Whatcom County Incarceration Prevention and Reduction Task Force

Phase III Interim Report

7/11/2017

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Jeff Brubaker, Community Paramedic, City of Bellingham
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LEGAL & JUSTICE SYSTEM AD HOC COMMITTEE

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EXECUTIVE SUMMARY

This is an initial update preceding the third report requested by the Whatcom County Council when it created the Incarceration Prevention and Reduction Task Force (Task Force). The third and final report is due to the Council December 5, 2017. The Task Force has organized itself into three ad hoc committees to focus on specific areas of interest:

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

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

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

TRIAGE FACILITY AD HOC COMMITTEE

In the Phase II report The Triage Ad Hoc Committee made the following recommendation:

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

2. The 16-bed mental health Crisis Triage Unit will be certified as voluntary with enhanced security. The other unit will be certified as an Acute Detox Facility.

3. Focus efforts on redeveloping the Division Street location.

Additionally, the committee strongly recommended that the County continue to support the development of a continuum of care, and noted that Triage facility success will be limited without sufficient resources to support individuals once they have stabilized and are ready to be discharged.

The Committee, with active and ongoing staff support from the Health Department and the Executive's Office, has put together preliminary operational and facility plans and has made significant progress on both capital and operational funding. Total capital cost is now projected to be approximately $9 million, of which $5.5 million has been committed. The regional Behavioral Health Organization requested the balance from the State Legislature, which is currently working to complete the biennial budget. Operational funding is projected to be nearly $5 million annually and expected to be funded primarily by the regional Behavioral Health Organization with Medicaid dollars. The committee will continue to provide input on this planning process.

LEGAL & JUSTICE SYSTEM AD HOC COMMITTEE

The Legal & Justice System Ad Hoc Committee has focused on developing an evidence-based, pretrial risk assessment tool and pretrial supervision unit. An analysis by the Prosecutor's Office, reviewing three days of jail use, found 36-37 percent of the jail population being held pretrial on felony charges. That analysis identified a number of individuals who could be eligible for pretrial release, depending on the criteria. This population could represent a meaningful impact on jail use. However, the committee expects that further analysis and program development will identify a more precise proportion of the jail population, including misdemeanants, which may be eligible for release. The work of the Vera Institute will inform this effort.

For the final Phase III report, the committee intends to develop recommendations concerning the creation and adoption of a risk assessment tool and pretrial supervision unit. Additionally, the committee will continue to review opportunities to improve the legal and justice systems, including ensuring existing programs are using best practices and that treatment programs are evidence-based.

BEHAVIORAL HEALTH AD HOC COMMITTEE

The Behavioral Health Ad Hoc Committee focused most of its preliminary Phase III work on developing and enhancing services that may avert arrest and incarceration. This effort aligned with our priority to develop or improve programs that link to the "front door" of the Crisis Triage facility.

The committee provided ongoing review and feedback on a community initiative to develop a coordinated system of response and engagement with individuals who frequently use crisis and criminal justice systems in ineffective and inappropriate ways. These individuals are the "familiar faces" that our community spends significant time and money on with minimal positive impact.

The initiative, **G**round-level **R**esponse **A**nd **C**oordinated **E**ngagement, or GRACE, is a community effort encompassing the health care system and criminal justice. The GRACE project is intended in part to prevent and reduce arrest and incarceration for a targeted group of individuals by providing better coordination of interventions that connect them to treatment and support services which serve as alternatives to jail. The program is not another crisis system program to be used by anyone in distress. Instead, it is a specific program of coordinated interventions aimed at preventing unnecessary crisis responses to specific individuals with a history of high utilization of these services

INTRODUCTION

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

The ordinance structured the work of the Task Force into three phases and several objectives.

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

The Phase II report was delivered in October of 2016. It included specific recommendations for the development of a new Crisis Triage Facility, recommendations for reducing barriers for electronic home monitoring, a mapping of existing behavioral health programs and a discussion of how to develop effective programs.

