Task Force Chair Jill Bernstein called the meeting to order at 9:00 a.m.

Present: Angela Anderson, Jill Bernstein, Bill Elfo, Julie Finkbonner, Stephen Gockley, Susan

Gribbin, Daniel Hammill, Fred Heydrich, Jack Hovenier, Mike Knapp, Betsy Kruse, Ken

Mann, Irene Morgan, Randy Polidan, Tyler Schroeder, Greg Winter

Also Present: Leslie Finch (for Stephen Gockley), Perry Mowery (for Ann Deacon), Nick Lewis, Peter

Ruffatto (for Kelli Linville), Kathy Walker (for Dave McEachran), Dean Wight

Absent: Jeff Brubaker, Anne Deacon, Nick Lewis, Kelli Linville, Byron Manering, Dave

McEachran, Moonwater, Darlene Peterson, Chris Phillips, Sandy Whitcutt

#### 1. Welcome

#### Review Agenda

The Task Force reviewed the meeting agenda.

#### Review April 04, 2016 Meeting Summary

The Task Force reviewed the April 4, 2016 meeting summary and made no changes.

#### 2. Lummi & City of Bellingham Update

Ruffatto reported on new City of Bellingham jail alternatives:

- 1. Weekly offender transport to Yakima County jail
  - For inmates with 7 or more days to serve
  - As of April 22, 2016, 38 inmates were transferred, totaling approximately 1,400 bed days to serve.
- 2 Electronic Home Monitoring (EHM)
  - Post-trial only at this time. Not many pre-trial inmates pass the screening criteria and current interpretations of State law at this time.
  - Short-term sentences
  - To date, 59 defendants have used EHM, totaling 1,047 bed days to serve
  - \$14 per day plus a \$50 hook-up fee, paid by defendant
- 3. Additional programs being considered and/or developed:
  - Updated technology to allow a pre-trial remote hearing program.
  - Work crew for pre-charged defendants, similar to City of Everett program.
  - Expansion of the EHM program for certain misdemeanors and pre-trial defendants.

These alternatives have reduced jail bed days by 2,500, with some of those days left to serve.

Bernstein asked if the City is happy with the EHM contractor, Friendship Diversion Services. Ruffatto stated it is.

Bernstein asked if the jail is currently under or over capacity. Elfo stated it is slightly over capacity. The highest capacity usually occurs on Monday mornings.

There was discussion of the number of reduced bed days due to the transfers to Yakima County jail and if the County used the Friendship Services EHM. Transfers are a 1-to-1 bed day ratio, minus the good time allowance. The EHM is serving those with short-term sentences and includes very early screening at the jail, before sentencing and the next business day. Whatcom County Probation and warrant officers are performing that task. The City developed its screening tool from other jurisdictions with a similar screening process, making sure it met statutory requirements and incorporated best practices.

Lewis reported on the new Lummi Nation EHM program:

- Pre-trial and post-conviction GPS monitoring system
- Less strict screening process that allows felony defendants
- Treatment is also required, paid fully by Lummi Nation
- Random checks, including urinalysis (UA)
- Arriving late to appointments results in community service
- Forces people to be accountable
- No monitoring cost to defendants
- Cost for service is \$7.75 per day, per defendant
- A dedicated officer to look after the high-risk GPS users

Other changes to the Lummi programs include:

- Jail budget was transferred from police to the courts
- Jail budget was cut from \$1.6 million to \$600,000, with additional funding as needed
- Continued use the County jail for short-term inmates, no longer than 7 days
- Use of Yakima County (\$54/day), Chehalis (\$50/day), and a facility in Wyoming that includes long-term treatment
- Focusing on wrap-around services to break the cycle of illegal behavior

There was discussion of treatment requirements and whether GPS users are taking the monitoring seriously. Lewis described the benefits of the programs, which requires treatment and allows defendants to continue to work. There are no capacity issues with treatment providers.

Gribbin stated fines as a result of charges of driving with a suspended license is burdensome for low income families. They cannot drive to work, and fines become inflated if they can't afford to pay.

Lewis stated they allow people who incur fines to pay them through doing community service, calculated at a value equal to the minimum wage.

Bernstein asked if the County can screen people more quickly for jail alternatives. Elfo stated most people who come into the jail on misdemeanor charges are released after first appearance, before the prosecutors decide to file. The County Probation Department can do that assessment. All

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 acute 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.

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
- 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.

#### Specificity of Recommendations

Bernstein stated a question arose during the Justice & Legal Systems Subcommittee about how specific the Task Force recommendations should be to the County Council.

Anderson stated the question is, for example, whether there should there be a list of many general ideas or a select few ideas with all the specific details fleshed out.

Bernstein stated they will table this question for a month to allow the Task Force members, the County Council, and the Subcommittee to consider the question.

#### 7. Justice Committee Update

#### Probation

Heydrich reported on the April 11, 2016 meeting. District Court Administrator Bruce Van Glubt presented information on the effect of probation on jail population and recidivism. Probation without evidence-based treatment doesn't seem to reduce recidivism, but evidence-based treatment in addition to probation does reduce recidivism. Chief of Corrections Wendy Jones presented information on good time sentence reduction. Good time sentence reduction must be an incentive for good behavior. Chief Jones can't adjust the good time policies to significantly reduce jail population.

Committee members will rearrange their list of Phase II goals and strategies.

#### Judicial conference

At a recent Superior Court Judges Association conference, a topic was bail alternatives with a focus on pre-trial release supervision programs. He heard about programs in Yakima County and Spokane and from the District of Columbia (D.C.) Director of Pretrial Services Agency. Results of the D.C. program include the nonfinancial release of 85 percent of pretrial defendants. Of those defendants:

- 88 percent of those released do not fail to appear
- 89 percent of those released do not get arrested prior to trial
- One percent are rearrested for a violent offense

In addition, he will request information on Spokane's risk assessment tool. He submitted the Yakima Smart Pretrial Implementation Plan *(on file)*. He will also contact and have a conversation with the Yakima County court consultant Harold Delia.

#### 5. Steering Committee Update

Mann presented an update on the Steering Committee meeting on April 28 and the facilitator request for qualifications (RFQ). The Steering Committee recommends dividing the RFQ scope into four positions, each with a specific, defined role:

- A report writer, to be done by Council Legislative Analyst Forrest Longman
- Administrative support, to be done by Council Administrative Clerk Jill Nixon
- A contracted technical consultant with knowledge about jail alternatives
- A contracted meeting facilitator

Elfo stated make sure the contracted technical consultant has a knowledge of Washington State laws in addition to nationwide best practices.

