

Joint Meeting of the
Behavioral Health Subcommittee & Legal and Justice Systems Subcommittee

Of the Incarceration Prevention and Reduction Task Force
11:30 a.m. to 1:30 p.m. on Tuesday, May 14, 2019
Courthouse 5th Floor Conference Room 514, 311 Grand Avenue, Bellingham

AGENDA

1. Call to order and election of committee chairs
2. Review of draft committee sections of Task Force Annual Report **Pages 1 - 13**
Please review the report sections prior to the meeting and bring prepared changes in writing to the meeting.
3. Presentation by Dan Hammill and Barry Buchanan on Policy Academy Resolution Reducing Incarceration of Young Adults **Pages 14 - 16**
4. Update on the Ground-level Response and Coordinated Engagement (GRACE) program
5. Update on fast-track case processing versus Drug Court
6. Discussion of the status of in-custody evaluations
7. Discussion of Prosecutor's Office referrals to specialty courts
8. Discussion of Jail transition and re-entry
9. Discussion of training needs across law enforcement, jail, legal and judicial systems, such as trauma-informed care
10. Introduction to Custom Task Force Sequential Intercept Inventory **Page 17 - 18**
11. Public Comment
12. Adjourn

UPCOMING MEETINGS AND EVENTS

- May 16: Crisis Stabilization Facility Committee
- May 30: Steering Committee
- June 6: INDEX Committee
- June 10: Incarceration Prevention & Reduction Task Force / Law & Justice Council
- June 10: Behavioral Health Committee
- June 11: Legal and Justice Systems Committee
- June 13: Pretrial Processes Workgroup

The most up-to-date meeting schedule, times, & locations can be found online at:
<http://wa-whatcomcounty.civicplus.com/calendar.aspx?CID=40>

C. DRAFT Progress Report: Behavioral Health Committee

The Behavioral Health Committee works collaboratively across jurisdictions to support the creation of programs that provide effective mental health and substance use disorder treatment available to all County residents. Milestones in 2018 include implementation of the Ground-level Response and Coordinated Engagement (GRACE) program to integrate behavioral health services and reduce inappropriate use of the jail and emergency response systems, securement of grants for development of a Recovery House level of care in the substance use disorder (SUD) treatment system, and an expansion of multi-agency training on behavioral health issues, including hoarding and the neuroscience of behavioral health disorders.

IMPROVEMENTS IN BEHAVIORAL HEALTH SERVICES AND COORDINATION

Goal: Provide effective coordination to meet the needs of frequent users of health and criminal justice resources, and reduce the use of and costs incurred by the criminal justice and emergency response systems through the provision of effective behavioral health programs and services.

Context: A portion of the population served in the criminal justice system is often challenged with poor health, behavioral health disorders, and/or unstable housing or homelessness. Some individuals will frequently require emergency responses from law enforcement or Emergency Medical Services (EMS). Whatcom GRACE is a program developed to provide care coordination services to individuals who frequently use the crisis system or draw law enforcement responses. GRACE has three goals:

- Increase public safety
- Reduce use and costs of criminal justice and emergency response systems
- Improve health and well-being of individuals with complex needs

Progress: Recent activities to implement GRACE and other support services include the following,

- *Procurement of GRACE provider.* A “Request for Qualifications” (RFQ) was released in spring 2018 seeking an agency to serve as the “hub” of the GRACE program, and SeaMar Community Health Center was selected for this role. SeaMar has hired a Program Manager for GRACE and all other staff positions have been filled except for a nurse practitioner. SeaMar is currently in the process of interviewing and hiring an ARNP for GRACE. The program is operating, throughout the entire county, expanding services outside of Bellingham city limits. The GRACE team is now working from an office located at 800 Chestnut, although they continue to have care managers at work stations at Fire Districts and Law Enforcement locations as needed to promote collaboration.
- *Health information sharing.* The County has created new mechanisms to facilitate sharing of protected health information among GRACE partners. Release of Information forms have been developed with expert consultation from a health care attorney to ensure privacy of individuals served, while also allowing for optimal coordination of care while in the GRACE program. The County and SeaMar are working to customize an information system for GRACE use now being used by the North Sound Accountable Community of Health as a care coordination platform, and to explore “application programming interfaces” that will allow more automated

information sharing between EMS, Law Enforcement, Jail and Health Care systems on behalf of GRACE members served. The first such interface being explored is with ImageTrend application, a data sharing software currently being implemented with all Fire District EMT services throughout the County. The Team is also exploring alternative care coordination information systems if needed in the future.

- *GRACE capacity.* Program capacity is increasing. A total of four case managers have been hired, and a nurse practitioner will be added to meet the needs of those with other health needs. Community partnerships continue to develop, and an expansion of the Community Paramedic model to include Ferndale will add another cooperating partner to the program.
- *GRACE data.* Current estimates of the number of people eligible for GRACE are 75. To date, the program has provided case management services for 60 people.
- *Recovery House level of care.* The county is involved in the remodel and operational startup of a new enhanced co-occurring disorder Recovery House level of care. This program will be staffed 24/7 with mental health professionals, chemical dependency professionals, peer counselors and technicians. The target populations will primarily be Drug Court, Mental Health Court, and GRACE participants. Recovery House level of care is a step down from inpatient substance use disorder (SUD) treatment intended to provide additional time for people to initiate and maintain recovery gains achieved during inpatient treatment. The goal is to open Recovery House services by summer 2020.
- *Criminal Justice Treatment Account funding.* The County successfully increased access to assessments and treatment for eligible people in the jail, in addition to providing rental assistance for drug court, mental health court, and GRACE participants leaving SUD treatment through the state Criminal Justice Treatment Account (CJTA) funds. A local panel oversees CJTA funds and makes recommendations about service priorities.