The final Phase III report is due to the County Council by December 5, 2017, as set by Ordinance 2017-004. The report will include specific operational plans and budgets for implementing crisis intervention, triage and incarceration prevention and reduction programs. This initial Phase III report provides an update on Crisis Triage Facility specifications and preferred location, and investigations on expanding alternatives to incarceration.

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

TRIAGE FACILITY AD HOC COMMITTEE

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

LEGAL & JUSTICE SYSTEM AD HOC COMMITTEE

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

BEHAVIORAL HEALTH AD HOC COMMITTEE

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

TRIAGE FACILITY AD HOC COMMITTEE REPORT

INTRODUCTION

In the Phase II report The Triage Ad Hoc Committee made the following recommendation:

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

2. The 16-bed mental health Crisis Triage Unit will be certified as voluntary with enhanced security. The other unit will be certified as an Acute Withdrawal Stabilization Facility.

3. Focus efforts on redeveloping the Division Street location.

Additionally, the committee strongly recommended that the County continue to support the development of a continuum of care, and noted that the success of the Crisis Triage Facility will be limited without sufficient resources to support individuals once they have stabilized and are ready to be discharged.

The Committee, with active and ongoing staff support from the Health Department and the Executive's Office, has put together preliminary operational and facility plans and has made significant progress on both capital and operational funding.

FACILITY PLAN

DESIGN

The Phase II report described the capacity and limitations of the current Triage Facility, and outlined the factors that were considered to estimate the need for additional crisis triage bed and detox bed capacity. While the needs are projected to be somewhat greater than the 32-bed recommendation, 16 beds for each discreet unit are the maximum allowed under Medicaid rules. Accordingly, the design is for two 16-bed units joined in one building off a common foyer. One unit will provide mental health crisis stabilization services. The other unit will provide acute withdrawal stabilization services.

While preliminary architectural drawings have been developed, they cannot be finalized and a contract awarded to a qualified general contractor until a regulatory issue is resolved. A recent interpretation of a building code by the Washington State Department of Health Construction Review Services Division is creating significant challenges to facility design. The interpretation creates a requirement for additional walls for fire suppression and is being challenged by two similar projects elsewhere in the state. The requirement for additional walls compromises line of sight and sound of facility clients, thereby jeopardizing client safety. The Whatcom County Triage expansion may be delayed until this issue is resolved. The committee will continue to monitor the situation and reach out to individuals who may be able to lobby for reinterpretation of this rule.

LOCATION

In the Phase II report the Committee reviewed the alternatives to the current Division Street location, and recommended that the County move forward with redevelopment at Division Street. The next step, assuming that the regulatory issues noted above can be resolved and architectural renderings developed, will be to host an early public process, hopefully in September, to introduce the community to the plan and invite public comment. Subsequent outreach will include:

1. Letters and outreach to the neighbors;
2. Media outreach about the project; and
3. Compliance with City of Bellingham's requirements for public outreach during the building permit process.

The Phase II report noted three issues surrounding the Division Street Location and the Task Force has taken steps to address these issues.

The first issue was limited public transportation service to the site. The Whatcom Transportation Authority recently expanded service on the bus line serving the location. However, this may not be sufficient; the Task Force will continue to seek further service expansions to mitigate transportation challenges.

The second issue is the assurances given to the City of Bellingham and neighborhood concerning the long-term disposition of the property after the termination of its temporary use as a Work Center. At the time, the County committed to return the property to private ownership when the Work Center was closed. It is anticipated the County and City will work together toward insuring this location remains a viable location. Additionally, the City agrees that the utilization of this facility for the purposes of a triage center would not be violative of the agreements. Assurances to the neighborhood will be addressed during the public outreach process.

The final issue was the potential need to close the triage center during construction. The committee continues to explore this issue as planning continues.

