

Incarceration Prevention and Reduction Task Force
Behavioral Health Subcommittee
DRAFT Meeting Summary for July 20, 2017

1. Call To Order

Committee Chair Anne Deacon called the meeting to order at 11:00 a.m. at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.

Members Present: Anne Deacon, Susan Gribbin, Dan Hammill

Also Present: Jill Bernstein, Mike Parker (Proxy for Greg Winter)

Members Absent: Nick Lewis, Byron Manering, Greg Winter

Review June 15, 2017 Meeting Summary

This item was not discussed.

6. Other Business

The Committee members discussed adjusting the regular meeting schedule so more committee members can attend, the last meeting's discussion with Dr. Safford, scheduling Dr. Adam Kartman to present at a meeting after September 1, and the recent site visit from the VERA Institute contractors:

- Comment on the people, not bookings and population.
- The final report must be credible and have more than recommendations, including:
 - Have an entity to facilitate movement forward.
 - Need data in context. Look at and count people in addition to events. Frame the data within the story.
- The data as presented seemed misleading to the general public.
- It may be simplistic to say that many people are in jail because they can't afford bail.
- The Task Force's Legal and Justice Systems Committee is working on reducing the pretrial population.

The Committee also discussed:

- The inequality of bail
- Jail populations versus bookings
- Creating a focus group to engage system users in the process
- Reporting on people, not events
- Qualitative versus quantitative analysis
- Using the snowball technique to communicate with the community of system users, case managers, and a Workforce program that already has an established group
- A general lack of understanding of data and the criminal justice system
- Whether collecting data from system users is within the scope of the Task Force

Committee members Hammill, Gribbin, and Parker will begin working to engage consumers using best practices.

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2. Update on Medication Assisted Treatment (MAT) grant opportunity

Deacon updated the Committee:

- Grant opportunity to expand MAT to this region of the state
- Dr. Adam Kartman submitted a proposal for the five-county region
- Hub-and-spoke model, with the hub in Whatcom county and spokes in all five counties in the region.
- Includes a care navigator in each spoke to support the services and providers.
- Purpose is to get programs up and running.
- The grant amount is \$750,000 per year for two years
- Managing people in services so they do well is difficult due to medical issues, chaotic lives, and case management requirements.

The Committee members discussed:

- Street outreach efforts to affected individuals
- A position is that open for a certified chemical dependency professional
- Methamphetamine use is rising
- How does the Task Force address emergent problems
- The Opportunity Council is not limited to helping people with opioid addiction
- The Health Department is also making efforts to help with emergent problems

Deacon stated Dr. Safford indicated they need to step back on these plans in lieu of getting Dr. Kartman's program up and running by September. After that, they can take up the issue again to build upon it.

3. Review list of behavioral health diversion programs in our community and ensure completeness

Deacon submitted a handout (*on file*) of current behavioral health programs. The committee discussed:

- When the GRACE program will begin
- Funding for youth and adult homeless outreach
- Information on program costs only, not staffing or donated/in-kind costs
- Whether Fast track and Drug Court programs compete
- Add information on the return on investment of the programs
- Integrating all courts
- Measuring outcomes in addition to measuring financial return on investment

4. Discuss communication strategy for distributing education and information on diversion programs

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This item was not discussed.

5. Next Steps: Ideas & Further Information

Bernstein stated she will work with the VERA Institute consultants on creating a focus group and on qualitative data questions by the August meeting.

Hammill, Gribbin, Bernstein, and Parker stated they will work on a structure for creating a focus group. The Opportunity Council can access the Homeless Outreach Team if individuals are unhoused.