Issues and opportunities:

- The ability to share necessary protected health information among the various GRACE partners has been a significant challenge. Care coordination among healthcare providers is allowed under the laws of confidentiality to some extent, but sharing protected health information with law enforcement is more difficult.
- The target population is often reticent to accept services and requires sophisticated engagement practices to include them in the GRACE program.
- The lack of suitable housing is a challenge for GRACE participants and other individuals who have frequent interface with the criminal justice system.
- In 2019, commercial health insurance plans will become the primary funders of behavioral health services for individuals covered under Medicaid. The County is working closely with these managed care organizations as well as the GRACE hub agency to ensure that Medicaid-eligible services delivered to GRACE clients are fully reimbursed.
- The Community Outreach and Recovery Support (CORS) program provides professional support and peer coaching to Whatcom County residents in need. After 18 months of outreach in the community, the program is experiencing funding challenges. CORS has historically received funding from the Federal Mental Health Block Grant (MHBG) with a smaller portion coming from

the Behavioral Health Program fund. With implementation of Fully Integrated Managed Care (FIMC) in July 1, 2019, MHBG funds will be reallocated to community crisis services and will no longer be available to support CORS. CORS is an important resource in the community and has effectively served many individuals at the Lighthouse Mission, Francis Place, 22 North and other housing and resource locations.

IMPROVED CRISIS RESPONSE AND SUBSTANCE USE DISORDER TREATMENT

Goal: Reduce jail admissions/readmissions through improved crisis response and treatment.

Context: A high number of people in jail have substance use disorders (SUDs) and co-occurring (mental health and SUD) disorders—68% and 44% respectively.¹ Other data indicate a rise in opioid use and its consequences—such as opioid-related arrests, overdoses, detox and treatment admissions, and Hepatitis C. Similar to the rest of the nation, Whatcom County reached a peak crisis in the epidemic by 2016 and current levels of use remain high. Equally important, people with mental illness can experience escalation of behavior to the level of criminal involvement unless law enforcement is sufficiently trained in crisis de-escalation and management. Although a basic level of crisis training is now required of all law enforcement officers in Washington State, and many agencies exceed basic requirements, additional behavioral health, special expertise may be needed in certain cases to prevent escalation of crises.

Progress: Targeted efforts to address crisis and addiction can be effective in reducing jail admissions and readmissions. Activities include:

- *Crisis Training and Response Capability in Law Enforcement.* Crisis Prevention and De-escalation Training for law enforcement has proven to reduce or avert arrests while also connecting individuals to appropriate services. In 2018, the Sheriff's Office added a position for a Crisis Intervention Deputy to respond to persons in crisis and follow up with services.
- *Multi-agency behavioral health training.* Coordination to update multi-agency and practitioner training needs included training on behavioral health disorders and brain dysfunction and hoarding disorders.
- *Opiate Use Disorder Treatment.* Since 2016, the number of Medication Assisted Treatment (MAT) providers offering services in Whatcom County has more than doubled. Two additional agencies provide full service MAT, and an additional agency provides MAT and substance use disorder treatment.
- *The Whatcom County Jail.* The jail has implemented a medication assisted treatment (MAT) program to help people who are withdrawing from opioids while incarcerated. The program currently tapers individuals not actively involved in treatment and continues MAT services for those enrolled in treatment programming. The program also assists individuals releasing from the jail with connection to community based services for continuing care.

Issues and Opportunities:

¹ Data are for people on Medicaid only; however, 86% of inmates in the jails had been enrolled in Medicaid at some point over the previous five years. See Paula Henzel et al., "Behavioral Health Needs of Jail Inmates in Washington State," Department of Social and Health Services, Research and Data Analysis, January 2016.

- Methamphetamine use is on the rise again, yet there is no effective treatment. Methamphetamine is a stimulant, and often individuals under the influence demonstrate agitated or aggressive behaviors that can lead to a law enforcement response. Not only is methamphetamine addiction difficult to treat effectively, but smoking the drug has potential to contaminate housing units which challenges the system to find safe and stable housing for individuals struggling with methamphetamine addiction.
- Chronic shortages of mental health and substance abuse disorder treatment facilities and workforce have been exacerbated by recent losses in regional capacity. Although the state is addressing some of these capacity issues, constraints remain endemic. The workforce shortage means that people with complex behavioral health issues are often served in other systems, where the workers have not been properly trained.
- Complex behavioral health issues, especially for those people who are incarcerated, often stem from early childhood, repeated traumatic events. The multi-system trainings coordinated by the Health Department should include dissemination of trauma-informed approaches (TIA) throughout the criminal justice and law enforcement systems, and including behavioral health and housing partners.
- More treatment services for people with co-occurring substance use and mental health disorders are needed in the community.

