

**Incarceration Prevention and Reduction Task Force
Joint Behavioral Health and Legal and Justice Systems Committees**

11:30 a.m. - 1:00 p.m., March 15, 2022, Remote-only virtual meeting

If you require special assistance to participate, please contact the County Council Office at least 96 hours in advance.

Link to join Zoom Webinar

Attendees will join the Zoom Webinar without audio or video controls. Webinar Host will invite attendees to speak at the appropriate time during the meeting

- [Meeting Join Link](#)
- Call in phone number: (253) 215-8782
- Webinar ID: 811 4178 3049
- Password: 17783

AGENDA

Land Acknowledgement Statement: Before we begin, we acknowledge that we are gathered on the traditional and unceded territory of the Lummi, Nooksack, Samish and Semiahmoo People who have cared for and tended this land since time immemorial. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference. We begin this effort to acknowledge what has been buried by honoring the truth. We pay respect to their elders past and present. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. And please join us in uncovering such truths at any and all public events.

Packet Pages

1. Call to Order

- Announcement: SAC Members may be attending

2. Competency and Restoration *(continued from December joint meeting)* N/A

Introduction/Raylene King

- [Sell vs. United States](#) and Residential Treatment Facilities (RTF) Program Overview - *Presentation and Discussion/Susan Copeland, DSHS*
- Is Whatcom County in Phase 3 of the [State's outpatient restoration program](#)?
- Current jail information on inmates who have to go to Western State Hospital and the percentage of inmates with mental illness - *Presentation and Discussion/Chief Wendy Jones*

3. Current use data on the Crisis Stabilization Center N/A

Report/Perry Mowery

4. Reentry Services 1

Discussion

- Reentry Navigators
- Reentry protocols for treatment centers
- Current research and best practices
- Funding for services
- Asset mapping (Sequential Intercept + GARE)
 - What services are currently available
 - Identify gaps in connections
- Data

5. Update the Sequential Intercept 2 – 6

Discussion

6. Other Business

7. Public Comment

1. If you would like to speak, virtually “raise your hand.”
 - a. Online: select the Raise Hand icon
 - b. Phone: Press *9
2. When called upon to speak, unmute your microphone. Inform the Webinar Host if you would like to enable your video during your comments.
3. Please state your full name for the record.
4. Staff will disable your microphone when you are done speaking.

8. Adjourn

Meeting summary of the previous meeting is included at the end of the packet for information only. Committee members may suggest changes and/or corrections to the draft summary to jlassite@co.whatcom.wa.us. Audio recordings are the official meeting record and can be found on the IPRTF and committee [website](#).

Upcoming Meetings

Visit the [Task Force website meeting calendar](#) for the most up-to-date meeting schedule

At this time, all meetings are held via remote-only Zoom Webinar

<u>IPR TASK FORCE</u>	<u>COMMITTEES</u>				
Monthly 2 nd or 3 rd Monday 9-11 AM	<u>BEHAVIORAL HEALTH</u> Monthly 3 rd Tuesday 9:00-10:30 AM	<u>LEGAL & JUSTICE SYSTEMS</u> Monthly 2 nd Tuesday 11:30 AM – 12:30 PM	<u>CRISIS STABILIZATION FACILITY</u> Quarterly, 3 rd Thursday 9:30-11:00 AM	<u>INDEX</u> Bi-monthly 1 st Thursday 1:30-3:00 PM	<u>STEERING</u> Monthly Various Thursdays 11:00 AM - 12:30 PM
March 21 April 18 May 16 June 13 July 18 August 15 September 19 October 17 November 14 December 19	April 19 May 17 June 14* (11:30-1:00) July 19 August 16 September 20 (11:30-1:00) October 18 November 15 December 13* (11:30-1:00)	April 12 May 10 June 14 July 12 August 9 September 20* October 11 November 8 December 13	April 21 July 21 October 20	April 7 June 2 August 4 October 6 December 1	April 7 May 5 June 2 July 7 August 4 September 8 October 6 November 3 December 8

