

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, April 14, 2016

Whatcom County Health Department Conference Room

509 Girard Street, Bellingham WA

9:00 – 10:30am

Attendance

| Present | Representing |
|--|--|
| Bernstein, Jill | Citizen Representative |
| Brubaker, Jeff | Bellingham Fire Department |
| Deacon, Anne | Whatcom County Human Services |
| Hovenier, Jack | Consumer Representative |
| Mann, Ken | Whatcom County Council Member |
| Parks, Jeff (proxy for Sheriff Elfo) | Whatcom County Sheriff's Office |
| Phillips, Chris | PeaceHealth St. Joseph Medical Center |
| Schroeder, Tyler | Whatcom County Executive Office |
| Walker, Kathy (proxy for Dave McEachran) | Whatcom County Prosecutors Office |
| Whitcutt, Sandy (proxy for Betsy Kruse) | North Sound Mental Health Administration |
| Wight, Dean (proxy for Stephen Gockley) | WAHA |
| Absent | |
| Morgan, Irene | Restorative Community Coalition |
| Polidan, Randy | Unity Care NW |

Meeting Summary

1. Call to Order

Chris Phillips called the meeting to order.

Jill informed the Committee that the larger Task Force meetings are shifting in content to reports from the sub-committees, with sub-committee members fielding questions from and seeking recommendations from the Task Force.

Dean requested that he shift from his role as facilitator for today's meeting to his previous role as Stephen Gockley's proxy. The Committee agreed to this request.

The Meeting Summary from March 24, 2016 was not reviewed.

2. Involuntary Treatment

The Committee had a lengthy discussion about the different types of treatment facilities (as detailed on the handout provided by Anne Deacon), the options for voluntary vs. involuntary treatment in the region, and the current activities of other communities in the state that could inform the development of a treatment facility here in Whatcom County.

- Facility Options
 - Voluntary
 - Current triage facility
 - Average length of stay, voluntarily, is 3 – 5 days
 - Individuals often transition into voluntary treatment after detoxification
 - Involuntary
 - We do not have an involuntary facility in Whatcom County

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- You cannot hold someone for > 12 hours without an assessment by a Designated Mental Health Professional (DMHP) for a civil commitment
- An involuntary facility may accept voluntary placements
- Crisis Stabilization Unit
 - New type of facility
 - Recommended for Whatcom
 - Currently operational in Snohomish
 - Certified by the State of WA
- Evaluation & Treatment Center
 - St. Joseph Medical Center has 20 psychiatric beds that are certified as an Evaluation & Treatment Center

Key Points:

- RCW 10.31 allows for pre-arrest diversion to one of the following types of facilities:
 - Voluntary Triage
 - Involuntary Triage
 - Requires ability to seclude and restrain
 - For Mental Illness only
 - More expensive to operate than voluntary
 - Crisis Stabilization Unit
- Whatcom County Currently has the following types of facilities:
 - Voluntary Triage
 - Does not meet treatment needs
 - Evaluation and Treatment (St. Joseph Medical Center's 20 bed psychiatric unit is designated as an Evaluation and Treatment facility)
 - Does not accept police hold involuntary individuals because they are full to overbooked with civil commitments
 - Employee safety is a concern
- Facilities in other communities
 - Snohomish County – voluntary triage center, certified by the state
 - 10 minute law enforcement drop-offs
 - Thurston County – building an involuntary triage center, adjacent to their jail
- 10 Minute Drop-Off
 - The minimum amount of time it takes to make an initial nursing assessment to confirm that an individual is able to stay (medically) at the treatment center
 - Preferred by law enforcement and emergency medical services because it allows LE/EMS to return to work promptly
 - Effective and efficient protocol across the country
- North Sound Behavioral Health Organization's recommendation
 - Voluntary, certified, 10-minute drop-off

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- Impact that a voluntary facility will have on law enforcement
 - Unclear how the facility in Snohomish is impacting jail utilization
 - Kathy noted that the study she and Jackie Mitchell did last year indicated that most individuals in jail eligible for involuntary could not be placed there due to prior criminal history.
 - Tyler noted that law enforcement placements would need to be prioritized in a voluntary facility
 - Jeff expressed his concern that the jail should not be the default destination for individuals with complex mental health needs/criminal behaviors

Consensus Recommendation: The Committee supports a voluntary facility at this time, and recommends that further discussions take place with community partners regarding the possibility of involuntary 12 hour law enforcement holds. The Committee also recommends that preference be given to law enforcement at the voluntary facility.