YOUNG ADULT INCARCERATION PREVENTION INITIATIVE

Goal: Prevent young adults from entering the criminal justice system

Context: In 2018, a John D. and Katherine T. MacArthur foundation grant was secured to focus on young adult incarceration prevention. A team consisting of representatives from the City of Bellingham and Whatcom County Councils, Washington State House of Representatives and Senate, and Bellingham and Whatcom County staff members was formed. This team, in coordination with National League of Cities, National Association of Counties, and the National Conference of State Legislatures, has worked alongside stakeholders from Indianapolis, Overland Park, Albuquerque, and Kalamazoo.

Team members are the following:

- City Councilmember April Barker
- City Councilmember Dan Hammill
- County Councilmember Barry Buchanan
- Whatcom County Probation Manager Bruce Van Glubt
- Whatcom County Health Department Human Services Manager Anne Deacon
- Bellingham City Attorney Peter Ruffatto
- Washington State Representative Roger Goodman
- Washington State Representative Sharon Shewmake
- Washington State Senator Jeannie Darnell

The Bellingham/Whatcom team's workplan is to create a joint City/County/small cities resolution that prioritizes young adult incarceration, emphasizes in-field crisis and mobile responses and interventions, prioritizes a funding solution for the Crisis Stabilization Center, and tracks data to evaluate successes, challenges and further needs.

Progress: Thus far, biennial funding for the Crisis Stabilization Center has been secured but the long term solution has not been worked out at the state legislature. The joint resolution has been reviewed and approved by City and County executives and presented to the small city mayors. A final draft has been completed. The resolution calls for the following changes:

1. Identify the multiple efforts and initiatives currently in operation in the community focused on reducing the exposure of youth and young adults to the criminal justice system;
2. Coalesce these efforts along a continuum of Prevention, Intervention, Treatment and Support, aligning with the Sequential Intercept Model as appropriate across jurisdictions in Whatcom County including service and nonprofit sectors, Tribes, education institutions, and foundations;
3. Create a system for improved data collection, analysis, reporting, and responsive action across all sectors, to include fiscal and asset mapping and gap analyses;
4. Develop cultural competencies in staff and incorporate into processes throughout the various criminal justice systems in an effort to eliminate racial disparities; and
5. Prioritize policy development and funding that invests in growing healthy and resilient children, youth and young adults through prevention and early intervention programs.

Issues and opportunities: A sustainable funding model has yet to be created at the State level. Upstream diversions that include youth and family supports will be required to achieve greater success in young adult incarceration prevention. Differing data systems across jurisdictions need better alignment and reporting capabilities. Stable housing continues to be a barrier for many young adults who have or have had exposure to adverse social determinants of health that can lead them into contact with the criminal justice system.

B. DRAFT Progress Report: Legal and Justice Committee

Members of the Legal and Justice Committee have engaged in a wide array of recent initiatives. Activities included development of pretrial risk assessment tool and services, improvements to the Whatcom County Drug Court, warrant reduction efforts, and expansion of access to jail alternative programs. Specific initiatives, progress, and remaining issues are discussed below.

PRETRIAL RISK ASSESSMENT AND PRETRIAL SERVICES

Goals: There are two goals for improvements to pretrial practices:

- Select and implement an accurate assessment tool for judges to use in identifying defendants who may be conditionally released while awaiting trial, and in ordering release conditions for those defendants.
- Implement a program for monitoring defendants on pretrial release.

Context: Roughly three-fifths of Whatcom County Jail inmates are awaiting trial, most of them in the Superior Court. However, unlike with the District Court, the Superior Court has no probation department or other resources to assure that these people will appear in court as ordered and refrain from violent crime in the meantime, leaving judicial officers with bail as the only option. Very few pretrial defendants can pay even a modest bail.

The Pretrial Processes work group was formed in early 2018 as a part of the Legal and Justice Systems subcommittee. It had two purposes: to identify and implement pretrial monitoring and referral services for appropriate defendants, and to help the courts select the most effective tool to assist judicial officers in determining the defendants for whom those pretrial services will be an effective alternative to bail. Chaired by Superior Court Judge Deborra Garrett, the group includes a District Court judge, the administrators of both Superior and District Courts, representatives of the Prosecutor's Office and the Public Defender, a victims' advocate, and two members of the Legal and Justice Systems subcommittee. At about the same time, the State court system formed a multi-stakeholder Pretrial Reform Task Force to assess needs for pretrial reform on a statewide level and to recommend appropriate legislation. Two members of our work group participated in that state task force. The interaction with colleagues elsewhere working on the same issues proved extremely valuable. The state task force concluded its work at the end of 2018 and the local work group has found its reports and recommendations helpful in charting a course for Whatcom County.

Progress: Working with the Superior and District Courts, the Pretrial Processes work group is achieving both its goals.

Pretrial Services Unit: The work group studied the experiences of many jurisdictions and found that pretrial monitoring and reminder services have been effective in many courts. The services vary, but core services common to most pretrial services units include text and telephone reminders of upcoming court dates; regularly scheduled check-ins or other required contact with defendants awaiting trial; regular monitoring to assure that the pretrial defendant does not incur new charges; referrals to appropriate treatment and mental health services; and other appropriate services. Working with the administration of the Superior Court, the work group recommended graduated steps in developing pretrial services practices and programs. With funding approved by the County Council, the Court conducted a search and ultimately hired a manager to establish a Pretrial Services Unit within the Superior Court, developing operating protocols and policies, initiating monitoring services approved by

the judicial officers, and recommending additional services as needed. A second staff member will be hired within the next several months.