CAPITAL FUNDING

The Phase II report quoted an estimate of $6.5 million, but since that time building costs and specifications have changed. The revise estimate for the total project is $9 million to account also for relocation of programming during the construction process. Significant headway has been made in securing the needed capital funds. A regional request was submitted to the legislature, with a specific line item for the triage expansion. The State House of Representatives capital budget proposes fully funding the request. The State Senate capital budget proposes to direct the Department of Commerce to grant funds for such projects through a competitive process. As of June 2017, the committee is awaiting the outcome of the special legislative session; it is unclear what the final negotiated capital budget will provide for the Whatcom County triage expansion project.

The local and regional funding contribution is more secure. The North Sound Behavioral Health Organization (BHO) has provided $2.5 million, and the County's local behavioral health fund has dedicated $3 million for the project.

OPERATIONS

PROGRAM DESIGN

The program design recommendations of the proposed 16-bed crisis stabilization and 16-bed withdrawal stabilization facility are outlined in the Phase II report. These include:

- Because of the greater flexibility and lower cost provided by a voluntary facility, the Task Force recommends the facility remain voluntary. (The current state statute [RCW 10.31.110] and administrative codes defining and guiding the operations of an Involuntary Crisis Triage Facility are restrictive. An individual who is admitted to the facility on an involuntary basis may be held up to twelve hours only. Within three hours of arrival, the individual must be evaluated by a Mental Health Professional. If the individual is found to require civil commitment under the Involuntary Treatment Act [RCW 71.05], then s/he must be transferred to an Evaluation & Treatment facility. Two other disposition options include being discharged to the community, or remaining in the facility on a voluntary basis until the mental health crisis is stabilized.)

- The withdrawal stabilization facility should be designed as an *Acute Stabilization Center*, i.e. there should be medical staff and other supports available on site on a 24/7 basis to treat severe withdrawal.

The operational plan for the two adjacent units has not been finalized. Two options exist: one treatment provider delivers all services at the two adjacent units; or two separate treatment providers operate out of each adjacent unit, one providing mental health crisis stabilization and the other providing acute withdrawal stabilization. This decision will be made based in part on ensuring that all requirements for Medicaid funding are met.

OPERATIONAL COST

The North Sound BHO will administer these funds through contracts with the treatment providers. As noted in the Phase II report, a review of similar facilities suggests that operating costs would be approximately $3 million for the mental health triage unit and $1.9 million for the withdrawal stabilization unit. Under the current funding model for these types of facilitates, North Sound BHO will be the primary operational funder, using Medicaid dollars allocated by the state. Local behavioral health dollars may be contributed to cover certain unfunded costs which are not yet identified, but necessary to ensure optimal seamless care and coordination upon discharge to the community.

In the Phase II report a number of issues were identified that contributed to uncertainty regarding behavioral health funding in the state, and by extension the ability of the BHO to "make good" on its intention to support the operational costs of the Triage center. These issues include the state-mandated integration of behavioral health and medical care financing, and ongoing conversations at the federal level to repeal or change the Affordable Care Act.

While the committee recognizes that the County must carefully consider the uncertainties noted above, there is reason to believe that the facility could rely on Medicaid funding despite possible state and federal changes. Programs will still be required to serve populations for whom sub-acute intervention is an important tool for behavioral health. Additionally, these types of facilities will always be less expensive than sending someone in mental health or substance induced crisis to an emergency room.

NEXT STEPS

The Task Force has recommended the Division Street location for two, adjacent 16-bed facilities, one for mental health crisis triage and one for withdrawal stabilization. Outreach to the businesses and residents in the Division Street area should begin as soon as possible. Every effort should be made to secure funding from the current legislative session. Additionally, the governor's office should be contacted to ensure that the fire code issues can be resolved so that design can proceed.

