

Incarceration Prevention Reduction Task Force

May 02, 2016

Whatcom County Courthouse, 311 Grand Avenue, Bellingham

9:00 – 11:00am

AGENDA

Time	Topic	Purpose	Responsible	Attachment
9:00 5 Minutes	1. Welcome <ul style="list-style-type: none"> • Review Agenda • Review April 04, 2016 Meeting Summary 		Jill	4.4.2016 Summary
	2. Lummi & City of Bellingham Update	Information	Julie Finkbonner Darlene Peterson	
	3. Meeting Schedule	Decision	Jill	
	4. Phase II <ul style="list-style-type: none"> • Specificity of Recommendations • Triage Facility Recommendations • Triage Facility Update 	Decisions	Tyler Dean	Recommendations 4.14.2016 Summary
	5. Steering Committee Update	Information	Ken	3.31.2016 Summary 4.28.2016 Summary
	6. Behavioral Health Committee Update	Information	Perry	3.31.2016 Summary
	7. Justice Committee Update <ul style="list-style-type: none"> • Probation • Judicial conference 	Information	Fred	4.11.2016 Summary
	8. Recommendation to TF on Broader Issues	Discussion	Stephen Daniel Moonwater	
	9. Public Comment		Jill	Articles/Links Rec'd
11:00	10. Adjourn		Jill	

Incarceration Prevention and Reduction Task Force

Meeting Summary, April 04, 2016

Whatcom County Courthouse, Rooms 513/514

311 Grand Avenue, Bellingham WA

Attendance

Present	Representing
Anderson, Angela	Whatcom County Public Defender
Bernstein, Jill, Co-Chair	Citizen Representative
Deacon, Anne	Whatcom County Human Services
Elfo, Bill	Whatcom County Sheriff
Gockley, Stephen	Whatcom Alliance for Health Advancement
Finch, Leslie (proxy for Chris Phillips)	PeaceHealth St. Joseph Medical Center
Gribbin, Susan	Consumer
Hammill, Daniel	City of Bellingham, City Council
Heydrich, Alfred	Whatcom County Superior Court Commissioner
Lewis, Nickolaus (proxy for Julie Finkbonner)	Lummi Tribal Council
Kruse, Betsy	North Sound Mental Health Administration
Linville, Kelli	City of Bellingham, Mayor
Manering, Byron	Brigid Collins
Mann, Ken	Whatcom County Council Member
McEachran, Dave	Whatcom County Prosecutor's Office
Morgan, Irene	Restorative Community Coalition
Peterson, Darlene	Bellingham Municipal Court
Polidan, Randy	Unity Care NW
Absent	
Brubaker, Jeff	Bellingham Fire Department
Hovenier, Jack, Co-Chair	Consumer Representative
Knapp, Michael	Ferndale PD
Moonwater	Whatcom Dispute Resolution Center
Schroeder, Tyler	Whatcom County Executive's Office
Winter, Greg	Opportunity Council
Staff	
Wight, Dean - Lead	

Meeting Summary

1. Call to Order

The meeting was called to order by Jill Bernstein, Co-Chair.

The agenda was modified to include an update from the City of Bellingham on new efforts to prevent and reduce incarceration.

The meeting summary from March 7, 2016 was reviewed, no changes.

Concerns were expressed about information sharing, the need for report-outs to the larger Task Force, and the challenges for staff with multiple meetings (ad hoc).

The meeting schedule for the Task Force was accepted without vote or discussion.

Incarceration Prevention and Reduction Task Force

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2. Steering Committee Update

Staffing Changes

Ken informed the Task Force that the County and WAHA have decided that WAHA will no longer providing services to support the work of the Task Force. There is a new RFQ going out for facilitation, and the County will be providing administrative support for the Task Force, effective May 01, 2016. The County will also be assuming responsibility for maintaining the website for Task Force-related information.

Materials from TF Members and Members of the Public

Ken also informed the Task Force that the Steering Committee recommends that materials submitted for Task Force review by Task Force members and members of the public be handled in the following way:

- Treat everything submitted as public comment
- Hand out a list of submissions at each Task Force meeting
- House all information on the County website, with links

3. Triage Committee Update

Dean provided the Triage Committee Report, which included a set of recommendations approved by the Triage Committee for Task Force Consideration.

