Whatcom County Incarceration Prevention and Reduction Task Force

Phase II Report

10/25/2016

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INCARCERATION PREVENTION REDUCTION TASK FORCE MEMBERS

Angela Anderson, Senior Deputy, Whatcom County Public Defender
Jill Bernstein, Co-Chair, Citizen Representative
Jeff Brubaker, Community Paramedic, City of Bellingham
Anne Deacon, Human Services Manager, Whatcom County Health Department
Bill Elfo, Whatcom County Sheriff
Julie Finkbonner, Lummi Indian Business Council Member, Lummi Nation
Stephen Gockley, Board Member, Whatcom Alliance for Health Advancement
Susan Gribbin, Consumer Representative
Daniel Hammill, Council Member, City of Bellingham
Alfred Heydrich, Commissioner, Whatcom County Superior Court
Jack Hovenier, Co-Chair, Consumer Representative
Michael Knapp, Chief, Ferndale Police Department
Betsy Kruse, Deputy Director, North Sound Mental Health Administration
Kelli Linville, Mayor, City of Bellingham
Byron Manering, Executive Director, Brigid Collins
Ken Mann, Council Member, Whatcom County Council
Dave McEachran, Whatcom County Prosecuting Attorney
Moonwater, Executive Director, Whatcom Dispute Resolution Center
Irene Morgan, Citizen Representative
Darlene Peterson, Court Administrator, Bellingham Municipal Court
Chris Phillips, Director for Community Affairs, PeaceHealth St. Joseph Medical Center
Randy Polidan, Behavioral Health Director, Unity Care NW
Tyler Schroeder, Whatcom County Deputy Executive
Greg Winter, Executive Director, Opportunity Council

TASK FORCE ALTERNATES OR PROXIES

Vince Foster, for PeaceHealth St. Joseph Medical Center
The Honorable Deborra Garrett, for Superior Court
Leslie Finch for PeaceHealth St. Joseph Medical Center
Matt Huffman, Ferndale Police Department, for Small Cities
Nicolaus Lewis, for Lummi Nation
Ralph Long, for Lummi Nation
Peter Ruffatto, for City of Bellingham
Jeff Parks, for Whatcom County Sheriff
Kathy Walker, for Whatcom County Prosecuting Attorney
Sandy Whitcutt, for North Sound Mental Health Administration
Dean Wight, for Whatcom Alliance for Health Advancement

AD HOC COMMMITTEE MEMBERS

CRISIS TRIAGE AD HOC COMMITTEE

Jeff Brubaker
Jack Hovenier
Ken Mann
Jeff Parks
Chris Phillips, Chair
Tyler Schroeder
Kathy Walker
Sandy Whitcutt
Dean Wight

BEHAVIORAL HEALTH AD HOC COMMITTEE

Anne Deacon, Chair
Julie Finkbonner
Vince Foster
Susan Gribbin
Betsy Kruse
Kelli Linville
Byron Manering
Randy Polidan
Greg Winter

LEGAL & JUSTICE SYSTEM AD HOC COMMITTEE

Angela Anderson
Jill Bernstein
Bill Elfo
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Kathy Walker

EXECUTIVE SUMMARY

This is the second of three reports requested by the Whatcom County Council when it created the Incarceration and Prevention Task Force (Task Force). The Task Force has organized itself into three ad hoc committees to focus on specific areas of interest:

1. Development of an expanded Crisis Triage Facility (Triage Facility Ad Hoc Committee);

2. Identification of current jail diversion programs and opportunities for new or expanded programs within the court process (Legal & Justice System Ad Hoc Committee); and

3. Identification of current behavioral health programs and opportunities for new or expanded programs to reduce jail use by individuals with mental illness or substance abuse disorder (Behavioral Health Ad Hoc Committee).

TRIAGE FACILITY AD HOC COMMITTEE

The Task Force recommended to the County Council that the County:

1. **Develop two 16 bed units joined in one building off a common foyer with a common intake space; each unit licensed as a Residential Treatment Facility. One unit will provide mental health crisis stabilization services as a Crisis Triage Facility. The other unit will provide acute substance detoxification services.**

2. **The 16 bed mental health Crisis Triage Unit will be certified as a voluntary unit with enhanced security to be further identified and agreed upon in the Phase III recommendations. The other unit will be certified as an Acute Detox Facility.**

3. **The siting of the facility shall be further researched in order of priority:**
    a. **The current Whatcom County Triage Facility on Division Street**
    b. **Another location near PeaceHealth/St. Joseph Medical Center and downtown Bellingham (currently unidentified). A final location recommendation will be made following public input and other analysis in the Phase III report.**

After further considering the constraints of the locations, the committee believes that the County should focus its efforts on redeveloping the Division Street location. The committee views the other, unidentified location near PeaceHealth and downtown as an alternate to pursue only if the Division Street location proves untenable. The committee does not anticipate this outcome and urges the County Council and Executive to move forward on expanding and redeveloping the Division Street facility. The Health Department expects that, if appropriate funding is secured, the County could break ground on a new facility in 2017.

The projected cost of the project is $6.5 million. The County has reserved $3 million of Behavioral Health Sales Tax dollars for this purpose and the North Sound Behavioral Health Organization has committed $2.5 million. An additional $1 million must be secured before the project can move forward. The Health Department is pursuing state funding for this project, but the County may have to identify alternative funding for this final portion.

Operational funding is anticipated to come from state Medicaid funds through the North Sound Behavioral Health Organization.

LEGAL & JUSTICE SYSTEM AD HOC COMMITTEE

The efforts of the Legal & Justice Systems Ad Hoc Committee focused on the following pre- and post-trial diversions.

- Pretrial release and Bail
- Jail Alternatives
- Drug Court
- Probation

Of specific interest are tools for assessing pretrial risk and a the creation of a dedicated pretrial supervision unit to move low risk defendants out of jail while providing the necessary supervision to ensure the safety of the community. The committee will continue to explore the potential of pretrial assessment and monitoring.

Additionally, the Task Force has identified opportunities to support jail alternatives such as electronic home monitoring. **To support this, the Task Force recommends:**

1. **That the County Council ensures adequate funding for the Sheriff to effectively manage and supervise an expanded electronic home monitoring (EHM) program.**

2. **That the Sheriff's Office should be permitted to deviate from the County Unified Fee Schedule (UFS) to include a program to subsidize the cost of EHM for those who cannot pay the full amount and to lift the requirement that the program be self-supporting.**

3. **That the County Council authorize the expenditures necessary to purchase additional hardware to supervise and monitor individuals pre-trial and post-conviction, including additional EHM/D, SCRAM and portable breath testing devices. It is anticipated that the costs will be apportioned among all of the Courts using District Court Probation.**

Further, the committee reviewed the Drug Court program. It was noted that the population of the drug court program could be expanded if some disqualifications for the program were reconsidered and that faster determinations of eligibility could lead more defendants to accept Drug Court as an alternative to incarceration. To those ends, the committee recommended that the Prosecutor review the current referral process. Furthermore, the Prosecutor has changed his case review procedures in an effort to reduce the time from arrest to program entry.

