of-jail services for any individual who is receiving services with the behavioral health team while incarcerated or who have been identified as receiving or scheduled to receive an evaluation. There is a jail behavioral health team which works with individuals while incarcerated including prescribers, who assist individuals in stabilizing and coordinating care with community partners. When individuals are getting close to release, staff will assist the individual by making referrals to appropriate community resources as available. In addition, they have case managers who will meet with inmates identified as having evaluations scheduled or completed in the past and will work on release planning. These case managers go into the jail to meet with individuals and then upon release provide intensive case management services to assist in linking them to services needed to stabilize in the community. Additionally, Comprehensive Healthcare has SUD peers who can meet with individuals in the jail and assist in their transition out of jail, linking them to services and providing increased supports. The Comprehensive Healthcare jail transition contracted services include case management, medication management services, individual therapy, and therapeutic groups.

Staffing within the corrections setting can present a challenge, as jail staff are not always readily available to facilitate behavioral health appointments. Institutional barriers within the jail system can present challenges at times, due to the size of the jail and the priorities of tasks that need to take place on any given day. Priority is given to mealtimes, lawyer visits, court, and medical services. The prioritization can lead to scheduling challenges. COVID-19 has also presented challenges within this setting, sometimes causing whole units to be in lockdown. Recently, the number of COVID-19 cases in the jail was very minimal if any at all. The jail is also involved in navigating a settlement agreement with Disability Rights Washington. While there have been many improvements to care as a result, there are also tasks that are requirements of the settlement agreement which do not always result in better individual care, and the additional requests can create a barrier in limiting time available for other necessary tasks.

Comprehensive Healthcare reports working to provide a rewarding workplace environment, competitive pay and benefits, and a supportive internal structure to entice new staff when exploring employment at their agency. Many of the attempts at navigating challenges hinge on developing good relationships with their jail partners and having regular, consistent communications about what is working well and what is not working. Jail staff have also adjusted their schedules in some cases, with clinicians coming in earlier in the morning to better align to the schedule of the jail. In relation to COVID-19 restrictions, staff make use of the kiting system to communicate with individuals who are in quarantine when necessary. They also

developed packets of information and worksheets that individuals can read through and work on to address some of their behavioral health needs while they wait for a face-to-face visit.

Comprehensive Healthcare staff have also worked hard to navigate the variety of funding issues, to try and schedule individual's intake appointments as close to discharge as possible in those cases where it cannot happen prior to release.

Kittitas County stakeholders, including the corrections center, have been open to exploring options for grant funding and engage in transition services. Within the last six months their behavioral health court has been implemented, which offers another avenue for criminally justice involved persons to engage with behavioral health treatment. In Walla Walla the program manager has developed a good working relationship with the commander at the jail, fostering good communication, which assists in improving service delivery.

## Great Rivers BH-ASO

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

Great Rivers BH-ASO contracts with three behavioral health agencies for JTS: Cascade Community Healthcare, Wahkiakum County Health and Human Services, and Community Integrated Health Services.

Great Rivers BH-ASO reports that services are provided in coordination with local law enforcement and jail personnel to expedite applications for Apple Health 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 agencies 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.

Great Rivers BH-ASO reports they will continue to support and improve relationships between agencies, jail staff, and corrections staff by providing trainings. Great Rivers BH-ASO also plans to improve outcome reporting with agencies to support successful transitions back into the community and support reductions in recidivism.

## King County BH-ASO

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-19 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 SFY 2022 was 1,391; consists of two sites:

- King County Correctional Facility (KCCF) in downtown Seattle; capacity = 1,262
- Maleng Regional Justice Center (MRJC) in Kent; capacity = 896

## Municipal 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; Capacity = 813
- Kent city jail located in Kent; capacity = 96
- Enumclaw jail located in Enumclaw; capacity = 25
- Issaquah Correctional Facility located in Issaquah; capacity = 62
- Kirkland jail located in Kirkland; capacity = 64

The following table describes the JTS provided within King County.

