Familiar Faces Steering Committee  
Meeting Summary

July 7, 2016, 9 a.m.-10:30 a.m. Conference Rooms 121/123, 401 5th Ave, Seattle

**Members Present**: Joe Cunningham (Councilmember Claudia Balducci’s Office), Brigitte Folz (for Elise Chayet), John Gilvar, Willie Hayes, Betsy Jones, Andrew Kashyap, Anita Khandelwal, Mikel Kowalcyk, Daniel Malone, Hedda McLendon, Bette Pine, Jim Pugel, Adrienne Quinn, Dan Satterberg, Cindy Spain, Gail Stone, Judge Donna Tucker, Natalie Walton-Anderson

**Staff Present**: Jesse Benet, Margo Burnison, LaMont Green, Ingrid McDonald, Holly Rohr Tran, Genevieve Rowe

# Welcome & Introductions; LaMont Green, new project manager 9:05 a.m.

Adrienne Quinn welcomed the group and led a round of introductions.

LaMont Green was introduced as the recently hired Familiar Faces Project Manager. LaMont’s previous experience includes tenures with Pierce County, City of Tacoma, the military, and an engineering firm. Steering Committee members can expect to hear from LaMont in the future as he works to move the Familiar Faces initiative forward. Jesse Benet and Travis Erickson will continue in their roles in the Familiar Faces work.

# Familiar Faces Intensive Care Management Team Evaluation 9:15 a.m.

Jesse Benet offered a quick update regarding the Intensive Care Management Team (ICMT):

* the Team recently completed training for motivational interviewing, during which they crafted a vision statement:

“Individuals are engaged in building connections in order to advocate for social justice. Our integrated team uses a person centered approach to support individual goals and resiliency in the community.”

* Outreach to enroll clients begins this week. Enrollment is recommended to occur at the pace of 5-7 individuals per month – may potentially reach full capacity early next year

Genevieve Rowe distributed the Report from the Familiar Faces Intensive Care Management Team (ICMT) Data and Evaluation Workgroup. The workgroup defined the ICMT target population as individuals who met Familiar Faces criteria 2 separate times in a 3-year rolling period and whose most recent stay was in the previous 3 months. The ICMT will focus on individuals whose needs are not getting met by current service offerings (e.g., needs exceeds or were not able to successfully make it through specialty court). There are over 400 individuals who meet this criteria.

The workgroup also designed a modified randomized comparison group (a true randomized control group not set up to ethical considerations). This work is under review by the Washington State Institutional Review Board (IRB) – staff are proceeding cautiously until the IRB’s review is complete (anticipate approx. 6 weeks).

Steering Committee members discussed:

* How to assure optimal systems coordination with municipal court judges around ICMT work
* Familiar Faces Staff to draft email/talking points for Judge Tucker to share with municipal court judges at upcoming July 22 meeting
* Dedicated prosecutor resources may be needed to coordinate/advocate with city attorneys for those enrolled with ICMT
* Regarding outcomes:
  + Consider looking at red/yellow/green psychiatric housing level in the King County Jail
  + Evaluation should include high-level outcomes

# Steering Committee Breakout Groups – Report Out 9:35 a.m.

## Jail Reentry/Healthcare

Betsy Jones noted that at the June 2 meeting, this breakout group defined process steps to implement the pilot with United Healthcare, and how to launch this fall.

Since the last meeting, Bette Pine noted that Jail Health Services has transitioned their electronic medical record to EPIC and is working with compliance office and on getting jail clearances in order to be ready for the launch.

## Diversion

Adrienne Quinn noted that at the June 2 meeting, this breakout group zeroed in on the ICMT demonstration pilot and noted that to-date discussions have focused on health and housing, but complex legal issues still stand. Judge Tucker’s authority to quash warrants in some other jurisdictions was surfaced, and the group discussed the possible need for legal care outside of normal business hours.

# Breakout Groups – Reconvene 9:40 a.m.

Staff noted interest in doing plan-do-study-act cycles for any changes members identify for immediate implementation.

Jesse Benet also noted discussions and an upcoming meeting (including City of Seattle) about establishing a “single portal” for first responders to use for diversion. Resources could include a crisis center in south King County, LEAD, and officers co-trained in harm reduction and crisis diversion.

## Jail Re-entry/Healthcare

Members were asked to reconcile discussion with 5/26 ICMT Criminal Justice Workgroup Notes.