Bernstein stated the role of the contracted technical consultant is to help the Task Force with policy options, not to be a jail planner.

Hovenier stated the Steering Committee will also make decisions on the Task Force agenda.

The Task Force discussed how to manage all the information that comes to the Task Force from the public and Task Force members.

- All documents submitted will be noted as public comment, not official Task Force documents
- Staff will maintain a document index on the website that is updated regularly and includes links to the documents

#### 6. Behavioral Health Committee Update

Mowery stated the Committee has not met since the last Task Force meeting. The next meeting is 3:00 p.m. on Thursday, May 26, 2016 at the Health Department. He presented information on the Committee discussion on March 31. They are focusing on:

- New and expanded programs that will enhance and create options that prevent individuals from going to jail, such as the crisis prevention and intervention team (CPIT) program
- The continuum of care for individuals entering and leaving the triage facility, such as inpatient, residential treatment programs, and the expansion of medication-assisted treatment.

#### 8. Recommendation to Task Force on Broader Issues

Gockley stated he will be meeting with Ann Deacon and others about the possibility of creating a fourth subcommittee to address the larger upstream influences on the jail population.

#### 9. Public Comment

Joy Gilfilen submitted handouts (on file) and stated they need restorative economic solutions and societal intervention to avoid mass incarceration.

Schroeder described the recent renovation of the Sun House on Chestnut Street.

### 10. Adjourn

The meeting adjourned at 11:02 a.m.



Meeting Summary for May 16, 2016

#### 1. Call To Order

Committee Chair Alfred Heydrich called the meeting to order at 9:15 a.m.

Members Present: Angela Anderson, Jill Bernstein, Bill Elfo, Deborra Garrett, Stephen

Gockley, Daniel Hammill, Fred Heydrich, Dave McEachran, Moonwater,

Irene Morgan,

Also Present: Matt Huffman (for Michael Knapp) and Peter Ruffatto (for Darlene

Peterson)

Members Absent: Michael Knapp and Darlene Peterson

#### Review April 11, 2016 Meeting Summary

Gockley moved to approve the April 11, 2016 meeting summary as presented. The motion was seconded.

The motion carried unanimously.

#### 2. Committee Mission Statement, Statement of Work, and Phase Two Framework

The committee discussed the draft Statement of Work as proposed by Judge Garrett:

- Amend packet page four, the third bullet under the goals, and delete the reference to developing alternatives, "Identify and develop recommend alternatives...."
- Goals and tasks should be more clearly organized, mapped, and tracked.
- Programs should be organized according to pre-arrest, post-arrest and pre-trial, and post-conviction.
- Define discharge planning procedures and whether they encompass reentry efforts.

Elfo moved to approve the Statement of Work proposed by Judge Garrett with the amendment to recommend alternatives and the correct subcommittee title. The motion was seconded.

The motion carried 10-0-2, with Moonwater and Morgan abstaining.

Bernstein presented and the committee discussed the proposed Justice Committee – Framework for Phase Two, beginning on packet page 11:

- Goals, programs, and services should be divided into pre-arrest, pre-trial, and postconviction sequences.
- Rename the goals to objectives.

Moonwater stated model the framework from the Yakima County framework to create a program and service map that has information regarding:

Meeting Summary for May 16, 2016

- An executive summary
- Existing goals
- What they've learned so far
- Areas of focus
- Gaps in programs and services
- The problem that each program or service would solve

Bernstein stated she will draft a grid as Moonwater suggests. She asked Committee members to send her information on what is missing from the framework narrative. The committee discussed the components that should be included on the map for each program or service, including:

- Program definition
- Identified overlap with other subcommittees
- Cost-benefit analysis, which should be done at the end of the process
- Whether additional staff are needed
- Overhead and administrative costs
- National best practices
- How the program works within the context of Washington State laws

Heydrich stated he prefers to begin looking at individual programs and services in sequential order of pre-arrest, pre-trial, and post-conviction. He will pursue information on the Law Enforcement Assisted Diversion (LEAD) program and the pre-trial release risk assessment tool similar to what is in the Yakima Smart Pre-Trial Implementation Plan and a similar program in Spokane.

Hammill stated he is also interested in a program similar to LEAD and the Behavioral Health Officer (BHO) Program in Portland.

Anderson stated it's important that presentations on programs and services be followed by a committee discussion and concluded with a decision from the committee. At the beginning of each meeting, discuss and decide on what was presented at the previous meeting.

The committee discussed whether committee members need more information on presentations the committee has already received. The following presentations need discussion and/or conclusion (see attached Addendum: Whiteboard Notes):

- Good Time incentives for reduced sentence
- Changes to the Probation Department
- The City of Bellingham pre-trail jail alternative programs
- Post-conviction jail alternatives
- Drug Court and Fast Track
- LEAD
- Portability Court and Community Court

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There are many other ideas such as pre-trial release and bail reform that they haven't begun to discuss.

#### 3. Driving While License Suspended (DWLS) Project Update

Bernstein presented on a proposal to begin a relicensing court for the DWLS-3 population.

- DWLS-3 results in a lot of failures to appear (FTAs)
- Law Advocates would advise people at no cost and help people request participation in the program
- Local judges and court clerks have been receptive to the idea
- No extra money from the County is required
- The courts would remove fines from collections and allow someone to have an affordable payment schedule
- These people may or may not need high-risk insurance
- District Court may allow people to pay off their fines through community service work at a set rate

#### 5. Drug Court / Fast Track Update

McEachran described the differences between the people who choose the Drug Court option and those who choose the Fast Track option, how long it takes to begin a new Drug Court class. If the goal is to lower the jail population, then get people out of jail as fast as possible. If the goal is to get everyone in treatment, they should not make an easier offer of Fast Track. They are trying to balance all the programs. Most people don't want to go to treatment. He identifies which people may be eligible for Drug Court before their first appearance. Participation is voluntary. Generally, older folks want to change their lives and are more successful in treatment.

David Graham, Prosecutor's Office, described the assessment process.

- McEachran conducts a preliminary assessment to see of a person is eligible for programs
- Graham conducts a more in-depth assessment, and the Prosecutor's Office will suggest to those who seem eligible that they apply
- A person who is pre-approved can volunteer to apply for acceptance into the program

Graham stated that not all who apply will be accepted, and not all who are deemed preapproved will apply. Most people who are pre-approved are also offered the Fast Track program or the Drop Down Program, and most choose the Fast Track program.

In the Drop Down Program, one could receive a gross misdemeanor instead of a felony and get out at the same time, have a year of probation, and do the drug/alcohol evaluation and compliance. No one is doing the program because they don't want to do probation. They choose the Fast Track program instead.

