

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

11:30 a.m. - 12:30 p.m., May 9, 2023. 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: 810 4462 0742

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. Bail

Discussion

- How to educate the public
- Current laws, policies, and procedures (local and state)
- What local laws could change?
- Bail change over the past year

3. 2023 Annual Report 1 - 6
Review

4. Agenda items for the June Joint meeting with Behavioral Health Committee

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

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> Monthly Various Mondays 9-11 AM	COMMITTEES				
	<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
May 15 June 12 July 17 August 21 September 18 October 23 November 13 December 18	May 16 June 13 (11:30-1:00) July 18 August 15 September 19 (11:30-1:00) October 17 November 14* December 19* (11:30-1:00)	June 13 July 11 August 8 September 19* October 10 November 14 December 19*	July 20 October 19	June 1 August 3 October 5 December 7	June 1 July 6 August 10 September 7 October 12 November 2 December 7

* Alternate meeting day

Meetings in bold are quarterly joint meetings of the Behavioral Health and Legal & Justice Systems Committees

2023 Annual Report Outline

III. COMMITTEE PROGRESS REPORTS

E. Progress Report: Legal and Justice Systems Committee

CONTINUE TO REFINE THE PRETRIAL PROCESSES UNIT AND RISK ASSESSMENT

The Pretrial Processes Workgroup is a sub-committee of the Legal and Justice Systems Committee. In collaboration with Superior Court judicial officers, the workgroup developed the Superior Court Pretrial Services Unit and a Public Safety Assessment (PSA) tool for use by judicial officers when making pretrial release decisions. The PSA is an assessment for judicial officers, public defenders, and prosecutors at first appearance to aid in developing release plans for felony defendants. The Pretrial Processes Workgroup continues to collaborate with Dr. Andrew Peterson, Senior Research Associate at the Administrative Office of the Courts (AOC) to refine the local use of the PSA tool.

The PSA is administered only to those who are booked into the jail. **Currently, there are approximately 70 cases for 50 people on supervision. Of those, approximately 40 cases receive medium level supervision.** The jail population is different from the population three years ago when the Pretrial Services Unit was established. People being held in the jail are there because of serious issues, so many receive a high score on the PSA. The focus of the Unit should evolve to meet current conditions. The need for monitoring has changed because there are fewer court dates due to changed court rules. The Unit's use could be expanded to accept more referrals.

The pretrial risk assessment tool must be periodically evaluated to remain effective and relevant. The workgroup will continue to work with Dr. Peterson to refine the local use of the PSA tool. The workgroup will also continue to identify the priority areas for data collection and optimize the system for monitoring pretrial services.

UPDATE BEHAVIORAL HEALTH CRISIS RESPONSE PROGRAMS

As did the Behavioral Health Committee, the Legal & Justice Systems Committee received updates on the status of the Sheriff's Office Behavioral Health Deputy program and the Co-Responder Program, as well as the City of Bellingham's Alternate Response Team (ART). In July 2022, the Response Systems Division was the successful bidder in response to a Request for Proposals for establishing a co-responder model in which a mental health professional will respond with law enforcement for behavioral health calls. Response Systems Division staff presented to the Committee on what the program will look like in terms of staff, resources, services offered, training, and budget.

IS THIS DESCRIPTION STILL ACCURATE?? AS DISCUSSED IN COMMITTEE: Clinical decisions would be made by the mental health professionals on scene, but they are to defer to law enforcement if there a safety issue. Best practices are to be followed in emergency situations in which quick decisions need to be made. Deployment will only be in unincorporated Whatcom County. The contract is for a three-year period of time, but may be extended indefinitely. It's possible that body worn cameras could be worn by law enforcement and could connect with an off-site mental health professional.

Both the Bellingham and County enhanced crisis response options would work with emergency dispatch, the hospital, the mobile crisis outreach team (MCOT), and other treatment service providers to achieve a more connected crisis response system.

Continued review of these programs will occur jointly with the Behavioral Health Committee.

INMATE COMMUNICATIONS (TABLET PROGRAM)

NEED UPDATE FROM CALEB

The Committee received a presentation from jail corrections staff regarding the contract with a vendor that provides tablets to inmates. The tablets offer access to legal resources, job searches, instant messaging, and entertainment to rent. The tablets are not connected to the internet and cannot be used for external conversations. They wouldn't be a resource for inmates to meet with their attorneys, as they are not truly private or confidential.