LEGAL & JUSTICE SYSTEM AD HOC COMMITTEE REPORT

INTRODUCTION

In the Phase II report, the Legal & Justice Ad Hoc Committee described its preliminary investigation of pretrial release programs. The committee has continued this work, further reviewing the opportunities that may exist for reducing incarceration of individuals held pretrial while mitigating risks this may create. The committee has focused this review on evidence-based risk assessments tools coupled with a pretrial supervision unit.

EVIDENCE-BASED RISK ASSESSMENT TOOL AND PRETRAIL SUPERVISION UNIT

The committee's review of the county's legal and justice system led it to identify the population in custody and awaiting trial as the primary target for their work. These individuals are in the jail, but have not been convicted of a crime.

PRETRAIL RELEASE RULES

The Court Rules in Washington direct that individuals who are charged with a non-capital crime be released without bail unless the Court is reasonably assured that this release will:

1. not reasonably assure the accused's appearance; or
2. result in a likely danger that the accused will commit a violent crime or will seek to intimidate witnesses, or otherwise unlawfully interfere with the administration of justice. (CrR 3.2)

When the Court is concerned about an individual's appearance in court or public safety, the Court will set bail and conditions of release. In setting the bail amount, the Court considers the likeliness or unlikeliness of the accused appearing for court based on the following (as set by the Court Rules): the accused's history of response to legal process; employment status; family ties; reputation, character and mental condition; length of residence in the community; criminal record; willingness of responsible members of the community to vouch for the accused and assist in complying with conditions; the nature of the charge; and any other factors indicating ties to the community.

When bail is set, individuals typically enlist outside firms to post a bond for the bail amount for a fee of 10 percent of the bail amount (e.x., $1000 bond would cost $100). Those who have the means will post bail. Those without the means will remain in jail awaiting their trial date. Bail can have the unintended consequence of separating those with financial resources from those who do not and can result in release purely on financial grounds.

WHAT IS PRETRAIL RISK ASSESSMENT?

To reduce jail populations, save money, and serve the interests of justice, other communities are using evidence based-tools to help to identify who should be kept in custody pending trial. Developed and used properly, these tools can save money by reducing dependence on the jail without increasing the

risk to public safety. One such tool is an evidence-based pretrial risk assessment that helps judges to more reliably determine whether an accused individual is:

1. low risk and can be released without bail;
2. moderate risk and can be released from jail with conditions; or
3. high risk and should be held in custody.

Pretrial risk assessment tools consider a number of variables, such as past, current and pending charges; convictions; failures to appear; employment and housing status; and substance abuse and mental health. They allow the Court to consistently and analytically assess the risk someone presents to public safety and propensity for attending court appearances. The best tools are developed specifically for local use. They look at a large sample of cases (at least 2000) and use advanced statistics to determine how the variables involved impact the risk presented by the individual.

When paired with a pretrial supervision unit, the tool can identify defendants who present a moderate risk (of failing to appear or committing new offenses) and the Court can order them released with conditions meant to ameliorate the risk. Compliance with conditions is monitored by a pretrial supervision unit. (Note: District Court Probation Department already provides pretrial supervision for our local courts of limited jurisdiction but Superior Court does not have a similar resource).

WHO COULD THIS IMPACT?

Who is in the jail and why they are in custody was one of the first questions asked by the Task Force. In response, the Prosecutor's Office provided an analysis of the jail population based on snapshots of three random days. The Prosecutor's Office found that on those days, the jail population ranged from 337-374 individuals. Of those, 125-134, or approximately 36-37 percent, were being held pretrial for felony offenses. The Prosecutor's Office estimated the potential for pre-trial release at 17-20 of the total being held pretrial for felony offenses. Their analysis of this potential was determined, using a prosecutorial perspective, by evaluating the criminal history, arrest charge, homelessness, and number of pending charges for the population. These numbers suggest there may be, depending on what if any pretrial supervision criteria are ultimately established, the possibility of further reducing jail population through pretrial supervision.