However, the effectiveness of this program continues to be stymied by the lack of in-patient treatment services available. Program entry is significantly delayed due to the fact that an alcohol and drug evaluator is not available in the jail. To address this issue, **the Task Force recommends that the County Council engage an organization contracted with North Sound Behavioral Health Organization to provide alcohol and drug evaluations to jail inmates.**

The committee also reviewed the County's Probation Department and found some opportunities, such as lobbying WTA for improved bus service to the Jail Alternatives Facility and/or technology alternatives to travel; increasing resources for the Probation Department; updating the data system; reducing costs to offenders; supporting the development of better treatment options and more assessment and treatment staff; and exploring so-called 'swift and certain' sanctions for probation violators. No recommendations were made by the committee in this area, but it will continue to review the probation system.

BEHAVIORAL HEALTH AD HOC COMMITTEE

Since the Phase I report, the Behavioral Health Ad Hoc Committee has focused its efforts in three areas:

1. Completing the Sequential Intercept Model mapping of existing programs, and identifying those that need improvement or expansion, including services that are in the planning phase but not yet implemented. This model is attached as Appendix B. The committee will continue to update the model as needed.

2. Researching the drivers of criminal thinking and behavior and understanding the program elements required of behavioral health programs that will likely reduce criminal justice involvement. Research in this area is clear, mental health treatment *alone* is ineffective in reducing criminal behavior. Effective interventions must include the focus on changing criminogenic thinking and behavior.

3. Prioritizing initial enhancement, expansion or development of programs and services that link to the Triage Facility programs, targeting diversion from arrest/jail to the Triage Facility as well as connecting individuals to support services upon discharge from the Triage Facility. Initial efforts for targeted diversion have focused on programs that combine law enforcement officers with behavioral health specialists. The City of Bellingham has launched a pilot program with Compass Health Whatcom that pairs one of its officers with a behavioral health specialist. Exploration of support services upon discharge have focused on developing an appropriate continuum of care.

This committee forwarded no recommendations to the Task Force.

INTRODUCTION

The Whatcom County Council created the Incarceration Prevention Reduction Task Force (Task Force) by Ordinance 2015-25, which charged the Task Force with recommending a continuum of new or enhanced programs to divert or prevent incarceration of individuals with mental illness and substance use disorders. Implicit in the charge is to consider both the safety of the public and the most effective tools necessary to deal with such individuals charged with, or at risk of committing, a criminal violation consistent state and tribal laws. Ordinance 2015-37 amended the Task Force charge, to "expand, as soon as reasonably possible, available alternatives to incarceration…" for individuals in general.

The ordinance structured the work of the Task Force into three phases and several objectives. This Phase II report provides crisis triage center specifications and preferred location, and includes specific recommendations for expanding alternatives to incarceration.

The Task Force delivered the Phase I report in February of 2016. That report focused on developing goals for a new or enhanced crisis triage center. It presented preliminary recommendations for a crisis triage facility; a description of current justice system and behavioral health programs; and an extensive list of possible changes or additions to the overall justice system and behavioral health system continuums of diversion and treatment alternatives. That report can be found on the Task Force webpage.

Phase III will include specific operational plans and budgets for implementing crisis intervention, triage and incarceration prevention and reduction programs.

The Task Force is composed of three ad hoc committees which discuss, review and develop proposals. The committees then make recommendations to the larger Task Force which further reviews the recommendations and makes recommendations to the County Council. Those recommendations, with appropriate background information and discussion, are included in this report. The three committees are organized as follows:

TRIAGE FACILITY AD HOC COMMITTEE

The Triage Facility Ad Hoc Committee is tasked with assessing the existing crisis triage facility, developing recommendations for a new or enhanced crisis triage facility, and providing goals and objectives for improvements to current systems. These goals and objectives, if acted upon, may enhance the ability of law enforcement and emergency medical services to divert individuals with mental illness/substance use disorder to appropriate and available treatment modalities, and provide alternatives to incarceration when necessary.

LEGAL & JUSTICE SYSTEM AD HOC COMMITTEE

The Legal & Justice Ad Hoc Committee is reviewing incarceration alternatives and diversion programs as well as developing recommendations for specific, achievable programs and services that would prevent or reduce incarceration, within and parallel to the legal and law enforcement systems for both individuals with mental illness/substance use disorder and the general population. They are keenly focused on short-term "wins" that will

make immediate improvements to current programs and services, consistent with the laws of the state and tribal laws.

BEHAVIORAL HEALTH AD HOC COMMITTEE

This committee is mapping existing programs and services, and developing recommendations for new, or enhancements of existing programs, designed along a continuum that effectively reduce incarceration of individuals struggling with mental illness and chemical dependency. The Committee is charged with evaluating current programs, and benchmarking them against recognized best practices.

TRIAGE FACILITY AD HOC COMMITTEE REPORT

INTRODUCTION

The Triage Ad Hoc Committee has considered a variety of constraints and opportunities in creating a new triage facility. An expanded facility could play an important role in mental health treatment in Whatcom County and help to address the mental health challenges facing the criminal justice system by creating a more robust diversion option for those whose primary interaction with law enforcement is mental health or substance abuse related.

TASK FORCE RECOMMENDATION:

1. Develop two 16 bed units joined in one building off a common foyer with a common intake space; each unit licensed as a Residential Treatment Facility. One unit will provide mental health crisis stabilization services as a Crisis Triage Facility. The other unit will provide acute substance detoxification services.
2. The 16 bed mental health Crisis Triage Unit will be certified as voluntary with enhanced security to be further identified and agreed upon in the Phase III recommendations. The other unit will be certified as an Acute Detox Facility
3. The siting of the facility shall be further researched in order of priority:
    a. The current Whatcom County Triage Facility on Division Street
    b. Another location near PeaceHealth/St. Joseph Medical Center and downtown Bellingham (currently unidentified). A final location recommendation will be made following public input and other analysis in the Phase III report.

After further considering the constraints of the two locations, the committee believes that the Task Force should focus its efforts on redeveloping the Division Street location. The committee views the other, unidentified location near PeaceHealth and downtown as an alternate to pursue only if the Division Street location proves untenable. The committee does not anticipate this outcome and urges the County to move forward with expanding and redeveloping the Division Street facility. The Health Department believes that, if appropriate funding is secured, the County could break ground on a new facility in 2017.

Additionally, it is important that the County support the development of a continuum of care. The success of these facilities will be limited without sufficient resources to support individuals once they have stabilized from the immediate crisis and are ready to be discharged. The goal of the triage facility is stabilization through detoxification or mental health crisis intervention. A secondary, and equally important goal, is to reinforce an ongoing process of recovery by connecting people to supportive services in the community. An adequate continuum of care includes community based mental health counseling, residential and outpatient substance use disorder services, recovery house level of care, longer term, supportive housing, case management, and access to primary care and dental services. If a continuum of care is not available to individuals served by the triage program, the probability of their success and ongoing stability will be limited and the likelihood of their return to crisis care is increased.

FACILITY SPECIFICATION

CRISIS TRIAGE UNIT

CRISIS TRIAGE NEEDS ASSESSMENT[1]

The Whatcom County crisis triage program, specifically the mental health stabilization services, has a current capacity of five beds. This program provides treatment to adults who are experiencing acute mental health distress. These five beds, which are increasingly well used, can prevent psychiatric hospitalization and ensure smooth transitions for people exiting psychiatric hospitalization. The crisis triage program is located at the same facility as the Whatcom County detox program. The detox program often refers people with co-occurring disorders directly to crisis triage upon completion of detox.