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Anderson stated the Prosecutor's Office will wait to gather several Drug Court participants before starting the program. It should be started sooner, even if they have fewer cases. The Committee could recommend that the Prosecutor's Office begin Drug Court within the 30 day timeframe.

#### 4. Yakima Smart Pretrial Implementation Plan Review

Heydrich stated he plans to meet with the Harold Delia in Yakima who has developed and oversees the program and submitted the grant application for Yakima.

The committee discussed the benefits and disadvantages of the Plan and pre-trial release options:

- The Yakima Smart Pretrial Implementation Plan is only in the research and analysis phase to determine effectiveness
- The Whatcom County Prosecutor's Office has historically operated according to several recommendations in the plan
  - Attorneys attend first appearances
  - o Criminal history is available at first appearances
  - o A courtroom is in the jail
- The need to review the Prosecutor's Office current programs and benchmark those programs against national best practices
- Educate the municipal courts and Lummi court on those recommended operations
- Find a risk assessment tool that is specific to pre-trial release in terms of:
  - Risk to the community
  - o The odds for failure to appear
  - Defining the services that could incentivize the person to appear
- Monitoring of those released pre-trial through ankle monitors with specific restrictions
- Having a 24/7 response process in place if an ankle monitor sends an alarm that the
  offender is out of compliance with his or her court order
- Finding a matrix that compares the efficacy of various assessment and pre-trial tools
- A pre-trial ankle monitoring system versus bail with no monitoring in terms of public safety

#### 6. Next Steps: Ideas & Further Information

See Summary Addendum: Whiteboard Notes regarding Committee Mission Statement, Statement of Work, and the Phase Two Framework.

#### 7. Public Comment

Ray Baribeau stated an analysis of recommended solutions should consider the necessary changes to allow solutions to be implemented, including changing State law, local law, or local policies

Meeting Summary for May 16, 2016

and procedures. The City of Bellingham has changed its policies and procedures to lower the jail population.

Mark Gardner, City of Bellingham, stated he is available to help with research and structuring information.

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#### 8. Adjourn

The meeting adjourned at 11:10 a.m.

Meeting Summary for May 16, 2016

### Addendum: Whiteboard Notes from Legal & Justice System Subcommittee on May 16, 2016

Topic	Needs More Information	Group Has Enough Information	Date/Assignment
Post-Conviction Jail Alternatives		х	Angela will prepare proposed language for a recommendation in advance of the June 13th meeting
Drug Court	We want to know about implementation of recommendations from 2012 report		Judge Garrett will get this information for us in advance of the June 13th meeting
Fast Track		X	Angela will prepare proposed language for a recommendation in advance of the June 13 meeting
LEAD	х		Heydrich and Hammill will confer and organize future presentation
Pre-Trial Jail Alternatives Program	X		Group would like a presentation from Friendship Diversion and the City about the uses and limits of their program.  Group to consider the pre-trial wraparound services in the Yakima Report. Heydrich to meet with Yakima to further discuss their program and their progress
Probation	X		Bruce Van Glubt to answer remaining questions at the meeting on June 13 and Group to discuss and make recommendations at the July meeting
Other Therapeutic Courts: (community court and)	X		Further information to be presented (Perhaps Hammill to organize)

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**DRAFT Meeting Summary for May 26, 2016** 

#### 1. Call To Order and Agenda Review

Committee Chair Chris Phillips called the meeting to order at 9:00 a.m.

Members Present: Jeff Brubaker, Jack Hovenier, Ken Mann, Chris Phillips, Tyler Schroeder,

Kathy Walker, Sandy Whitcutt

Also Present: Jill Bernstein, Anne Deacon, Irene Morgan, Dean Wight

Members Absent: Jeff Parks

#### Review April 14, 2016 Meeting Summary

Deacon stated the

Hovenier moved to approve the April 14, 2016 meeting summary as presented.

The Committee discussed whether St. Joseph Medical Center's psychiatric unit accepts policy hold involuntary individuals as referenced on page 2 of the summary. The discussion noted in the summary was specific to the law regarding the 12-hour hold and whether St. Joe's would be able to take 12-hour holds.

Schroeder moved a substitute motion to approve the minutes with a clarification to page 2 of the summary, "Does not accept 12-hour police hold involuntary individuals because they are full to overbooked with civil commitments."

The motion was seconded.

The motion carried unanimously.

#### 2. Report from May 2, 2016 Task Force Meeting

Deacon referenced page three of the draft minutes for the May 2 Task Force meeting and asked if the motion made by Jack Hovenier was for an acute or subacute substance use detoxification license.

Hovenier stated the motion was meant to recommend a license for acute substance use detoxification.

Hovenier updated the committee on the Task Force's action on May 2, 2016 regarding the committee's recommendations.

#### The committee discussed:

• Reaching out to and allowing the neighborhood and community to provide input on the recommendation to continue the current location.

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- Making Task Force recommendations in phase II without political considerations.
- Investigating whether there are legal barriers to continuing in the current location.

#### 3. Work Plan for Phase II

Phillips stated the direction of this committee and the Task Force is to recommend developing two 16-bed voluntary units at Division Street.

Schroeder referenced page ten of the packet and read the purpose of phase II.

The committee determined that it must continue to refine the recommendation and consider:

- Capital costs of construction
- Operational costs
- Funding sources for both capital and operational expenses
- Developing a request to the State for capital funding from either:
  - A capital request in next year's legislative session for substance use disorder treatment facilities, and/or
  - A grant request for up to \$2 million through the State Department of Commerce, with a preliminary application due July 16, for community mental health crisis triage beds

Deacon described the North Sound Mental Health Administration's (NSMHA) regional Behavioral Health Organization (BHO) needs assessment and proposed response regarding substance use disorder inpatient treatment. There are two parallel processes in the County and Region's plans to relocate substance use disorder inpatient treatment, given the closure of the Pioneer Center Sedro-Woolley facility

- The Region's goal to replace and relocate inpatient beds for substance abuse disorder
- The County's goal to provide an acute detoxification triage facility

The County may be able to apply for the Department of Commerce grant for crisis triage and also continue to work with the Region for capital funding for the substance use disorders. Hopefully the Region would ask for the proposed combined unit. The County is proposing to the Region that it include the substance use disorder treatment, acute detox, and mental health crisis triage.

The committee discussed whether it wants to spend time and resources considering a second location near the hospital.