3. Presentation of Phase I Recommendations

Should the needs assessment come before the recommendation and how did the Committee come up with the two 16-bed facility recommendation?

- Limited needs assessment performed as a part of the Phase I work
- Concern that the needs assessment be “reality based”
- Concern that recommendation reflect actual need, not minimum size allowed
- Capital funding request needs to be submitted to the State this summer
- Current needs assessment is related to substance use disorder only, not mental health
- Mental health assessment will not be complete in time for funding “ask”
- Needs assessment is imperative for finance, but will not capture the full scope of the need
- Whatcom County Health Department is working on mental health turnaways from the current triage facility
 - Turnaway data will be understated because of the understanding in the community that beds are not available
- It is important to align recommendations with the Regional Behavioral Health Organization, if possible
- Consulting firm will use population, prevalence and utilization to make recommendations, utilization may be understated

Consensus Recommendation: The Committee supports the recommendation of two 16-bed facilities with a common front door, based on limited needs assessment data as reflected in the Phase I Report. In August, there will be confirmation of size from a more formal needs assessment of at least two 16-bed facilities, and the Committee believes that

Incarceration Prevention and Reduction Task Force

Triage Facility Ad Hoc Committee

Meeting Summary, April 14, 2016

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the need is likely greater. The Committee believes that it is important to move forward with the recommendation at this time.

Dean will revise the document to be presented to the Task Force, and Tyler and Dean will present on May 02, 2016.

4. Work Plan for Phase II

To be discussed at the next Committee Meeting

5. Meeting Schedule

May 26, 2016 from 9 – 10:30am at the WCHD, 509 Girard Street, Lower Level

Future meetings will be the Third Thursday of each month, unless schedules of Committee members require that the meeting be shifted.

6. Adjourned

DRAFT

**Incarceration Prevention and Reduction Task Force
Meeting Summary for May 2, 2016**

programs are required to be self-supporting, so they charge for the overhead costs. The County could change that policy.

3. Meeting Schedule

Bernstein circulated a form asking for scheduling information from each Task Force member.

4. Phase II

Triage Facility Recommendations and Triage Facility Update

Schroeder referenced and read through the packet beginning on page 7 regarding Triage Facility Committee recommendations to the Task Force. The first recommendation is on facility size.

There was discussion of:

- The 10-minute drop-off by law enforcement and emergency medical services (EMS) staff as a benefit for co-locating the units,
- Whether the two units can share staff
- The need for more long-term beds outside these the two 16-bed units
- The continuum of care and range of services available across the community
- Regional versus local facilities

Whitcutt described the triage facility program in Snohomish County, including the assessment procedure and 23-hour stay. The beds allow someone to settle down and get referred to another treatment source. There is just as much work for the intake staff, regardless of whether they stay 23 hours or 24 or more hours.

Hovenier moved to recommend the development of two 16-bed units, joined in one building off a common foyer and intake space, with one unit licensed as a Crisis Triage Unit and the other licensed for subacute substance use detoxification.

Gockley seconded the motion.

The motion carried unanimously.

Schroeder continued to report on the Triage Facility Committee recommendations. A facility must allow a 10-minute drop off for law enforcement. They must coordinate with other community partners to provide other types of services. The second recommendation is for the mental health triage unit to be voluntary, not involuntary, and give preference to law enforcement.

Whitcutt described the Snohomish County fully certified triage facility, which is classified as a voluntary and locked facility according to the Revised Code of Washington (RCW). The facility is locked to slow egress if possible and bring in resources as needed. Everett police work with the program to quickly respond to anyone who is agitated and refuses to stay in the volunteer facility.

Incarceration Prevention and Reduction Task Force
Meeting Summary for May 2, 2016

Elfo stated his deputies will find the facility useful in certain situations.

Hovenier moved to recommend the 16-bed mental health unit be certified as a voluntary unit with enhanced security to be identified and agreed upon in the Phase 3 recommendation.

Elfo seconded the motion.

Task Force members would like to make sure:

- Law enforcement are confident about using the facility
- Law enforcement will place a priority on returning to the facility to protect unit staff if necessary
- Policies and systems incorporate enhanced security protocols
- The facility is certified
- There is still the option of creating an involuntary facility in the future
- Security measures aren't so strict that patients are charged with assault charges if they refuse to volunteer for treatment

The motion carried unanimously.

