

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

11:30 a.m. - 12:30 p.m., November 8, 2022. Hybrid meeting

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

Meeting Participation Information

Meetings are held in a hybrid format. Members of the public may attend via Zoom webinar using the join link below or in person at the County Council office located at 311 Grand Avenue, Suite 105. All committee members will participate remotely via Zoom. Zoom attendees will join the meeting without audio or video controls. The Webinar Host will invite attendees to speak at the appropriate time during the meeting.

[Link to join meeting](#)

Call in phone number: (253) 215-8782

Webinar ID: 898 1289 1182

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**

- 2. Next steps for reentry** 1 – 13
Discussion

- 3. Draft Committee year-end report for 2022 and priorities for 2023** 14
Review

- 4. Agenda Items for December Joint Meeting with Behavioral Health Committee** N/A
Discussion

- 5. Other Business**

- 6. 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.

7. 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 nixon@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 in a hybrid format. Members of the public may attend meetings via Zoom webinar or in person at the County Council office, 311 Grand Ave Suite 105, Bellingham.

<u>IPR TASK FORCE</u>	COMMITTEES				
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
November 14 December 19	November 15 December 13* (11:30-1:00)	December 13		December 1	December 8

WHATCOM COUNTY SEQUENTIAL INTERCEPT MODEL UPDATE 2022*

Intercept 4	Intercept 5
Reentry	Post-Incarceration Community Supports
<i>Programs in Place:</i>	<i>Programs in Place:</i>
<p>4.A</p> <ul style="list-style-type: none"> ● Short-term housing for stabilization ● Program for Assertive Community Treatment (PACT) specializing in jail referrals ● Peer Pathfinders (Pilot) - warm handoffs, case management ● Prescriptions and access to prescriptions upon release ● Specialized Behavioral Health Unit in District Court ● GRACE Program ● Substance use disorder assessments & treatment coordination ● Law Enforcement Assisted Diversion (LEAD) ● Jail Behavioral Health Support & Reentry Services 	<p>5.A</p> <ul style="list-style-type: none"> ● Peer-to-peer community supports (12-step programs, volunteer organizations) ● Community Medicated Assisted Treatment ● GRACE Program ● Whatcom Dispute Resolution Center (WDRC) (adult conflict resolution training and skill building workshops, Youth restorative practices/justice services & conflict resolution training) ● Parent Child Assistance Program (PCAP) ● Homeless Outreach Team (HOT) ● Offender Reentry Community Safety (ORCS) – DOC ● Scattered site housing & permanent supportive housing (22 North, Francis Place, Sun I Street apartments, Greggies House, Sun House Shelter, City Gate) ● Shelter Plus Care/Supportive Housing Program Vouchers, Veterans Affairs Supportive Housing, Supportive Services for Veteran Families ● Opportunity Council Community Leasing, Subsidized Housing Program (SHP) for Chronic Homelessness ● Bellingham Comprehensive Treatment Center (Methadone) ● Men's Recovery House (clinically managed low intensity residential services) ● Law Enforcement Assisted Diversion (LEAD) ● Lighthouse Mission (Ascent Program & Agape Home) ● Law Advocates – Access ID ● Crisis Stabilization Center (detox & mental health crisis stabilization)

Intercept 4	Intercept 5
Reentry	Post-Incarceration Community Supports
<i>Programs in place with resource shortage:</i>	<i>Programs in place with resource shortage:</i>
<p>4.B</p> <ul style="list-style-type: none"> ● Jail Reentry Services, (additional capacity) – both in jail & in community reentry staff, 2nd Sheriff Corrections reentry specialist, reentry navigators) 1 ● Employment resources (i.e., 2nd chance employers, Goodwill reentry employment services) 2 ● Increased work release capacity 2 ● Coordinated Entry referral system (additional staff) 3 ● Brigid Collins Family Support Services 3 	<p>5.B</p> <ul style="list-style-type: none"> ● Community Mental Health and Substance Use Disorder Treatment (additional capacity) 1 ● Scattered-site Permanent Supportive Housing (additional locations) and onsite or improved access to clinical support and intensive case management 1 ● Intensive case management needed for facility-based Permanent Supportive Housing programs 1 ● Program for Assertive Community Treatment (PACT) (additional capacity) 1 ● Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS) 2 ● Sun House - emergency shelter (additional staff, operational costs, upgrades HVAC system) 2 ● Clean and sober housing 2 ● Additional rental assistance for post-incarcerated individuals 3 ● Shelters for individuals post-incarceration 3