The triage facility was recently remodeled to eliminate "dorm style" beds and created three single rooms and one double bedroom. This remodel improved usability of the space by affording privacy and allowing all admissions, regardless of gender, up to the five bed total. The average daily census for our crisis triage program has increased each month since the remodel from 3.10 in 2015 to 4.17 over the first six months of 2016.

Several factors were considered to estimate the additional crisis triage beds required to meet the needs of the community:

- A survey of First Responders who are not currently referring people to crisis triage;
- The impact of new program practices which broadens the scope of referrals to crisis triage;
- Single bed certifications where voluntary referrals to crisis triage would be an appropriate alternative;
- The North Sound Behavioral Health Organization's (BHO) waitlists for other county crisis triage facilities; and
- Whatcom County population growth for 2020 calculated at 8%.

A review of current surveys, data and research provided the following estimates for additional beds to meet the demands for services at the crisis triage facility.

1. Whatcom Alliance for Health Advancement (WAHA) conducted a one month survey which revealed that first responder staff could have brought 59 people to the triage facility if there had been beds available (Task Force Phase I Report). Based on this information, an increased capacity to a total of **9.5** beds is justified for five-day stays.

2. Many community professionals and first responders appear reluctant to refer clients to crisis triage having had clients denied access due to a lack of bed space in the past. However, recently the program has promoted new practices, one of which relates to a broader acceptance of referrals from community professionals who are not Mental Health Professionals. Whatcom County has a variety of outreach professionals who often encounter people with troubling symptoms of mental illness which require skilled interventions. During a recent two week survey, crisis triage staff indicated that they had received 25 referrals, which is twice the referral rate of the entire first half of the year. At that rate, ongoing referrals from community professionals could increase the need for beds by as much as **8.1** beds per month.

3. Crisis triage has implemented practices to ensure transitional (step-down) capacity for local and regional psychiatric hospitals and the jail, all of which house people with symptoms of serious of mental illness. People with serious symptoms of mental illness who are discharged from PeaceHealth St. Joseph Medical Center or the jail need transitional capacity in the community. PeaceHealth has 20 psychiatric in-patient beds for voluntary patients as well as for patients who meet criteria for involuntary treatment pursuant to the state law, RCW 71.05. North Sound BHO staff calculated that the county has consistently had the second highest rate per capita of involuntary commitments in the entire state for more than five years. PeaceHealth has a Specialized Emergency Care Unit (SECU) designed to manage patients with serious mental illness who are waiting for involuntary beds. PeaceHealth makes frequent single bed certification (SBC) requests to the state to use SECU beds for treatment when regional psychiatric beds are full.

   During a 30 month period ending in June 2016, the total number of SBCs at PeaceHealth reached 703 or nearly 23 SBCs per month. Research from Washington State Institute for Public Policy (WSIPP) found that 31% of statewide evaluations for involuntary commitment resulted in voluntary referrals for mental health services in 2014. Using the WSIPP's finding to estimate the approximate number of SBCs which could have been referred to voluntary services (including a Crisis Triage Program) predicts another **3.8 beds** per month are needed.

4. The waitlists for other crisis triage programs in our region is currently around **.6** beds per month. This raises the bed rate by almost 1 bed per month. This data includes the most recent year to predict the region's needs.

5. Taking into account the increased population in 2020, an additional **1.1 beds** is required to meet the community's need.

To meet the estimates above, a total of 23 beds are needed. However, current Medicaid regulations provide optimal funding to 16 bed units, while units with more than 16 beds receive less funding per bed. The Medicaid Institutions for Mental Diseases (IMD) exclusion prohibits the use of federal Medicaid financing for care provided to most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds. The law goes on to define "institutions for mental diseases" as any "hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services." The IMD exclusion was intended to ensure that states, rather than the federal government, would have principal responsibility for funding inpatient psychiatric services. In order to optimize Medicaid funding, as well as create a therapeutic environment, the Task Force recommends creating a facility of 16 beds, increasing the capacity of the Crisis Triage facility by 11 beds.

CRISIS TRIAGE VOLUNTARY STATUS

Whatcom County's current triage facility is a voluntary program which allows individuals initially admitted for detoxification services to transition into crisis stabilization if needed. It is not certified. The average length of stay in the Triage Facility is 3 – 5 days.

RCW 10.31 allows for pre-arrest diversion of individuals at both voluntary and involuntary certified triage facilities. If certified as voluntary, the crisis triage facility could serve as an option to divert individuals that would otherwise be booked into the jail. It is important to note that, unlike involuntary facilities, individuals diverted to a voluntary triage program cannot be placed on police hold. However, potential admits could be seen by facility staff and motivated to accept admission and stabilization to the facility as an alternative to being arrested.

A triage unit certified as voluntary is required to complete a mental health evaluation by a Mental Health Professional within 3 hours. A facility certified as involuntary has the same 3 hour requirement for evaluation with an additional requirement of evaluation by a Designated Mental Health Professional (DMHP) for civil commitment within 12 hours of admission. St. Joseph Medical Center has 20 psychiatric beds and is certified as an Evaluation and Treatment Center. It can legally accept police holds for up to 12 hours but must initiate a mental health evaluation by a DMHP within the 12 hour time period. As a practical matter, St. Joseph Medical Center does not have the capacity to accept police holds due to current demand for civil commitment admissions through the Involuntary Treatment Act.

Operational and facility expenses for an involuntary crisis triage facility are significantly higher than for that of a program certified as voluntary. Involuntary programs are required to have medical personnel onsite with little flexibility (doctor, physician assistant, and nurse practitioner) in addition to mental health professionals. Additionally, specific rooms must be reserved for seclusion and restraint in Involuntary Crisis Triage facilities driving up costs. Because of the greater flexibility and lower cost provided by a voluntary facility, the Task Force recommends the facility remain voluntary.

TABLE 1: COMPARISON OF TRIAGE FACILITY OPTIONS (RCW 10.31.110)

	Certified Voluntary Triage	Certified Involuntary Triage	Certified Crisis Stabilization Unit
First Responder Drop-off	Yes	Yes	Yes
Length of Stay Hold	3 – 5 days average	Involuntary admission length of stay 12 hours maximum; Voluntary admission can be over 12 hour length of stay	Involuntary admission length of stay 12 hours maximum; Voluntary admission can be over 12 hour length of stay
Seclusion & Restraint Capability	No	Probably necessary for safety	Yes
Mental Health Evaluation Required (MHP)	Yes within 3 hours by a Mental Health Professional (MHP)	Yes, within 3 hours, and then Designated MH Professional (DMHP) if indicated w/in 12 hours	Yes, within 3 hours, and then DMHP within 12 hours
Healthcare Provider available for 24/7 consultation	Yes	Yes, if seclusion & restraint is utilized then MD, PA, ARNP on-site is necessary at least once daily	Yes, on-site is necessary for seclusion & restraint at least once daily – MD only
Mental Health Professional on-site 24/7	Yes	Yes	Yes
Accept Peace Officer holds	No	Yes – maximum of 12 hours for involuntary admission	Yes – maximum of 12 hours for involuntary admission
"Secure" Environment	No	Yes	Yes
ITA Placement	No	No	No

ACUTE SUBSTANCE DETOXIFICATION UNIT

ACUTE DETOX NEEDS ASSESSMENT[2]

Whatcom Community Detox (WCD) is a sub-acute (social) detox model, as opposed to an acute or medical model. Detoxification and crisis services are considered "Intervention" services on the PITA (Prevention, Intervention, Treatment, Aftercare) continuum. Medical staffing is limited in the sub-acute model and Whatcom County detox data trends reflect the fact that the community has incurred both a loss of beds and a simultaneous increased demand for services. Our detoxification program dropped from ten beds in 2003 to eight beds in 2005. Fewer people have been admitted to detox in recent years as staff have made strides to ensure that people were clinically stabilized prior to discharge. As a result, more bed days were used for existing patients, which made fewer beds available for new admissions. In addition, special medication assisted withdrawal protocols for opiate addiction, requiring extended stays for monitoring placed a premium on detox beds. In 2009, we introduced tapering for opioid use disorders. At that time, tapering was an inexpensive and appropriate response to a burgeoning opiate crisis.