Reliable demographic information is essential for every pretrial services program, to identify the defendants who are most likely to respond to pretrial monitoring and services, and to assess the impacts of those services on an ongoing basis after services are implemented. Working with the Superior Court administrator, who began compiling demographic information specific to pretrial issues, the work group researched the field of demographic experts familiar with the process of compiling and assessing information about jail populations. Ultimately, and with the assistance of the Washington Administrator of Courts, the group retained Dr. Andrew Peterson to assess the 2018 jail population by crimes charged, criminal history, bail set, and other pertinent information. He has done a preliminary assessment, based on 2018 information, and will assess the impacts of pretrial services on an ongoing basis.

Pretrial Risk Assessment Tool: The use of pretrial risk assessment instruments in making pretrial release decisions has gained wide currency in the national movement toward criminal justice reform, based on research establishing that data-informed decisions are sounder and more consistent than those resting only on one individual's subjective conclusions. Pretrial risk assessment instruments are a tool that gives the judicial officer information, based on a defendant's criminal history, current charges, court attendance in the past, and similar factors, that indicates whether a defendant is likely to fail to return to court when required and whether a defendant is likely to commit a crime while awaiting trial. The factors are consistent with existing state court rules that call generally for pretrial release unless such risks are likely to occur.

A risk assessment tool gives information to the judicial officer, who ultimately decides what release conditions are appropriate for a given defendant. Risk assessment tools are helpful to the judicial officer because they give pertinent background information and prioritize specific elements of that information for the judicial officer's consideration. They give more weight to those factors that experience has shown to be most predictive of success or failure pretrial. The assessment is a helpful tool for the judicial officer, who remains the ultimate decision maker in every case.

The work group carefully considered the pros and cons of adopting a risk assessment instrument and studied various versions of such instruments used elsewhere in the state and nationally. Initially, the work group established criteria for its approach that would rely on accepted best practices in the field. Members agreed that a risk assessment instrument should be used to inform a judicial officer's decision, with the decision ultimately based on the judicial officer's discretion and experience. They also agreed that a risk assessment instrument should be statistically validated at adoption and periodically thereafter as being predictive for the local population. Members favored a risk assessment instrument using information that was both reliable and quickly obtainable. They also wanted a risk assessment instrument that would be understandable, simple to use, and transparent in its application, rather than one that produced results through an unknown and inaccessible formula or algorithm. Finally, the tool must produce results that are neutral as to racial, ethnic, and other factors which have shown disparities in other areas of law enforcement and criminal justice administration. This can be achieved with careful and frequent demographic monitoring and updating, which will indicate which factors are truly predictive for the Whatcom County population.

The work group worked with the Superior Court judges to identify a tool that best meets these criteria and will continue to consult with the Court on the application and continuing validation of its risk assessment tool.

The Pretrial Processes work group engaged the expert services of Dr. Andrew Peterson, a criminal justice data scientist employed by the Washington Administrative Office of the Courts who was an advisor to the state Pretrial Reform Task Force. In part using the statewide courts database, Dr. Peterson analyzed hundreds of Whatcom County Superior Court and District Court cases compiled since May 2018 to determine the factors that best predict the risks of a failure to return to court and to commit a new violent crime, and his work is shaping the final form a local pretrial risk assessment instrument will take. He will also continue assisting the Whatcom County effort by re-validating that instrument while it is in use, including testing for its neutrality on racial and ethnic factors, and recommending adjustments he thinks are necessary. The work group's reliance of this expertise furthers its commitment to a rigorous, evidence-based approach in carrying out its assigned tasks.

DRUG COURT IMPROVEMENTS

Goal: Effective engagement with high-quality treatment and appropriate support services for as many drug-dependent defendants as possible, as an alternative to prosecution and incarceration.

Context: The drug court program involves staff from the prosecutor's office, the Superior Court bench, the Public Defender's office, and treatment professionals. Since the Whatcom County Drug Court program was established in the 1990's, the use of therapeutic courts has spread widely and an extensive body of research has looked carefully at practices that are effective for promoting successful treatment interventions and a redirection of drug court participants away from cyclical incarceration and into more productive and healthy lives. Over the last few years, some Drug Court team members have viewed the program as working well, while others have raised questions about how participants are selected, whether the program could divert even more individuals from jail, and whether treatment services were as robust as they could be.

Progress:

Assessment of local practices: In 2018, with the encouragement of the Legal and Justice Systems subcommittee, the Drug Court team engaged technical assistance experts through the National Association of Drug Court Professionals (NADCP) to assess whether the Whatcom County Drug Court utilized current evidence-based practices and to recommend improvements that might be called for. Team members completed detailed questionnaires about the operation of the program and, with that information in hand, a NADCP-affiliated evaluator conducted a two-day site visit to Whatcom County in February 2019 to observe and talk to the team members in more depth.

A report of this assessment, with recommendations for possible improvements, was received on May 1. The evaluators noted the leadership of Judge Raquel Montoya-Lewis and commended the entire team for requesting technical assistance to implement best practices, and for its dedication to the program. Among other points, the assessment report recommended improving the legal criteria for eligibility, adopting validated, standardized assessments of participants' risks and needs to better guide services, strengthening the expectation of evidence-based practices with treatment providers, and pursuing grant funding to address program needs. Both the Drug Court team itself and the Legal and Justice Systems subcommittee will work on ways to implement the changes suggested.