1 = Behavioral Health Gap Analysis Team rating highest priority program/service to reduce jail population
2 = Behavioral Health Gap Analysis Team rating high priority program/service to reduce jail population
3 = Behavioral Health Gap Analysis Team rating medium priority program/service to reduce jail population

Intercept 4	Intercept 5
Reentry	Post-Incarceration Community Supports
<i>Programs recommended but not in existence:</i>	<i>Programs recommended but not in existence:</i>
<p>4.C</p> <ul style="list-style-type: none"> ● Discharge planning and mainstream benefits enrollment or reinstatement 1 ● Program for Assertive Community Treatment (PACT) dedicated to reentry 1 ● Employment assistance in community 2 ● Sheriff's Office Corrections Bureau: Reentry services for release from incarceration other than Whatcom County jail 3 ● Peer reentry specialists' program 3 ● Inpatient behavioral health treatment for parents with children 3 ● Temporary housing for individuals who committed a violent domestic crime but need to abide by a protective order to stay away from their victim 3 ● Funding for housing costs, utilities when wage earner is ordered to stay away from the home by protective order 3 ● Housing Lab in jail run by Whatcom Homeless Service Center (discontinued due to COVID, workforce/remote ineffective) 3 	<p>5.C</p> <ul style="list-style-type: none"> ● Safe storage location 2 ● Behavioral health consultation to housing providers 3 ● Recovery house (3/4-way house after treatment) (female) 3 ● Sex offender ADA accessible housing 3 ● City Ambassadors employment program – i.e., Downtown Seattle Association (DSA) Clean Team, Safety Team, Outreach Team in Seattle 3

*From Behavioral Health Gap Analysis Team, Adopted by IPRTF

- 1** = Behavioral Health Gap Analysis Team rating highest priority program/service to reduce jail population
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Sequential Intercept Model (SIM) Addendum

The Sequential Intercept Model (SIM) offers a detailed inventory of behavioral health (BH) services and service needs for people involved with the criminal legal system. The Behavioral Health Gap Assessment Team (BHGAT) used the SIM to identify high priority needs/gaps in existing services. Addressing many of these needs/gaps requires additional programs and resources, however, some needs/gaps can be addressed by improving system coordination and processes, or through policy changes. This Addendum to the SIM includes identified process improvements to increase the efficacy of BH services in the community, housing for at-risk populations, and in the jail. The final section presents policy issues impacting efforts to divert people from jail.

Identified Process Improvements Impacting System Efficacy of BH Programs & Services

COMMUNITY BEHAVIORAL HEALTH SERVICES				
#	Identified Process Improvement	Recommendations to Address Process Improvements	Groups/Individuals Involved	Current Status
1.	Streamline Crisis Stabilization Center (CSC) admission process for law enforcement (LE) drop off.	Continue to monitor system improvements that have been implemented for 3 months to confirm lasting change has been made.	County BH subject matter expert (SME), Compass Health, Triage, Pioneer Human Services, Detox, County monthly CSC Advisory Committee meetings	Streamlined admission process implemented by Compass Health 5/15/22. Improved bed utilization & reports from LE/1 st Responders.
2.	Ensure seamless protocol for Crisis Stabilization Center discharge treatment plans for individuals admitted on a 12-hour peace officer hold.	Continue to monitor system improvements that have been implemented for 3 months to confirm seamless transitions are made.	County BH SME, Compass Health Triage Staff & Managers	CSC currently tracking patients connected to prescriber, therapist, programs during/ following admission and at discharge.
3.	Provide assisted outpatient treatment (AOT) for people who are incarcerated, or at risk of incarceration, who need involuntary treatment act (civil commitment) but who might benefit from outpatient involuntary services.	Research implementing AOT in Whatcom County. <ul style="list-style-type: none"> • Contact King. Pierce County reps. • Convene with BH-ASO and Compass Health, Emergency Services Manager/ Staff 	Compass Health (MCOT), County, AOTS program representatives from King & Pierce County.	King/Pierce County utilize Assisted Outpatient Treatment Services (AOTS) to augment Less Restrictive Alternatives (LRAs). Ascertain if AOTS is a viable program for Whatcom County. Requires additional workforce.