1. The development of two 16-bed units joined in one building off a common foyer and intake space.
2. Further analysis to determine whether the 16-bed mental health unit should be voluntary or involuntary, and the need for a 10-minute drop-off wait for law enforcement/emergency medical services
3. Consideration of two location options
 - a. Current Crisis Triage Facility location on Division Street
 - b. Proximity to Medical Center/downtown area

The Task Force had an extensive discussion related to the recommendations of the Triage Committee, key points and questions as follows:

- Pending needs assessment will have an impact on mental health bed recommendation
- Whatcom County is pursuing support from the state for capital costs
- Kitsap County is a frontrunner in developing a facility like this, the Kitsap experience will provide useful information to the Task Force
- The need for a sufficient continuum of care after people leave the Triage facilities
- Regulatory requirements around the 16 bed limitation
- Clarification as to why a 10 minute drop-off is important to law enforcement and emergency medical services

Incarceration Prevention and Reduction Task Force

Meeting Summary, April 04, 2016

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- Complexity of measuring actual need when behavioral health services have been underfunded for a significant amount of time
- Gap identified in state contracting with the Tribes and the impact that gap may have on Lummi/Nooksack
- The need to explore voluntary vs. involuntary and the differences between a 12 hour hold due to criminal behavior for law enforcement purposes verses a 72 hour hold for mental health involuntary treatment
- Original promise to the community that the location on Division Street would be temporary, current thinking that Division Street is a better location for services and the facility hasn't had a negative impact on the neighborhood

4. Behavioral Health Committee Update

Anne responded to an earlier inquiry regarding the closure of Pioneer Center North and informed the Task Force that Whatcom County Health Department is putting together a plan with recommendations for replacement of inpatient residential beds needed for Whatcom County that includes:

- 2 residential/inpatient SUD facilities (50 – 60 beds total)
- Stepdown recovery house program (up to 30 beds) (WIP) up to 30 – 60 day stay with transition to stable housing
- Enhanced services at the Triage facility with true addiction stabilization center (with Medication Assisted Treatment)

Anne updated the Task Force as to the work of the Behavioral Health Ad Hoc Committee. Their most recent meeting focused on criminogenic risk factors, and included information about how behavioral health treatment alone does not decrease criminal behavior. Key points from the meeting include:

- Program review will need to include assessment of risk factors addressed
- Identification of 4 key questions to ask
 - What data do we want to collect
 - What are policies and processes that need to be implemented
 - What do we have in place already, where do we make improvements
 - What is our capacity as a community to add more

The Behavioral Health Ad Hoc Committee is focusing priorities on triage facility 'front door' and 'back door' to the facility (divert from jail and into triage facility, and to create the necessary support services once someone is ready to leave)

Jill asked Lummi and the City of Bellingham to report at the next Task Force meeting on their recent efforts to reduce incarceration.

5. Justice Committee Update

Fred brought the issue of the scope of work for the Justice Ad Hoc Committee to the Task Force for discussion and decision. He noted that there is a lack of clarity and consensus

Incarceration Prevention and Reduction Task Force

Meeting Summary, April 04, 2016

Whatcom County Courthouse, Rooms 513/514

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among the Committee members as to what their focus should be. He believes that the scope should be narrow, confined to the legal system. He also reviewed the items identified by the Justice Committee in the Phase I report that require further exploration as potential recommendations for system improvements.

Stephen stated that there is substantial contingent that is concerned with the broader scope of work, and believes that there should be efforts to look at upstream factors that lead to criminal behaviors. He thinks that there may be a need for a 4th Ad Hoc group to look at root causes and community health issues, gather information, identify best practices, and perform mapping.

Anne and Dave expressed concern about capacity of the Committee and staff. Anne also noted that there are subject matter experts already involved in this work in the community.

Irene, Daniel and Byron expressed support for the broader scope.

There was some discussion as to whether or not this broader scope fit into the Behavioral Health Ad Hoc Committee's work.

Ken Mann made a motion that the Committee be renamed the Legal & Justice Systems Committee and that its focus be limited to those elements within the legal and justice systems. The motion was seconded by Angela Anderson. The motion passed with an 18 – 3 vote.

Jill asked Stephen and Daniel to meet with Anne and come up with a recommendation to the Task Force as to how the broader issues could be addressed.

6. City of Bellingham Update

Darlene Peterson updated the task force on two changes that the City has made:

- Transporting people to Yakima
 - Nothing on this side of the mountains open to COB within budget
 - 30 transported to date (all sentenced)
 - Returned after sentence completed
 - Have had a number of people complete their sentences
 - Getting feedback from public defenders
 - Incentive, 1/3 good time if people choose to go to Yakima.
 - If > 14 days, get a full physical examination
 - Being away from family is an obstacle
 - Transport is a challenge
- Electronic Home Monitoring (post-conviction)
 - Expanding to pre-trial soon
 - Contract with Friendship Diversion Services

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- GPS system monitoring
- Based in Salt Lake City
- Monitoring downloads if in a blackout zone (24 hour download)
- Whenever an order issued to put someone on home detention, automatic review w/in 2 weeks – if no issue, hearing cancelled, if an issue – hearing.
- Up to 11 at one time w/in the 6 week history
- 4 – 5 violations (one serious)
- Several people released from jail, finishing sentence on EHM
- As of March, 31 defendant's screened, 30 eligible
- 3 part screening tool
 - RCW (prohibited offenses)
 - NCIC (national crime information center – nationwide check)
 - Risk assessment for pre-trial (10 questions) if too many 'yeses' you will not qualify
- Finding a higher success rate
- Exploring RCW's to know what the boundaries are
- Taking a conservative approach
- Over one year's worth of time put on EHM
- 11 – 13 that have served their sentences and are complete
- Tracking data on jail days saved (manual process at this time).