A more thorough analysis of the Whatcom County jail population, with a larger sample size and time frame, will provide a more accurate estimate of the potential for reducing the jail's pretrial population. Further, analysis that includes those being held on misdemeanor charges could reveal additional impacts on jail population. The committee has asked the VERA Institute for this analysis and anticipates a completed data review in the summer. This in-depth analysis will be important to identify the opportunities and the challenges that would come with the adoption of an evidence-based risk assessment instrument and the creation of a pretrial supervision unit.

THE YAKIMA EXPERIENCE

To learn more about pretrial risk assessments, the committee reviewed the experiences of Yakima and Spokane. Each of these communities have begun use of evidence-based risk assessment instruments and have created a pretrial supervision units. Yakima is further along this road and had more data to share with the committee.

In Yakima, the cost of holding someone in custody pre-trial is $89.00/day and the cost of releasing them with supervision is $8.00/day. Relative to their experience, VERA has also provided the following information about the 639 cases where defendants were released from jail to pretrial supervision and that have since closed:

- The court appearance rate was 72 percent;
- The public safety rate (no arrest for a new offense while on supervision) was 89 percent – and roughly half of those new arrests were for misdemeanors; and
- 13 percent of cases were dismissed and no charges were filed in 10 percent.

A cost-savings study is underway. However, it is surmised that there will be a savings; the average length of stay between booking and release for pretrial defendants has decreased since the pretrial program's launch from 12-14 days to 2 days. Also, approximately one quarter of cases were dismissed or not filed—under their previous system, those defendants could have spent an average of up to 2 weeks in jail.

It must be noted that Yakima County's results are likely more than Whatcom County could anticipate. Yakima County's system prior to implementation of pretrial options lacked many of the preliminary appearance, arraignment processes, and bail considerations that Whatcom County has had in place for decades.

We have asked for information about Whatcom County's current public safety, appearance and dismissal rate. In response, VERA's researchers are at work organizing and analyzing the data that we have provided and that they hope to be able to answer these questions. Their ability to respond to our questions will depend on the nature and quality of data that are tracked currently.

ELECTRONIC HOME MONITORING AND OTHER DIVERSION TOOLS

The Task Force has been receiving regular updates from the City of Bellingham, the Lummi Nation, the other small cities, and Whatcom County about their diversion efforts.

CITY OF BELLINGHAM PROGRAMS

The City of Bellingham has been providing the Task Force with detailed data describing its Court's use of diversion and the results that it is experiencing from those efforts. In summary, Bellingham has worked hard to find solutions - other than the Whatcom County Jail- to appropriately monitor and control persons accused of crimes and those convicted of offenses in the Municipal Court. The City has

continued to use the jail in Yakima for individuals who cannot be released into the community. This is an imperfect solution, creating hardships and problems for the justice system, the offenders, and their families.

To reduce the use of the jail, the City has contracted with a private agency, Friendship Diversion Services. Friendship Diversion provides services for persons who are released and are waiting for their trial date or who can safely serve their sentences outside of a secure facility. Individuals are seen almost immediately by staff from Friendship Diversion and are able to use electronic hardware at low or no cost (to the accused). This experience has also reduced the number of failures to appear (to serve sentences) to almost zero. The other small cities will be exploring the possibility of contracting with Friendship Diversion for similar services. Bellingham has repeatedly expressed the hope that they can collaborate with the County for the most effective and efficient use of diversion tools and resources.

COUNTY PROGRAMS

The Sheriff's Department provides diversion tools and services for individuals who are sentenced in the County Courts, including work release, school release, work crews, and electronic home detention. They have streamlined their application process; reduced application fees for jail diversion programs; reduced the cost of electronic hardware; and will soon place staff in the courthouse to see some individuals as they leave Court. The Sheriff's Jail Alternatives staff remain committed to a continuing review of policies and procedures with the goal of removing barriers and making their programs as efficient and effective as possible.