COMMUNITY BEHAVIORAL HEALTH SERVICES				
#	Identified Process Improvement	Recommendations to Address Process Improvements	Groups/Individuals Involved	Current Status
4.	Court processing and case workload efficiency improvements		IPRTF	Court SME needed to specify Gap/Need & provide recommendations 6/17 – Perry emailed WCDC Administrators for recommendation of knowledgeable staff for input
5.	Courts address Limited Financial Obligations and other fees	Identify resources from other communities.	IPRTF, GARE members (have been working on LFO's and fines)	Court SME needed to verify Gap/Need & provide recommendations 6/17 – Perry emailed WCDC Administrators for recommendation of knowledgeable staff for input
6.	Peer support for people reentering community.	<ul style="list-style-type: none"> • Need inventory of peer resources available at re-entry, and other re-entry programs working through the jail. • System navigators to help people with reentry. Navigators may be most effective if they have a history of incarceration themselves. • High quality training for peer navigators would be beneficial. 		<ul style="list-style-type: none"> • Workforce development of peer resources requires supervision by an MHP. Staff shortages may impact this. • State is addressing workforce gap with two infusions of new funding July 1, 2022 and Jan. 1, 2023.

HOUSING SERVICES FOR AT RISK POPULATIONS				
	Identified Process Improvement	Recommendations to Address Process Improvements	Groups/Individuals Involved	Current Status
7.	The Service Prioritization Decision Assistance Tool (SPDAT) used by Coordinated Entry Service (a housing access process for people disproportionately impacted by homelessness) doesn't consider equity/inclusion sufficiently. ¹	Consult with the Homeless Service Center of Opportunity Council in order to identify a tool that will increase accessibility.	IPRTF can convene with Opportunity Council and Housing/Homeless Program Specialists	Opportunity Council is aware of the limitations of SPDAT. Currently searching for a new tool to use.
8.	Expand recruitment and incentives for landlords to work with Coordinated Entry Service.	<ul style="list-style-type: none"> • Research methods in similar communities for recruitment of landlords. • Fund an incentive program to attract landlords to specifically house those with incarceration history. Fund a part-time assistant to run it. • Contract with a clean and sober operator to open a step-down location for up to 6 months with permanent placement to follow. • Create additional permanent supported housing units. 	IPRTF can convene with Opportunity Council and Housing/Homeless Program Specialists	From Mike P. 7/6/22: Whatcom Homeless Service Center has just hired a new Landlord Liaison.
9.	Increase access to safe & stable housing with supports through use of Shelter Plus Care funding.	Explore ways to reutilize Bellingham Housing Authority's Shelter Plus Care unspent funding to provide more safe and stable housing for people with behavioral health disabilities.	IPRTF, Opportunity Council and Housing Homeless Program Specialists, Bellingham Housing Authority	Historic and ongoing issue with expenditure of Shelter Plus Care funds.

¹ Additional SPDAT information related to Process Improvement - The SPDAT scores those with highest level of vulnerability to be prioritized for housing and services. Community values also guide CE; families with children, veterans, seniors, and people experiencing chronic homelessness have been prioritized. Partner agencies providing case management and housing support receive referrals for the population they serve as program openings occur. There are hundreds of households awaiting housing on the Housing Pool (HP), and case management to assist those on the HP is limited to families with children and the most vulnerable single adults. (From 2019 WCHD Strategic Plan)

JAIL BEHAVIORAL HEALTH SERVICES				
	Identified Process Improvement	Recommendations to Address Process Improvements	Groups/Individuals Involved	Current Status
10.	Improve communication between jail, public defenders, and prosecutors regarding competency evaluations.		IPRTF, County, jail, public defenders, prosecutors.	
11.	Ensure immediate initiation/reinstatement of Medicaid benefits upon release from jail to enable seamless transition to community services.	Jail Re-entry System Coordination Committee (JRESC) will discuss the issues and if needed contact HCA and/or the MCOs.	Jail Reentry System Coordination Committee	BH SME convened the meeting. Continue to meet regularly to address issues related to BH reentry.
12.	Increase long-term (life-long?) case management for people with BH disabilities who are involved with the criminal legal system	Case Management that is tied to the individual as opposed to embedded in a program may bring the greatest bang for the buck. CMs that can follow their clients through life (jail, housing, streets, hospital, employment, recovery etc.) over longer periods of time may provide even greater value.	IPRTF could explore where this issue needs to be addressed. What populations?	<p>This idea may be worth considering as we recommend CM capacity in many areas.</p> <p>Note: Very few case management programs, especially for people with serious mental illnesses, have a time limit although some services are intentionally short due to the nature of the work, such as outreach and crisis work.</p> <p>Case Management through the individual's life already takes place for people with serious mental illnesses.</p>