The committee agreed that its work product for phase II will be to:

- Refine the proposal for the facility
- Identify capital and operating costs and funding options and strategies
- Determine whether there is property near the hospital that can be developed, but focus on Division Street

**DRAFT Meeting Summary for May 26, 2016** 

Deacon stated the Health Department has done the pre-architectural designs for a facility. This committee can confirm the site and reconfirm the services and facility. They could make some changes from the plan. The architect provided square footage estimates for construction and associated fees.

The committee discussed the process for developing its work product. The committee's recommendations must include performance benchmarks for a triage facility and identify how it would reduce the jail population

The committee agreed that Forrest Longman, the Council's Legislative Analyst, can draw from work done by the County Health Department staff and the Region to draft the committee's phase II recommendations.

Phillips stated the Committee will ask Forrest Longman to develop a refined phase II proposal to deliver to the full Task Force that will:

- Focus on Division Street
- Delineate capital and operational costs and potential funding sources and strategies
- Draw from the Health Department and Region to inform that refined proposal

Mann stated the Task Force must advocate to local and State legislators to make sure funds are budgeted for these services. Mr. Longman can create reports from the work that they're doing, but he isn't authorized to do the research, develop cost estimates, or determine a funding strategy.

Schroeder stated many of the facility and funding specifications they're looking for are required for the Department of Commerce grant application. Phase II should focus on those acquisition requests.

The committee discussed potential triage facility site locations, including sites near the hospital.

#### 4. Nexus of Criminal Justice and Mental Health Systems: What changes are necessary?

Walker stated she wanted to describe certain real events that happened to illustrate how the criminal justice and mental health systems interact in reality and get feedback to identify gaps and how the systems should work better. The two systems weren't designed to commitment. Statute doesn't allow the systems to share information necessary to fill gaps.

The committee discussed:

- Whether this presentation should be given to the full Task Force
- Describing these case studies through three different lenses of the criminal justice system, behavioral health system, and at the point of contact with the designated mental health professional (DMHP)
- Legal barriers:

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- Presenting these case studies would identify individuals and violate the Health Insurance Portability and Accountability Act (HIPAA).
- Mental health professionals in the system who cannot participate in a case study unless they talk anecdotally and systemically without identifiers
- The ability to discuss what happens during the crisis stage without revealing a specific diagnosis
- How Ms. Walker can present a case study through the criminal justice lens and Ms.
   Whitcutt can discuss generic situations in a way that will unravel the gaps in the systems
- The framework that allows them to unravel cases as they happen during the crisis phase, on an ongoing basis, to understand what is wrong with the system
- Whether a recommendation of the Task Force would be to advocate to the legislature that laws change to allow more open communication.

Phillips stated they are asking the Prosecutor's Office and the Region to provide case examples of crossover issues to the full Task Force.

Whitcutt stated that to be successful, the intersection of criminal justice and mental health is diversion. The intersection has to be at the point of crisis.

#### 5. Next Steps: Ideas & Further Information

Phillips stated the committee already talked about the next steps.

#### 6. Next Meeting Agenda Topics

Schroeder stated he and Ms. Deacon may be able to provide an update on the next steps for the Phase II Report.

Hovenier stated have a discussion with Mr. Longman to make sure he has the data he needs to begin drafting the phase II recommendations, which could be ready for the committee in September.

The committee agreed to change the June meeting time to 9:30 - 11:00 a.m. due to scheduling conflicts.

#### 7. Public Comment

No one spoke.

#### 8. Adjourn

The meeting adjourned at 10:15 a.m.

## Incarceration Prevention and Reduction Task Force Behavioral Health Subcommittee

**DRAFT** Meeting Summary for May 26, 2016

#### 1. Welcome and Introductions

Committee Chair Anne Deacon called the meeting to order at 3:00 p.m. at the Health Department Lower Level Conference Room, 509 Girard Street, Bellingham.

Members Present: Jill Bernstein, Anne Deacon, Julie Finkbonner, Randy Polidan

Also Present: Peter Ruffatto (for Kelli Linville)

Members Absent: Byron Manering, Susan Gribbin, Betsy Kruse, Kelli Linville, Greg Winter

#### 2. Approval of the March 31, 2016 meeting summary

Meeting summary review was held to the next meeting.

Deacon submitted a handout *(on file)* on a Huffington Post article regarding the Law Enforcement Assisted Diversion (LEAD) program in Seattle.

#### 3. Review targeted priorities for programming

Deacon stated that this committee previously decided to focus on both front door and back door programs and services for the triage facility. Front door services divert people into triage rather than being arrested or sent to jail. Back door services transition people to community treatment services once they are stabilized at the triage center. These services fall into the sequential intercept model (SIM) intercepts one and four.

# 4. Discussion with Sgt. Chad Cristelli, Bellingham Police Department, regarding proposed "LEAD-like" program

Deacon introduced Sgt. Cristelli and stated they have been talking about the new Crisis Prevention and Intervention Team (CPIT) program and the mental health professional who works full time with the Bellingham Police Department. She described how the CPIT program works.

Cristelli presented the City of Bellingham Policy Department's behavioral health unit (BHU) programs.

- A police officer assigned to the BHU would team with the CPIT liaison
- At this time, the CPIT professional responds reactively and on call
- The BHU team would be proactive and work with the crime analyst, patrol, and other stakeholders

#### Incarceration Prevention and Reduction Task Force Behavioral Health Subcommittee

#### **DRAFT Meeting Summary for May 26, 2016**

- A Bellingham PD program similar to LEAD would focus on low-level and non-violent offenders who have warrants and/or behavior that begins to escalate
- Modeled after the Portland PD behavioral health component
- The Bellingham PD received over 2,500 behavioral health calls in 2015
- This program is the City's attempt to help with information sharing among service providers

The committee discussed the inability of law enforcement and mental health providers to share information without violating State law and the Health Insurance Portability and Accountability Act (HIPAA).

Ruffatto stated there is an exception in federal law that defers to State law requirements, so State law could trump federal law if the State requires shared health information on a very restricted basis. At the request of law enforcement, the State changed its law to require shared basic information in certain instances.