Questions related to MCO Pilot(that also related to the Intensive Care Management Team demo program)

1. Notification to the MCO once an individual is enrolled with upon booking in to King County Jail – when does this happen?
2. Will the MCO know if the individual is already connected to care management/services with Healthcare for the Homeless (HCHN) or King County Behavioral Health and Recovery provider network?
   * HCHN staff who are Public Health employees can get on EPIC (now same EHR as Jail Health)
3. What if an individual has a health home (after January 2017)?
4. How do we teach “legal literacy” to care managers and MCO staff (community health workers)?
5. DAJD will convene a meeting with Jail Health Services (JHS) and Familiar Faces leads (Willie needs assistance from to schedule) to address:
   * Reducing barriers
   * Educating and Informing DAJD staff
6. Need to discuss Reentry housing related to all programs/MCO pilot especially for those individuals experiencing homelessness that the MCO works with, what will housing coordination look like? Will MCO have housing resources?

Standard Work – Protocols/Recommendationsfor ICMT and MCO Pilot (and other FF strategies that are implemented)

* JHS continuity of care issues
  + MCO Community Health Worker (CHW) will meet with their incarcerated members as early as possible in the booking process
* Continued engagement by CHW and the individuals and consistent with release planning practice by JHS
* Do PDSA cycles to test/try out these standard work with ICMT and MCO-pilot, surface barriers and issues at Steering Committee meetings
* Standard Communication – across all programs with JHS and a need for **standard work** for the following

Standardized Work Needed (across ICMT and MCO Pilot and any other reentry program)

* Need to define what continuity of care is and have a shared understanding across JHS, ICMT and MCO pilot (and across steering committee)
* How to work with in-custody Substance Use Disorder (SUD) assessors (there are two County-wide serving all 7 jails) for inpatient and SUD treatment placement
* Standard communication portals with public defenders (including mitigation specialists with each division) and a shared understanding of how working with defense supports the ICMT and MCO pilot services
* Standard work on working with probation entities including Department of Corrections Community Supervision Officers in hopes of having less probation requirements and more time/flexibility in reporting to probation upon release from jail if there are barriers for the individuals to do so
* Standard work with DAJD staff including (work with Captain Weirich to set this up, he is in charge of ITR which includes commitments staff and release staff)
  + Commitments Desk staff (on figuring out release dates and planning for day of release to provider staff – Willie OK with using commitments staff to assist programs
  + Release Desk
* Standard work with Municipal Jails when someone becomes incarcerated there that is in ICMT services or working with MCO Community Health Worker
* Use LEAD type of prosecutorial services to assist with ICMT and MCO pilot around warrants and getting CJ information, PDSA cycle with ICMT

## Diversion

### Need for Quashing Warrants

1. Must quashing warrants occur only during the day, or can we set up a system that can quash warrants outside of the 9-5 pm schedule? [Mikel]
2. Ask Judges of other municipalities to grant permission to Judge Tucker to quash warrants, which would be formalized with a Memorandum of Agreement (MOA). [Judge Tucker]
3. In order to coordinate care better for Familiar Faces (FF), is there a way to stop a FF from going to SCORE? [Mikel]
   1. Some of the benefits of a FF going to the County Jail vs. SCORE include:
      * Better care (less disruptive)
      * Quicker updates
      * Methadone treatment
      * Access
   2. If King County agreed to pay for jail costs, other municipalities may be amenable. It will make the process of quashing warrants much easier; **however, this will take buy in from Judges, Prosecutors, and Public Defenders resulting in a *Warrant Quashing MOA*.**
4. Additionally, NCIS access is needed with a liaison who can be called to look up warrant information. [Anita]

### What are warrants getting in the way of?

1. Housing
2. “The Daisy Wheel Effect”
3. Impacts eligibility for the CSC

### Summary Recap

1. Find out whether a methadone clinic is being developed in SCORE, and what stage of development it is in
2. Gain consensus with Judges, etc. regarding quashing warrants
   * Outline next steps to develop/implement “Warrant Quashing System”
3. Find out what are the costs associated with all of this
4. Take a pilot approach to demonstrate effectiveness and cost savings

### DCHS To-Do List

* Examine/Identify exclusion criteria for the CSC that may be a barrier to greater client access
* Explore the possibility of KC being responsible for jail services for FF who cannot be diverted
* Analyze FF data regarding multiple warrants (where, type, trends, age of warrant, etc.)

# Meeting Adjourned 10:25 a.m.

Next meeting:  
August 4, 2016  
Chinook 1311/1312  
401 5th Ave, Seattle