Identified Policy Issues Impacting System Efficacy for Diversion from Jail

	Identified Policy Issue	Recommendations to Address Process Improvements	Groups/Individuals Involved	Current Status
1.	<p>The criteria used by Designated Crisis Responders (DCR) to determine whether to detain someone having a mental health crisis are viewed as being too stringent at times.</p>	<p>Explore options for local and state policy level changes to DCR criteria for detainment.</p> <ul style="list-style-type: none"> • Research access issues with providers. • Discuss with the BH-ASO who funds and deploys DCRs. • Convene meeting with Compass Emergency Services Manager, and BH-ASO 	<p>County BH SME, Mobile Crisis Outreach Team Manager, Law Enforcement, BH-ASO staff, Compass Emergency Services Manager</p>	<p>Mobile Crisis Outreach Team (MCOT) feedback: “Goal of MCOT is to <u>provide community resources</u> to MCOT clients (many in Whatcom County). Involuntary Treatment Act (ITA) is used only as a last resort, respecting constitutional rights. ITA option is reported to be more accessible for DCRs in Whatcom County than King & other counties. This issue was addressed a number of years ago which is one of the reasons that Whatcom (and likely Skagit) have higher rates of ITA in the state.</p>
2.	<p>Need resources to conduct psychiatric evaluations and meet requirements to enable people to benefit from the Mental Health Sentencing Alternative (MHSA). Need additional mental health professionals to comply with this Act.</p>	<p>Address lack of state funding for additional mental health professionals to comply with the MHSA:</p> <ul style="list-style-type: none"> • Increase the number of mental health professionals in the Public Defender’s Office. • Convene meetings to determine state funding shortfalls. • Develop a proposal for approval by the IPRTF. • Submit proposal through State Senator or Representative. 	<p>IPRTF, Public Defenders Office.</p>	<p>Public Defenders Office convened a meeting of mental health providers. County BH has discussed with other counties in the region who seem unaware of MHSA.</p>

	Identified Policy Issue	Recommendations to Address Process Improvements	Groups/Individuals Involved	Current Status
3.	Lack of access to timely competency restoration process	<p>Create local capacity for competency restoration services.</p> <ul style="list-style-type: none"> • Advocate for State agreement to fund this position/services in lieu of the State hospital. • Recommend: <ul style="list-style-type: none"> ○ 1 FTE Forensic Psychologist - 156K contracted, possibly remote ○ 1 FTE BA level Case Manager – 96K ○ .5 FTE ARNP – 90K contracted 	County, County Council, Jail, possibly hospital.	Council member Buchanan is convening meetings to discuss.
4.	Continued efforts to eliminate criminalization of homelessness.	Requires more information in order to determine Goal or steps.		IPRTF is working on this.

Whatcom County Justice Project

PRELIMINARY DRAFT of Priority Needs/Gaps & Recommendations

Identified during the 2022 Meetings of the Stakeholder Advisory Committee

1. Community Behavioral Health Services
2. Initial Detention/Initial Court Hearings
3. Jail-Based Behavioral Health Services
4. Re-entry Services for People with Mental Illness & Substance Use Disorders
5. Post-incarceration Community Supports
6. Housing Services for At-Risk Populations
7. Data Systems to Support Planning and Accountability