In an effort to reduce the number of individuals held in custody pretrial, the District Court uses their probation department to supervise some individuals who are awaiting trial. They are setting regular review in lieu of bail and frequently set cash alternatives to bail (which allow individuals to provide smaller, fully refundable amounts to the Court instead of using a bonding service). They have implemented an informal check-in program in lieu of bail, in which the accused can pay a small fee and check in with probation monthly as an alternative to bail. District Court also participated in the LAW Advocates pilot project which sought to relicense drivers who had their license suspended due to an inability to pay court fines. Additionally, the Court is (with the assistance of volunteers) placing reminder phone calls to individuals in advance of their court dates.

NEXT STEPS

This committee is moving forward with an evaluation of current programs to determine if the programs are 1) evidenced-based and 2) operating with best practices. The committee is drawing on the experiences and research of others to ensure that the County's limited resources are being used on programs that have the greatest chance for success.

Additionally, the committee will continue to develop recommendations around pretrial risk assessment and pretrial services.

BEHAVIORAL HEALTH AD HOC COMMITTEE REPORT

INTRODUCTION

The Behavioral Health Ad Hoc Committee focused most of its Phase III work on developing and enhancing services that may avert arrest and incarceration. This effort aligned with our priority to develop or improve programs that link to the "front door" of the Crisis Triage facility.

THE GRACE INITIATIVE

The committee provided ongoing review and feedback on a community initiative to develop a coordinated system of response and engagement with individuals who frequently use crisis and criminal justice systems in ineffective and inappropriate ways. These individuals are the "familiar faces" that our community spends significant time and money on with minimal positive impact.

The initiative, known as "GRACE" is an acronym for "**G**round-level **R**esponse **A**nd **C**oordinated **E**ngagement" is a community effort encompassing the health care system and criminal justice. The GRACE project is intended in part to prevent and reduce arrest and incarceration for a targeted group of individuals by providing better coordination of interventions that connect them to treatment and supportive services which serve as alternatives to jail. The program is not another crisis system program that is used by anyone in distress. Instead, it is a specific program of coordinated interventions aimed at preventing unnecessary crisis response to specific individuals with a history of high utilization of these services.

COMMON ELEMENTS OF SUCCESSFUL COORDINATED CARE PROGRAMS

A review of current pre-arrest diversion programs in other communities as well as research of best practices provided valuable planning information. The following elements were identified as critical to the design of an effective system (as prepared by Bellingham City Council staff):

1. **Multiple pathways to program referral.** Frequent utilizers are often beset by many issues including homelessness, untreated mental health and substance use issues, or chronic health issue that generate multiple encounters with different systems. Coordinated care programs can serve more people and positively impact different care systems via the creation of multiple pathways to program entry.

2. **Meaningful Incentives to participate.** A voluntary program requires incentives to participation. These should include high quality, effective services, including access to housing, respectful treatment of participants, and other individualized rewards and incentives. For some individuals, avoiding negative consequences, such as jail time, may also be needed.

3. **Clear criteria and procedures for entry.** Once program entry pathways are identified, it is important to establish clear criteria for who is in a program. Formal entry initiates a process where program partners work to provide individualized and appropriate treatment and services, and triggers the start of case management.

4. **Database to track services and outcomes.** A database is needed to track client characteristics and services received, and to monitor use of resources post-program entry. This requires software that can capture information from multiple organizations to create a profile of participants. Such a system may also be useful in case management if configured to allow access by end users in the cooperating organizations. Equally important, legal barriers to information-sharing need to be addressed.

5. **Standardized procedures for coordination, communication, and measurement of progress.** A set of agreed-upon procedures facilitate problem-solving and help ensure accountability. Successful programs also develop system performance measures to support program evaluation and identify program refinements.

6. **Pathways for referral, connection, and engagement.** This entails creation of common program pathways and coordination across multiple organizations. Components include outreach, case management, and other services including the following:

    - A crisis system -- e.g. Crisis Prevention and Intervention Teams, Triage Center, DMHPs
    - Behavioral health and medical providers
    - Social service providers including housing
    - Intensive case management capacity for the most complex cases.