Schroeder continued to report on the Triage Facility Committee recommendations for a facility location.

Hovenier moved to recommend researching the following two site locations in order of priority:

1. Current Whatcom County Crisis Triage Facility on Division Street
2. Another location near Peace Health St. Joseph Medical Center and downtown Bellingham

Polidan seconded the motion.

Elfo stated the County made a commitment to the community that the existing triage facility location be temporary. Before committing to a permanent facility at that location, there must be a public process to allow the affected neighbors to comment.

Hovenier amended and restated the motion to recommend researching the following two site locations in order of priority:

1. Current Whatcom County Crisis Triage Facility on Division Street
2. Another location near Peace Health St. Joseph Medical Center and downtown Bellingham

A final location recommendation will be made following public input and other analysis in the Phase 3 report.

Heydrich seconded the amended motion.

The motion as amended carried unanimously.

Triage Facility recommendations presented to Task Force on May 2, 2016

Recommendations (Revised): New or Enhanced Crisis Triage Facility

The Triage Ad Hoc Committee has voted to move the following recommendations forward to the full IPR Task Force for approval:

1. The Triage Ad Hoc Committee is recommending the development of two 16-bed units joined in one building off a common foyer and intake space, but separately licensed, one certified as a Crisis Triage unit to receive persons in mental health crisis (including with co-occurring substance use disorders) and one licensed for acute substance use detoxification. The design should also provide space for use of “23-hour chairs” in one or both units, to allow services short of admission to overnight stay for people who may stabilize and be released to home.
 - a. Regarding the 16-bed unit for acute detoxification, the recommendation aligns with the intent of the North Sound Behavioral Health Organization (NSBHO) to locate a 16-bed acute detoxification unit within Whatcom County. It also aligns with the Whatcom County Health Department’s emerging plan to have such a unit include medication assisted treatment (MAT) and initial diagnosis services to assure discharge to appropriate post-stabilization services (acute inpatient, residential, recovery house or outpatient services) – an “addiction stabilization center”.
 - b. Regarding the 16-bed unit for triage of mental illness crises, the Triage Committee affirms this is the appropriate size for the unit, and recommends the County Health Department continue to work with the NSBHO to secure its approval of funding for operation of the unit.

The Committee recognizes that a more complete needs assessment, planned by the Whatcom County Health Department in conjunction with the North Sound Behavioral Health Organization, may support more beds being needed than proposed, but believe it is important to move forward with the above recommendation at this time.

2. Regarding the question of whether the 16-bed mental health unit should be voluntary or involuntary, the Triage Ad Hoc Committee:
 - a. Supports having the unit be certified as a voluntary unit. This recommendation is reinforced by learning of the experience of the unit in Snohomish County, which is voluntary and has been effective as a drop-off point for law enforcement. The goal remains that law enforcement and emergency medical transport can drop-off without causing undue delay, assuring a maximum 10-minute wait in all but exceptional cases (e.g. 9 out of 10 drop-offs). The 10-minute goal was the minimum drop-off time

the facility in Snohomish could assure, using its jail health screening criteria.

- b. Recommends further discussions with community partners (e.g. Peace Health, Sheriff) regarding where a 12-hour law enforcement hold function might be feasible.
 - c. Recommends that preference for admission at the voluntary facility be given to law enforcement.
3. Regarding location, the Triage Ad Hoc Committee of the Task force has reviewed four site options, using the following criteria:
- Transportation access to the public, for ease of self-referral
 - Ease of access by law enforcement, emergency medical services
 - Availability & cost of a site
 - Ease of transfer to/from jail
 - Ease of transfer to/from emergency department and inpatient care (Psych and Medical)

The Triage Committee recommends the following two location options in order of priority:

1. Location at the current Crisis Triage Facility was supported as the first choice among options by eight committee members and a second choice by one.
 - a. Pros:
 1. Land owned by the County, therefore more affordable
 2. Design work done in 2010 for remodel and addition
 3. Ease of law enforcement/emergency medical services use not a significant issue if “10-minute drop off” protocol works
 - b. Cons:
 - i. Limited public transportation access, self-referral/walk-in more difficult
 - ii. Must resolve issues of prior commitments to community re: sale, future use
 - iii. Requires temporary relocation of current crisis triage program
 - iv. Impact a crisis/triage remodel would have on current Jail Alternatives facility
 - v. Stigma associated with locating at the Whatcom County Interim Work Center site
2. Both the Medical Center and a downtown location were supported as second choices, with member preferences slightly in favor of the Medical Center.