Clients admitted to detox often have a higher level of symptom acuity and co-occurring disorders than in previous years. Thus, medication assistance for withdrawal is a more frequent response made by our subacute detoxification and local hospital staff. Frequently, clients are transferred from one facility to the other in order to ensure appropriate medication administration. As soon as the medications are administered, and the client is stabilized, he/she is transferred to our subacute detox for further monitoring. Two years ago, PeaceHealth determined that the hospital could no longer provide medications to people discharging from the hospital's Emergency Department. This policy change resulted in the need for detox to dispatch a staff person to a pharmacy to secure medication for clients entering detox from the Emergency Department. This "para-acute" detoxification system has evolved over time to meet the demand of uninsured people with severe alcohol withdrawal and a more complex drug addicted clientele.

Over the last few years, the incidence of callers requesting detoxification services increased, indicating a greater demand than ever for detoxification services. The Health Department conducted a one month survey of calls related to detox admission denials to provide missing data regarding the need for additional beds and services.

In the month of March 2016, 314 bed days were used. The Health Department verified a total of 120 calls from 86 people who called to attempt a detox admission but who were refused due to lack of beds. Out of those 86 people, 45 needed withdrawal services for either drugs or alcohol and drugs, while 41 people needed withdrawal from alcohol only. The distinction is important since the length of stay for Medicaid rules is 3 days for alcohol withdrawal and 5 days for drug withdrawal. Thus, an additional 348 bed days (45 people at five days per stay and 41 people at three days per stay) is presumed to be needed to enhance our existing detox program for an estimated monthly total need of 662 bed days.

The Health Department calculated the total bed days needed to ensure ample detox services for county's future growth up to 2020 using an 8% increase in population for a total of 715 bed days. North Sound BHO assumes 85% full capacity for utilization. Based on those assumptions, the Health Department projects that 20 beds are needed to fully serve the community. However, again, the limitations of Medicaid funding dictate that the facility should be no more than 16 beds.

ACUTE WITHDRAWAL MANAGEMENT

The committee engaged in many discussions over the months about subacute versus acute detoxification, now known as "withdrawal management". The Health Department provided information about the differences between the two types of service. Acute withdrawal management is a higher level of service intended to provide more support, medical stability and increased supervision than subacute withdrawal management. Acute withdrawal management programs have medical staff available on site on a 24/7 basis to treat severe withdrawal. A subacute program provides services for moderate withdrawal and only requires non-medical staff. Staff in a subacute program are unlicensed and only required to have 40 hours of training.

The Committee's decision to design an Acute Stabilization Center (acute withdrawal) stemmed from several factors:

- Most people in Whatcom County entering withdrawal management for alcohol or other drugs require medication in order to successfully complete withdrawal.
- First responders will be able to drop people off without triaging the extent of their mental health/withdrawal management needs first. The blended facility expedites rapid turnaround and gets first responders back out into the community.
- Whatcom Community Detox currently transports clients to the hospital for medication or receives clients from PeaceHealth after the client has received a prescription for medication. This process of transporting clients to acquire medication is inefficient and increases costs. For example, Whatcom Community Detox must send a staff person to accompany the client who picks up the medication prescribed by PeaceHealth.
- The design of the withdrawal management program should include "sobering chairs" for Substance Abuse Protective Custody (SAPC) holds. Although the law for SAPC holds can be implemented by staff designated by the County, the Department of Health requires medical staffing be available in case of an acute medical crisis.

CO-LOCATION OF TRIAGE CRISIS UNIT AND DETOXIFICATION UNIT

Co-locating these facilities helps streamline operations and creates operational efficiencies. Additionally, it allows joint assessment of persons in crisis brought in by law enforcement or EMS. This supports the goal of simplifying drop-off for law enforcement and EMS. A survey of those groups as part of the needs assessment revealed that in many cases law enforcement and EMS will often not take people in crisis to the current center because it is too often full and the drop-off process can be too time consuming. The committee heard consistently that if drop-off could be accomplished in 10 minutes the majority of the time and there was more space available, law enforcement and EMS would be much more likely to use the facility. The committee recommends that protocols to accomplish these goals be put in place at any new facility.

FACILITY LOCATION

The priority location of the new triage facility is the Division Street property that houses the current triage facility and the County's Work Center. The advantages of such a location were discussed in the Phase I report, but bear repeating:

- The land is owned by the County, this makes the entire project more affordable.
- Preliminary design work for remodel and addition was done in 2010, reducing the cost of design.
- The location is close enough to downtown, the hospital, and the freeway to not create significant difficulties for law enforcement and emergency medical services (EMS) over other locations. This is especially true if the time it takes first responders to drop off individuals is sufficiently brief.

Issues which the County and the committee still need to address include:

- Public transportation is limited, which can make it difficult for self-referral/walk-in patients. The Task Force has sent a letter to WTA to encourage them to improve access to Division Street. This is also an issue for jail diversion programs (work crew, electronic home monitoring, etc.) because those too are located at the Division Street.
- When the County purchased the Division Street property for the Work Center, it was imagined as an interim location until a new jail was built and the Work Center services moved there. The County made non-binding assurances to the City of Bellingham and the neighbors in the area that the location would be sold and returned to commercial use at that time. The recommended option would all but preclude a private, commercial future for the property. Given the success of the facility and limited impact of the Work Center on the neighbors, this may not be an issue, but the County should perform public outreach to further investigate. The City of Bellingham has not raised this as an issue.
- It may require temporary relocation of current crisis triage program.

The alternative location reviewed is a theoretical location close to PeaceHealth St. Joseph's Medical Center (no precise location or lot was identified). The advantages to such a location include:

- Ease of drop-off by law enforcement/emergency medical services.
- Ease of transfer to/from the PeaceHealth emergency department.
- Better access by public transportation

However, there are significant challenges to this alternative.

- There is limited availability of land around PeaceHealth. Additionally, the cost of land in that area would represent a large portion of the overall costs and could impact the County's ability to build the facility.
- The County could face significant neighborhood resistance in this area. A triage/substance abuse facility may not be welcomed in residential areas where it could be perceived as potentially impacting public safety or property values.

None of the challenges to locating at Division Street are insurmountable, while the financial reality and political challenge of locating in another, more heavily residential location may prove to be obstinate barriers. The committee recommends that the County move forward with redevelopment at Division Street. The alternative should only be considered if the issues surrounding Division Street cannot be adequately resolved.

COST ESTIMATES AND FUNDING SOURCES

CAPITAL

The capital budget assumes existing space in the Work Center building would be remodeled to house the 16-bed detox facility. An addition to the building would house the 16-bed triage facility.