FROM JULY. WHAT IS THE STATUS OF THIS RFP?: The department is planning to send out a request for proposals (RFP) for a new vendor to provide these as well as other communications systems within the jail. The RFP stipulates that the cost of the tablets, infrastructure, maintenance, and possible damage are all underwritten by the vendor. He emphasized that they do not want exorbitant fees to be charged to inmates or their families for using the technology. The new vendor could offer other options for inmates, as the technology has changed greatly since tablets were first introduced to the jail two years ago. Caution must be exercised when choosing a vendor for these types of services. Some for-profit companies can provide the technology, but are bad actors. It is important to be able to show the benefits of a program like this, including positive impacts on recidivism rates, virtual hearings, treatment programs, education, job search assistance, and ability to converse privately with counsel or family members.

DOMESTIC VIOLENCE OFFENDER TREATMENT PROGRAMMING UPDATE

OCTOBER NEED UPDATE FROM BRUCE/JAKE

Since 2018, the Committee has reviewed the state of domestic violence treatment programs available in Whatcom County, including existing services and gaps, elements of an effective treatment plan, and potential funding sources. Treatment for domestic violence offenders is important for the prevention of future violence. Judicial officers may require treatment for offenders with domestic violence charges and convictions. However, there are few available treatment options and service providers in the community. Engaging the State Health Care Authority and Medicaid insurers to pay for treatment is necessary for indigent offenders.

Services are currently reimbursable through the District Court Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS) Program, which provides reimbursement for treatment services for indigent defendants. The community has two service providers that offer an offender treatment program, one of which is provided by and available to members of the Lummi Nation. The DVPOTS program has had approximately 47 individuals receive reimbursement in the past two years. District Court also provides two new programs: The moral reconnection therapy (MRT) program, which is a no-cost alternative to standard domestic violence treatment when the standard program isn't working or funding isn't available, and anger management courses for non-intimate partner cases.

The committee will continue to monitor domestic violence and Driving Under the Influence (DUI) treatment options. Domestic violence and driving under the influence (DUI) continue to be major contributors to incarceration. The committee will continue to review and explore treatment options for both. The workforce shortage is a major barrier to the domestic violence offender population. Providers who wish to provide intervention to perpetrators of domestic violence must request certification from the Department of Social and Health Services. Direct intervention services are not allowed without being State certification.

STATUS OF JURY TRIALS IN DISTRICT COURT

OCTOBER NEED UPDATE FROM BRUCE AND RAYLENE

Jury coordination is housed with District Court and provides coordination services for District Court, Superior Court, and the City of Bellingham. Jury summons mailings have increased from 600 per week pre-pandemic to 800 currently. So far this year, In 2022, District Court has run about 12 how many? trials and Superior Court has run about 13 how many? They provide an opportunity for remote appearance for both defendants and attorney, but remote jury trials aren't an option.

The City of Bellingham has 23 how many? trials pending, which is not unusual. A backlog has not materialized for trials, but there is a backlog for warrants. They have 466 how many? warrants authorized but not ordered.

At this time, the jail population is primarily pre-trial defendants. Barriers to moving forward to trial quickly have been the delayed wait times for competency restoration and the extreme complexity of cases that require a lot of investigation and legal work. At the onset of the pandemic, investigations could not be done adequately, so unresolved cases that originated during the pandemic accumulated without resolution. All the work that was delayed during the 18 months of the pandemic are now being worked on all at once. Additionally, the nature of the work has changed. For example, the increased use of bodycam footage dramatically increased the workload of investigators who must review all recorded footage. The entire system has been bottlenecked. All parties are attempting to innovate on how to make more progress to reduce the backlog.

In the Bellingham Municipal Court, defendants may appear both in person and by zoom hearing for all calendars other than jury trials. Misdemeanor defendants are released before having an in-custody hearing, so they often don't appear for court hearings. This causes the number of cases for each defendant to increase and the number of warrants to stack up. It's necessary for defendants to be heard before they are released. As of May 5, the City of Bellingham has 11 jury trials pending. This is an average number of jury trials. The number of defendants out on warrant status is high, at 4,169 active warrants. Because of the inability to book defendants with active warrants, they are given a time to reappear to address their warrants. Many don't respond, so their warrants remain active and continue to increase.

FAMILY COURT PRESENTATION

Family Justice Court is a therapeutic court designed for parents over age 16 who are currently involved in a child dependency case which identified parental substance use as a safety concern. They wanted to develop a program that provides better results to those who are not succeeding in other programs.

Many participants are drop-down cases from Superior Court. This is the first year of the program, and they have approximately 20 individuals with charges of domestic violence, who check in every 3 weeks with the judge.