Ken Mann asked about the cost of EHM as compared to incarceration, and about the risk assessment completed by the city because of potential liability.

- A day in jail costs the City of Bellingham \$98, EHM is \$14/day if an individual is on both alcohol and location monitoring, \$25/day
- Diversion Street location for EHM enrollment was a barrier, City of Bellingham has financial screening and program enrollment into EHM at the Courthouse

Jill requested regular updates from the City of Bellingham.

7. Public Comment

Joy Gilfilen thanked the Task Force for their work and encouraged them to take a broader vision of the needs assessment and inquire about the needs of the community as well as the needs of the bureaucracy.

8. Meeting Adjourned at 11:27 am.

Recommendations (Revised): New or Enhanced Crisis Triage Facility

The Triage Ad Hoc Committee has voted to move the following recommendations forward to the full IPR Task Force for approval:

1. The Triage Ad Hoc Committee is recommending the development of two 16-bed units joined in one building off a common foyer and intake space, but separately licensed, one certified as a Crisis Triage unit to receive persons in mental health crisis (including with co-occurring substance use disorders) and one licensed for acute substance use detoxification. The design should also provide space for use of “23-hour chairs” in one or both units, to allow services short of admission to overnight stay for people who may stabilize and be released to home.
 - a. Regarding the 16-bed unit for acute detoxification, the recommendation aligns with the intent of the North Sound Behavioral Health Organization (NSBHO) to locate a 16-bed acute detoxification unit within Whatcom County. It also aligns with the Whatcom County Health Department’s emerging plan to have such a unit include medication assisted treatment (MAT) and initial diagnosis services to assure discharge to appropriate post-stabilization services (acute inpatient, residential, recovery house or outpatient services) – an “addiction stabilization center”.
 - b. Regarding the 16-bed unit for triage of mental illness crises, the Triage Committee affirms this is the appropriate size for the unit, and recommends the County Health Department continue to work with the NSBHO to secure its approval of funding for operation of the unit.

The Committee recognizes that a more complete needs assessment, planned by the Whatcom County Health Department in conjunction with the North Sound Behavioral Health Organization, may support more beds being needed than proposed, but believe it is important to move forward with the above recommendation at this time.

2. Regarding the question of whether the 16-bed mental health unit should be voluntary or involuntary, the Triage Ad Hoc Committee:
 - a. Supports having the unit be certified as a voluntary unit. This recommendation is reinforced by learning of the experience of the unit in Snohomish County, which is voluntary and has been effective as a drop-off point for law enforcement. The goal remains that law enforcement and emergency medical transport can drop-off without causing undue delay, assuring a maximum 10-minute wait in all but exceptional cases (e.g. 9 out of 10 drop-offs). The 10-minute goal was the minimum drop-off time

the facility in Snohomish could assure, using its jail health screening criteria.

- b. Recommends further discussions with community partners (e.g. Peace Health, Sheriff) regarding where a 12-hour law enforcement hold function might be feasible.
 - c. Recommends that preference for admission at the voluntary facility be given to law enforcement.
3. Regarding location, the Triage Ad Hoc Committee of the Task force has reviewed four site options, using the following criteria:
- Transportation access to the public, for ease of self-referral
 - Ease of access by law enforcement, emergency medical services
 - Availability & cost of a site
 - Ease of transfer to/from jail
 - Ease of transfer to/from emergency department and inpatient care (Psych and Medical)

The Triage Committee recommends the following two location options in order of priority:

1. Location at the current Crisis Triage Facility was supported as the first choice among options by eight committee members and a second choice by one.
 - a. Pros:
 1. Land owned by the County, therefore more affordable
 2. Design work done in 2010 for remodel and addition
 3. Ease of law enforcement/emergency medical services use not a significant issue if “10-minute drop off” protocol works
 - b. Cons:
 - i. Limited public transportation access, self-referral/walk-in more difficult
 - ii. Must resolve issues of prior commitments to community re: sale, future use
 - iii. Requires temporary relocation of current crisis triage program
 - iv. Impact a crisis/triage remodel would have on current Jail Alternatives facility
 - v. Stigma associated with locating at the Whatcom County Interim Work Center site
2. Both the Medical Center and a downtown location were supported as second choices, with member preferences slightly in favor of the Medical Center.