Development of supported housing: Opportunity Council, in partnership with Lifeline Connections, intends to rehabilitate a property in Bellingham for the purpose of creating a Recovery House that will serve people who are committed to their recovery from substance use disorders, and who will benefit

from the high level of support that will be available from professional staff on site. The project breathes new life into a property on Girard Street, formerly the site of a recovery house and detox program when it was owned by PeaceHealth. Vacant for over ten years, the two buildings will be rehabilitated to WA Department of Health standards for a Level 4 Recovery Residence (as specified by the National Alliance for Recovery Residences).

This type of program provides peer-supported services plus life skills and clinical programming by a licensed treatment provider. This level of care includes a high degree of daily structure and 24/7 staffing. In addition, the program includes mental health services onsite provided by mental health professionals on staff. This project adds a significant, missing component to our local continuum of care. The emphasis of this level of care is equipping participants for the next phase of recovery, which could be another residential level of care, or independent living and employment.

This project was inspired by recommendations from Whatcom County's Incarceration Prevention and Reduction Taskforce, the Drug Court program staff, and Superior Court Judge Montoya-Lewis, who approached Opportunity Council seeking solutions to the housing stability challenges of Drug Court participants. Project partners expect that Whatcom County Drug Court and Whatcom County Mental Health Court will be primary sources of referrals to the Recovery House program.

Opportunity Council was awarded a \$1,000,000 grant for the capital costs of the rehabilitation, and Whatcom County Health Department and Lifeline Connections helped to secure the operating funding. Opportunity Council is in the early design phase and anticipates construction starting later this year, hoping to begin delivering services in late 2019.

SHORTENING CASE PROCESSING TIMES

Goal: Reduce the time people are held in jail, especially for pretrial, by enhancing the efficiency of Court operations and decision-making.

Context: The Vera Institute's Final Report to the Task Force noted that cases in Whatcom County courts progress from initiation to resolution more slowly than state standards call for and cited this as one of the reasons there are more defendants in the jail than necessary on any given day. The Legal and Justice Systems subcommittee suggested that this factor would be an area amenable to improvement, with a resulting reduction in incarceration.

Progress:

The Prosecutor's Office and the Public Defender's Office have begun discussing possible steps to reduce delays in case processing time and have presented preliminary proposals to the Superior Court judicial officers. At present, this discussion is on-going. The Legal and Justice Committee will seek periodic progress reports and would lend any assistance it can to the effort.

CHANGES AT COURTS OF LIMITED JURISDICTION

Goal: Goals of changes at the municipal and district courts include the following:

- Expand capacity for alternative sentencing at courts of limited jurisdiction
- provide effective prevention therapies where applicable
- Provide pretrial services and notifications to reduce warrants

Progress:

District Court: An MRT (Moral Reconciliation Therapy) program has been established. MRT is a proprietary systematic, cognitive-behavioral treatment system that uses tailored approaches to address substance abuse, domestic violence, trauma, and other issues. This program draws its participants from Mental Health Court clients and individuals assigned to the probation office's Behavioral Health Unit. The MRT program is being evaluated for its effectiveness with this population.

A separate DV-MRT program has also been established for clients being supervised for domestic violence cases. There is one group currently operating with a nearly-full cohort of 9 clients. Two additional Probation Officers will be attending training in May and will become certified to conduct these classes. Having these additional trainers will give the probation department the option of increasing the number of treatment group sessions offered.

Having shown its effectiveness, the District Court's text message reminder program now sends reminders to defendants for all probation appointments, scheduled substance testing, and court hearings in District Court and the Bellingham, Blaine, Everson, Lynden and Sumas Municipal Courts. (In October, the department also began texting reminders for Superior Court's arraignment and out of custody plea calendars).

Finally, District Court in the past year formed a Pretrial Unit with four current staff members credentialed as Certified Pretrial Services Professionals with the National Association of Pretrial Services Agencies.

Bellingham Municipal Court: As of March of 2019, more than 1,000 Bellingham Municipal Court defendants have completed sentences on Electronic Monitoring rather than in Whatcom County Jail. This has enabled those defendants to remain employed, attend school, continue with treatment, keep children in their custody, attend medical appointments and still be held accountable for their actions. The City subsidizes any defendant who is indigent so that inability to pay never prevents a defendant from serving their time on Electronic Monitoring instead of in the jail. This program has resulted in a savings to the City of over \$2 million dollars.

The City has also recently hired a Jail Alternatives and Diversion Manager to oversee this program and to help the City explore increased alternatives to incarcerating nonviolent offenders through diversion programs and expansion of other jail alternatives.

LAW ENFORCEMENT AND JAIL INITIATIVES

Goal: Goals in this area are threefold:

- Ensuring the best services are provided to vulnerable populations in contact with law enforcement by adopting a liaison and problem-solving approach that connects people with appropriate social service agencies to reduce future calls for service. and incarceration;
- Provide better access to jail alternative programs to reduce incarceration and the need for warrants;
- Provide better access to needed services within the jail, and at re-entry.

Context: Many 911 calls have a mental health/substance abuse component. Because of the lack of dedicated follow-up, these particular incidents may result in repeated calls for help by the individual, the individual's family, or simply by a concerned citizen who is witnessing the crisis. The goal of these changes is to provide appropriate care to persons in crisis while reducing repeat calls for service. This is done by taking a proactive approach to mental health issues and substance abuse in Whatcom County and in the City of Bellingham.