1 COMMUNITY BEHAVIORAL HEALTH SERVICES				
	Needs/Gaps	Recommendations	Intended Outcomes	Potential Funding Opportunities
a	Need increased access to mental health & substance use disorder (SUD) assessments, on demand/no waiting	Support additional positions for SUD and mental health professionals with certified agencies to provide assessment on demand when people are highly motivated	↑ # of people prepared to enter treatment for mental health &/or SUD ↓ Criminal legal system involvement due to untreated mental health &/or SUD	1) Increased Medicaid Rates 2) Providers invoice Managed Care Organizations for services
b	Need additional community mental health treatment capacity (in-patient & out-patient), and address lack of community SUD treatment	Increase availability of mental health &/or SUD treatment. Prioritize admission of individuals releasing from incarceration	↑ # of incarcerated individuals admitted to mental health &/or substance use disorder treatment immediately following release ↓ # of formerly incarcerated individuals returning to jail due to charges related to mental health &/or SUD	1) Increased Medicaid Rates 2) Providers invoice Managed Care Organizations for services
c	Reduce response time for Law Enforcement (LE) involved potential Involuntary Treatment Act (ITA) calls	Assign Dedicated Crisis Responder (DCR) to LE personnel to reduce response time, increase likelihood of engagement in services, & reduce likelihood of incarceration	↑ LE officers have increased access to DCRs ↑ Response time of DCRs to LE calls ↑ Access to services for people with serious mental illness ↓ #of individuals with serious mental illness entering jail	1) Following implementation of Co-Responder program with Sheriff's Office, North Sound BH/ASO funds available for Crisis Services such as the Mobile Crisis Outreach Team (MCOT).
d	Increased capacity of effective existing	Ensure stable funding to enable expansion of	↑ # of people engaged in diversion programs	1) BH Program Fund

	programs to divert more people from incarceration (i.e., LEAD, GRACE, Mental Health Court, Drug Court)	diversion programs that have proven to be effective in reducing incarceration	↓ Incarceration of people with mental health &/or SUD	2) Funding also provided by City 3) LEAD funding continuation through Dept. of Justice
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2 INITIAL DETENTION/INITIAL COURT HEARINGS				
	Needs/Gaps	Recommendations	Intended Outcomes	Potential Funding Opportunities
a	Additional resources are needed to fully implement, and then expand, the use of the Public Safety Assessment and monitoring of people released pending trial across all courts in Whatcom County	Increase adoption of the Public Safety Assessment in all Whatcom County Courts to identify people who can safely be released to the community while awaiting trial Expand the capacity of the Pretrial Services Unit to monitor people who have been released	↑ Release options ↓ Pre-trial time in jail for people who can safely be monitored in the community as they await trial.	

3 JAIL-BASED BEHAVIORAL HEALTH SERVICES				
	Needs/Gaps	Recommendations	Intended Outcomes	Potential Funding Opportunities
a	Insufficient number of MHP/Intensive Case Managers for the jail	Create positions for 2 Intensive Case Managers working in both the jail and community to facilitate care coordination and support re-entry staff.	↑ Service coordination ↑ Engagement with support services ↑ Stability while incarcerated ↑ Stability at point of release	
b	Need increased access to mental health & SUD assessments, on demand/no waiting	Create positions for SUD and mental health professionals to provide "Medicaid-ready assessment" (required to admit people into Medicaid services upon release) when people are highly motivated	↑ # of incarcerated individuals who receive mental health &/or SUD treatment ↓ Recidivism due to untreated mental health &/or SUD	
c	Need evidence-based services for people with substance use	Utilize SUD professionals to provide available evidence-based SUD services	↑ # of incarcerated individuals who receive SUD treatment	

	disorders who are incarcerated	(e.g., brief counseling, psychosocial/ education groups), including for methamphetamine dependence, in the jail setting	↓ Recidivism due to untreated substance use disorder, especially methamphetamine dependence	
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4 REENTRY SERVICES FOR PEOPLE WITH MENTAL ILLNESS & SUD– Transition from Jail to Community

	Needs/Gaps	Recommendations	Intended Outcomes	Potential Funding Opportunities
a	Need increased jail and community re-entry case management services/support, and ensure Medicaid reinstatement upon release	Create additional positions for jail reentry specialists to facilitate care coordination Specialists will also coordinate with Managed Care Organizations for immediate enrollment or reinstatement of benefits upon release	↑ # of incarcerated individuals nearing release who receive care coordination planning & support ↑ # people whose Medicaid benefits are reinstated immediately upon release so there is no gap in services ↓ Recidivism due to inability to access necessary community-based services	1) North Sound BH/ASO Integrated Care Network Contract 2) BH Program Fund 3) MH Millage Fund
b	Need increased capacity of Program for Assertive Community Treatment (PACT)	Increase PACT services dedicated to incarcerated individuals Evaluation for services prior to release and immediate entry into PACT services upon release	↑ Access to PACT services for incarcerated individuals with serious mental illness. ↓ # of individuals experiencing serious mental illness who are reincarcerated	