DRAFT Sequential Intercepts 4 and 5: Dynamic Risk Factors

<p>Intercept 4 (I4): Reentry Intercept 5 (I5): Post-Incarceration Community Supports</p>
<p>Intercepts 4 & 5 <i>Programs in Place:</i></p>
<p>I4 Health Dept. Jail Reentry Program I5 Community Outreach I5 Offender Reentry Community Safety (ORCS) - DOC</p>
<p>Intercepts 4 & 5 <i>Programs in place with resource shortage</i></p>
<p>I4 Jail Reentry Services, including from contracted jail service agencies I4 Community-based reentry service I4 2nd Sheriff Corrections fulltime re-entry specialist</p>
<p>Intercepts 4 & 5 <i>Programs needed but not in existence:</i></p>
<p>I4 Forensic program for Assertive Community Treatment (FACT) I4 Reentry navigators I4 Sheriff's Office Corrections Bureau: Reentry services for release from incarceration other than Whatcom County jail I4 Warm Handoff I4 Discharge planning and mainstream benefits re-enrollment</p>

"Although each of the risk factors affect reentry, the magnitude of their individual effects are mediated by certain other factors that warrant tailored interventions. The factors discussed in this section include:"

- Race
- Gender
- Age
- Type of Crime
- Type of Community
- Income Level

HEALTH:
Programs in Place
 I4 Prescriptions and access to prescriptions upon release
 I4&5 GRACE Program
 I5 Specialized Behavioral Health Program
 I5 Community Medicated Assisted Treatment

Programs in place with resource shortage
 I4 Access to mental health treatment
 I5 Community SUD Treatment

Programs needed but not in existence

HOUSING:
Programs in Place
 I4 Short term housing for stabilization
 I5 City Gate Supportive Housing
 I5 Homeless Outreach Team (HOT)

Programs in place with resource shortage
 I5 24/7 staffed permanent supportive housing
 I5 Clean and sober housing
 I5 CJTA Rental Assistance
 I5 Supportive Shelters
 I5 Recovery house (3/4 way house after treatment)

Programs needed but not in existence
 I5 Behavioral Health consultation to housing providers
 I5 Sex offender ADA accessible housing
 I5 Safe storage

MENTORSHIP:
Programs in Place
 I4 Specialized Behavioral Health Unit in District Court

I5 Peer-to-peer community supports (12-step programs, volunteer organizations)

Programs in place with resource shortage

Programs needed but not in existence
 I4 Peer re-entry specialists

EMPLOYMENT:
Programs in Place

Programs in place with resource shortage
 I4 Goodwill reentry employment services
 I4 Employment resources, including "second chance employers"
 I4 Expand work release

Programs needed but not in existence
 I4 Employment assistance
 I5 City Ambassadors / hiring program like Metropolitan Improvement District in Seattle

SKILL DEVELOPMENT:
Programs in Place
 I5 WDRC adult conflict resolution training and skill building workshops

Programs in place with resource shortage

Programs needed but not in existence

SOCIAL NETWORKS:
Programs in Place
 I5 Parent Child Assistance Program (PCAP)

Programs in place with resource shortage
 I4&5 Improve pathway for voluntary removal of protection orders / DVSAS services
 I4 Brigid Collins Family Support Services

Programs needed but not in existence
 I4 DV Offender treatment

ORGANIZATION TYPE:

- Second Chance Act Grantees
- Community- and citizen-focused strategies
- Tailored approaches for specific populations

INCARCERATION PREVENTION & REDUCTION TASK FORCE SEQUENTIAL INTERCEPT SERVICE SUMMARY

Programs in BLUE developed or expanded through or in consultation with the Incarceration Prevention and Reduction Task Force