Located close to PeaceHealth St. Joseph's Medical Center

- a. Pros:

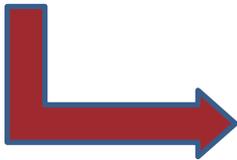
- i. Ease of drop-off by law enforcement/emergency medical services
 - ii. Ease of transfer to/from the emergency department, inpatient
 - iii. More accessible by public transportation
 - iv. Less stigma re association with jail site
 - b. Cons:
 - i. Availability, cost of land
 - ii. Neighborhood resistance in neighborhood around the hospital
- Located downtown
 - a. Pros:
 - i. Close to transportation hub
 - ii. Ease of drop-off by law enforcement and emergency medical services
 - b. Cons:
 - i. Availability, cost of land
 - ii. Resistance of downtown merchants, nearby neighborhoods
- Located at the County-owned Ferndale site
 - a. Pros:
 - a. Land already owned by County
 - b. Cons:
 - a. Stigma of association with jail
 - b. Lack of public transportation (self-referral, walk-in)
 - c. Distance from Medical Center

Appropriate location of a new Crisis/Triage Facility will be discussed by the Task Force as a whole in the next phase of work. Additional input is needed from service providers, first responders, and the broader Whatcom community.

SCOPE AND DUE DATES

PHASE I REPORT

Due
January 10, 2016



1. Review current practices and resources.
 - o facilities
 - o programs
 - o funding sources
2. Benchmark the County's performance against national standards
3. Develop goals for new or modified programs & projected operational objectives
4. Determine licensing requirements and program components
5. Provide general information on expenditures and sustainable revenue projections

PHASE II REPORT

Due no later than
November 1, 2016



As service facilities are identified in Phase I:

1. Develop facility specifications
2. Identify possible facility options (either new or existing locations)
3. Analyze and recommend 1 or 2 options with projected short and medium term costs

PHASE III REPORT

Due no later than
March 31, 2017



Develop specific operational plans and budgets leading to implementation of appropriate crisis intervention, triage services and incarceration prevention and reduction programs. Include:

1. Details on schedules
2. Assignment of responsibilities
3. Projected outcomes anticipated
4. Possible cost allocations between the County and the cities
5. A basic business plan for each selected initiative

| CLEARANCES | Initial | Date | Date Received in Council Office | Agenda Date | Assigned to: |
|--------------------|---------|----------|--|-------------|---------------|
| Originator: | twh | 07.17.15 | <p>RECEIVED</p> <p>JUL 20 2015</p> <p>WHATCOM COUNTY COUNCIL</p> | 07.21.15 | Introduction |
| Division Head: | | | | 8/4/15 | SCOTW/Council |
| Dept. Head: | | | | | |
| Prosecutor: | KWF | 7/30/15 | | | |
| Purchasing/Budget: | AA | | | | |
| Executive: | AA | 7-20-15 | | | |

TITLE OF DOCUMENT:
At the request of the City of Bellingham:
Ordinance amending Ordinance 2015-025, which created a Whatcom County Incarceration Prevention and Reduction Task Force

ATTACHMENTS: *Executive Memo*
 City of Bellingham Memo
 Revised County Council Ordinance
 Resolution being considered by City of Bellingham

| | |
|---|--|
| SEPA review required? () Yes () NO | Should Clerk schedule a hearing ? () Yes () NO |
| SEPA review completed? () Yes () NO | Requested Date: |

SUMMARY STATEMENT OR LEGAL NOTICE LANGUAGE: *(If this item is an ordinance or requires a public hearing, you must provide the language for use in the required public notice. Be specific and cite RCW or WCC as appropriate. Be clear in explaining the intent of the action.)*

Executive Louws requests Council review and consideration of the City’s requested changes to the Ordinance to establish an Incarceration Prevention and Reduction Task Force as approved by Council on 06.09.15.