Progress: Both the Whatcom County Sheriff's office, and the Bellingham Police Department, are enhancing their ability to properly respond to individuals with behavioral health issues. Changes are described below.

Sheriff's Office Crisis Intervention Deputy. The Whatcom County Sheriff's Office established a Crisis Intervention deputy position in 2018 to assist the Patrol Division to effectively intervene and de-escalate crisis situations involving persons with behavioral health issues. The Crisis Intervention deputy works to divert subjects experiencing ongoing crisis issues from the criminal justice system prior to their arrest for a criminal act. The Crisis Intervention deputy will also divert chronic utilizers of 911 services to the appropriate service providers, including referring participants to the GRACE program. These diversions are expected to reduce the cost of incarceration and court proceedings, limit the continued response time deputies must spend returning to deal with the same individuals, lessen the impact crisis situations have on limited law enforcement resources, and increase deputies' ability to handle other calls for service and conduct proactive patrols.

The current Crisis Intervention deputy, Jamie Collins, began serving in this role in September 2018. Prior to that time, he attended basic and advanced training in Crisis Intervention and de-escalation, as well as spending time with established Crisis Intervention programs of the Seattle Police Department and King County Sheriff's Office. In addition, Deputy Collins expects to complete his graduate study for a master's degree in counseling psychology in early 2020.

The Crisis Intervention deputy will be a liaison between the Sheriff's Office and the behavioral health community, as well as other social service organizations. The Crisis Intervention deputy meets on a regular basis with behavioral health providers/services to ensure that persons experiencing crisis related to mental health and/or substance use disorders are being connected with the services they need. The Crisis Intervention deputy collaborates on behavioral health issues with the Incarceration Prevention and Reduction Task Force's Behavioral Health sub-committee, the County Health Department's GRACE program, the Bellingham Police Department's Crisis Prevention Intervention Team (CPIT), and the Crisis Oversight committee.

Over the past year, the Sheriff's Office has seen a 33% increase in calls for service related to mental health. To address the growing needs of the community, the Sheriff's Office received authorization to hire a second Crisis Intervention deputy in 2019 and anticipates assigning the new deputy by mid-summer.

The Sheriff's Office is also working with the Prosecuting Attorney's Office in planning a law enforcement assisted diversion program and believes that this will provide increased options to the Crisis Intervention Deputies.

BPD Behavioral Health Officer. The Bellingham Police Department has recently completed a staff reorganization which has allowed the department to place one current commissioned FTE into the

position of Behavioral Health Officer. This position performs analogous duties to that of the Bellingham Fire Department's Community Paramedic. This change will become effective the first part of June and the department's Behavioral Health Officer will be Zach Serad.

Operationally, Bellingham's plan incorporates one commissioned police officer position for proactive follow-up with those individuals who are showing signs of mental illness/substance abuse and are identified as having multiple or high-risk contacts with police. Potential contacts, and subsequent follow-ups, will be determined by the BH officer after reviewing police reports or from referrals through other patrol officers/organizations, including the Community Paramedic. The Behavioral Health Officer will contact and work with those individuals in an effort to assess and make connections with appropriate resources within our community, including the GRACE program.

Reduction of warrants. Warrants are issued by the court and direct deputies and other officers to take persons into custody. The Sheriff's Office does not have the unilateral ability to ignore these requirements. [I know that the District Court has implemented a system of notifying defendants of their court dates. Perhaps Bruce would be a better source of information on that issue]. However, the Sheriff's Office continues to work very closely with the District Court to reduce incarceration. The Sheriff's Office now facilitates the placement and monitoring of electronic home monitoring devices on pre-trial defendants. The Sheriff's Office does not supervise these people but rather reports violations of the conditions of monitoring to District Court probation which determines the appropriate course of action. This arrangement satisfies liability concerns previously expressed by the Prosecuting Attorney's Office. In 2018, 63 offenders participated in the pre-trial program reducing incarceration needs for those people by 5314 bed days. The program was expanded in late 2018 and in just the first two months of 2019, 2663 jail bed days were diverted into this program. It is important to emphasize that this electronic home detention program is not the same program the Sheriff's Office employs for monitoring those convicted and sentenced offenders who may require a higher degree of supervision and which is operated entirely by the Sheriff's Office (a more intensive and costly program).

Jail alternative programs: The County Council's policy change to eliminate a requirement that all jail alternative programs to be self-supporting (often requiring a defendant to pay) has resulted in a reduction of jail bed days. The out-of-custody jail work crews (day report) led to a reduction of 2663 jail bed days in 2018, which was 58% more jail bed days avoided since 2016.

Out-of-county transfers: Due to issues involving safety, infrastructure and security system reliability, the Sheriff's Office continues to limit the jail population through control measures that include transfers by the County and other users of the jail to out-of-county facilities. Control measures are also necessitated when failing infrastructure and life-safety systems require cells and even entire cell blocks be taken out of use for extended periods of time. The Sheriff's Office and the City of Bellingham Prosecutor's Office have worked together closely to avoid transferring inmates to Yakima whenever possible and divert them instead to alternative programs or housing in the jail work center. Total bed day use for the jail dropped approximately 2% from 2017 to 2018 with an average daily population drop from 319 to 314. These efforts help avoid some consequences of separating inmates from their family and support systems and should result in more use of work programs.