This is an informal check-in designed to be quick, convenient, which empowers the clients to be held accountable for their progress. Individuals are in the program until they show compliance. Frequent compliance hearings and transparency within the Court encourage participant accountability. The team talks with participants about their challenges and victories to provide incentives for success and reprimands for rule violations. Because the team collaborates closely with service providers, they are able to provide access more quickly to parenting support, mental health treatment services, and other necessary resources.

The voluntary and non-adversarial program is an alternative to typical dependency cases. The structure uses evidence-based methods to customize the requirements of each member. The goal is to reunite children and parents in a safe and stable home.

JAIL REENTRY

Reviewing and enhancing reentry services for incarcerated individuals has been on the Committee's work plan since its inception. Reentry is Intercept 4 on the Task Force's sequential intercept service summary. Through the Justice Project needs assessment development process, the BHGAT created an inventory of re-entry programs offered by community-based treatment agencies in the area. The full Task Force has adopted the BHGAT SIM. (See Appendix A).

The Law Enforcement Assisted Diversion (LEAD) program, Ground-Level Response and Coordinated Engagement (GRACE) program, and the Program of Assertive Community Treatment (PACT) are case management programs that can connect individuals with treatment or behavioral health services.

Re-entry services are also offered in the jail, but space limitations in the current jail is an issue. There is a lack of confidential meeting space and it is difficult to hire corrections staff who could accompany inmates to confidential meetings. There is also a shortage of re-entry specialists and behavioral health specialists, which results in people sitting in jail for longer than needed while waiting for services.

Continued review of these programs will occur jointly with the Behavioral Health Committee.

F. Progress Report: Joint Behavioral Health and Legal and Justice Systems

JAIL REENTRY

The Task Force adopted the Behavioral Health Gap Analysis Team (BHGAT) Sequential Intercept Model (SIM) (See Attachment A) and associated needs and gaps documents, which include Intercept 4, Reentry and Intercept 5, Post-Incarceration Community Supports. These two intercepts include an inventory of programs, needs, and gaps for services to help prevent those leaving incarceration from re-offending and to rebuild their lives. Not all of those needed services are focused around behavioral health treatment and recovery. Certain reentry programs are necessary for many people post-incarceration, including help with housing, transportation, and employment. The Joint Behavioral Health Committee and Legal and Justice Systems Committee will continue to review, evaluate, and determine feasibility and next steps for the services inventoried in the updated SIM.

COMPETENCY AND RESTORATION: TRUEBLOOD SETTLEMENT AGREEMENT PHASE THREE

The Behavioral Health Committee and the Legal & Justice Systems Committee independently and together dedicated a number of meetings to the State's competency and restoration program, particularly regarding the ongoing systemic issues. There are long delays before an inmate can receive an evaluation and receive treatment at the State facility. The process is difficult to navigate and put people at risk of being off medication for long periods of time. Corrections to the system need to happen at the State level. In March, the Committees met with Dr. Thomas Kinlen, Director/ Office of Forensic Mental Health Services, Behavioral Health Administration, Washington State Dept. of Social and Health Services. Dr. Kinlen gave a presentation on phase three of the Trueblood settlement.

Due to unconstitutional delays in competency evaluation and restoration services, the Trueblood vs DSHS settlement agreement was created to bring the State into compliance by providing timely service to the class action members. The settlement agreement has three phases. The first two phases are to improve services in the counties in the southwest area of the state and the regions for Spokane, Pierce, and King County. Whatcom County is not included in phase one or two. Once those phases were completed, phase three gives the State an opportunity to modify the programs or expand into other areas of the State.

In Phase three, the State determined that adjustments were needed to expand staff, including a prescriber, to outreach, engagement, and housing programs and to also get a prescriber involved with outpatient competency restoration program. Regions suggested for expansion are the Thurston/Mason region and the Salish region. The ultimate goal is to take the programs statewide in following phases.

The current wait times for Western State Hospital competency restoration service beds has risen since 2021 from six weeks to 10 to 12 months. To alleviate the long delays, capacity increases will help with, but not solve, the demand. Western State Hospital has 58 new beds coming online in the next few months that will be dedicated to competency. Another 46 new beds at Maple Lane that will be transferred from Western State Hospital, opening up more beds. Those new beds will be used for the settlement agreement class members. The State and local jurisdictions must also consider policy and statutory changes.

Members of the Task Force have formed a workgroup to come up with possible solutions to alleviate these challenges from the State. The committees will continue to monitor the status of this workgroup and any recommendations that may result.