**Table 1: Jail transition services provided within King County**

Service	Population Served	Description
<b>Benefits Application Assistance</b> (WA State DSHS, contract with Belltown Community Services Office) in jails and community corrections.	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, or Disabled (ABD) benefits, Housing & Essential Needs (HEN), Supplemental Nutrition Assistance Program (SNAP), Apple Health/Medical; Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Temporary Assistance for Needy Families (TANF) - cash assistance.
<b>Integrated Dual Disorders Treatment (IDDT) and transitional housing</b> (embedded in Sound Reaching Recovery)	Adults with co-occurring behavioral health conditions who are transitioning from incarceration at any jail within King County and assessed as appropriate for IDDT. Participants are enrolled in Apple Health as quickly as possible.	Co-occurring mental health and substance use disorder (SUD) treatment; transitional housing for participants experiencing homelessness.
<b>Jail-Based Substance Use Disorder Assessments</b> for KCCF and MRJC	Adults with SUD who are incarcerated at the KCCF or MRJC, transitioning out of jail, and require SUD assessments for possible inpatient treatment.	SUD assessments for the purposes of placement into inpatient treatment upon release from jail custody. JTS supports a 0.5 FTE SUD assessor.
<b>Jail-Based Substance Use Disorder Assessments</b> For municipal jails and SCORE	Adults with SUD who are incarcerated at the municipal jails in King County SCORE, transitioning out of jail, and	SUD assessments for the purposes of placement into inpatient treatment upon release from jail custody.  JTS supports 1.0 FTE SUD assessor.

require SUD assessments for possible inpatient treatment.

<p><b>Legal Intervention and Network of Care (LINC)</b></p>	<p>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.</p>	<p>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.</p>
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**Benefits Application Assistance in Jails and Community Corrections**

JTS funds 1.5 full time equivalents (FTE) public benefits specialists (PBS), who provide individuals 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) with assistance applying for publicly funded benefits through the Department of Social and Health Services (DSHS) and the Social Security Administration (SSA). DSHS suspended on-site services on March 24, 2020, due to the COVID-19 pandemic. Services resumed in June 2020 via telephone and email and DSHS plans to continue with this mode of service delivery for the foreseeable future.

**Reaching Recovery Integrated Dual Disorders Treatment (IDDT) and transitional housing**

JTS funds support transitional housing for participants experiencing homelessness. 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. This program has continued to be funded at a reduced amount due to previous under-expenditures in the program and has been operating throughout the pandemic with no significant interruptions in service.

**Substance Use Disorder Assessments for KCCF and MRJC**

JTS funds support a 0.5 FTE substance use disorder professional (SUDP), who provides in-custody SUD assessments using the American Society of Addiction Medicine (ASAM) tool at KCCF and MRJC for referrals from Public Health-Seattle and King County’s Jail Health Services release planning staff and public defense. The purpose of these assessments is to support individuals experiencing SUD transition from jail to inpatient SUD treatment when appropriate. The 0.5 FTE SUDP is an employee of Public Health-Seattle and King County Jail Health Services, the entity responsible for providing medical, dental, and psychiatric services to individuals incarcerated at the KCCF and MRJC. Given their role, Jail Health Services staff have been able to maintain jail access throughout the COVID-19 pandemic. Consequently, the SUDP was able to continue providing in-person SUD assessments and coordination of inpatient treatment placement throughout the pandemic.

**Substance Use Disorder Assessments for Municipal Jails and SCORE**

JTS funds support a 1.0 FTE SUDP employed by King County’s Behavioral Health and Recovery Division (BHRD), who provides in-custody SUD assessments using the ASAM tool for individuals with a SUD who

are incarcerated at the municipal jails in King County to include SCORE. Referrals include self-referrals, attorney referrals, family, friends, acquaintance referrals, and must involve an individual with a SUD who either has a release date or agreement from the court or legal parties that release to treatment will be considered when appropriate. COVID-19 continues to impact the SUDP's jail access at several of the municipal jails in King County, but the SUDP conducts video assessments at the correctional facilities where in-person jail access has not yet resumed. The transition to use of video technology to conduct assessments remotely has had the positive consequence of increasing capacity for in-custody SUD referrals and is a strategy King County hopes to continue as appropriate.

### **The Legal Intervention and Network of Care (LINC) Program**

JTS funds support 1.0 FTE Competency Boundary Spanner for King County District and Superior Courts, and 3.0 FTE LINC specialist care coordinators providing six-to-twelve-month transitional care for individuals with a history of or risk of legal competency orders. The LINC program continued providing intensive community-based care management and low barrier behavioral health services throughout the COVID-19 pandemic, though multiple impacts of the COVID-19 pandemic affected the team's ability to provide in-reach to the jail and assist participants with accessing resources. Continuing from the previous year, jail access has been an ongoing challenge for LINC and other programs, because of COVID-19 pandemic outbreaks and adapted jail protocols for visitation, as well as a workforce shortage of jail staff. This resulted in an overall decrease in numbers served compared with pre-pandemic enrollment and service rates.