Community services connections for inmates: The Sheriff's Office has engaged community partners to help inmates succeed upon re-entry into the community. This has included the engagement of the Homeless Outreach Team with homeless offenders; Literacy Council (assisting with reading and writing skills); Goodwill (to help offenders with criminal records attain employment); Domestic Violence and

Sexual Assault Services (counseling for victims); Bible studies; one-on-one faith-based counseling; GED preparation; Alcoholics/Narcotics Anonymous; and Parents for Parents (peer-based parents involved with dependency proceedings).

Medically Assisted Treatment (MAT) for opioid addiction: Phase one of a program that was under development for over a year was implemented in September 2018 to assist those addicted to opioids to withdraw with medical supervision. Phase two was implemented in February 2019 and allows the use of an opioid substitution for offenders on a community maintenance program. Phase three will begin later this year and will assist addicts to withdraw and work with a community provider in an opioid substitution program. Questions about the availability of MAT in the jail were the subject of a pending lawsuit, which was recently dismissed by agreement of the parties as a result of these steps.

PROPOSED BY: Barry Buchanan

INTRODUCED: _____

RESOLUTION NO. _____

(REDUCING INCARCERATION OF YOUNG ADULTS)

WHEREAS, The Incarceration Prevention and Reduction Task Force (Task Force), acting as the county Law and Justice Council, has identified a priority focus of young adult incarceration prevention and reduction, and

WHEREAS, the John D. and Catherine T. McArthur Foundation has awarded a grant for technical assistance to Whatcom County to participate in a national Policy Academy focused on this effort, and

WHEREAS, a Policy Academy Team consisting of a Whatcom County Councilmember, a Health Department Manager, two Bellingham City Councilmembers, a Washington State Senator and two State Representatives have formed a Policy Academy Team who are working with the McArthur Foundation, the National Association of Counties, the National League of Cities, and the National Council of State Legislatures in a concerted effort to identify and implement local strategies to prevent and reduce incarceration of young adults aged 18 - 24, and

WHEREAS, research emphasizes the importance of nurturing positive neuro-development in very young children in order to develop protective factors and resilience that reduce risk of future criminal justice involvement, and

WHEREAS, research has demonstrated that exposure to adverse experiences at a young age can increase risk for future criminal justice involvement, and

WHEREAS, behavioral health challenges left untreated or undertreated can compromise resilience, and

WHEREAS, the model of population health developed by the University of Wisconsin Population Health Institute has determined that 50% of what makes and keeps a person healthy results from access to healthy environments, economic opportunities, housing security, and education, and

WHEREAS, the geography of where an individual lives is indicative of the social determinants of health they experience and thereby influences their overall health and future resilience and protective factors, which include living in a safe and higher quality environment, caring and positive community norms, and economic opportunities, and

WHEREAS, research shows that exposure to domestic violence and incarceration of an adult in the family home are significant risk factors for children that correlate to increased risks in adulthood, leading some into intergenerational engagement with the criminal justice system, and

WHEREAS, young adults incarcerated for more than an initial 72-hour period are more likely to recidivate than those who experience fewer hours of initial incarceration, and

WHEREAS, public safety and public health are mutually inclusive and exist only when behavioral health, family health and stability, and social determinants of health are positively supported, and

WHEREAS, the Whatcom County Council resolved to include Health In All Policies, which include strategies along a continuum of Prevention, Intervention, Treatment and Support, and

WHEREAS, numerous efforts in the community are in progress to address the health and well-being of families, young children, youth, and young adults, to include programs that increase connections to schools and local communities, improve built environments, increase access to quality child care, as well as the formation of "Generations Forward", and

WHEREAS, these efforts can result in a positive return on investment in healthy early childhood development as well as long-term decreased exposure to the criminal justice system, and

WHEREAS, the INDEX (Information Needs and Data Exchange) Committee of the Task Force is forming policy goals to prioritize prevention and reduction of young adult incarceration, and

WHEREAS, data indicates that an aging workforce edging toward retirement will open opportunities for young adults to become contributing members of society, and

WHEREAS, demographic trends indicate an increase in the racial and ethnic diversity among the youth and young adult population, and

WHEREAS, racial disparities still exist in criminal justice systems and negatively impact individuals who are non-white, and

WHEREAS, local community efforts should focus on increasing efficiencies aimed at improving population health across all sectors to include families, businesses, schools, neighborhoods, and the criminal justice system,

NOW, THEREFORE, BE IT RESOLVED by the Whatcom County Health Board that the County will work with the Task Force/Law & Justice Council and community leaders to

1. Identify the multiple efforts and initiatives currently in operation in the

community focused on reducing the exposure of youth and young adults to the criminal justice system,

2. Coalesce these efforts along a continuum of Prevention, Intervention, Treatment and Support, aligning with the Sequential Intercept Model as appropriate across jurisdictions in Whatcom County including service and nonprofit sectors, Tribes, education institutions, and foundations,
3. Create a system for improved data collection, analysis, reporting, and responsive action across all sectors, to include fiscal and asset mapping and gap analyses,
4. Develop cultural competencies in staff and incorporate into processes throughout the various criminal justice systems in an effort to eliminate racial disparities, and
5. Prioritize policy development and funding that invest in growing healthy and resilient children, youth and young adults through prevention and early intervention programs.

APPROVED this ____ day of _____, 20__.