Programs in GREEN added or changed in 2022 update

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention/Initial Court Hearings	Jails/Courts	Reentry	Post-Incarceration Community Supports
<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>
<p>0.A</p> <ul style="list-style-type: none"> • SEE APPENDIX A: Health Department, Human Services Division, community health programs • Gang prevention programs • Community Paramedic • Opiate Outreach and Engagement • GRACE Program • School District Prevention Programs • Homeless Outreach Team (HOT) (<i>Opp. Council</i>) • Projects for Assistance in Transition from Homelessness (PATH) • Community Medicated Assisted Treatment • Whatcom Dispute Resolution Center (WDRC) youth restorative practices/justice services and conflict resolution training • WDRC adult conflict resolution training and skill building workshops • Parent Child Assistance Program (PCAP) • Brigid Collins Parenting Academy 	<p>1.A</p> <ul style="list-style-type: none"> • Neighborhood Policing • Specialized training for law enforcement and first responders • Truancy/discipline school-based services • Law Enforcement crisis intervention team (CIT) training • Crisis Stabilization Facility (Mental Health and addiction stabilization services) • Specialized training for case managers • GRACE Program • Behavioral health specialized law enforcement officers & deputies (multiple jurisdictions) • Law Enforcement Assisted Diversion (LEAD) • Mobile Crisis Outreach Team (MCOT) 	<p>2.A</p> <ul style="list-style-type: none"> • Mental Health Screening • Suicide Assessment • Superior Court & District Court Pretrial Risk Assessment • Superior Court Pretrial Services Unit • Electronic Home Monitoring in Lieu of detention when applicable • District Court phone call and text reminders for select court calendars • Bellingham Municipal Court: Pretrial SCRAM, Pretrial GPS EHM, Pretrial Risk Assessment, and 2x/week warrant quash • District Court: Pretrial Unit and Pretrial Electronic Equipment Program 	<p>3.A</p> <ul style="list-style-type: none"> • SEE APPENDIX A: Health Department, Human Services Division, community health programs • SEE APPENDIX B.1 and B.2: Sheriff's Office Corrections Bureau Programs • DUI Victim Impact Panel • Work and School release • In-custody work crew • Specialized courts (Teen, Drug, Mental Health, Family) • Enhanced Drug Court • Health Dept. Jail Behavioral Health Program • Sheriff's Office reduced fees and increased eligibility for jail alternatives • Expanded and increased out-of-custody work crew and work release capacity • District Court Post-Conviction Electronic Equipment Program • Homeless Outreach Team (HOT) • Coordinated Entry Referral Specialist • Bellingham Muni Court: Mental Health Court, DV Court, EHM in lieu of incarceration • Dist. Court Mental Health Court • Dist. Court Prob. DVPOTS, Electronic Equipment Program, DVMRT, Behavioral Health Unit, Pretrial Unit, High Risk 	<p>4.A</p> <ul style="list-style-type: none"> • Short term housing for stabilization • Health Dept. Jail Reentry Program • Prescriptions and access to prescriptions upon release • Specialized Behavioral Health Unit in District Court • GRACE Program 	<p>5.A</p> <ul style="list-style-type: none"> • Specialized Behavioral Health Program • Community Outreach • Peer-to-peer community supports (12-step programs, volunteer organizations) • Community Medicated Assisted Treatment • GRACE Program • WDRC adult conflict resolution training and skill building workshops • Parent Child Assistance Program (PCAP) • City Gate Supportive Housing • Homeless Outreach Team (HOT) • Offender Reentry Community Safety (ORCS) - DOC

			DV Unit, court text messaging • Juvenile Court Behavioral Health Program		
Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention/Initial Court Hearings	Jails/Courts	Reentry	Post-Incarceration Community Supports
<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 <ul style="list-style-type: none"> Sex offender ADA accessible housing Funding for affordable housing, clean and sober housing, and other specialty housing Employment resources, including “second chance employers” Supportive shelters Eviction prevention assistance 	1.B <ul style="list-style-type: none"> Community Outreach and Recovery Support (CORS) Law enforcement direct referral to Crisis Mobile Outreach Team (BHASO) Additional behavioral health trained officers Funding CSF beds for non-Medicaid individuals, especially 12-hour holds 	2.B <ul style="list-style-type: none"> Mental Health-Assisted Outpatient Treatment / Lesser Restrictive Orders (LRO) Superior Court Pretrial Services Unit 	3.B <ul style="list-style-type: none"> APPENDIX B.3: Sheriff’s Office Corrections Bureau Programs Vocational and Literacy Training for Offenders, with bilingual accessibility Jail Medication Assisted Therapy (MAT) program Dedicated housing for drug court participants Increased warrant quash opportunities Housing Lab in Jail LROs – more teeth Increased work release capacity DV Offender Treatment 	4.B <ul style="list-style-type: none"> Jail Reentry Services, including from contracted jail service agencies Community-based reentry service Access to mental health treatment 2nd Sheriff Corrections fulltime re-entry specialist Goodwill reentry employment services Employment resources, including “second chance employers” Expand work release Improve pathway for voluntary removal of protection orders / DVSAS services Brigid Collins Family Support Services 	5.B <ul style="list-style-type: none"> 24/7 staffed permanent supportive housing Clean and sober housing Community SUD Treatment CJTA Rental Assistance Supportive Shelters Improve pathway for voluntary removal of protection orders / DVSAS services