LINC experienced multiple changes this year, including staff turnover in both Competency Boundary Spanner and LINC specialist roles, and in the supervisor, role managing these staff. As new intersecting programs have been implemented by HCA and DSHS in King County within the Trueblood Contempt Settlement Agreement, LINC has worked to collaborate with new programs and partners including Forensic Navigators and Forensic Projects for Assistance in Transition from Homelessness (FPATH). LINC will be participating in upcoming monthly care coordination meetings for Trueblood high utilizers along with Apple Health managed care organizations, BH-ASO care coordination staff, and other diversion and service teams. Approximately 30 percent of LINC participants are FPATH eligible high utilizers of competency services.

## **North Sound BH-ASO**

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

### **Island County**

Island County provides more than 15 services depending on the needs of the individual. The following services are provided: transportation and housing coordination upon release, assistance reestablishing health insurance, assistance establishing care with a medical agency, coordination for inpatient substance use disorder treatment, coordination for outpatient mental health treatment, coordination for domestic violence support services, employment and education planning, and general support and planning prior to release. The biggest barrier for JTS staff in the last year has been housing. The lack of housing resources due to affordability and restrictions for those with criminal backgrounds continue to be a barrier with the added problem of the severe affordable housing shortage in Island County. The COVID-19 pandemic exacerbated the lack of housing options, and these barriers continue to be a challenge.

Treatment for SUD and co-occurring disorders (COD) are more challenging this year because of behavioral health staffing shortages and closures due to the COVID-19 pandemic. Transportation to aftercare services from the jail continue to be a challenge in Island County. Since housing is a challenge for their entire county, the agency reports working with the Island County Housing Support Center to come up with creative solutions. For those jail transition participants who transfer directly to SUD or COD inpatient treatment from jail, the provider attempts to coordinate housing to the Oxford houses directly from treatment. The provider can access temporary housing funds for hotel stays while waiting for affordable housing to become available. The provider utilizes the Housing Support Center diversion program, which assists people get back into healthy situations with family or friends outside of Island County or the State of Washington.

## **Skagit County**

Skagit County reports assisting individuals access substance use assessments that are provided in-custody by Lifeline Connections. This allows many people, especially those with co-occurring substance use and mental health disorders, to access inpatient residential services and go directly from the Community Justice Center (CJC) to the facility. The Jail Transition Program (JTP) works with administrative and CJC staff to provide individuals with low barrier, low anxiety modes of transportation to inpatient facilities, primarily using Medicaid Transportation. JTP assists individuals with renewing or creating new Apple Health accounts while in-custody, so they are insured upon their release, regardless of if the individual goes directly to a facility. JTP continues to identify the status of community agencies every six to eight weeks as their ability to take new individuals changes often and individuals in custody benefit from knowing who is taking individuals and how to access their services. JTP assists individuals completing the Coordinated Housing Entry application that allows them to be on waitlists for transitional, supportive, and low-income permanent housing. JTP also assists individuals with motel vouchers for short term shelter upon release from CJC. Individuals are assisted with transportation and bus passes to appointments including behavioral health, medical and to meet their legal obligations.

## **Snohomish County**

Services provided by JTS includes the following: initial eligibility screening; mental health assessments; enrollment into continuing services post-release; SUD assessment referrals and coordination; collaboration with in-jail services (Mental Health Professionals [MHP], classification, Medication for Opioid Use Disorder [MOUD], jail medical); referral to managed care organizations for ongoing care coordination and case management. Collaboration continues with the Snohomish County Public Defenders Association to engage individuals who have behavioral health needs in the jail as well. Additionally, individuals are provided education and information for resources related to homelessness and housing, accessing additional services (medical, behavioral health), employment, etc. COVID-19 has continued to present challenges for JTS including limited access to the jail facility and inmates for both JTS program staff as well as other community agencies. The jail has also maintained limited capacity of approximately 50 percent for most of the year, as well as having a very quick turnover, resulting in significant difficulties in identifying, communicating, and engaging with individuals prior to their release.

There continues to be a housing shortage for individuals seeking accessible and affordable housing, which impacts their stability. While there has been some improvement, there continue to be delays in individuals accessing medication at release. Although the time in jail has been shortened, an individual's benefits may still be turned off, causing a delay when they need to access medication upon release.

The workforce shortage across the behavioral health fields in Snohomish County continues to adversely impact individuals released from jail with the ability to access and engage in behavioral health and medical services.

Snohomish County Human Services continues to meet with Snohomish County Jail leadership monthly to support collaboration and communication.

## **Whatcom County**

Whatcom County provides behavioral health assessments, needs assessments, and services plans if staffing is sufficient. Engagement with new programs or prior programs in the community with warm hand-offs if staffing is sufficient.