7. **Regular meetings/communication of a treatment coordination team.** A number of programs establish regular (e.g. every two weeks) meetings to review the progress of particular individuals and fine-tune services. This allows sharing of information between case management and service providers and adjustment of services to optimize outcomes. This also helps resolve coordination issues between programs as they arise.

8. **Mechanisms to resolve participant legal and health issues.** Many program participants will have legal issues such as fines or warrants, often from multiple jurisdictions. An offer to clear warrants or other charges may act as leverage to program participation and is needed to resolve issues that could result in jail time. Ensuring appropriate health care is also essential. Other supports, such as relicensing, may also be useful.

9. **Ownership of participants by every program provider.** Every participating organization signs a formal agreement for joint accountability for program outcomes. If appropriate services are not

available at that agency, agency staff work with other program partners or a case manager to ensure that appropriate services are located.

PROGRAM DEVELOPMENT

To develop the design elements of the GRACE project, stakeholders held two community forums as well as a smaller community feedback event. Task Force representatives participated in all these events. The elements of successful programs were incorporated into a comprehensive first draft of a GRACE program structure design. A graphic facilitator created a "map" of this initial design (Attachment A). This map will be distributed to all community stakeholders as a visual reference for our collaborative initiative.

The proposed program will be organized in a "hub and spoke model" to ensure coordinated connection among all providers and "familiar faces." The "hub" acts as the program administrator ensuring integrity to the model, system accountability, and timely shared information. The "spokes" are existing service providers, they will commit to their role in the system and will unable to terminate a "familiar face" from care without service plan modifications agreed upon in advance by the two teams:

1. The Leadership Team composed of policy makers, funders, and service system administrators. This team's responsibilities include approval of "familiar faces" selection criteria, system funding, determination of outcome and performance measures, setting program policies, general program oversight, accountability and following up on systemic recommendations from the Program Team
2. The Program Team composed of "spoke" providers of service and responsible for case staffing, care and intervention planning, service delivery assignments, recommendations for additional services, and improvements to current programs, continual coordination and information sharing.

GRACE will have an outcome oriented focus with the goal of improving the health and well-being of "familiar faces" in order to reduce crisis situations, disruptive behaviors, arrests, and related costs. Data collection, analysis and reporting will be an integral and critical element of the program, as will continuous quality improvement to create or expand services to meet the needs of the "familiar faces".

NEXT STEPS

During the remainder of the calendar year, planning and design will continue with multiple community stakeholders involved, including Task Force members. Implementation of the program is expected to begin in early 2018. The project is a huge undertaking for the community and will involve continued work to expand and improve over the next few years. It has strong support from stakeholders and the Task Force. It also provides an opportunity for them to work collaboratively to not only reduce criminal justice costs, but also to help improve the lives of individuals with complex needs who find themselves engulfed in a cycle of arrest and incarceration.

ADDITIONAL ACTIVITY – LUMMI OPIATE TREATMENT AND HOUSING SOLUTIONS

The committee also had the fortunate opportunity to take a field trip to the Lummi Nation's opiate treatment program. The Lummi Tribal Nation has established a clinic-based program for medication assisted treatment. This modality is a best practice for treating individuals who are addicted to opiates. Prescribed medication taken as directed prevents the disruptive "highs" and "lows" of heroin addiction, and creates greater stability in daily life. In turn, this stability allows individuals to seek and retain employment, improve family life, and leads to better overall health.

The Lummi Nation has also pursued a number of housing programs to help their members secure safe and stable homes. The research overwhelmingly demonstrates that housing not only improves disabling health conditions, but also optimizes opportunities to live crime-free lives. The committee has identified housing as a critical component to ongoing recovery support, which is critical to preventing and reducing criminal behaviors.

ATTACHEMENT A – GRACE PROGRAM STRUCTURE