6. Other Business

Status of State capital budget

7. Public Comment

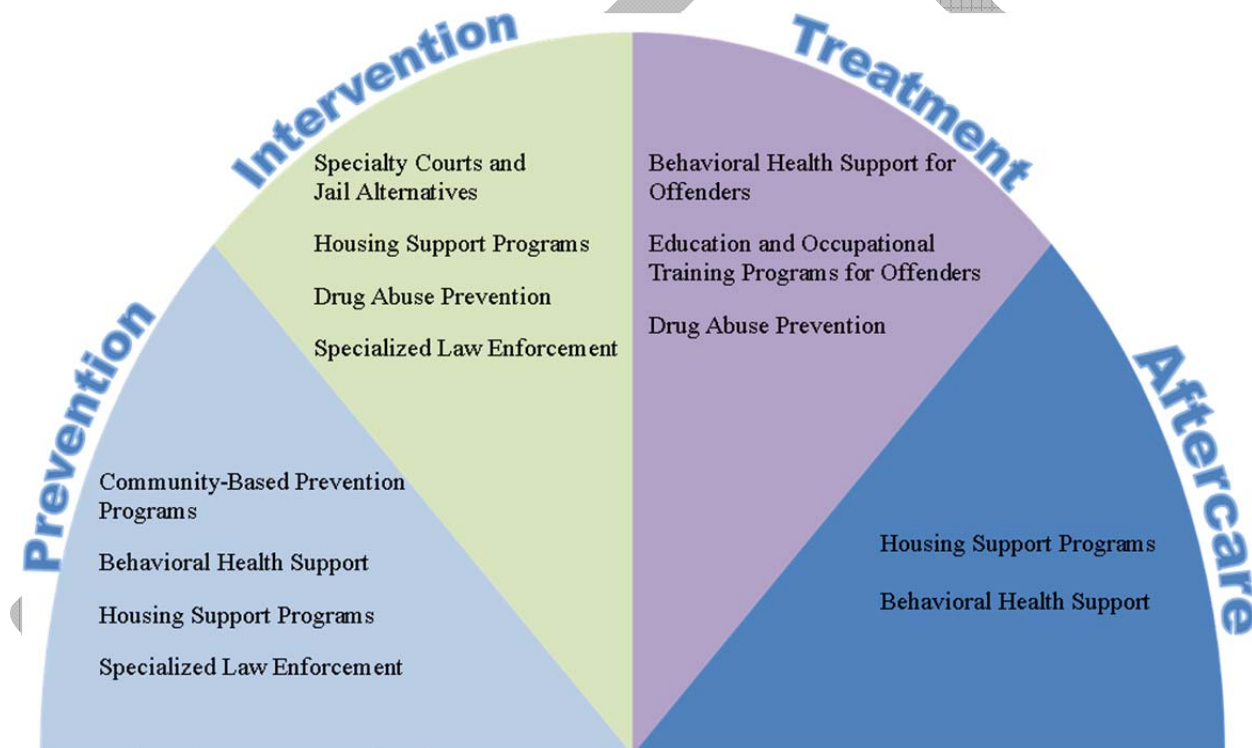
Mark Gardner, City of Bellingham, stated organize programs in the community based on identified areas to begin a narrative and to describe the interaction, known gaps, and outcomes. It can eventually become an analytical tool that this group could use for information.

8. Adjourn

The meeting adjourned at 12:13 p.m.

Incarceration Prevention and Reduction Programs in Whatcom County

Many agencies across the county are working to reduce the number of individuals incarcerated in Whatcom County. A wide variety of community-based programs and services for high-risk individuals have been implemented to seize as many opportunities as possible to prevent people from entering or remaining in the criminal justice system. These programs lay the groundwork for healthy communities and provide additional support where it is most needed. These programs are complemented by several county-led initiatives tasked with continual improvement of systems and coordination. Funding and administration is provided by Whatcom County, the City of Bellingham, various non-profit agency partners, and other regional, state, and federal sources.



Prevention: For individuals and groups to build the foundations for healthy lives. They include creating protective factors that build resiliency and improving social and living conditions to minimize chances of negative encounters with the criminal justice system.

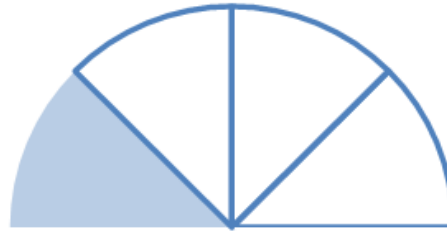
Intervention: For individuals who have been identified at higher than average risk. These programs seek to make adjustments early.

Treatment: When unhealthy patterns of behavior lead to criminal offences treatment is provided to break these habits and reinforce alternative ways of dealing with persistent challenges.

Aftercare: For some that have received treatment, continued success requires continued support. These programs are designed to minimize relapse and continue to reinforce positive development.

Upstream, Community Oriented Prevention Programs

Several programs are in place to strengthen families and communities, and to build a foundation for healthy lives and crime avoidance. These programs offer support to first-time mothers, educate school children about the dangers of gangs and drug abuse, and work to build positive relationships between neighborhoods and public safety officials. These proactive programs strive to improve physical, mental, and social health for the entire county, although some have eligibility criteria based on income or attendance at public schools.



Prevention Programs

These programs build the foundations for healthy lives at the individual, family, and community levels. They include creating protective factors that build resiliency and improving social and living conditions to minimize chances of negative encounters with the criminal justice system.

1. Healthy Childhood and Upstream Prevention Programs

Studies have shown that the first few years of life can have an enormous impact on the success of an individual. We know that it can make a world of difference to engage and support struggling families even before the first child is born. These programs work with new families and use public schools to reach children and youths.