They report their contractor decided to terminate the contract due to inability to acquire staff to fill the positions. Re-entry services were still provided as able with fewer staff.

They report to have recently started a Jail Transition Services coordination meeting to ensure maximizing use of the newer behavioral health programs that have been evolving over the last two years.

## **Salish BH-ASO**

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

Salish BH-ASO reports contracted JTS to each of the four mental health agencies in their region. Each agency provides services based upon their specific catchment area. The JTS programs faced significant challenge in 2020. In the last year Salish BH-ASO agencies have increased allocated budget billing to \$77,079 of \$111,816.

JTS were primarily provided for engagement and referral. Agencies are working with jail staff to coordinate and assist individuals in accessing supports, assessments, and connection to treatment services upon discharge. Providers connect the individuals to outpatient services in mental health services and substance use disorder services, and primary care as needed. The addition of peer services also increases support post release for individuals who benefit from this support.

COVID-19 continued to provide significant barriers in access to the jail within the Salish BH-ASO region. This resulted in a smaller pool of individuals to be considered for referral. Jefferson County has a grant for in-jail SUD services that has impacted the referral process. Agencies are still working with the jail to coordinate referrals. An increase in co-response or alternative to jail programs has also impacted referrals within the jails.

Salish BH-ASO uses a working agreement to clearly delineate services and roles in each jail as agreed by all parties. This agreement is negotiated with the service agency, jail staff, and juvenile services as appropriate. Salish BH-ASO has been meeting with each agency and jail to update the working agreement related to these services. They report working to clarify eligible services and problem solve challenges related to other jail programs and services that create barriers to access. They are also working to manage duplication of services with other programs to maximize the benefits of the program. Jail peers have been added to all four jail transition agencies this year. The hope is that this will increase the access of peer services and supports.

## Spokane BH-ASO

Spokane BH-ASO consists of six counties including Ferry, Pend Oreille, Lincoln, Spokane, Stevens, 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 successful transition back into the community. Spokane BH-ASO has consistently advocated for additional funds to ensure each county in the region can provide JTS and expand the current services delivered. Each county in the region identifies a significant need for more funding.

For the period of July 1, 2021, through June 30, 2022, the Spokane BH-ASO, received jail proviso funds in the amount of \$194,868 for the six-county region.

Spokane 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
- 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 Regional Service Area (RSA), the Spokane BH-ASO provided an additional \$257,506.03 in general state non-Apple Health funds for jail services in the region. This made a total of \$451,618.03.

Additionally, Spokane County contributed local mental health sales tax funds to Spokane County Detention Services during the first half of the State Fiscal Year (SFY) 2021-2022 for medically necessary behavioral health services. Although they 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 State Fiscal Year 2022 by each behavioral health agency are itemized below:

**Table 2: Contracted funding for jail services SFY 2022**

<b>Agency</b>	<b>Funding Amount</b>
<b>NEW Alliance Counseling Services</b>	\$10,450.38
<b>Spokane County Detention Services</b>	\$139,920.06
<b>Adams County</b>	\$6,416.63
<b>Pend Oreille County</b>	\$2,760.56
<b>Total</b>	<b>\$159,547.63</b>

Please note the numbers in Table 2 do not reflect June 2022 invoicing.

The Spokane RSA also experienced significant changes in SFY 2022, with the Spokane County Detention Services (SCDS) notifying the Spokane BH-ASO in January 2022 of their intent to decline their Jail Services



with the Spokane BH-ASO. SCDS has expressed over the years that the administrative challenges with meeting contract requirements, including credentialing, monitoring, and service reporting, was becoming too burdensome for their department. Pursuant to this notice, the SCDS officially declined their January 1st contact amendment, effectively terminating the Jail Services arrangement with the Spokane BH-ASO. Despite not continuing their contract with the Spokane BH-ASO, the SCDS has maintained their same array of services within the Spokane County Jail, utilizing Spokane County funding to continue providing the same intensity and scope of services. Although a loss of partnership for the Spokane BH-ASO, the ability for Individuals incarcerated to continue receiving the necessary behavioral health services remains a critical resource in their region.

## Barriers

As reported in the past, 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 agencies 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 (POCCS) has experienced the most impact, with a significant reduction of their crisis response team providers due to the workforce shortages, including the loss of their crisis services manager. This has required months of tireless work to rebuild a team and restructuring the crisis response team, while ensuring the provision of contractually required services. Although not felt as keenly as POCCS, the other jail services agencies have also struggled with the impact of workforce shortages, having to augment their service response to better maximize the resources available to them.

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, and other supports impact the ability of behavioral health staff to consistently meet 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 health care 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.