The committee continued to discuss the Bellingham program:

- Until last year, hospital social workers were releasing people from the hospital without consulting the certified mental health professionals (CHMP)
- Encouraging the CPIT professional to use the triage center when possible instead of the hospital
- Allowing the CPIT and the BHU law enforcement to directly refer people to services
- The necessity of creating more options for after-hours crisis services
- Expanding the program countywide in collaboration with the Sheriff and small cities
- Whether the Bellingham PD could create a voluntary work crew diversion program that includes a meal and connections to social services
- Structuring the intake process to create appropriate and timely access to services so people don't fall through the cracks
- Success is measured by lower recidivism rates
- The triage program at the Crisis Solution Center in Seattle that is a 24/7 triage response team that is called into the field by law enforcement when necessary
- Make sure the County Designated Mental Health Professionals (CDMHPs) are on alert and have priority to go into the field as needed
- Make sure outreach teams, including the homeless outreach team (HOT), CPIT, BHU, and hospital are connecting with each other regularly
- Enrolling people in two phases: those without probable cause but who are escalating and those who have probable cause for arrest
- Sheriff Deputy Brandon Foister's training in mental health response

Deacon stated she would like this committee to consider how they can use behavioral health funds to pay for more BHU police officer. The committee discussed:

The City of Bellingham cost is about \$100,000 per year for the BHU officer.

# Incarceration Prevention and Reduction Task Force Behavioral Health Subcommittee

#### **DRAFT** Meeting Summary for May 26, 2016

- A behavioral health outreach specialist would have be able to act independently and be a mental health professional with chemical dependency training
- Funding a behavioral health specialist would add police capacity

Finkbonner stated the Lummi community has all the same services as the county and is having these same discussions. They would like to have consistency with the County. Half of their jail budget is diverted to provide wraparound services. They will be developing the statistics on how their services are working. The Nation is focusing now on restructuring all its programs and services. The Lummi and County behavioral health representatives should network with each other, as should their probation officers and law enforcement officers. They are outfitting a building on the reservation to house their home monitoring and other alternative programs. They have all the certified treatment services available on the reservation, but they aren't State- or federally-certified, so they aren't acceptable according to Superior Court, which the State requires.

Bernstein stated all the jurisdictions should develop uniformity in information gathering. They should all gather information on how communication, collaboration, and coordination can be improved.

The committee discussed the next steps:

- First look at what kinds of outcomes they want from this type of a program. Clearly identify those outcomes, which should be measurable
- Talk with Compass Health and the Region to see if they could expand the program.
- Deacon and Sgt. Cristelli will talk about the sales tax and suggest recommendations that this committee can make to the Task Force
- Make sure the small towns, County, and Lummi Nation are aware of Bellingham's program. Shared resources will cost less
- More information must be spread among the service providers about direct connections with the Police Department to help those who need it most. The social worker and outreach team need priority for handoffs and referrals
- Have universal and continuous CIT training for law enforcement officers in the county

Deacon described the current effort to provide CIT training for all law enforcement officers and jurisdictions around the county.

# 5. Discussion of Behavioral Health Continuum of Care Plan to be submitted to the North Sound Behavioral Health Organization

Deacon described the County's proposed plan for behavioral health facilities, and sending the proposed plan to the regional behavioral health organization. The plan is to create two inpatient residential units, one to be open before the end of the year:

- One inpatient residential unit is an enhanced triage facility
  - Enhanced with addiction stabilization that includes medication-assisted treatment
  - o Infrastructure to support the prescribers of those medications
  - o 30-50 inpatient residential beds

### Incarceration Prevention and Reduction Task Force Behavioral Health Subcommittee

**DRAFT** Meeting Summary for May 26, 2016

- The second inpatient residential unit will be a recovery house
  - o Approximately 30 beds in the recovery house

The estimates include the two tribal populations. They must work with regional partners on the final plan. If approved, there will be a net increase in capacity.

#### 6. Behavioral Health Committee 2016 meeting schedule

Deacon stated most people are available on Mondays. She will continue to work out a monthly schedule that doesn't conflict with the Bellingham City Council.

#### 7. Public Comment

No one spoke.

#### 8. Adjourn

The meeting adjourned at 4:20 p.m.

# Incarceration Prevention Reduction Task Force June 2016 Update

#### INTRODUCTION

Since submitting our Phase One Report to the County Council, the Incarceration Prevention and Reduction Task Force and three sub-committees have been meeting regularly with a goal of fulfilling the mandates found in Ordinance 2015-037. We anticipate that a full report of our Phase Two activities will be filed on or before the November 1, 2016 deadline. What follows is a brief update regarding the work that we have accomplished since the Phase One Report.

#### TRIAGE FACILITY AD HOC COMMITTEE

The Phase II requirements in the Ordinance are specific to a new or expanded triage facility. The language in the Ordinance is as follows.

"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. <u>Deliver the initial Phase 2 reports as completed, but no later than November 1. 2016.</u>"

The Task Force has made progress in meeting those stated objectives. On May 2, 2016, the Task Force unanimously agreed to recommend to the County Council:

- 1. The development of two 16 bed units joined in one building off of a common foyer with an intake space. One unit to be licensed as a (mental health) Crisis Triage Unit and the other licensed for acute substance detoxification.
- 2. The 16 bed mental health Crisis Triage Unit will be certified as a voluntary unit with enhanced security to be further identified and agreed upon in the Phase 3 recommendations.
- 3. The siting of this facility shall be further researched in order of priority:
  - a. The current Whatcom County Crisis Triage Facility on Division Street
  - b. Another location near Peace Health/St. Joseph Medical Center and downtown Bellingham (currently unidentified). A final location recommendation will be made following public input and other analysis in the Phase 3 report.

# Incarceration Prevention Reduction Task Force June 2016 Update

This sub-committee is currently working to identify all possible funding sources to cover the capital costs associated with this project. Some sources and strategies for obtaining these funds are being discussed in committee. The committee is also investigating potential locations for this facility in proximity to the Peace Health/St. Joseph Medical Center.

Previously, the Whatcom County Human Services Division worked with an architect to create drawings for a new and enhanced facility. Those drawings will be reviewed in light of the recommendations from the Task Force. The architect has also provided a range of costs that would be associated with this project. Those costs will also be reviewed in light of the recommendations from the Task Force and as associated with each of the two recommended sites.

A formal assessment is currently being performed by the new regional Behavioral Health Organization to look at whether the recommendation for two 16 bed units is necessary and supported by the needs in Whatcom County.

#### BEHAVIORAL HEALTH AD HOC COMMITTEE

In Phase One, this committee reviewed the programs currently in use in Whatcom County to divert persons from jail and to prevent recidivism. Those programs were then classified using the Sequential Intercept Model. In Phase Two, the committee decided to focus their efforts on those programs that feed into (Intercept One) and lead out of the triage facility (Intercepts Four and Five) The committee anticipates having recommendations for the Task Force regarding some enhancements for current programs and ideas for new programs before the Phase II deadlines. A positive outgrowth of this committee's work is the on-going dialogue with representatives from the Lummi Nation which hold the potential for improved communication and collaboration in the future.