ATTEST:

WHATCOM COUNTY HEALTH BOARD
WHATCOM COUNTY, WASHINGTON

Dana Brown-Davis, Clerk of the Council

(Name of current chair), Council Chair

APPROVED AS TO FORM:

(Name), Civil Deputy Prosecutor



Whatcom County Incarceration Prevention and Reduction Task Force

May 10, 2019

MEMORANDUM

TO: Behavioral Health and Legal & Justice Systems Committee Members

FROM: Jill Nixon, Task Force Clerk

SUBJ: Staff Report on Custom Sequential Intercept Inventory

The Steering Committee is developing an overall strategic plan to guide the Incarceration Prevention and Reduction Task Force/Law and Justice Council in prioritizing projects and proposals that come before the Task Force. The first step in that process is to inventory existing programs in all local jurisdictions that make an impact in preventing and/or reducing incarceration.

Steering Committee members identified the behavioral health sequential intercept as a model that can be customized specifically for the Task Force to organize these programs. When complete, this customized model will quickly identify gaps in the system, where resources are lacking, and where priorities should be focused.

To complete the inventory, the Steering Committee has asked committees and their members to plot their agencies' programs at the appropriate points along the intercept continuum. This can be done at a future committee meeting, or members may submit a list of each program and associated plot point to me via email.

Background: In January 2018, the Task Force engaged in a prioritizing process with Crossroads Consulting in which various programs and recommendations, including those in the Vera Institute Final Report, were assigned to the Task Force Subcommittees. The Planning Session Final Report identified as a next step the need for the Steering Committee to develop an overall work plan for the Task Force. This has not yet been done. Furthermore, the Task Force enabling ordinance specifically directs the Task Force to develop or enhance programs "designed along a continuum that effectively reduces incarceration...."

Steering Committee members have also discussed how to prioritize new proposals that come forward. Through this discussion, they propose creating a strategic plan that would identify the current programs that exist, whether they are fully or partially funded and staffed, and gaps in services that need to be developed. Proposals for new programs would be submitted on a project proposal request for review form and submitted to the full Task Force for review and, if appropriate, placed along the continuum.

Request for Action:

At the Joint Behavioral Health and Legal & Justice Systems Subcommittee meeting, decide whether to schedule at a future committee meeting or request agencies email program list with continuum plot point for each program to Jill Nixon.

INCARCERATION PREVENTION AND REDUCTION TASK FORCE SEQUENTIAL INTERCEPT INVENTORY

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention/Initial Court Hearings	Jails/Courts	Reentry	Community Corrections
<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>	<i>Programs in Place:</i>
0.A Refer to Health Department, Human Services Division, for existing community health programs	1.A <ul style="list-style-type: none"> • Gang Prevention Programs, • Homeless Outreach Team • Community Paramedic • Opiate Outreach and Engagement • Neighborhood Policing • Specialized training for law enforcement and first responders • Truancy/discipline school-based services 	2.A <ul style="list-style-type: none"> • Mental Health Screening • Suicide Assessment 	3.A <ul style="list-style-type: none"> • Teen Court • DUI Victim Impact Panel • Work and School release • In-custody work crew 	4.A <ul style="list-style-type: none"> • Short term housing to stabilize 	5.A <ul style="list-style-type: none"> • Specialized Behavioral Health Program • Community Outreach
<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>
0.B	1.B <ul style="list-style-type: none"> • Crisis Triage (Mental Health and addiction stabilization services) • Crisis Prevention/Intervention Team (CPIT) with law enforcement 	2.B <ul style="list-style-type: none"> • Mental Health-Assisted Outpatient Treatment / Lesser Restrictive Orders (LRO) 	3.B <ul style="list-style-type: none"> • Mental Health Court • Jail Behavioral Health Program • Drug Court/Family Treatment Court • Vocational and Literacy Training for Offenders 	4.B <ul style="list-style-type: none"> • Intensive case management • Program for assertive community treatment (PACT) • Jail Reentry Services • SUD Treatment / Medicated Assisted Treatment • Mental Health Treatment • Prescriptions and access to prescriptions upon release 	5.B <ul style="list-style-type: none"> • Clean and sober housing
<i>Programs needed but not in existence:</i>	<i>Programs needed but not in existence:</i>	<i>Programs needed but not in existence:</i>	<i>Programs needed but not in existence:</i>	<i>Programs needed but not in existence:</i>	<i>Programs needed but not in existence:</i>
0.C	1.C <ul style="list-style-type: none"> • Specialized training for case managers 	2.C	3.C	4.C <ul style="list-style-type: none"> • Forensic program for Assertive Community Treatment (FACT) 	5.C <ul style="list-style-type: none"> • 24/7 staffed permanent supportive housing • Behavioral Health consultation to housing providers • Recovery house (3/4 way house after treatment)
In addition to expanding existing and developing new programs, the Task Force will continue to identify best practices and engage in ongoing review and monitoring of current programs for quality assurance purposes.					
The Information Needs and Data Exchange (INDEX) Subcommittee works to support policy and program data efficiency enhancements across all intercept levels.					
The Task Force will first prioritize specific requests from the Whatcom County Council. A focus will be on new or expanded services in intercepts 0 and 1. Enhancement of existing services will continue to occur in intercepts 3, 4, and 5.					

Programs existing prior to convening the Incarceration Prevention and Reduction Task Force. Please add any programs that existed and were overlooked, above.
[Programs developed or expanded through or in consultation with the Incarceration Prevention and Reduction Task Force.](#)