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
Community Services	Law Enforcement	Initial Detention/Initial Court Hearings	Jails/Courts	Reentry	Post-Incarceration Community Supports
<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 <ul style="list-style-type: none"> • Safe Storage • Youth Street Outreach Team (NWYS) • Eliminate criminalization of homelessness 	1.C <ul style="list-style-type: none"> • Seamless protocol for CSF discharge treatment plans for individuals admitted on a 12-hour peace officer hold • Dedicated DCR to BPD/WCS • DCR procedures evaluation • Triage mental health unit for juveniles 	2.C	3.C <ul style="list-style-type: none"> • Offender treatment for Domestic Violence • Young Adult Court • Young Adult reduced incarceration • Court processing and case workload efficiency improvements • Brigid Collins family support services • Intensive case manager for the jail • MAT: include possibility of temporary release for evaluation and new treatment • Peer support during incarceration 	4.C <ul style="list-style-type: none"> • Forensic program for Assertive Community Treatment (FACT) • Offender treatment for Domestic Violence • Reentry navigators • Sheriff's Office Corrections Bureau: Reentry services for release from incarceration other than Whatcom County jail. • Warm handoff • Employment assistance • Discharge planning and mainstream benefits re-enrollment • Peer re-entry specialists 	5.C <ul style="list-style-type: none"> • Behavioral Health consultation to housing providers • Recovery house (3/4 way house after treatment) • Sex offender ADA accessible housing • City Ambassadors / hiring program like Metropolitan Improvement District in Seattle • Safe storage
Affordable supported housing is necessary across all intercept levels.					
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.					

Programs developed or expanded through or in consultation with the Incarceration Prevention and Reduction Task Force

ACRONYMS

ADA	Americans with Disabilities Act
BH	Behavioral health
BHASO	(North Sound) Behavioral Health Administrative Services Organization (formerly NS Behavioral Health Organization: NSBHO)
BPD	Bellingham Police Department
CIT	Crisis Intervention Training
CJTA	Criminal Justice Treatment Account
CORS	Community Outreach and Recovery Support
CSF	Crisis Stabilization Facility
D/C	Diversion
DCR	Designated crisis responders
DUI	Driving under the influence
DV	Domestic Violence
DVPOTS	Domestic Violence Perpetrator Opportunity for Treatment Services
DVSAS	Domestic Violence & Sexual Assault Services
EHM	Electronic home monitoring
FACT	Forensic Program for Assertive Community Treatment
GPS	Global positioning system
GRACE	Ground-level Responses and Coordinated Engagement (Program)
HOT	Homeless Outreach Team
LEAD	Law Enforcement Assisted Diversion
LRO	Lesser restrictive orders
MAT	Medication Assisted Treatment
MCOT	Mobile Crisis Outreach Team
NWYS	Northwest Youth Street Outreach Team
PATH	Projects for Assistance in Transition from Homelessness

PCAP	Parent Child Assistance Program
SCRAM	Secure continuous remote alcohol monitor
SUD	Substance use disorder
TX	(medical and/or clinical) treatment
WCSC	Whatcom County Sheriff's Office
WDRC	Whatcom Dispute Resolution Center

DRAFT 2022

Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

Meeting Summary for February 15, 2022

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1. Call to Order

Committee Chair Dan Hammill called the meeting to order at 9:01 A.M. The meeting was held via remote-only Zoom Webinar.