#### LEGAL/JUSTICE SYSTEMS AD HOC COMMITTEE

In Phase One, this committee heard from many speakers regarding the operation of programs currently in use in Whatcom County that provide alternatives to incarceration within the criminal justice system. The committee has also learned about new and innovative programs that are being successfully used around the country to reduce and prevent incarceration. An enormous wealth of information has been gathered and organized to identify the programs that are available a) pre-charging b) after charging and before conviction and c) post-conviction. The committee anticipates having recommendations for the Task Force regarding some enhancements for current programs and ideas for new programs before the Phase II deadlines.

# Incarceration Prevention Reduction Task Force June 2016 Update

In large measure, the recommendations from this committee will not be ideas that can be enacted by the County Council. Instead, they will require changes to the work that is being done and the programs that are currently administered by prosecuting attorneys, law enforcement and other agencies of government. These changes ca not be made by fiat. Instead, they will require collaboration and cooperation from entities that may or may not be willing to adopt recommendations from the Task Force. This committee is guardedly optimistic about our ability to actualize change in this sector.

#### **ORGANIZATIONAL ISSUES**

Since filing the Phase One report, the relationship with WAHA has been terminated. We have reorganized the four functions that were a part of that relationship into four separate areas of responsibility. Those tasks will now be performed as follows:

- 1. Administrative function: Now being performed "in house" by Jill Nixon from the Whatcom County Council Office.
- 2. Writing function: The Phase II report will be written by Forrest Longman the Legislative Analyst for the Whatcom County Council.
- 3. Facilitator: An RFQ has been prepared to fill this critical function.
- 4. Technical Assistance: An RFQ has been prepared to fill this function.

#### GENERAL COMMENTS AND CONCLUSIONS

There is tremendous change that is happening in our community relative to the need to reduce and prevent incarceration. The City of Bellingham and the Lummi Nation are the current leaders in finding solutions. There are a long list of creative and positive changes that these governments have made in addressing questions related to incarceration. The results of these changes are being closely followed by the Task Force in the hopes that other local governments will take what is successful and follow suit.

We know that the public is carefully watching our work and urgently wants us to make changes that will allow Whatcom County to join with the nation to reduce and prevent incarceration. We are committed to that goal and look forward to reporting further progress with our Phase II report.

### **Proposed New Meeting Schedule**

	Task Force Meetings	
Current Schedule	June 6 (1 <sup>st</sup> Monday) July 11 (2 <sup>nd</sup> Monday) August 1 (1 <sup>st</sup> Monday) September 12 (2 <sup>nd</sup> Monday) October 3 (1 <sup>st</sup> Monday) November 14 (2 <sup>nd</sup> Monday) December 5 (1 <sup>st</sup> Monday)	
Proposed New Schedule	June 6 (1 <sup>st</sup> Monday) July 11 (2 <sup>nd</sup> Monday) August 15 (3 <sup>rd</sup> Monday) September 12 (2 <sup>nd</sup> Monday) October 17 (3 <sup>rd</sup> Monday) November 21 (3 <sup>rd</sup> Monday) December 5 OR (1 <sup>st</sup> Monday) December 12 (3 <sup>rd</sup> Monday)	

City Council Mondays for 2016 are: June 6 & 20; July 11 & 25; August 8 & 29; September 12 & 26; October 10 & 24; November 7 & 14; December 5 & 12

## **Task Force Document Library / Public Comment Received**

### Updated 5/26/2016

Rec'd From	Rec'd Date	Title	Author	
		APRIL AND MAY 2016		
Mary Dumas	4/28/16	Collaborative Competencies Framework	Policy Consensus Initiataive	
J. Bernstein	4/29/16	Email: DV Treatment in Whatcom County	Susan Marks	
J. Bernstein	5/2/2016	Home Monitoring Summary April 2016 Bham Municipal Court	Darlene Peterson	
Marilu Veliz	5/5/16	Stephen Gockley Retirement Event	N/A	
Nickolaus Lewis	5/5/16	Education Justice Summit May 2016 Invitation	Lummi Indian Business Council	
Irene Morgan	5/13/16	Email regarding Detaining the Poor, Prison Policy Initiative	Irene Morgan	
Irene Morgan	5/13/16	Email regarding Suzan DelBene Newsletter	Irene Morgan	
Steve Schuck via Jill Bernstein	5/16/16	RestorativeResources.Org Home webpage	N/A	
Jill Bernstein	5/1616	Jail Tour Handout	Ray Baribeau	
Irene Morgan	5/20/16	Email regarding TedTalk with Boston Prosecutors	Irene Morgan	
Irene Morgan	5/22/16	Are Prosecutor's the Key to Justice Reform?	Juleyka Lantigua-Williams, The Atlantic	
Jill Bernstein 5/24/16		Email with link to article: Mother Jones on Legal System	J. Bernstein Email/Julia Angwin,	
	Algorithm	Jeff Larson, Surya Mattu And		
			Lauren Kirchner, Propublica	
Ken Mann 5/24/16	5/24/16	Email with link to article: Medicaid Rules Clarified	Ken Mann Email / Brian Bowden,	
	0/2 1/10		NACo	
Jill Bernstein	5/26/16	Huffington Post article on Seattle LEAD Program	Huffington Post	