The City of Bellingham anticipates action on the Jail Interlocal Agreement pending the approval of their requested changes to Ordinance 2015-025.

| | |
|---|---|
| COMMITTEE ACTION: 8/4/2015: Amended and forwarded to Council for approval | COUNCIL ACTION: 7/21/2015: Amended and Introduced 6-0, Mann absent 8/4/2015: Amended and adopted 6-0, Mann absent, Ord. 2015-037 |
|---|---|

| | | |
|-----------------------------------|------------------------------|---|
| Related County Contract #: | Related File Numbers: | Ordinance or Resolution Number: Ord. 2015-037 |
|-----------------------------------|------------------------------|---|

Please Note: *Once adopted and signed, ordinances and resolutions are available for viewing and printing on the County’s website at: www.co.whatcom.wa.us/council.*

SPONSORED BY: _____
PROPOSED BY: _____
INTRODUCTION DATE: July 21, 2015

ORDINANCE 2015-_____

ORDINANCE AMENDING ORD2015-025, WHICH CREATED A WHATCOM COUNTY INCARCERATION PREVENTION AND REDUCTION TASK FORCE INTENDED TO PROVIDE RECOMMENDATIONS, OVERSIGHT, AND SPECIFIC TIMEFRAMES ON THE DEVELOPMENT OF NEW, OR ENHANCEMENT OF EXISTING, PROGRAMS DESIGNED ALONG A CONTINUUM THAT EFFECTIVELY REDUCES INCARCERATION OF INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS AND CHEMICAL DEPENDENCY, AND MINIMIZES JAIL UTILIZATION BY PRETRIAL DEFENDANTS WHO CAN SAFELY BE RELEASED

WHEREAS, in 2012 the Jail Planning Task Force recommended that space be found for a behavioral health triage facility with sufficient capacity and capability to offer pre-booking diversion from jail; and

WHEREAS, the proposed countywide jail is currently designed to include needed space for expanded medical and mental health program space in that facility; and

WHEREAS, the Whatcom County Health Department has been planning toward an expanded and new crisis triage facility to provide an alternative to the jail or the hospital emergency room; and

WHEREAS, the Whatcom County Council and Whatcom County Executive are committed to these facilities and programs related to behavioral health issues and share the commitment to reduce jail populations and reduce recidivism through jail alternative programs and the County has the financial capacity and is committed to providing the capital and operating funds necessary for a new or expanded crisis triage center; and

WHEREAS, the County currently provides behavioral health programs funded through the Behavioral Health Tax, at approximately \$4.1 million annually, which include a continuum of behavioral health services designed to reduce criminal justice involvement of people struggling with mental illness and chemical dependency and has earmarked \$3 million in Behavioral Health Tax revenue reserves for the expansion and/or relocation of a new triage center; and

WHEREAS, the County currently owns and operates a behavioral health crisis triage center and Interim Work Center on Division Street in Bellingham, which property the County may sell or transfer or repurpose for behavioral health uses, when the new countywide jail is completed and the County has agreed and ordained that if that property is sold or transferred, the resulting ~~net~~ value and proceeds from the transaction will be applied by the County to facilities and programs that support the goals of treating and diverting individuals with behavioral health problems from the criminal justice system, such as a new or expanded multi-purpose triage center; and

WHEREAS, these behavioral health facilities and programs are designed to achieve the following policy goals, 1) a reduction of the number of mentally ill and chemically dependent people using costly interventions like jail, emergency rooms, and hospitals; 2) a reduction of the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency; 3) a reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults; and 4) diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement; and

WHEREAS, the County's costs for current criminal justice and incarceration programs continue to rise every year; mental illness and chemical dependency problems have a significant impact on the utilization of these very expensive services; and successful diversion programs should result in substantial long term savings to the criminal justice system; and

WHEREAS, the County intends to construct and operate a new or expanded multi-purpose diversion crisis triage center, ~~in parallel with the construction of the new county wide jail facility~~ and intends to reduce long-term jail populations and reduce recidivism, by providing safe and effective medical, mental health and substance abuse services to individuals in need of such services.

NOW, THEREFORE, BE IT ORDAINED by the Whatcom County Council that the recently established County Code Chapter 2.46 is hereby amended as outlined in **Exhibit A** to this ordinance and as reflected in redline throughout this document.