Located close to PeaceHealth St. Joseph's Medical Center

- a. Pros:

- i. Ease of drop-off by law enforcement/emergency medical services
 - ii. Ease of transfer to/from the emergency department, inpatient
 - iii. More accessible by public transportation
 - iv. Less stigma re association with jail site
 - b. Cons:
 - i. Availability, cost of land
 - ii. Neighborhood resistance in neighborhood around the hospital
- Located downtown
 - a. Pros:
 - i. Close to transportation hub
 - ii. Ease of drop-off by law enforcement and emergency medical services
 - b. Cons:
 - i. Availability, cost of land
 - ii. Resistance of downtown merchants, nearby neighborhoods
 - a. Stigma of association with jail
- Located at the County-owned Ferndale site
 - a. Pros:
 - a. Land already owned by County
 - b. Cons:
 - a. Stigma of association with jail
 - b. Lack of public transportation (self-referral, walk-in)
 - c. Distance from Medical Center

Appropriate location of a new Crisis/Triage Facility will be discussed by the Task Force as a whole in the next phase of work. Additional input is needed from service providers, first responders, and the broader Whatcom community.

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, April 14, 2016

Whatcom County Health Department Conference Room

509 Girard Street, Bellingham WA

9:00 – 10:30am

Attendance

Present	Representing
Bernstein, Jill	Citizen Representative
Brubaker, Jeff	Bellingham Fire Department
Deacon, Anne	Whatcom County Human Services
Hovenier, Jack	Consumer Representative
Mann, Ken	Whatcom County Council Member
Parks, Jeff (proxy for Sheriff Elfo)	Whatcom County Sheriff's Office
Phillips, Chris	PeaceHealth St. Joseph Medical Center
Schroeder, Tyler	Whatcom County Executive Office
Walker, Kathy (proxy for Dave McEachran)	Whatcom County Prosecutors Office
Whitcutt, Sandy (proxy for Betsy Kruse)	North Sound Mental Health Administration
Wight, Dean (proxy for Stephen Gockley)	WAHA
Absent	
Morgan, Irene	Restorative Community Coalition
Polidan, Randy	Unity Care NW

Meeting Summary

1. Call to Order

Chris Phillips called the meeting to order.

Jill informed the Committee that the larger Task Force meetings are shifting in content to reports from the sub-committees, with sub-committee members fielding questions from and seeking recommendations from the Task Force.

Dean requested that he shift from his role as facilitator for today's meeting to his previous role as Stephen Gockley's proxy. The Committee agreed to this request.

The Meeting Summary from March 24, 2016 was not reviewed.

2. Involuntary Treatment

The Committee had a lengthy discussion about the different types of treatment facilities (as detailed on the handout provided by Anne Deacon), the options for voluntary vs. involuntary treatment in the region, and the current activities of other communities in the state that could inform the development of a treatment facility here in Whatcom County.

- Facility Options
 - Voluntary
 - Current triage facility
 - Average length of stay, voluntarily, is 3 – 5 days
 - Individuals often transition into voluntary treatment after detoxification
 - Involuntary
 - We do not have an involuntary facility in Whatcom County

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, April 14, 2016

Whatcom County Health Department Conference Room

509 Girard Street, Bellingham WA

9:00 – 10:30am

- You cannot hold someone for > 12 hours without an assessment by a Designated Mental Health Professional (DMHP) for a civil commitment
- An involuntary facility may accept voluntary placements
- Crisis Stabilization Unit
 - New type of facility
 - Recommended for Whatcom
 - Currently operational in Snohomish
 - Certified by the State of WA
- Evaluation & Treatment Center
 - St. Joseph Medical Center has 20 psychiatric beds that are certified as an Evaluation & Treatment Center

Key Points:

- RCW 10.31 allows for pre-arrest diversion to one of the following types of facilities:
 - Voluntary Triage
 - Involuntary Triage
 - Requires ability to seclude and restrain
 - For Mental Illness only
 - More expensive to operate than voluntary
 - Crisis Stabilization Unit
- Whatcom County Currently has the following types of facilities:
 - Voluntary Triage
 - Does not meet treatment needs
 - Evaluation and Treatment (St. Joseph Medical Center's 20 bed psychiatric unit is designated as an Evaluation and Treatment facility)
 - Does not accept police hold involuntary individuals because they are full to overbooked with civil commitments
 - Employee safety is a concern
- Facilities in other communities
 - Snohomish County – voluntary triage center, certified by the state
 - 10 minute law enforcement drop-offs
 - Thurston County – building an involuntary triage center, adjacent to their jail
- 10 Minute Drop-Off
 - The minimum amount of time it takes to make an initial nursing assessment to confirm that an individual is able to stay (medically) at the treatment center
 - Preferred by law enforcement and emergency medical services because it allows LE/EMS to return to work promptly
 - Effective and efficient protocol across the country
- North Sound Behavioral Health Organization's recommendation
 - Voluntary, certified, 10-minute drop-off

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, April 14, 2016

Whatcom County Health Department Conference Room

509 Girard Street, Bellingham WA

9:00 – 10:30am

- Impact that a voluntary facility will have on law enforcement
 - Unclear how the facility in Snohomish is impacting jail utilization
 - Kathy noted that the study she and Jackie Mitchell did last year indicated that most individuals in jail eligible for involuntary could not be placed there due to prior criminal history.
 - Tyler noted that law enforcement placements would need to be prioritized in a voluntary facility
 - Jeff expressed his concern that the jail should not be the default destination for individuals with complex mental health needs/criminal behaviors

Consensus Recommendation: The Committee supports a voluntary facility at this time, and recommends that further discussions take place with community partners regarding the possibility of involuntary 12 hour law enforcement holds. The Committee also recommends that preference be given to law enforcement at the voluntary facility.