5 POST-INCARCERATION COMMUNITY SUPPORTS

	Needs/Gaps	Recommendations	Intended Outcomes	Potential Funding Opportunities
a	When released from jail, people need transportation and support to re-enter the community safely	A system is in place so that people released from jail can be transported directly to safe housing and/or support services	↓ Incarceration & recidivism ↑ # of individuals who successfully transition from jail to community-based services	
b	When released from jail, people need assistance to reenter the workforce	Connect people leaving jail with vocational support services	↑ Likelihood of employment following release from jail ↑ Stable income	

			↓ Recidivism by reducing extreme poverty and desperation	
c	When released from jail, low-income people need access to safe housing	Establish dedicated housing units with case management support for reentry population who are 30%-80% Area Median Income (AMI)	↓ Homelessness ↓ Risk of criminal legal system involvement ↓ Recidivism	

6 HOUSING SERVICES FOR AT-RISK POPULATIONS				
	Needs/Gaps	Recommendations	Intended Outcomes	Potential Funding Opportunities
a	Lack of scattered-site and facility-based permanent supportive housing (additional locations)	Increase available permanent supportive housing sites for people with serious mental illness with focus on people releasing from jail in need of housing. Affordable housing across the income spectrum from 30% - 80% Area Median Income (AMI) with units dedicated for re-entry population and with on-site supports.	↑ Available permanent supportive housing ↓ Homelessness for people with serious mental illness/ incarceration history ↓ Risk of incarceration/ recidivism	
b	Permanent supportive housing programs (scattered-site and facility-based) need access to clinical support and onsite or improved intensive case management.	Increase on-site clinical support and number of Intensive Case Managers to support housing Case Managers in work with housed individuals with serious mental illness. Make 24/7 clinical support available.	↑ Clinical support and quality of life for currently/previously incarcerated individuals and residents of permanent supportive housing who have serious mental illness.	
c	Need dedicated housing for therapeutic court members	Provide dedicated housing for individuals engaged in therapeutic courts as a component of involvement in the monitored wrap around services provided through therapeutic court involvement.	↑ # of people participating in therapeutic courts achieve housing stability. ↑ Improved compliance for therapeutic court members. ↑ # of individuals participating in therapeutic courts diverted from jail.	

7 DATA SYSTEMS TO SUPPORT PLANNING & ACCOUNTABILITY				
	Needs/Gaps	Recommendations	Intended Outcomes	Potential Funding Opportunities
a	System for collecting consistent data from all intercept points in the criminal, legal, and behavioral health systems	Build a data system for collecting consistent data from all intercept points	↑ Ability to track service utilization and outcomes for individuals interacting with the criminal legal system and behavioral health services	
b	Data dashboard to track trends in criminal legal system, racial disparities in the system, and incarceration prevention & reduction efforts	Build a data dashboard to track and publicly present trends and outcomes of criminal legal system changes, efforts to address racial disparities in the system, and incarceration prevention and reduction work	↑ Access to data measuring progress towards goals for improving Whatcom County's criminal legal system, addressing racial disparities in the system, and reducing & preventing incarceration	

Legal and Justice System Committee

A. 2022 Update

- Continued to monitor domestic violence offender treatment services
- Program Review: Inmate Communication
- Pretrial Processes Workgroup: Electronic home monitoring (EHM) for felony defendants in Superior Court
- Pretrial Processes Workgroup: Refining the local use of the Public Safety Assessment (PSA)

B. What's Next in 2023

- Explore the viability of using Mental Health Sentencing Alternatives
- Continue to Identify and review reentry existing services, needs and gaps
- Continue to monitor domestic violence treatment options
- Childcare for court services??
- Pretrial Processes Workgroup: Continue developing EHM options for the Pretrial Services Unit
- Pretrial Processes Workgroup: Continue refining local implementation of the public safety assessment (PSA) tool

Joint Meetings: Behavioral Health and Legal & Justice System Committees

A. 2022 Update

- Program Review: Various
 - Clubhouse International model
 - Whatcom Community College Substance Use Disorder Professional (SUDP) Program
 - Court childcare programs
- Mental Health Sentencing Alternatives

B. What's Next in 2023

- Continue to monitor the progress and outcomes of various existing programs
- Improve Jail Reentry Services?
- Other?