BE IT FURTHER ORDAINED that the initial tasks to be accomplished by the Task Force are as follows:

- A. Develop plans for a new or expanded crisis triage center for individuals struggling with mental illness and chemical dependency, including:
1. Substantive programming to be included and auxiliary services that would increase efficiency and effectiveness
 2. Location and space needs criteria
 3. Funding sources and recommendations for both construction and operations
 4. Specific timeframes for decision-making and completion
 5. Documentation of assumptions used to project the effectiveness and costs
 6. Provide recommendations to the County for enhancements of alternative services in the existing facility prior to the expansion or relocation of the facility.
- B. Development recommendations for new, or enhancement of existing, programs designed along a continuum that effectively reduces incarceration of individuals struggling with mental illness and chemical dependency.

BE IT FURTHER ORDAINED that the initial work of the Task Force for the above tasks shall be accomplished and reported to the County Council in the following phases:

PHASE I - Review current practices and assigned resources, (facilities, programs, funding sources), and develop goals for new or modified programs, and projected operational objectives. Determine licensing requirements and program components. Provide general information on expenditures and sustainable revenue projections. Deliver the initial Phase 1 report by January 10, 2016.

PHASE II – As service facilities are identified in Phase I- develop facility specifications, identify possible facility options (either new or existing locations), analyze and recommend 1 or 2 options with projected short and medium term costs. Deliver the initial Phase 2 reports as completed, but no later than November 1, 2016.

PHASE III - Develop specific operational plans and budgets leading to implementation of appropriate crisis intervention, triage services and incarceration prevention and reduction programs. Include details on schedules, assignment of responsibilities, projected outcomes anticipated, possible cost allocations between the County and the cities, and a basic business plan for each selected initiative. Deliver the initial Phase 3 report with sufficient details to proceed with construction and programming of a new or expanded crisis triage center no later than March 2017.

BE IT FURTHER ORDAINED that the County Council, with the full support of the County Administration, will implement a continuum of alternatives to incarceration and jail diversion programs with the following expectations and commitments of assistance for the Incarceration Prevention and Reduction Task Force, which will be provided without cost to the Signator Cities of the Jail Facility Use Agreement authorized by the Whatcom County Council on July 7th, 2015:

- Complete a preliminary plan for the new or expanded crisis triage center and alternatives to incarceration and diversion programs and provide quarterly reports to the Council and Administration on Task Force progress.
- Review national best practices for the before mentioned objectives and establish benchmarking of the County's performance against same.

- Complete detailed planning sufficient to proceed with construction and programming of a new or expanded crisis triage center to start no later than March 2017.
- Fund the support activities of the Task Force, including a robust and detailed planning process for the new or expanded crisis triage center and other recommended diversion programs. Initial funding for 2015 will be \$75,000.
- Identify opportunities to acquire governmental and non-governmental funding to support financing for the construction and operation of the new crisis triage center.
- Commit to opening the new crisis triage center no later than the scheduled opening of the new countywide jail.
- Expand, as soon as reasonably possible, available alternatives to incarceration such as probation services, subsidized home monitoring, crisis intervention teams, intensive case management, and other available programs as recommended by the Task Force and approved by the County Council by November 2016, using existing funds and potential new funds as determined available by the County Council after passage of a sales tax ballot measure.
- Negotiate interlocal agreements to provide services to the cities consistent with this ordinance if necessary.
- Include, as part of the 2016-2017 budget, funds to focus on incarceration prevention and reduction programs, and work with the Task Force.

APPROVED this _____ day of _____, 2015

ATTEST:

**WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON**

Dana Brown-Davis,
Clerk of the Council

Carl Weimer,
Council Chair

APPROVED AS TO FORM:

**WHATCOM COUNTY EXECUTIVE
WHATCOM COUNTY, WASHINGTON**

Civil Deputy Prosecutor

Jack Louws, County Executive

() Approved () Denied

Date Signed: _____

EXHIBIT A

Chapter 2.46

INCARCERATION PREVENTION AND REDUCTION TASK FORCE

Sections:

- 2.46.010** **Established.**
- 2.46.020** **Purpose.**
- 2.46.030** **Function.**
- 2.46.040** **Permanent Members.**
- 2.46.050** **Additional Appointed Members.**
- 2.46.060** **Term of Office.**
- 2.46.070** **Organization – Meetings.**
- 2.46.080** **Staff and Funding Support.**
- 2.46.090** **Reporting.**

2.46.010 **Established.**

There is hereby established a Whatcom County Incarceration Prevention and Reduction Task Force.