3. Presentation of Phase I Recommendations

Should the needs assessment come before the recommendation and how did the Committee come up with the two 16-bed facility recommendation?

- Limited needs assessment performed as a part of the Phase I work
- Concern that the needs assessment be “reality based”
- Concern that recommendation reflect actual need, not minimum size allowed
- Capital funding request needs to be submitted to the State this summer
- Current needs assessment is related to substance use disorder only, not mental health
- Mental health assessment will not be complete in time for funding “ask”
- Needs assessment is imperative for finance, but will not capture the full scope of the need
- Whatcom County Health Department is working on mental health turnaways from the current triage facility
 - Turnaway data will be understated because of the understanding in the community that beds are not available
- It is important to align recommendations with the Regional Behavioral Health Organization, if possible
- Consulting firm will use population, prevalence and utilization to make recommendations, utilization may be understated

Consensus Recommendation: The Committee supports the recommendation of two 16-bed facilities with a common front door, based on limited needs assessment data as reflected in the Phase I Report. In August, there will be confirmation of size from a more formal needs assessment of at least two 16-bed facilities, and the Committee believes that

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, April 14, 2016

Whatcom County Health Department Conference Room

509 Girard Street, Bellingham WA

9:00 – 10:30am

the need is likely greater. The Committee believes that it is important to move forward with the recommendation at this time.

Dean will revise the document to be presented to the Task Force, and Tyler and Dean will present on May 02, 2016.

4. Work Plan for Phase II

To be discussed at the next Committee Meeting

5. Meeting Schedule

May 26, 2016 from 9 – 10:30am at the WCHD, 509 Girard Street, Lower Level

Future meetings will be the Third Thursday of each month, unless schedules of Committee members require that the meeting be shifted.

6. Adjourned

DRAFT

**Whatcom Alliance for Health Advancement
Incarceration Prevention and Reduction Task Force
Steering Committee Meeting Summary**

March 31, 2016

Whatcom County Health Department, 509 Girard Street, Bellingham WA

Attendance

Present	Representing
Bernstein, Jill, Co-Chair	Citizen Representative
Deacon, Anne, BH Chair	Whatcom County Human Services
Heydrich, Alfred Justice Chair	Whatcom County Superior Court Commissioner
Mann, Ken	Whatcom County Council Member
Morgan, Irene	Citizen Representative
Schroeder, Tyler	Whatcom County Executive's Office
Wight, Dean	WAHA - Facilitator
Apologies	
Hovenier, Jack, Co-Chair	Consumer Representative
Phillips, Chris Triage Chair	PeaceHealth St. Joseph Medical Center

Meeting Summary

1. Welcome & Agenda Review

- The Meeting Summary from March 21, 2016 Steering Committee was reviewed
- Attendance of Steering Committee members was noted, other TF members were present but not documented for the record.
- County Council staff was also present.
- IPR Task Force agenda review for April 04, 2016 was added to today's agenda

2. RFP for a New Facilitator

Ken confirmed that County Council staff will be assuming responsibility for administrative support and website management. He noted that the skills needed in the next facilitator include report writing, facilitation, professional/expert consultation, research and analysis.

Jill stated that we should come back to expert consultation and look at the other skills needed.

There was a discussion about the necessary skill set for facilitation, how facilitation differs from leadership, and that facilitation is necessary at the ad hoc committee level (especially with the Justice committee).

Elements of the previous RFQ were discussed, and modified by the group, The list of vendors that the RFQ was originally sent to was reviewed, and VERA Institute was added to the list. Tyler indicated that the RFQ will be published on 4/6 and 4/13, and then have to go to County Council for approval. Tyler said that he, Ken and Anne would review and rank the organizations that respond to the RFQ.

3. Phase II Roadmap

Ken led the discussion with a review of Dean's memo regarding Phase II (From January).

Dean recommended that the Chairs of the Ad Hoc Committee's take what they want to from his memo and share their thoughts on how to move the work forward during Phase II with the Task Force at Monday's meeting.

Whatcom Alliance for Health Advancement
Incarceration Prevention and Reduction Task Force
Steering Committee Meeting Summary

March 31, 2016

Whatcom County Health Department, 509 Girard Street, Bellingham WA

Jill shared her vision for moving the work forward, with the bulk of presentations occurring at the Committee level. She would like to see in-depth reports from the Committees to the Task Force.