## Successes

The behavioral health agencies work to be as creative as possible with limited funds for a six-county region. They also partner to engage substance use disorder (SUD) agencies and programs for individuals who need it to facilitate placement into SUD treatment programs upon release from the jail.

Before the ending of their contract with the Spokane BH-ASO, the Spokane County Jail has recently worked to partner with the Spokane Regional Health District to provide Medication for Opioid Use Disorder (MOUD) to individuals while incarcerated. This allows for individuals to begin to engage in MOUD while in the jail, with the goal of ensuring those individuals who are inducted into MOUD while in the jail, continue the treatment upon release.

Although not directly funded by jail services funding, the culminating efforts by HCA, Spokane County, Spokane City, and so many others to develop and implement a law enforcement and diversion treatment facility have succeeded. The Spokane Regional Stabilization Center (SRSC) opened in early October 2021. The SRSC has provided the Spokane Regional Service Area (RSA) with another resource in addressing the unique behavioral health needs faced in the criminal justice system. With the opening of this resource, regional law enforcement has another option to jail, providing a diversionary intervention that reduces jail recidivism and provides for more appropriate jail response services.

In addition, the Spokane BH-ASO, has been working diligently to expand jail diversion and transition efforts to address the ongoing need of incarcerated individuals and those with a history of incarceration. Through the expanded use of Mental Health and Substance Abuse Block Grant funding and in conjunction with HCA, the Spokane BH-ASO developed the Peer Pathfinder Jail Transitions program for the Spokane Region. The Peer Pathfinder Jail Transitions Program utilizes individuals with lived experience to assist individuals in transitioning out of incarceration and back into the community. Through this project, the Spokane BH-ASO hopes to bridge the gap between incarcerated settings and the community, providing responsive peers with lived experience assisting individuals and maximizing beneficial outcomes. The Spokane BH-ASO has partnered with Passages Family Support (PFS), a leader in peer led services, to develop and implement the Peer Pathfinder Jail Transitions project in Spokane County. Although still in its infancy, the project has already demonstrated marked success. Within the first three months PFS reported their program was fully staffed and had already been active in partnering with the Spokane BH-ASO to create a new Jail Transitions and Coordination (JTAC) meeting with regional agencies, managed care organizations, local hospitals, community health, courts, SCDS, and regional partners. The Spokane BH-ASO believes this peer led approach has significant promise in helping support individuals existing incarcerated settings while working to support recidivism efforts. While this project is currently utilizing expanded by time limited Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG) funding provided through federal rescue plan funding, the Spokane BH-ASO long term goal is to reinvest the Jail Transitions funding declined by SCDS to ensure the ongoing success of this this vital program.

## Thurston-Mason BH-ASO

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**

- 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**

- Quick turnaround of individuals who are incarcerated with unexpected releases from custody.
- Limited low barrier affordable housing options in the community.
- Extended wait times when individuals need competency evaluations and restoration treatment.
- Changes, reduction, and long wait times for community resources due to the COVID-19 pandemic.

## **Successes with jail transition services**

- Addition of parallel peer support and substance use disorder professional programming at the jail.
- Strengthened partnerships with housing partners and programs in the community to successfully get inmates into treatment and housing.
- Addition of Trueblood jail diversion and re-entry programming and high utilizer funds to the jail to assist with reducing jail time and connections to resources and services for class members.
- Utilizing peer support case management to assist individuals in following up with delayed and changing resources.
- 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.
- Securing 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.

The lack of housing due to affordability is a significant barrier for individuals seeking housing after release from jail. The jail transition team's efforts to coordinate housing supports for individuals continues to be a critical support services for Washingtonians released from jail and facing housing challenges.

Accessing jail facilities in the regions can provide logistical challenges. Continued coordination between agencies and jail staff remains an important element to increase access to jail facilities. COVID-19 restrictions remained a difficulty to access individuals who were incarcerated as well as supporting transition out of the jails.

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.

## Appendix A: 2022 jail services funding allocation

Table 3: State Fiscal Year 2022 jail services funding allocations, by BH-ASO

BH-ASO	Per Month	SFY22 Total
Great Rivers	8,597.00	103,164
Greater Columbia	23,553	282,636
King	52,454	629,448
North Central	7,250	87,000
North Sound	30,628	367,536
Beacon Pierce	21,090	253,080
Salish	9,370.50	112,446
Southwest	12,853	154,236
Spokane	16,239	194,868
Thurston Mason	8,882	106,584

# Appendix B: Map of BH-ASO

Image 1: Map of BH-ASOs

## Behavioral Health: Administrative Services Organizations (BH-ASO)