MENTAL HEALTH COURT UPDATE

Since 2015, Mental Health Court (MHC) operates as a therapeutic court designed to provide services to people in the judicial system. They consider the factors that lead people with severe mental illnesses into the criminal legal system, such as risk factors that impact the social determinates of health. MHC seeks to engage people in mental health care to promote recovery and wellness and build capacity for healthy, independent living.

All referrals to Mental Health Court are made through a person's defense attorney. Case management and mental health services are provided by contracted providers. Eight case managers have a total enrollment capacity of 40 members. Eligibility criteria include the presence of a serious mental illness, a link between the illness and the criminal charges, and the high likelihood of recidivism.

Two different mental health courts are held in District Court and in Bellingham Municipal Court. Participants receive an individualized care plan with five treatment phases to achieve outcomes that include lower recidivism, less jail time, stable housing, and recovery.

Out of all referrals, 84 percent of people in custody are released into treatment. In the District Court MHC, 89 percent of cases started as felony charges. The programs are currently growing in referrals and enrollments. Staff has been added, and the caseload capacity for 2023 has doubled. In the future, they hope to have court focus on emerging mental illness, expand to include Superior Court, collaborate with the Law Enforcement Assisted Diversion (LEAD) program, and collaborate with Community Court.

MENTAL HEALTH SENTENCING ALTERNATIVES

The Public Defender's Offices reported on the Mental Health Sentencing Alternative (MHSA), which is one of several sentencing alternatives. The legislature created the MHSA, which went into effect in July 2021. Using the sentencing alternative, the standard range sentence is suspended, and instead treatment or oversight by the State Department of Health is required. Length of time in the MHSA is anywhere from 12 months to three years, depending on the defendant's criminal history and offender score. In order to be eligible, the judge must determine that the offender has serious mental illness at the time of sentencing that results in serious impairment that interferes with life activities. The crime of conviction must be a felony offense, but cannot be a serious violent or sexual offense. The judge must also determine that the offender and the community would benefit from the alternative and the offender must be willing to participate. However, they are discovering that there are gaps in the MHSA process. The Legal and Justice Systems Committee will continue to explore the feasibility of using this program locally.

UPDATES AND PRESENTATIONS ON A VARIETY OF PROGRAMS AND PROGRAM IDEAS

Not only do Task Force and Committee members review existing programs in the community, they regularly bring forward new program and policy ideas to stay informed on the latest best practices in the areas of behavioral health treatment and reducing incarceration.

Clubhouse International model. Local representatives of the National Alliance on Mental Illness (NAMI) gave a presentation to the Joint Committees on the Clubhouse International model, which is a mental illness recovery program that offers people opportunities for friendship, employment, housing, education and access to medical and psychiatric services in a single caring and safe environment. The local chapter of NAMI has plans to develop a clubhouse locally. Clients would need a referral from a medical provider in order to become a member. Initial funding was provided from the Washington State Health Care Authority (HCA).

Whatcom Community College Substance Use Disorder Professional (SUDP) Program. Whatcom Community College has developed three educational options for substance use disorder professional training: a certificate program, an Associate's Degree program, and a 15-credit continuing education program for those who already have a Master's Degree. They expect job opportunities to grow rapidly as demand increases. Starting in Fall 2023, Whatcom Community College will be offering a Bachelor of Applied Science in Social Work program.

Court childcare programs. Spokane County representatives were invited to present information on their Children's Waiting Room program, which operates from the Spokane County Courthouse. The program can care for any children whose caregivers are on the courthouse campus for any reason, including jury duty, court dates, meetings with attorneys, jail visits, probation appointments, and other purposes. They can take up to eight children at a time for up to eight hours a day. The goal is to allow the caregivers to focus on whatever they need to accomplish while they are on the courthouse campus. Because the caregivers are technically still on-site, the program does not need to be a licensed childcare facility.

988 Crisis Line Service. Volunteers of America gave a presentation on 988 crisis hotline at the December joint meeting. The 988 Crisis Center serves 32 counties in Washington State and includes chat and text services. The 988 service is separate from the regional crisis line, which provides more specialized local support. The 988 Crisis Center is an accredited lifeline center and a way to reach the national suicide prevention lifeline. The Center's Native and Strong Lifeline is a specific crisis line for Native American and Alaskan Native clients, and is fully staffed by indigenous people. The Native and Strong Lifeline supports Tribes and tribal health care providers by providing access to behavioral health and crisis services.

IV. APPENDICES, AS NEEDED