Ken indicated that he would like to see the Task Force hear reports and make decisions.

4. Steering Committee Meeting Schedule

The next Steering Committee meeting is April 21, 2016 at the WCHD from 3:30 – 5pm.

5. Task Force Agenda for April 04, 2016

The agenda for Monday's Task Force meeting was reviewed by the Steering Committee.

Jill expressed concern that attendance was low at the Behavioral Health Committee meeting, and asked Anne to address this at the Task Force meeting.

Jill asked Fred to include an update from Peter Ruffatto with the City of Bellingham during the Justice Committee report to the Task Force.

Dean will be reporting on the Triage Committee's work to date, and providing the information necessary for the Task Force to vote on recommendations.

There was a brief discussion about the distribution of information received from Task Force members to the group as a whole. Ken will address this at the Task Force meeting on Monday. Jill Nixon (County Council staff) suggested the utilization of Drop Box, but noted that access will have to be shared with members of the public, if requested.

6. Public Comment

There was no public comment

7. Adjourned

**Whatcom Alliance for Health Advancement
Incarceration Prevention and Reduction Task Force
Steering Committee Meeting Summary**

April 28, 2016

Whatcom County Health Department, 509 Girard Street, Bellingham WA

Attendance

Present	Representing
Bernstein, Jill, Co-Chair	Citizen Representative
Heydrich, Alfred Justice Chair	Whatcom County Superior Court Commissioner
Hovenier, Jack, Co-Chair	Consumer Representative
Mann, Ken	Whatcom County Council Member
Mitchell, Jackie (proxy for Anne Deacon)	Whatcom County Health Department
Morgan, Irene	Citizen Representative
Phillips, Chris Triage Chair	PeaceHealth St. Joseph Medical Center
Schroeder, Tyler	Whatcom County Executive's Office
Wight, Dean	WAHA - Facilitator
Staff	
Longman, Forrest	Whatcom County Council
Nixon, Jill	Whatcom County Council

Meeting Summary

1. Welcome & Agenda Review

- The Meeting Summary from March 21, 2016 Steering Committee was reviewed
- Tyler has joined the meeting by conference call

2. Next steps re. facilitation, technical assistance and criminal justice planner

Ken informed the group that there were no responses to the County's RFQ for facilitation.

Jill believes a better response will be received if the work is broken up into separate functions.

Ken and Tyler discussed the possibility of being able to hire (without the RFQ process) for separate functions since no response to the RFQ was received. Tyler will look into this option.

Key points in the discussion include:

- The need for clarity as to scope of work for technical assistance
- Strong facilitation skills needed; neutral convener that can help people get to consensus
- Need for resources in criminal justice planning

Ken proposed the following staffing structure:

Administrative – Jill Nixon, County Council office

Writing – Forrest Longman, County Council office

Facilitator – to be hired

Technical Assistance – to be hired

There was consensus among the Steering Committee members for this structure.

Whatcom Alliance for Health Advancement
Incarceration Prevention and Reduction Task Force
Steering Committee Meeting Summary

April 28, 2016

Whatcom County Health Department, 509 Girard Street, Bellingham WA

3. Phase II

Ken noted that the Phase II work is really about the Triage Center (location, voluntary vs. involuntary, budget, size, and funding)

Dean and Tyler discussed the Triage Committee recommendations, and the presentation of those recommendations to the Task Force on Monday.

Jill informed the Committee the question of specificity in recommendations came up in the most recent Justice Committee meeting, and she is going to ask Angela Anderson to pose that question to the Task Force on Monday.

Tyler dropped off the call.

4. Agenda for May 02, 2016 Task Force Meeting

The agenda for Monday's meeting was reviewed by the group.

5. Steering Committee Meeting Schedule

Meeting date was not set

6. Administrative Questions

Jill Nixon inquired as to Committee membership as it was unclear from the records she received which Task Force members were on which committees. She was advised to use the list from the Phase One Report.

Co-chairs can provide final approval over the website.

Jill N. indicated that she was having trouble finding all information submitted at meetings. Dean said that all records received are in WAHA files, and that he would be happy to sit down with her and review any gaps.

Dean informed the Committee that the Task Force portion of the WAHA website was not rebuilt after the WAHA website was hacked, and reminded the group that the website was not a part of the WAHA contract.

7. Public Comment

Mary Dumas provided the Steering Committee with a best practice in facilitation document; she stated that all submissions should be transparent and available to the public. She said that records are not easy to find at this time, and do not appear to be available.