The Health Department has estimated the total cost of the proposed triage facility to be $4,730,569. A more detailed budget worksheet can be found as Appendix A.

The renovation of the existing facility to repurpose it as a 16-bed detox facility has not been thoroughly budgeted, but rough estimates have been developed by an architect and the North Sound BHO. Based on these conversations, the estimated cost is $1.6-$1.8 million.

The Health Department estimates a total project cost of $6.5 million.

The primary funding sources for this project are the behavioral health sales tax fund and North Sound BHO. The Behavioral Health Revenue Advisory Committee has allocated $3 million of the one-tenth of a cent behavioral health sales tax for the construction of a triage facility. Additionally, North Sound BHO has committed $2.5 million for this project. Thus, $5.5 million of the necessary $6.5 million is committed to this project.

A recent grant application to the Commerce Department was not funded, but the County continues to explore other funding opportunities. One option is to issue bonds against future revenues from the behavioral health sales tax. Additionally, the County is pursuing funding for this project from the state.

OPERATING

The committee has not developed an operational budget for these facilities, but a review of similar facilities suggests that operating costs be approximately $3 million for the triage unit and $1.9 million for the detox unit. Under the current funding model for these types of facilitates, North Sound BHO would be the primary operational funder, using Medicaid dollars allocated by the state. Adults with Medicaid or who are low-income will be the major recipients of services.

However, the state is currently transitioning Medicaid funding which creates some uncertainty about the future of funding. In the current model, Medicaid funding for behavioral health is funneled through the various regional BHOs. These organizations choose what types of interventions and facilities to fund using those Medicaid dollars. In contrast, for physical health, Medicaid dollars are allocated through commercial health plans. Recently, in an effort to increase efficiencies, the legislature decided to transition all Medicaid dollars to commercial health plans in 2020. The BHOs will no longer control Medicaid funding and there is significant uncertainty about the future of BHOs.

Though this uncertainty exists, there is reason to believe that the facility could rely on Medicaid funding despite the funding transition. The commercial health plans will still be required to serve populations for whom sub-acute

intervention is an important tool for behavioral health. Additionally, these types of facilities will always be less expensive than sending someone in mental health or substance abuse crisis to an emergency room.

The committee believes this funding will not be lost during the transition in 2020, but it is important that the County Council understand the funding risks associated with this facility.

TRIAGE COMMITTEE NEXT STEPS

The Task Force has recommended the Division Street location for two, adjoined 16-bed facilities, one for Crisis Triage and one for Detox. The committee believes that the next steps for developing this facility must come from the Executive and the Council. The committee urges the Executive and Council to move forward with confirming the Division Street location and to direct staff to further develop the parameters of the facility and its operations.

The recommendation for an expanded crisis triage facility, certified to operate as a voluntary unit, will provide vitally important options for people with serious mental health problems who are contacted by law enforcement and other responders, and who also fit the criteria for diversion from jail and the hospital emergency department. However, a continuing problem remains. It should be recognized that the jail has few resources and insufficient staff to address the issues presented by people those who are booked into jail and are suffering from acute mental illness. It should also be noted that the proposed facility would not have a significant impact on the problem of the arrest and booking of individuals who commit crimes while detained in treatment facilities and are transferred to jail. It is recommended that this issue receive further review by the Task Force with findings and recommendations included in the Phase III report.

The committee has suspended meeting pending guidance from the full Task Force or until staff develops a more refined triage facility proposal for review. The committee will reconvene when appropriate to review and vet any future plans prior to formal adoption.

LEGAL & JUSTICE SYSTEM AD HOC COMMMITTEE REPORT

INTRODUCTION

Since the Phase I report, the Legal and Justice System Ad Hoc Committee has continued its review of Whatcom County's criminal justice programs and new approaches that could reduce and prevent incarceration. The committee has focused on recommending changes to the existing criminal justice programming that can have meaningful impacts on incarceration. This work has led to several recommendations that have been adopted by the Task Force.

Due to the efforts of Task Force and the realities of the County's crowded jail, the criminal justice system in Whatcom County is changing. This report is snapshot of this moment. The community and government agencies recognize the need for change and are working to implement improvements. One example is LAW Advocates' *Drive Legal Whatcom*, a pilot project intended to help people get control of financial obligations owed to the courts and get re-licensed. Some of the other changes are noted within the body of this report and reflect the willingness of the Sheriff, the Prosecuting Attorney and the courts to help meet our goals.

The efforts of the committee focused on the following pre- and post-trial diversions.

- Pre-trial release and Bail
- Jail Alternatives
- Drug Court
- Probation

The analysis of all programs within the purview of this committee and others is constrained by the dearth of reliable and consistent data to base decisions. As a result, there is rarely meaningful quantitative information on the impact or potential impact of interventions on the jail population. It will be important to address these challenges when determining where to apply the county's resources.

WHATCOM COUNTY COURTS

The recommendations of this committee are governed by the existing laws and criminal justice structure. There are two levels of courts:

1. *Courts of limited jurisdiction* include Whatcom County District Court and the municipal courts of the various cities within Whatcom County. These courts hear traffic offenses and misdemeanor criminal cases. Because these cases do not involve complex issues of law or fact, pretrial time is relatively short. Sentences for misdemeanor crimes can be up to one year or less, but often include orders for treatment, community service and/or fines rather than jail time. Whatcom County Probation Department oversees defendants' performance of their sentence conditions for District Court and all the municipal courts except Ferndale.

2. *Whatcom County Superior Court* hears all felony trials in the county, regardless of the originating jurisdiction. The trials are more complex than those of misdemeanors and require more preparation and

procedure, thus the time pretrial is more extensive. Additionally, Superior Court has no probation department and no pretrial services.

DIVERSIONS

BAIL/PRETRIAL RELEASE

At any given time, one third of the Whatcom County jail population is incarcerated pretrial. Nationally, many communities have successfully crafted solutions to safely reduce the number of people held in jail while awaiting trial. The committee has been examining those solutions to see how they could be adapted to meet our local needs.

YAKIMA COUNTY CASE STUDY

Yakima County has instituted a pretrial release program modelled on validated programs which have been employed by multiple jurisdictions, both federal and state, across the nation. The Yakima program consists of two major components:

1. An evidence-based pretrial risk assessment tool, which is administered on each person detained pretrial in the county jail; and

2. A pretrial supervision unit consisting of three people, the members of which administer the assessment tool, distribute the results to counsel and the courts, and oversee the supervision/monitoring of individuals released by the courts pending trial (after consideration of the risk score established by the assessment tool).

When the pretrial supervision program in Yakima County was first implemented in early 2016, the County was holding around 450 people pretrial on a daily basis. As of the end of July, this average was down to approximately 383 pretrial detainees per day. Yakima spends $82 per day on every person detained pretrial in the jail. In contrast, each person released on pretrial supervision costs the county only $8 per day. Eighty-five percent of those released pending trial under this program have not failed to appear for trial and 94 percent of those released under supervision pending trial have not re-offended. These percentages are better than the average of other jurisdictions that adhere to a more traditional model of bail or release on promise to reappear without supervision. In the coming months, the committee anticipates that it will have specific recommendations about the resources necessary to implement a similar program in Whatcom County for both District and Superior Court.