Members Present: Chris Cochran, Doug Chadwick, Brian Estes, Arlene Feld, Stephen Gockley, Dan Hammill, Mike Hilley, Perry Mowery, Mike Parker, Michael G. Smith, Courtney Taylor, Brien Thane

Members Absent: Nathan Bajema, Seth Fleetwood, Heather Flaherty, Rhyan Lopez, Donnell Tanksley

2. [Recovery Navigator Program \(00:54\)](#)

Mowery gave an overview of how the Recovery Navigator Program was established and the guidelines for the program laid out by legislation. He explained that the Recovery Navigator Program will be imbedded within the Law Enforcement Assisted Diversion (LEAD) program. The program is focused on outreach and referral. Staff will provide community referrals and short-term assistance.

Parker asked if a recovery navigator would be limited to serving people who have committed an infraction, as is the case with LEAD, or if they can engage with others within the community. Mowery said that they can respond to anyone in the community and that they will be Substance Use Disorder (SUD) professionals, unlike LEAD staff. He went on to say that the program is voluntary and the individuals being served have to be open to it.

Parker asked if there was future opportunity for peer navigators to be integrated into this. Mowery said that that would make a lot of sense and that individuals with less formal education need to be paired with strong leadership in order to support them in the high stress situations they face.

Estes asked Mowery to clarify where each of the programs mentioned are located organizationally speaking. Mowery replied that the Ground-Level Response and Coordinated Engagement program (GRACE) has been administered through a contract with Sea Mar up until this point, but will be moving to County administration under a new division in the Health Department. He added that LEAD is housed under the Prosecutor's office through a grant and will also be moving to County administration. The Recovery Navigator Program will be imbedded into the LEAD program.

Feld said that this program was a very big step in behavioral health care. She expressed that this program made her hopeful and emphasized the impact it will have. She asked what the background is of the head of the new Health Department division, Malora Christensen. Mowery responded that she was the manager for GRACE and was a housing manager before that.

Feld asked what "response systems" would mean in real terms. Mowery said that it has not been finalized yet, but would likely include GRACE, LEAD, mental health court, the recovery navigator program, an alternative response team, and possibly co-responder staff.

Parker asked how the task force might evaluate the effectiveness of the new division and its programs are and how gaps may be found and filled. Mowery said that he is in support of data driven decision

Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

Meeting Summary for February 15, 2022

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making and suggested that Malora Christensen should be participating in the Task Force on some level. He said that Christensen will be a good resource for data and she will be working on ways to gather needed data about the new division.

Estes echoed the need for evaluation and data analysis. He suggested that it would be beneficial to look at how similar programs are evaluated across the country and that a contractor would likely be needed.

Hilley said that they should think about developing a community information hub to concentrate all the data from various departments and organizations. He added that the most challenging part of this will be obtaining data sharing agreements from all involved.

3. Public Health, Safety, and Justice Needs Assessment (30:25)

Hammill, Parker, and Gockley explained that the Committee has years of experience gathering knowledge about behavioral health topics. Many of the Stakeholder Advisory Committee (SAC) members may benefit from being able to join the committee meetings as guests in order to build their knowledge and bring it back to their work on the SAC.

Hammill said he has concerns about compressing eight years of information from the committee and passing that content on to the SAC members. He said that the best way they have been able to come up with to do this so far is to have the SAC members be able to interact with the committee by joining meetings rather than watching previous recordings. He emphasized that he is very concerned with public safety and the issues stemming from the degradation of the jail facility.

Taylor shared that she is seeing a disagreement in the community about where taxpayer money should be going. She said that the changes would need to be larger than a new facility and that she is supportive of more behavioral health specialists in the jail. Hammill agreed that it was about more than just a facility and described programming and staff he feels are important.

Gockley added that jail planning should be the smaller part of the work of the SAC and that service development should be the larger part, which will require education for the SAC members and where the work of Behavioral Health Committee's collective knowledge could be useful. He spoke further about the interplay between behavioral health and law enforcement.

Chadwick agreed that there is a lack of behavioral health services in the community and it is a source of frustration with law enforcement. He said that he has seen a shift in attitudes and an acknowledgement that law enforcement and behavioral health services have a symbiotic relationship. He added that a new facility is an important component of behavioral health so that there is space for those programs.