8. Adjourned at 3:10pm

Incarceration Prevention and Reduction Task Force
 Behavioral Health Ad Hoc Committee
 Meeting Summary, March 31, 2016
 Whatcom County Health Department
 509 Girard Street, Bellingham WA 3 – 5pm

Attendance

Present	Representing
Bernstein, Jill	Citizen representative
Deacon, Anne	Whatcom County Human Services
Gribbin, Susan	Consumer
Lewis, Nicholas (proxy for Julie Finkbonner)	Lummi Tribal Council Member
Linville, Kelli	City of Bellingham, Mayor
Morgan, Irene	Restorative Community Coalition
Polidan, Randy	Unity Care NW
Absent	
Manering, Byron	Brigid Collins
Parks, Jeff (proxy for Sheriff Elfo)	Whatcom County Sheriffs' Office
Walker, Kathy (proxy for Dave McEachran)	Whatcom County Prosecutor's Office
Winter, Greg	Opportunity Council
Staff	
Gardner, Mark	City of Bellingham
Mitchell, Jackie	Whatcom County Health Department
Mowery, Perry	Whatcom County Health Department
Nixon, Jill	Whatcom County Council Office
Wight, Dean	WAHA, Lead Facilitator

Meeting Summary

1. Call to Order

Anne called the meeting to order and reviewed the work of the Committee to-date, with a review of the agreed-upon priorities in the Phase I Report. She noted the focus on early intervention, the need for re-entry services, recovery support, and the challenges faced in workforce development.

2. Review SIM Template

The Committee reviewed the SIM graphic presented by Anne. It was suggested that the graph be re-named to "Whatcom Community" rather than "Whatcom County". The color coding and content of each intercept were also reviewed.

The question of scope was briefly discussed as there are a number of programs and services that are "pre" Intercept One. No recommendation was reached regarding incorporating early intervention or youth services into this model.

3. Evaluating Program Needs

Key information includes:

- Treating mental illness alone does not improve law abiding behavior
- Focus should be on dynamic criminogenic risk factors (things we can change)



Incarceration Prevention and Reduction Task Force

Behavioral Health Ad Hoc Committee

Meeting Summary, March 31, 2016

Whatcom County Health Department

509 Girard Street, Bellingham WA 3 – 5pm

- Washington State Institute on Public Policy has additional information re. effective solutions
- Stepping Up Initiative Resources
 - 4 key measures (with defined metrics)
 - Reduce the # of people booked into jail with BH disorders
 - Reduce the length of time people with MI stay in jail
 - Increase connections to community-based services and support
 - Reduce the # of people returning to jail

4. Criminogenic Risk Factors

Anne reviewed Criminogenic Risk Factors (see meeting handouts) with the Committee.

- Age you begin
- History of criminal behavior
- Anti-social patterns of behavior
- (references hand-out again)
 - Impulsiveness
 - Restlessly aggressive
 - Risk taking
 - Anti-social thinking and attitudes
 - Rationalizing your bad behavior
 - Minimization
 - Sense of entitlement
 - Criminal associates – hanging out with people that reinforce your thinking
- 4 other factors associated with but not predictive of criminal behaviors
 - Substance use
 - Poor familial relationships/dysfunctional families
 - Poor performance in school and/or work
 - Time is not spent doing positive social things; they hang out without positive or productive outlets

Anne also reviewed other factors that impact behavior, brain function (Adverse Childhood Experiences), and how mental illness and addiction are brain disorders that impact social and daily functioning, as well as judgment, decision-making, learning, thinking and mood.

5. Next Steps – Phase II Objectives

The group discussed the Phase II report that is due in November and that the focus of the Phase II report is the triage facility. Anne suggested that this Committee focus on programs and services needed “pre triage facility” and “post triage facility” so that when we have the facility available for use, there will be programs and services that support entry into and exit from the facility.

- LEAD-like programs (spread to the County as a whole)

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- CPIT – Mobile Crisis Team working with Law Enforcement
- Neighborhood policing
- Homeless Outreach Team
- Workforce development for care providers
- Expand SUD treatment and continuum of service levels
- Workforce development for citizens (supported employment)

Need to keep Triage committee and BH Advisory Board informed

Need to find ways to connect with the small cities

6. BH Ad Hoc Meeting Schedule

Whatcom County Health Department staff will send out a survey monkey to determine interest and availability as there appears to be a low turnout for the BH Ad Hoc Meetings.