JAIL ALTERNATIVES

DISTRICT COURT SUPERVISION PILOT & SUPERIOR COURT BOND ALTERNATIVES

District Court is implementing a pilot program which offers a monthly check-in with the probation department as an alternative to tradition pretrial release conditions or bond. Similarly, Superior Court is beginning to consider

cash alternatives to bond in appropriate cases. Typically, to receive a bond a defendant must pay a bail bond agency 10 percent of their bail as the fee. Considering a cash alternative means the defendant instead pays that 10 percent cash to the court and it is returned at the conclusion of the trial. It should be noted that these programs require cooperation and collaboration of the judiciary. To that end, the committee is actively working to share our information and research with those empowered to make decisions regarding pre-trial release.

ELECTRONIC HOME MONITORING (EHM)

Modern electronic monitoring devices can track an offender's location, provide alerts if they enter 'protected zones' and detect the use of alcohol and drugs. The availability of these advanced devices can allow courts to release more offenders pretrial. The City of Bellingham has been able to accomplish this without additional staff by contracting for the service with a non-profit private agency.

The current EHM program administered by the Whatcom County Sheriff charges offenders $ 39 per day to participate in the program. The City of Bellingham's new program charges offenders $14.50 per day and the Lummi Nation is completely subsidizing the program for their offenders (with an underlying cost of just $7 per day). The cost for Whatcom County is greater in part because of an existing directive from the Council and Executive that all programs should be self- supporting. Therefore, the administrative costs for the program are figured into the amount charged to the offender. For indigent offenders the Sheriff modifies the costs where possible and/or offers other alternatives to incarceration.

Other differences between the program administered by the Sheriff and the City of Bellingham includes the speed with which offenders can be seen following sentencing, the length of sentence that will allow offenders to participate in the program, and the type of equipment being used to monitor the individual. All of these program differences are being examined by the Sheriff to identify opportunities to improve the County's program.

TASK FORCE RECOMMENDATION:

1. That the County Council ensures adequate funding for the Sheriff to effectively manage and supervise an expanded electronic home monitoring (EHM) program.

2. That the Sheriff's Office should be permitted to deviate from the County Unified Fee Schedule (UFS) to include a program to subsidize the cost of EHM for those who cannot pay the full amount and to lift the requirement that the program be self-supporting.

3. That the County Council authorize the expenditures necessary to purchase additional hardware to supervise and monitor individuals pre-trial and post-conviction, including additional EHM/D, SCRAM and portable breath testing devices. It is anticipated that the costs will be apportioned among all of the courts using District Court Probation.

DRUG COURT

DRUG COURT - BACKGROUND

Drug Court is a pre-plea, court-supervised, comprehensive treatment program for non-violent, adult felony drug and drug dependent offenders." Participants agree to an 18-24 month treatment program and, upon completion, the court dismisses all of the participant's underlying criminal charges. Participation in Drug Court is initiated by the defendant, however not all defendants are found eligible by the Prosecutor's Office.

As presented by the Prosecutor's Office, there is interplay between Drug Court, the FasTrack program and a practice known as "felony drop down." In the FasTrack program, a plea offer is provided to the defendant at his/her first court hearing. The offer is requires the defendant to accept by a certain date. In exchange for the fast plea acceptance, the defendant is sentenced to less jail time than would be requested if the matter were to proceed to trail. The goal of this program is reduce caseloads, the length of incarceration and the jail population.

The "felony drop down" is an option provided within the FasTrack program which gives the defendant an opportunity to enter a plea to a gross misdemeanor instead of a felony. This change allows the defendant to be supervised by District Court Probation. The defendents are sentenced to one year of probation and drug/alcohol evaluation and compliance. The goal of this program is to send more defendants through probation and treatment programs.

When a defendant is given a FasTrack offer, they are also notified of pre-approval into Drug Court or the "felony drop down" option. Statistics show that given these options, more defendants choose the felony FasTrack option because although it requires jail time, it requires less time commitment overall.

DRUG COURT - PROGRAM REVIEW

In addition to the presentations by the Prosecutor's Office, the subcommittee reviewed the 2012 Bureau of Justice Assistance paper[3] on the Whatcom County Drug Court which included 12 recommendations. After the presentation by the Prosecutor's Office and reviewing the paper, the subcommittee found a number of issues. Two recommendations of the American University paper stood out:

1. A recommendation for a needs assessment to determine the appropriate capacity for the program; and

2. The need to reduce the time from arrest to program entry.

These issues were discussed by the committee and included the Drug Court prosecutor, public defender and judge. Those involved with the program did not feel that a formal needs assessment would be a good use of resources because the program is currently able to serve all persons who apply and are qualified.

It was noted that the population of the Drug Court program could be expanded if the non-statutory disqualifications for the program were changed by the Prosecuting Attorney. The Committee recommended that the Prosecutor review the current referral process to determine if there are steps that can be taken to shorten the length of time it takes to review and approve defendants for entrance into the program. The committee believes that if a faster determination of eligibility can be implemented it may mean more defendants will accept the drug

court alternative instead of a short jail sentence. To those ends, the Prosecuting Attorney has changed his case review procedures in an effort to reduce the time from arrest to program entry.

The effectiveness of this program continues to be stymied by the lack of in-patient treatment services available within the county and the state. Program entry is significantly delayed because an alcohol and drug evaluator is not available to provide services to individuals in the jail. This causes inmates to be held longer than might be necessary. The lack of treatment providers is evident and materially impacts interventions and services at all points in the sequential intercept continuum.

TASK FORCE RECOMMENDATION:

That the County Council contract with a BHO-contracted organization to provide alcohol and drug evaluations to jail inmates.

Furthermore, the subcommittee recommended that the FasTrack "felony drop down" process be reviewed by the Prosecutor with a view towards expanding the program to include individuals charged with other than personal use amounts of a controlled substance.

PROBATION SERVICES

PROBATION - BACKGROUND

Probation is the suspension of a jail sentence that allows a person accused or convicted of a crime a chance to avoid jail and remain in the community. Probation services can be used pre-trial or post-conviction by court order. The order requires an individual to follow specific rules and conditions which are supervised by a probation officer. This can include affirmative requirements and prohibitions.

The Whatcom County Probation Department serves the District Court and the cities of Bellingham, Sumas, Everson, Blaine and Lynden. Ferndale has its own probation department.

Probation services are not available to the Superior Court pre-trial or post-conviction. For Superior Court, post-conviction supervision, when used, is provided by the Department of Corrections. As of yet, the Superior Court has not undertaken any pre-conviction supervision. However, there may be opportunities for the latter, as discussed in the bail and pretrial release section above.

The probation department has created three specialized units to promote increased frequency of contact with high risk offenders and most often pairs this supervision with services and treatment requirements.

An increased use of Probation Department services has the potential to reduce the incarceration of people pretrial. To achieve this, the court must identify individuals who can be safely released into the community with

supervision and a judge or commissioner must be willing to enter the appropriate orders. Such orders would need to include conditions or activities that would then be monitored by the Probation Department.