Feld said that her support for a new jail is dependent on a robust mental health and social service system. She went on to say that it is crucial that this facility include the services that our County needs.

Mowery spoke about intrinsic and extrinsic motivations for joining programs and the impact on recidivism the programs have.

Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

Meeting Summary for February 15, 2022

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Smith stressed the importance of having a facility that offers a wide range of services. He said there can be a mindset with incarcerated people that service providers are part of the system, akin to correctional officers, and it can be seen as taboo for incarcerated individuals to interact with those staff members. He asked how many peer staff were being utilized and added that peers who are in the jail with those receiving services would be more effective. Taylor responded that with some of her clients, she sees the opposite effect. Some of her clients see their cell mates getting services and want that for themselves. She said that there are a variety of situations and attitudes among incarcerated people.

4. [Update the Sequential Intercept \(1:00:50\)](#)

Hammill went over the sequential intercept model and showed committee members how the programs and services are organized within the model. He said that Whatcom is far ahead of many counties in terms of services offered, but there is still work to do. He read out the programs that are in place but have resource shortages.

Chadwick gave an update on the jail Medication Assisted Therapy (MAT) program, saying that it has expanded significantly in the last month due to a new physician being on board.

Parker explained the housing lab program and advocated for including that or something more robust in the new facility.

Taylor said that mental health court was operating normally in a mainly virtual environment. She added that they would only be doing one trial per week in Superior Court.

Hammill continued with the intercept model document, reading out the programs that are needed but not yet in existence.

Parker said that the intercept model demonstrates that the jail is only one piece in the larger context of support services. He asked if the committee members thought this framework would be a good example to bring to the SAC members and larger community. Feld suggested that the intercept model was too overwhelming and that it would need to be simpler and clearer in order for the majority of people to understand. Taylor agreed that the intercept model is not accessible to everybody and that community members will disengage when faced with this level of data. She said that it would be helpful for the information to be reframed so that it is accessible to the people who are actually interacting with the various intercepts. Estes added that portions of that chart could be useful to certain voters, but agreed that it needed to be simplified for most voters.

5. [Items for March Joint meeting with Legal & Justice Systems Committee \(1:23:40\)](#)

Ideas suggested for discussion at the upcoming joint meeting included:

- Outpatient restoration services
- Chief Wendy Jones presenting on the current situation with Western State and prevalence of mental illness in the jail.
- Inviting SAC members to the meeting

Incarceration Prevention and Reduction Task Force: Behavioral Health Committee

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6. Other Business (1:30:06)

Hammill said that he is meeting with Congressman Rick Larsen about Medicaid reimbursement and increasing capacity of 16-bed facilities. Parker and Hammill asked Chadwick to pass on the committee's support for the Sheriff's officers recently wounded in the line of duty.

7. Public Comment

There were no public comments.

8. Adjourn

The meeting adjourned at 10:33 A.M.

Incarceration Prevention and Reduction Task Force: Legal and Justice Systems Committee

Meeting Summary for February 8, 2022

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1. Call to Order

Committee Chair Raylene King called the meeting to order at 11:31 A.M. The meeting was held via remote-only Zoom Webinar.

Members Present: Bill Elfo, Caleb Erickson, Arlene Feld, David Freeman, Stephen Gockley, Deborah Hawley, Wendy Jones, Raylene King, Jackie Mitchell, Darlene Peterson, Eric Richey, Donnell Tanksley, Bruce Van Glubt, Maia Vanyo

Members Absent: Flo Simon

King gave thanks to Wendy Jones for her many years of service.

2. [Current jail use statistics and restrictions \(held from January meeting\) \(03:45\)](#)

Jones gave a presentation on the current number of offenders occupying the jail. She stated that there was a large number of pre-trial offenders currently housed in the jail and the time they are staying is increasing. She discussed factors contributing to the current population numbers.

Mitchell asked about the acuity of the people in custody as the jail population increases. Jones stated that they currently have people who are behaving in a way that is more acute than she has seen in her career. She explained the reasons behind this, including the number of high level offenders.