7. Public Comment

None

8. Adjourned

DRAFT

Incarceration Prevention and Reduction Task Force
 Justice Systems Ad Hoc Committee
 Meeting Summary, April 11, 2016
 Bellingham Municipal Court, Fireplace Room, 2014 C Street,
 Bellingham WA
 9:15 – 11:15am

Attendance

Present	Representing
Anderson, Angela	Whatcom County Public Defender's Office
Bernstein, Jill	Citizen Representative
Gockley, Stephen	WAHA
Hammill, Daniel	City of Bellingham City Council
Heydrich, Fred - Chair	Whatcom County Superior Court
Huffman, Matt	Ferndale PD
McEachran, Dave	Whatcom County Prosecutor
Moonwater	Whatcom Dispute Resolution Center
Peterson, Darlene	City of Bellingham, Municipal Court
Ruffatto, Peter (proxy for Kelli Linville)	City of Bellingham, Mayor's office
Walker, Kathy (proxy for Dave McEachran)	Whatcom County Prosecutor's Office
Absent	
Elfo, Bill	Whatcom County Sheriff
Garrett, Deborra	Whatcom County Superior Court
Morgan, Irene	Restorative Community Coalition
Guests	
Jones, Wendy	WCSO, Corrections Chief
Van Glubt, Bruce	Whatcom County District Court & Probation
Staff	
Smith, Veronica	WAHA

Meeting Summary

1. Welcome and Introductions

Jill opened the meeting and reviewed the meeting format from the Monday, April 4th Task Force meeting. She would like this committee to present a series of specific recommendations to the Task Force for Phase II. She also welcomes any suggestions the Committee may have to improve time management in meetings.

The Committee did not review the March 28, 2016 Meeting Summary

2. Presentation by Bruce Van Glubt

Bruce provided a handout on recidivism as it relates to DUI conviction and deferred prosecution, and domestic violence. The handout also included data from the Washington State Institute for Public Policy re. recidivism. Bruce reviewed the content of the handout with the Committee (pages 31 – 34 of Meeting Handouts) in an effort to answer these questions:

1. Does probation reduce the use of jail and recidivism?
2. What is the actual cost of probation, per client/per month?

Bruce also fielded questions from the Committee related to probation services.

Q – Is there more that can be done?

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A – Yes, probation needs a new database, should consider the expansion of their Intake Unit and possibly restructure caseloads to increase processing speed.

Q – Are treatment options “evidence-based”?

A – RCW’s require that treatment be given by “state certified agencies”, unless otherwise ordered. Whatcom county does not have the resources or expertise to evaluation treatment agencies.

Q – Are there charges that could be addressed with probation?

A – A conversation about what is not being referred to probation may be worthwhile.

Q – Who should get the most attention?

A – High risk, 1st time offenders, domestic violence

Darlene and Angela noted that the cost of DV treatment is a barrier for offenders, and shared ideas about realigning incentives for DV treatment programs.

Stephen requested that the Committee try to develop a better understanding of current programs and services and best practices.

The Swift & Certain (immediate consequences) program at Lummi was briefly discussed. This type of program is a possible recommendation for the Probation department.

Dave reminded the Committee that the jail problem cannot be solved at the detriment of the community, and that the main concern in DV cases is the victim.

Pending Questions

1. How many jail days are being used for probation
2. What are best practices for probation services
3. What is evidence-based treatment for DV
4. What are the numbers of people placed on probation with treatment ordered
5. What happens in other courts in Whatcom County
6. What is the probation department staff’s vision for their department
7. What is the cost/benefit of treatment options
8. How can probation services be expanded appropriately while ensuring public safety
9. What percentage of criminal offenses that go through district court go on probation

Possible Recommendations:

1. Implementation of Swift & Certain
2. Incentivize DV treatment

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3. Distinguish between best practices and state certified treatment
4. Organize a system-wide conversation about probation utilization
5. Develop tools for DV screening

3. Presentation by Wendy Jones

Wendy reviewed the “good time” structure at the Whatcom County Jail. “Good Time” is defined as days taken off a sentence.

There are three rates of earned time:

1. 1/6 is the base rate, it can be earned or taken away, depending on behavior
2. 1/4 is the rate earned by inmates with a minimum security classification
3. 1/3 is the rate earned by inmates headed to prison, and by inmates that volunteer to work in the jail. Good time earned through labor cannot be taken away if rules are broken.

Key information:

- If good time is equalized, there is no incentive for inmates to volunteer to work in the jail
- Security rankings drive an individual’s opportunity to earn good time
- Inmates that are not able to work because of physical limitations are still able to earn good time, up to 1/4
- RCW’s cap good time at 1/3
- There is some flexibility so that people can be transitioned into treatment

Q – is there an adjustment to good time that you believe would reduce incarceration?

A – not on a sustained basis

Pending Questions:

1. The County is researching the possibility of sending pre-trial defendants out on work crews
2. Wendy will report back on other good time policies in other facilities

4. Legal & Justice Committee Mission Statement

Deferred to a future agenda.

5. Review of Phase II Goals/Strategy & Process

Fred, Jill, and Moonwater will rearrange the list of Phase II goals and strategies

6. Meeting Schedule – approved.

7. Public Comment – none

8. Adjourned at 11:15am

Articles/Links Received

From: Irene Morgan

Please add this video to the list of information for folks to investigate. It is an interview with James Redford, Director of 'Resilience' a new documentary of the ACE's studies. The film is playing in many cities.

<http://www.kaaltv.com/article/12728/?vid=3601374&v=1>