Recidivism and behavior change can be affected through the proper use of probation services. The research indicates that:

- *Recidivism* is reduced probation services are linked with treatment. One study of domestic violence offenders found that intensive supervision without treatment had no detectible effect on recidivism rates. Another study found that intensive supervision with surveillance increased recidivism by .16 %. However, intensive supervision with evidence based treatment reduces recidivism on average by 10%.[4] Another study found that intensive supervision paired with treatment oriented programs reduced recidivism by 21.9%.[5] Additionally, research shows that "supervision of high and moderate risk offenders using the 'Risk, Need and Responsivity' approach produces almost five dollars of crime-reduction benefits per dollar of costs. On the other hand, intensive supervision where the focus is solely increased surveillance of offenders does not reduce recidivism and is a poor investment."[6]

- *Behavior change* is most likely to take place when the probation services are combined with court ordered requirements that the offender pro-actively engage in some activity including but not limited to: pay restitution, engage in treatment services or participate in other services.

- *Accountability* is also an important factor taken into consideration when placing a defendant on probation. A defendant being held accountable for their behavior may or may not impact recidivism, but is important nevertheless.

PROBATION - PROGRAM REVIEW

The review of Whatcom County's probation program highlighted a number of challenges, some of which are already beginning to be addressed.

1. *Transportation*: Clients who live outside of Bellingham may have difficulty in meeting with probation officers and participating in services offered in Bellingham. The lack of regular transportation may also impact the ability of individuals to connect with the jail alternatives programs and services on Division Street. Additionally, the probation department and jail alternatives program at Division Street lack the systemic connections necessary to streamline service delivery.

   The bus is a major transportation tool for individuals on probation. The Task Force has sent a letter to the WTA urging them to increase bus routes to Division Street and may recommend increasing bus passes available to those on probation (and other users of Division Street). Additionally, as early as January, 2017 probation plans to have tools for probation appointments at the municipal courthouses and other public locations with Wi-Fi connections.

2. *Limited Probation Resources*: Limited human resources require the department to focus on offenders identified as 'high risk' and may not be able to meet all of the needs of the community. There is also a need for additional hardware to supervise and monitor individuals when they are not in jail, both pretrial

and post-conviction, including electronic home monitoring (with and without alcohol monitoring) and portable breath test devices.

Probation has recently filled a position that was open for more than a year. This position will focus on high-risk offenders and will help to reduce the caseloads of other probation officers. With additional resources the probation department could create or expand caseloads for high risk persons including: last chance, high risk DUI, and expanded domestic violence unit and/or intake unit.

3. *Data Collection*: Some of the questions asked by the committee could not be answered because the current case management system is 25 years old and cannot compile the data requested. An updated software system for data collection is seen as a necessary tool to identify opportunities for improvement and assess the impact of new and changed programs on recidivism and behavior change. Committee members believe that there are inexpensive systems available and that the current system should be replaced.

4. *Cost*: Some offenders cannot comply with court ordered evaluations and treatment services because of cost. These offenders are often incarcerated in lieu of treatment. Offenders are charged $100.00 per month for the time that they are on probation. The actual cost of probation services for 2015 was $47.74 per month per offender. The subcommittee will continue to assess this issue.

5. *Quality of treatment programs*: While Court Ordered treatment providers are state licensed, their programs are not necessarily evidenced based. Offenders who spend time in these programs may not be receiving the tools necessary to affect behavior change. The Committee will continue to examine this issue in the coming months.

6. *Availability of Assessment and Treatment Professionals*: There is a need for an increased workforce to perform domestic violence, substance abuse and mental health assessments, evaluations and treatment. Of particular note was the lack of female domestic violence perpetrator treatment providers. This workforce challenge impacts many parts of the criminal justice and behavioral health system.

7. *Delay:* The time lag between violation and sanction may dilute effectiveness of response. This is being addressed by programs at the Lummi Nation, the Department of Corrections and Drug Court with a program called ‘swift and certain’. In the typical system an offender might violate probation, then wait weeks for a court to determine the consequence of that action, often resulting in significant jail time. Swift and certain programs provide immediate, short-term consequences for probation violations. The probation department plans to meet with the prosecuting attorney to discuss the implementation of a similar program for the District Court. The Sheriff notes that this program could create problems with offenders secreting contraband to take into the jail.

JUSTICE & LEGAL SYSTEMS COMMITTEE NEXT STEPS

The Task Force has made the recommendations above concerning electronic home monitoring, which is sees as a viable opportunity for an economical and quick win, and adding assessment staff at the jail, which the Task Force believes will help improve access to existing diversion opportunities.

The Legal and Justice Subcommittee will continue to review the existing legal system and seek out opportunities to reduce incarceration. One important step will be developing recommendations for a pretrial release program similar to the one used in Yakima. More details on that effort will be included in the Phase III report.

BEHAVIORAL HEALTH AD HOC COMMITTEE REPORT

INTRODUCTION

Since the Phase I report, the Behavioral Health Ad Hoc Committee has focused its efforts in three areas:

1. Completing the sequential intercept model mapping of existing programs, and identifying those that need improvement or expansion; also included are services that are in the planning phase but not yet implemented.

2. Researching the drivers of criminal thinking and behavior and understanding the program elements required of behavioral health programs that will likely reduce criminal justice involvement.

3. Prioritizing initial enhancement, expansion or development of programs and services that link to the triage facility programs, targeting diversion from arrest/jail to the triage facility as well as connecting individuals to support services upon discharge from the triage facility.

SEQUENTIAL INTERCEPT MAP

Our community's sequential intercept map is attached as Appendix B. It depicts five points of intervention wherein behavioral health services can "intercept" a person who is involved with the criminal justice system and divert them away from that system and into services. The community provides a robust set of services at all five intercept points. This map is a working document. As the community enhances and expands services, the color-coding on the map will reflect that progress. And as new programs are added that bolster the continuum of care, the map will be updated.

DRIVERS OF CRIMINOGENIC RISK

Research in the field of criminogenic risk in conjunction with behavioral health disorders has been evolving. Andrews and Bonta (2006) are some of the first researchers to identify distinct factors that increase a person's risk for criminal behavior. They outline eight "criminogenic risk factors". Their "Big Four" include

1. *Criminal History*: early and continuing behavior in a number and variety of anti-social acts in a variety of settings. They note that the earlier a person becomes involved in anti-social or criminal activity, and the longer it is continued, the more likely a person is to commit future crimes.

2. *Anti-social Patterns of Behavior*: certain behaviors that are predictive of a person's increased risk to engage in criminal activity. These behaviors include significant impulsiveness, adventurous pleasure-seeking, restless aggression, irritability, and a callous disregard for others.

3. *Anti-social Thinking & Attitudes*: values and beliefs that include a sense of entitlement, rationalizing poor behaviors, minimizing the reality of the impacts of poor behaviors, depersonalizing others, denying responsibility, and lacking empathy. These belief systems lend to a personal identity that is favorable to crime.

4. *Criminal Associates*: these relationships include both the association with pro-criminal others as well as the isolation from anti-criminal others. Over time, a person's circle of "friends" shifts one's perspective to the shared criminal mind-set.

These "Big Four" criminogenic risk factors have shown to be *predictive* of future criminal behavior. The researchers also identified four other criminogenic risk factors that are *associated* with future criminal behavior, but not necessarily predictive. They include:

5. *Substance Use and Abuse*: both legal and illegal substances. Research has shown that mental illness alone very rarely drives criminal behavior. However, when addiction coexists with mental illness, criminal behavior is three times more likely.

6. *Dysfunctional Family/Marital Relationships*: poor quality relationships that do not provide good behavior modeling, pro-social skills, appropriate displays of anger, or positive connectedness. This lack of positive experience combined with pro-criminal expectations has been associated with a higher risk of criminal behavior.