King asked about property crimes and asked how many pre-trial offenders are waiting for trial compared to waiting for competency evaluations. Jones acknowledged that due to current restrictions on space, they are not able to house those arrested for property crimes. She said the other question would be addressed later in the agenda.

Gockley asked what day to day operations in the jail were in regards to mental and behavioral health. Jones described the staffing levels, services available, and how people are screened and observed for mental health issues. She went on to explain what the next steps would be including medication or civil commitment. Mitchell added that they can also have Designated Crisis Responders (DCRs) come to the jail directly, which is unique to Whatcom County.

3. [Reentry Services \(continued from January meeting\) \(23:35\)](#)

Mitchell stated that there is a team of mental health providers (MHPs) working in the jail, as well as a re-entry specialist as part of a contract with Lifeline Services. She explained that a juvenile detention specialist and a supervisor are yet to be hired.

Feld asked about the range of services provided by that team. Mitchell replied that they are providing crisis services, counseling, referrals to outpatient providers, coordination of treatment, and reentry services.

King asked if, once fully staffed, if they will be able to adequately meet needs or if they would need more staff. She also asked if a juvenile who was receiving services would be followed after turning 18. Mitchell replied that they do not have an age cut-off and that they would likely work on a case by case

Incarceration Prevention and Reduction Task Force: Legal and Justice Systems Committee

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basis. Regarding staffing, Mitchell said that there is always a need for more and that she would ideally add one or two substance use disorder professionals (SUDPs) and there's a need for more reentry services.

4. Competency and restoration (continued from January meeting) (35:22)

King said that she recently had a discussion with DSHS reentry services and they were interested in assisting with individuals waiting for restoration. She asked Mitchell if she would be able to assist with that and answer some questions they had. Mitchell agreed to do that.

Jones spoke on competency and gave an overview of the number of people going through the competency process. She emphasized that competency and insanity are legal terms, not medical terms, and that people are often found legally competent, but come back to the jail still very mentally ill and on medication. That medication would continue in the jail, but often people refuse to take medication and, in that case, they would be obligated by the procedures set out by the Harper decision. These procedures lay out the process for delivering medication involuntarily. If that process is not able to be completed before someone decompensates, they will have to be re-admitted to Western State and the cycle will start again. She described the process of determining and declaring that someone is mentally ill, the steps that occur after that on the road to competency restoration, and what happens during the period of time after the report is created but before arguments are held in court. She concluded that there are systemic issues within this process that make it clunky and put people at risk of being off medication for long periods of time. She spoke about legislation going through the state this session, SSB5664, that she believes would further confuse matters.

Feld asked, hypothetically, what three or four changes Jones would make to improve the system if she could do anything. Jones said that the fixes needed to happen at the state level and that those would include addressing the fact that there are individuals who are non-compliant and so dangerous that they should not be outside an institutionalized environment. She added that jails have become the default places to put people in that situation.

Mitchell said that people who undergo competency can often have untreatable mental illness and are unable to develop awareness of it. These can develop and spiral to a point where they are dangerous to themselves and those around them. She related a personal story of a family member who went through this. She concluded that these issues cannot be addressed without institutionalization until major advances in medication treatment are made.

Vanyo said that she believes that Western State Hospital needs to admit patients more quickly and that they need prosecutors who are willing to dismiss criminal offenses and send those cases to civil commitment proceedings rather than getting stuck in a cycle.

Erickson said that in his opinion, the current institution we have, the jail structure, is not helping anything with regards to mental health. He advocated for increased staff training and better design of facilities.

Incarceration Prevention and Reduction Task Force: Legal and Justice Systems Committee

Meeting Summary for February 8, 2022

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Jones encouraged committee members to read through the current senate bill. She said she believes it would put us in a situation in which people would need to be brought into custody by law enforcement from an out-patient facility if they are not cooperating. She said she believes this is not the right direction as it would essentially be jailing people because they are mentally ill.

5. [Regular meeting length for 2022 \(held from January meeting\) \(1:03:48\)](#)

Vanyo and Elfo said that they were opposed to extending the meeting time. This item was not discussed further. It will be held until the next meeting.

6. Other Business

There was no other business.

7. Public Comment

There were no public comments.

8. Adjourn

The meeting adjourned at 12:37 P.M.