Source	Title	Author
ACLU	Presentation to TF on Incarceration Reduction and Prevention-PDF	Mark Cooke
Administration & Policy in Mental Health - Journal	Examining the Impact of Mental Illness and Substance Use on Time till Re-Incarceration in a County Jail	Wilson, Amy, Draine, Jeffrey; et al
City of Bellingham	2015 City Budgeted Amounts for Jail Prevention, Alternative and Diversion Programs	City of Bellingham
City of Bellingham	Programs and Practices that Reduce Jail Use in Bham Municipal Court	Lev, Debra A; Smiley, Pete
Compass Health	2015 Services Enrollment for Whatcom Triage	Compass Health
Compass Health	Update on CPIT Program	Vann-Campbell, Jessica
Compass Health	Whatcom Community Detox Admission Criteria	Compass Health
Compass Health	Whatcom Community Detox ASAM Criteria	Compass Health
Compass Health	Whatcom Community Detox Daily Census 2015	Compass Health
Council of State Governments - Justice Center	Stepping Up Initiative	Council of State Governments - Justice Center
Daniel Hammill	Bennett-Criminal Justice System Master Plan - Spokane County	David Bennett
Department of Justice	Mental Health Problems of Prison and Jail Inmates	James, Doris; Glaze, Lauren
DSHS	2008 Certification application with crisis stabilization	DSHS
DSHS	Application for Certification of Added BH Services (useful for WAC and RCW information)	DSHS
DSHS	Behavioral Health Organization Fact Sheet	DSHS
DSHS	Initial Application for BH Agency Licensure	DSHS
DSHS	Synthetic Estimates of SUD Treatment Need-2015	Mancuso, David
Elfo, Bill	Mental Illness, Addiction and the Whatcom County Jail	Elfo, Bill
GAINS	Sequential Intercept Model Brochure	SAMHSA
GAINS TA & Policy Analysis Center for Jail Diversions	Enhancing Success of Police-Based Diversion Programs for People with Mental Illness	Reuland, Melissa; Cheny, James
Hovenier, Jack	Task Force Vision	Hovenier, Jack
http://cops.usdoj.gov	Community Collaborations on Mental Illness: The Critical Role of Law Enforcement (CIT Focus)	Department of Justice
International Journal of Law and	Envisioning the Next Generation of Behavioral Health and Criminal	Epperson, Matthew; Wolff, Nancy
Psychiatry	Justice Interventions	et al.
Jeff Parks-WCSO	LEAD Press Release and Evaluation Summary	King County/U of W University of WA, Law, Societies &
Jeff Parks-WCSO	LEAD Process Evaluation	Justice Program  University of WA, Harm Reduction
Jeff Parks-WCSO	LEAD Program Evaluation and Recidivism Report	Lab
Jeff Parks-WCSO	LEAD Program Evaluation Criminal Justince and Legal System Utilization and Associated Costs	University of WA, Harm Reduction Lab
Jill Bernstein	E-mail re drug court	Snyder, Charles
Jill Bernstein	RCW 10.31.110	RCW
Jill Bernstein	Relicensing Program Proposal	Jill Bernstein, Stephen Gockley, Ja Boman, Stephan Jackson, Amy Ma
Kitsap County Department of Human Services	Kitsap County Crisis Triage Center Recommendations	Kitsap County
Mann, Ken	Mann Program Recommendations	Mann, Ken

	November 2015 - April 2016	
Source	Title	Author
Moonwater, Whatcom Dispute Resolution Center	Focus and Scope of Task Force Work	Moonwater
National CJ Association	Example of Mapping the Sequential Intercept Model (ties to Penn Report)	Griffin, Patricia PhD
Natl Association of Counties/Bureau of Justice	Effective County Practices in Jail to Community Transition Planning for People with Co-Occurring Disorders	Natl Association of Counties/Burea of Justice Assistance
Assistance NSMHA	Behavioral Health Organization-Substance Use Disorder Array of	NSMHA
	Services  Definitions of Crisis Consider Mandalities	
NSMHA	<u>Definitions of Crisis Service Modalities</u>	NSMHA
NSMHA	North Sound BHO - Detailed Plan	NSMHA
NSMHA	NSMHA BHO SUD Model V6	Jarvis, Dale
NSMHA	Pioneer Center North Meeting Summary	notes from Community Meeting
NSMHA	Slides on Healthcare Reform	NSMHA
NSMHA	Whatcom County Triage Residence - 2015	Dennis Regan, NSMHA
NSMHA	Whatcom Triage Stats - 2015	Dennis Regan, NSMHA
NSMHA	Whatcom-SUD Need and Capacity	Jarvis, Dale
NSMHA	NSMHA-Whatcom County Triage Stats	NSMHA
Pennsylvania MH & Justice Center of Excellence	Report of Cross-System Mapping Workshop (slide deck in library)	Pennsylvania MH & Justice Center Excellence
Pennsylvania MH & Justice	Using the Sequential Intercept Model to Target Early Intervention and	
Center of Excellence	<u>Treatment for Co-Occurring Disorders in the CJ System</u>	Griffin, Patricia PhD
Pierce County Health Dept	Mental Illness and the Justice System - flyer for a class	Pierce County
Pioneer Human Services	Crisis Triage 2015 Crisis Monitoring	Mary Reed
Pioneer Human Services	2015 WCD Census Count	Pioneer Human Services
Psychiatric Services Journal psychiatryonline.org	Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Calls	Teller, PhD, Jennifer L; Munetz, Ml Mark R; PhD, Gil, Karen M; PhD, Ritter, Christian
Psychiatric Services Journal psychiatryonline.org	Incarceration Associated with Homelessness, Mental Disorder, and Co- Occurring Substance Abuse	McNeil, PhD, Dale E; Binder, MD, Renee L.; Robinson, MA, Jo C.
Psychiatric Services Journal	Use of Sequential Intercept Model as an Approach to Decriminalization	Munetz, MD, Mark R; Griffin, PhD,
psychiatryonline.org	of People with Serious Mental Illness	Patricia A.
Psychological Services	<u>Veterans Justice Programs and the Sequential Intercept Model</u>	US Dept of Veterans Affairs, VHA, Homless Programs Office
Restorative Community Coalition	BH Herald Article re. Sex Offender Housing	Bellingham Herald
Restorative Community Coalition	Immediate Actions to Reduce # of Inmates	Restorative Community Coalition
Restorative Community Coalition	Request for Investigation	Restorative Community Coalition
Restorative Community Coalition	RestorALife Center	Restorative Community Coalition
Restorative Community Coalition	Stop Punishing Taxpayers - Start Rebuilding Community	Gilfilen, Joy; Morgan, Irene
Restorative Community Coalition (RCC)	Opposition to Sales Tax Initiative in re. 800 bed jail	Gilfilen, Joy
SAMHSA	Behavioral Health Trends in the United States: Results from 2014 NSDUH	SAMHSA
SAMHSA	Detoxification and SA Treatment-Treatment Improvement Protocol	SAMHSA
SAMHSA	Municipal Court Diversion for SUD and MH	SAMHSA
Skagit County/NSMHA	2015-10 Pioneer Center North Meeting Summary	Skagit/NSMHA
Southeast Region Inter-Agency	Using the Sequential Intercept Model in the Southeast Region of	Griffin, Patricia PhD; Weiman, Nar
Forensic Task Force	<u>Pennsylvania</u>	