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

Meeting Summary for October 11, 2022

Agenda item links to YouTube video are functional at the time this meeting summary was created, however, YouTube links may change. Links in this document will not be updated. Please refer to the time notation on each agenda item.

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: Arlene Feld, Stephen Gockley, Raylene King, Jackie Mitchell, Darlene Peterson, Donnell Tanksley, Bruce Van Glubt, Maia Vanyo

Members Absent: Bill Elfo, David Freeman, Deborah Hawley, Eric Richey,

2. [Update on Domestic Violence Offender Treatment Programming \(01:04\)](#)

Van Glubt and Jake Wiebusch, Probation Manager for District Court, gave an overview of the status of the Domestic Violence (DV) Offender Treatment program. Main points included:

- The program is down to one provider, Phoenix Counseling, in addition to a Lummi Nation provider.
- The Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS) program monitors reimbursement for treatment services for indigent defendants.
 - There are 17 individuals currently receiving funds through DVPOTS and 47 people to date have come through the program.
 - Treatment provider availability has been a challenge for DVPOTS.
- Family Justice Court has been established by Judge Anderson to address barriers to success.
 - This is a review calendar held every three weeks for those receiving funding through DVPOTS and is an opportunity for the judicial officer to hold the individual accountable.
- They also offer a Domestic Violence Moral Reconciliation Therapy (DV MRT) program, which is a 24-step program utilized when the standard module isn't successful or if an individual is above the threshold for indigency. This program attempts to change individuals' beliefs.
- Non-intimate partner assault defendants may participate in an eight-week anger management program, which is also offered under the MRT umbrella.
- In response to a question about outcomes, Van Glubt said that the MRT program has been shown through evidence-based research to reduce recidivism. Locally, they have not been running the program long enough and do not have a big enough sample size to identify trends. Members discussed different ways to measure the effectiveness of a program.
- Five probation officers are trained in DV MRT, four are trained in standard MRT and two are trained in anger MRT.
- DV MRT is currently held via Zoom in the afternoons and the timing does not seem to be a barrier. Zoom seems to facilitate participants opening up in a different way.

3. [Status of Jury Trials in District Court \(25:35\)](#)

Van Glubt gave a presentation on the status of jury trials and jury coordination services provided by District Court.

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

Meeting Summary for October 11, 2022

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- Jury coordination is housed with District Court and provides coordination services for District Court, Superior Court, and the City of Bellingham. They often have very little lead time for putting together a jury, which means their team has to be ready at all times.
- During the pandemic, this service took more staff time and resources because trials would be canceled with little to no notice and they had to put extra precautions in place for those trials that were run.
- Jury summons mailings have increased from 600 per week pre-pandemic to 800 currently.
- So far this year, District Court has run about 12 trials and Superior Court has run about 13.
- District Court currently has enough resources to run more trials and they did not see the big influx of jury trials that they were expecting. District Court does not have a backlog of trials.
- Peterson gave statistics on the City of Bellingham's status with regards to trials. She stated that they have 23 trials pending, which is not unusual. She said that a backlog has not materialized for trials, but there is one for warrants. They have 466 warrants authorized but not ordered.
- In regards to remote hearings, Van Glubt said that they do provide the opportunity for remote appearance. Both defendants and attorneys can appear remotely. They have not done remote jury trials. Members discussed why remote jury trials are not a viable option.

Gockley asked why there is a backlog in Superior Court and why the jail is full with pre-trial defendants. Vanyo described some of the barriers, including complicated cases, wait time for competency restoration, and the inability of investigators to do work during the pandemic. She said the entire system is the bottle neck and that they are chipping away. She went on to describe some of their strategies to reduce the backlog.

Peterson added that when misdemeanor defendants are released before having an in-custody hearing, they often don't appear for court hearings. This causes the number of cases each defendant holds to increase and the number of warrants to stack up. She emphasized the need to have defendants heard before they are released.

Gockley asked about implications for civil litigation. Vanyo said that there are judges available to do the trials but they are reluctant to schedule them to trail criminal trials. Van Glubt said that civil jury trials are rare in District Court and they do not see the same dynamic as Vanyo described for Superior Court.

4. [Other Business \(57:30\)](#)

King stated that Mardi Solomon may send a request for feedback on items the subcommittee may be able to assist with.

5. **Public Comment**

There were no public comments.

6. **Adjourn**

The meeting adjourned at 12:20 PM.