7. *Poor School or Work Performance*: minimal success in school or work creates a low level of rewards and satisfaction. One's identity and sense of worth is often tied to one's sense of competence. Low levels of performance can lead to low involvement is these pro-social settings. An emphasis on one's deficits as opposed to one's strengths may discourage attempts at pro-social activities.

8. *Lack of Pro-social Leisure and Recreational Activities:* similar to poor school and work performance, a low level of involvement and investment in positive activities creates opportunities for engagement in pro-criminal activities.

These second "moderate" four risk factors may not be predictive of future criminal behavior, but must be acknowledged as important issues to address in planning for programs and services.

The committee has recognized that any consideration for criminal justice diversion programming must include attention to addressing these risk factors. The committee has reviewed the intervention framework known as "Risk, Needs, Responsivity" (RNR). Programs are effective when the following principles are applied:

Risk: match the intensity of a person's intervention to their criminogenic risk of reoffending

Needs: address dynamic risk factors (those that can be changed) to meet the person's specific criminogenic needs identified

Responsivity: tailor the interventions to the learning style, motivation, culture, demographics, and abilities of the person, and address challenging issues of mental illness and addiction.

Research is clear: mental health treatment alone is ineffective in reducing criminal behavior. Effective interventions must include the focus on changing criminogenic thinking and behavior.

PROGRAM EXPANSION AND ENHANCEMENT

The ordinance that created the Task Force highlighted the expansion and program enhancement of our Crisis Triage Facility. Given this high priority focus, the committee chose to prioritize services that would serve as a "front door" as well as the "back door" to the triage facility. Front door services are those that can divert

individuals pre-arrest to the triage facility for treatment, diverting jail booking. Back door services serve to connect people to recovery support services and treatment upon discharge from the triage facility.

"FRONT DOOR" SERVICES

Initial efforts have focused on programs that combine the expertise of law enforcement with those of a behavioral health specialist. Such programs include:

- The LEAD (Law Enforcement Assisted Diversion) program in Seattle. LEAD is a pre-booking diversion program that allows police officers to redirect low-level offenders engaged in drug or prostitution activity to community-based services instead of jail and prosecution.
- The CHART (Chronic Utilizer Alternative Response Team) program in Everett takes a collaborative approach that brings emergency medical response, law enforcement, human services and others together to create individualized plans to minimize the impact of individuals identified as having a very high impact on the system.
- The Behavioral Health Unit (BHU) of the Portland Police Bureau. The BHU includes a number of programs focused on behavioral health intervention by teaming specially trained police officers with behavioral health specialists.

The committee gave its support to the Bellingham Police Department in their effort to seek grant funding to launch a local program similar to the Portland model. Bellingham hopes to use those resources to focus on individuals with significant interaction with the criminal justice system and attempt to divert them into treatment.

The current CPIT (Crisis Prevention and Intervention Team) offered locally by Compass Health Whatcom and funded by North Sound BHO employs a full-time behavioral health specialist working with the Bellingham Police Department as a pilot project. The project has experienced success in managing difficult residents. These "front door" programs can divert people to treatment at the newly expanded and enhanced Triage Facility, and prevent or reduce incarceration. The committee is hoping to expand and enhance these or similar services throughout our community.

"BACK DOOR" SERVICES

Once a person is discharged from treatment at the triage facility, the priority focus is to ensure connection and engagement with a set of services that can provide continued support for stabilization and recovery. This is what we have referred to as the "back door" of the triage facility. Addiction, especially to illegal substances, has been shown to lead to criminal behavior and continual recidivism. The community's capacity to provide adequate access to treatment for addiction is challenged. Recently, the Health Department completed a report with recommendations on increasing the number of treatment facilities in the community.[7] These recommendations include the following:

1. Establish two residential treatment units for adults suffering from addiction

2. Expand the current triage facility into two 16-bed units: one unit dedicated to providing acute detox services and initiation of medication assisted treatment, the other unit dedicated to mental health stabilization that can also be utilized for jail diversion as a pre-arrest/pre-booking alternative placement. Please see the Triage Facility Ad Hoc Committee section for a more thorough discussion of this recommendation.

3. One or more Recovery Houses, which are facilities with on-site treatment services focused on promoting ongoing skills in maintaining recovery from addiction.

The committee will continue to pursue additional programs and services that can provide stabilization and recovery support services.

BEHAVIORAL HEALTH COMMITTEE NEXT STEPS

In addition to the three focus areas discussed, members of the committee as well as members from the Legal & Justice System Ad Hoc Committee met to discuss the merits of including other focus areas in the work of the Task Force. Adverse childhood experiences can lead to an increased risk for substance abuse, mental illness, academic and learning problems, and even criminal behavior. There are many coordinated efforts in our community that address these issues effectively, and a dedicated set of professionals that ensure the delivery of evidence-based practices. Continued discussions about the scope of the Task Force will help to set the parameters of our reach.

NOTES

[1]This information is taken from the Whatcom County Behavioral Health Facility Planning Report: Envisioning a New Substance Use Disorder Continuum of Care, prepared June 1, 2016 by the Whatcom County Health Department.
[2] *Ibid*
[3] Bureau of Justice Assistance Drug Courts Technical Assistance Project, Assignment No. DCTAP-2012-88; November 2012.
[4] Washington State Institute for Public Policy, "What Works to Reduce Recidivism by Domestic Violence Offenders?"; January, 2013.
[5] Washington State Institute for Public Policy, "Evidence-Based Adult Corrections Programs: What Works and What Does Not"; January, 2006.
[6] Washington State Institute for Public Policy, "Prison, Police and Programs: Evidence Based Options that Reduce Crime and Save Money"; November, 2013.

[7] Whatcom County Heath Department. "Whatcom County Behavioral Health Facility Planning Report: Envisioning a New Substance Use Disorder Continuum of Care," June 2016.

APPENDIX A – TRIAGE FACILITY BUDGET WORKSHEET

Whatcom County Mental Health Facility PROJECT
BUDGET WORKSHEET - JULY 2016 2030 Division St,
Bellingham, Washington 12,220 square feet

SITE AND BUILDING CONSTRUCTION COSTS			
FIXED BUDGET COSTS			
Land Allowance		$0	
Subtotal			$0
CONSTRUCTION			
Construction	$254/ft.	$3,097,774	
Construction Contingency	10%	$309,777	
WSST	8.70%	$296,457	
Subtotal			$3,704,008
PERMITS, FEES, TAXES, INSURANCE, BONDS			
Building/Use Permits	2.40%	$88,896	
Insurance	allow	$5,000	
Geotechnical Report	allow	$4,500	
Inspection /Testing	allow	$5,000	
Soils Testing	allow	$8,500	
Development Consultant	allow	$75,000	
A/E Consultants fees	allow	$318,606	
Commissioning Consultant	allow	$25,000	
LEED Certification	allow	$60,000	
Civil Design	allow	$40,000	
Landscape Design	allow	$10,500	
Contingency	allow	$50,000	
Subtotal			$691,002
INFLATION/CONTINGENCY			
Escalation to June 2017	4.50%	$197,775	
Owners Project Contingency	3.00%	$137,784	
Subtotal			$335,559
TOTAL ESTIMATED PROJECT COSTS			**$4,730,569**

APPENDIX B – SEQUENTIAL INTERCEPT MAP