Source	Title	Author
Testa, Megan, MD University	THE	Author
Hospitals		
Cleveland, Ohio, Case Western	Imprisonment of the Mentally III: A Call for Diversion to the Community	Testa, Megan, MD
Reserve University	Mental Health System	_
School of Medicine.		
University of WA; ADAI	Opioid Trends Across Washington State	ADAI
VERA	VERA Incarceration's Front Door: The Misuse of Jails in America	VERA
Washington ACLU	The Public Health Impacts of Charging Felony Drug Crimes as Expedited	Russoniello, Kellen
vva3iiiigtoii ACLO	<u>Felonies in District Court</u>	Russonieno, Renen
Washington State Association of Counties	Local Option Sales Tax Authority for Housing & Mental Health	Washington State Association of Counties
Washington State Bar	10 Ways Washington Should Begin Criminal Justice Reform	Satterberg, Dan
Washington State Center for Court Research	2015 Washington State Adult Drug Court Data Improvement Report	Washington State Center for Cou Research
Washington State Institute of	Assessing the Risk of Criminal Offense for WA's Involuntary Treatment	
Public Policy	and Forensic Commitment Populations	WSIPP
Washington State Institute of Public Policy	Cost Benefit Analysis of Criminal Justice Programs	WSIPP
Washington State Institute of Public Policy	Inpatient Psychiatric Capacity and Utilization in WA State	WSIPP
Washington State Institute of	Prison, Policy and Programs: Evidence Based Options that Reduce	WSIPP
Public Policy	<u>Crime and Save Money</u>	
WCHD	Health Board Presentation re. Behavioral Health Diversion Programs	WCHD
WCHD	Memo re. Behavioralal Health Crisis Triage Update	Delahunt, Regina
Western Washington University (WWU)	Planning Homeless Settlement Communities	wwu
Whatcom County	2015 County Budget for CJ System Diversion Programs	Deacon, Anne
Whatcom County	2015 Whatcom County CJ Diversion Programs and Budget	Whatcom County
Whatcom County	Executive Summary - WC Crisis Stabilization Unit and Evaluation &  Treatment Facility	Whatcom County
Whatcom County	Ordinance 2015.025: Establishing WCC 2.46 Creation of Task Force	Whatcom County
Whatcom County	<u>Ordinance 2015.037: Amending 2015.025</u>	Whatcom County
Whatcom County	Phase I Report and Stepping Up Summaries	Whatcom County
Whatcom County	Resolution 2015-21: Supporting National "Stepping Up" Initiative	Whatcom County
Whatcom County	Whatcom County Code 2.46	Whatcom County
Whatcom County	Whatcom County Contract with WAHA for Facilitation Services	Whatcom County
Whatcom County	Whatcom County Drug Court Brochure	Whatcom County
Whatcom County	Whatcom County Jail Offender Population Profile	Jones, Wendy
Whatcom County	2009 Executive Summary: Crisis Stabilization	Whatcom County
Whatcom County Civil Rights Project	Recommendations re Reducing Jail Population-WC Civil Rights Project	Whatcom County Civil Rights Pro
Whatcom County Executive's Office	Addt'l Information re. 2015 Budget for programs re. reduction and prevention of incarceration	Louws, Jack
Whatcom County Health	2008 Crisis Triage Self Evaluation Tool - Compliance	WCHD
Department (WCHD)	2000 St. St. Truge Sen Evaluation 1001 Compilative	
Whatcom County Health Department (WCHD)	2008 CSU Clinical Record Review Tool	WCHD
Whatcom County Health Department (WCHD)	2009 Executive Summary: Crisis Stabilization	WCHD
Whatcom County Health		

Source	Title	Author
Whatcom County Health	Tiue	Addition
Department (WCHD)	2010 Existing Floor Plan - Crisis Triage	WCHD
Whatcom County Health		
Department (WCHD)	2010 Memo Re. Facility Options	Deacon, Anne
Whatcom County Health		
Department (WCHD)	2010 Renovation Conceptual Floor Plan	WCHD
Whatcom County Health	2010 Berentier Overley with Correct Floor Blee	WCHD
Department (WCHD)	2010 Renovation Overlay with Current Floor Plan	WCHD
Whatcom County Health	2011 BH Revenue Advisory Committee-Staff Request for Action re CT	WCHD
Department (WCHD)	<u>Facility</u>	WCIID
Whatcom County Health	2014 Jail Behavioral Health Program	WCHD
Department (WCHD)	20113dii Denavioral Hearen 1105, am	Weinb
Whatcom County Health	2015 Behavioral Health Program Fund Expenditures	WCHD
Department (WCHD)		
Whatcom County Health	2015 Current Crisis Triage Remodel	WCHD
Department (WCHD)		
Whatcom County Health Department (WCHD)	<u>Detox Report 9 24 2014</u>	WCHD
Whatcom County Health		
Department (WCHD)	<u>Presentation from HD to Board of Health</u>	WCHD
Whatcom County Prosecutor's		
Office	Felony Offenders in Custody as of October 5, 2015	Whatcom County
Whatcom County Prosecutor's		
Office	<u>History of WC Jail and Criminal Justice in Whatcom County (32 years)</u>	McEachran, David
Whatcom County Prosecutor's	2 111 2 221112	
Office	Position Paper on RCW 10.31	McEachran, David
Whatcom County Prosecutor's	PP-History of the WC Jail and Criminal Justice	McEachran, David
Office	PP-HISTORY OF THE WC Jan and Chilling Justice	IVICEACIII aii, David
Whatcom County Superior	Letter from Judge Garrett re. Task Force and District Court rules	Garrett, Deborra
Court	addressing conditions of release after charged w/ a felony	·
unknown	Sequential Intercept Model - Behavioral Health	Unknown
unknown	Sequential Intercept Model - Criminal Justice Systems	Unknown
Whatcom County Health	Table of major and minor risk factors	unknown
Department (WCHD)  Junginer, Claypoole, Laygo, &		Da lamifa Chana Hairanit of C
Christin (2006) via WCHD	Chart: Incarceration is not always a direct product of mental illness	Dr. Jennifer Skeem, University of C Irvine
Whatcom County Health		ii viile
Department (WCHD)	Four Key Measures	Unknown
. , , ,		
Whatcom County Health	Adults with Behavioral Health Needs Under Correctional Supervision	Nat'l Institute of Corrections, Justic
Department (WCHD)		Center, Bureau of Justice Assistance
Whatcom County Health	Changes to Publicly-Funded Behavioral Health Frequently Asked	North Sound Behavioral Health
Department (WCHD)	Questions	Organization
unknown	Behavioral Health Indicators for DSHS and Medicaid Clients Booked Into	unknown
UIINIUWII	<u>Jail in 2013</u>	unknown
unknown	Whatcom County Jail Alternative Programs	Unknown
J. Bernstein	Number of DWLS 3rd Cases Files in 2015	Unknown
unknown	2014 National Survey and Current Services Crisis Triage Center	Unknown
	Transitioning Behavioral Health Services into the Community: Strengths.	Dena Vandersloot, M.Ed. for North
unknown	Needs, Community Recommendations, and Models for Consideration	Sound Mental Health Administrati