2.46.020 **Purpose.**

The purpose of the Incarceration Prevention and Reduction Task Force is to continually review Whatcom County's criminal justice and behavioral health programs and make specific recommendations to safely and effectively reduce incarceration of individuals struggling with mental illness and chemical dependency, and minimize jail utilization by pretrial defendants who can safely be released.

2.46.030 **Function.**

The Task Force will consider national best practices and report on and make recommendations to the County Council, Executive, and other appropriate officials regarding:

- A. The construction and operation of a new or expanded multi-purpose crisis triage facility to assist with jail and hospital diversion of individuals struggling with mental illness and chemical dependency;
- B. Development of new, or enhancement of existing, programs designed along a continuum that effectively reduces incarceration of individuals struggling with mental illness and chemical dependency;
- C. Effective pretrial service programs that assure that defendants appear for court proceedings while minimizing jail utilization by defendants who can safely be released;
- D. Necessary and effective programs and services that can assist offenders with successful transition from both the jail and triage center back to the community to reduce rates of recidivism and improve public health and safety;
- E. The ongoing staff support and funding for the Task Force;
- F. Review of the diversion programs of the County and all cities, and establishment of benchmarks to measure the effectiveness of the programs in reducing incarceration.

2.46.040 **Permanent Members.**

The Incarceration Prevention and Reduction Task Force shall include the following ~~12~~ 13 designated officials or their representative:

- A. One Member of the Whatcom County Council;
- B. Whatcom County Executive;
- C. Whatcom County Sheriff;

- D. Whatcom County Prosecuting Attorney;
- E. Whatcom County Public Defender Director;
- F. One Representative from the Whatcom County Superior Court or District Court;
- G. One Representative of the Bellingham City Attorney or Municipal Court or Police;
- H. One Representative from the Bellingham City Council
- I. ~~City of Bellingham Mayor or designee;~~
- ~~H~~J. One Representative from the small cities designated by the Small Cities Caucus;
- ~~J~~K. One tribal representative from either the Lummi Nation or the Nooksack Tribe;
- ~~K~~L. One representative from the Whatcom County Health Department Human Services;
- ~~L~~M. North Sound Mental Health Administration Executive Director.

2.46.050 Additional Appointed Members.

In addition to the officials designated above the Incarceration Prevention and Reduction Task Force shall include the following 11 members appointed by the Whatcom County Council:

- A. Whatcom Alliance for Health Advancement (WAHA) representative;
- B. Peace Health St. Joseph’s Medical Center representative;
- C. Community Health Center representative;
- D. Emergency Medical Services (EMS) representative;
- E. Representatives from a Community Action Agency, a Mental Health Provider, Substance Abuse Treatment Provider (3);
- F. Consumer of Services or Family Member of Consumer (2);
- G. Concerned Citizens (2).

2.46.060 Terms of office for appointed members.

The term of office for appointed members shall be four years; provided that the terms of those first appointed shall be staggered so that five will be appointed for two years, and six will be appointed for four years. Appointment of members shall comply with Chapter 2.03 WCC.

2.46.070 Organization – Meetings.

- A. Meetings of the task force shall be open and accessible to the public and shall be subject to the Open Public Meetings Act.
- B. At every meeting, the task force will schedule an open session to take public comment.
- C. Written records of meetings, resolutions, research, findings and recommendations shall be kept and such records shall be submitted to county staff and shall be made public, including posting on the county website.
- D. The task force shall adopt its own rules and procedures for the conduct of business.
- E. The task force shall elect a chairperson from among its members who shall preside at its meetings.
- F. The task force shall determine its meeting schedule and agenda, but shall meet at least quarterly.
- G. The task force may form and appoint ad hoc committees to work on specific issues, so long as at least two committee members are also members of each ad hoc committee.

2.46.080 Staff and Funding Support.

The Task Force will have full support from the Council, the County Executive’s Office, Health Department staff, and locally delivered paid consultant assistance to conduct and complete its tasks in an efficient and effective manner.

2.46.090 Reporting.

At least annually, no later than June 30 of each year, the Task Force will provide a report and recommendations to the County Council and Executive on outcomes of existing incarceration prevention and reduction programs throughout Whatcom County, new innovative programs being used in other communities, and recommendations for changes or additional programs.