Healthy Childhood and Drug Education Programs for Expecting Mothers, Children, and Youths	Responsible Agency(ies)	Funding Source(s)	2017 Budget	Program Launch Year
Nurse Family Partnership	Whatcom County	Whatcom County, Grants	\$645,000	2016
Strengthening Families (For parents and youths aged 10-14)	Whatcom County Cooperative Extension	Whatcom County	\$90,000	2002
Building Healthy Communities	Whatcom Family Community Network	Whatcom County	\$65,000	2016
School-Based Drug Abuse Prevention and Mental Health Counseling Programs <ul style="list-style-type: none"> • Bellingham • Blaine 	School Districts of Whatcom County	Whatcom County	\$700,900	2015

<ul style="list-style-type: none"> • Ferndale • Lynden • Meridian • Mt. Baker • Nooksack 				
Community Coalitions	Whatcom County	Whatcom County	\$220,000	2014
Youth and Family Behavioral Health	Whatcom Family Community Network	Whatcom County	\$35,000	2017
Youth Street Outreach Team	Northwest Youth Services	Various	\$243,163	2012
NW Educational Service District Regional Office for Substance Abuse Prevention	Whatcom County	Whatcom County and BHO	\$121,000	2017
Communities in Schools Student Support Services	Communities in Schools	Dedicated Marijuana Fund, DSHS/DBHR	\$71,000	2016
Total			\$1,996,063	2002-2017

2. Drug Abuse Prevention Programs for Adults

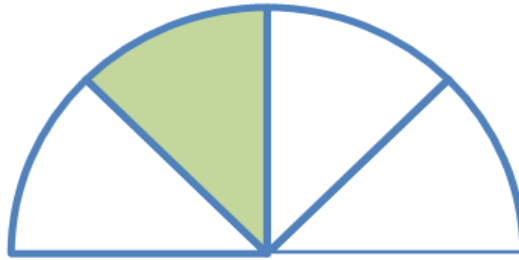
In addition to other health and social problems, drug addiction can lead to criminal activity. According to a recent report from the Whatcom County Chief of Corrections, approximately 70 percent of offenders acknowledged having a substance abuse disorder. Prevention programs lead people to live more fulfilling lives and decrease the chance they will engage in criminal behavior that can land them in jail.

Drug Abuse Prevention Programs	Responsible Agency(ies)	Funding Source(s)	2017 Budget
Prescription Take Back Pilot Program	WCHD, Lummi Nation	Whatcom County	\$1,000
<i>Prescription Stewardship Take Back Ordinance Development*</i>	WCHD	Whatcom County	\$40,000*
<i>Prescription Lock-boxes and Safe Storage of Prescriptions*</i>	WCHD	Chuckanut Health Foundation	\$25,000*
Opiate Addiction Outreach & Education	Pioneer Human Services	BHO / Medicaid	\$111,727

*These programs are in early stages of development. The budget amount is not included in this category's total.

Individually-Based, As-needed Programs

For those with needs that exceed the scope of the above community programs, a wide range of individually-oriented programs provide responsive support. These programs combine to create a prevention-intervention-treatment-aftercare model that turns negative life events or interactions with law enforcement into opportunities for positive change. The goal of these programs is to transition individuals away from risky behaviors and outcomes to healthier, crime-free lives.



Intervention Programs

For individuals who have been identified at higher than average risk. These programs seek to make adjustments early.

3. Behavioral Health Support Programs

Undiagnosed or untreated, substance abuse disorders and mental illnesses can lead individuals to negative interactions with law enforcement, our courts, and even incarceration. Consequently, approximately 24 percent of the jail’s offenders identify as having a serious mental illness, which is approximately six times higher than the national prevalence.¹ These programs aim to provide help before crimes occur.

Behavioral Health Support Programs for non-offenders	Responsible Agency(ies)	Funding Source(s)	2017 Budget
Mental Health Crisis Triage	Compass Health	Medicaid, City of Bellingham, Whatcom County	
Detox Crisis Triage	Pioneer Human Services	Medicaid, City of Bellingham, Whatcom County	
Crisis Prevention and Intervention Teams	Compass Health	Medicaid	
Program for Assertive Community Treatment	Lake Whatcom Treatment Center	Medicaid	

4. Less Intense Housing Assistance Programs

Homelessness and poverty are not crimes, but the many challenges and stressors associated with unstable or absent housing can lead to arrest or other health-related problems. Safe and reliable housing provides the stability needed for a healthy life and decreases criminal involvement.

Less Intense Housing Assistance Programs	Responsible Agency(ies)	Funding Source(s)	2017 Budget
Essential Needs and Financial Assistance	Opportunity Council	Whatcom County, City of Bellingham	
Homeless Service Center Coordination	Opportunity Council	Whatcom County	
Housing Case Management Services	Lydia Place, CCS	Whatcom County	

¹ <https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>

5. Specialty Court Programs and Other Post-Arrest Alternatives

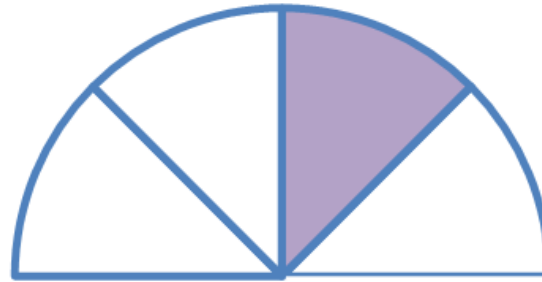
Mental health and substance use disorder often leads to contact with the criminal justice system. In some cases, incarceration is not the most effective response. The following specialty court programs help certain eligible people avoid jail and instead get the treatment they need.

Specialty Court Programs	Responsible Agency(ies)	Funding Source(s)	2017 Budget	
Teen Court	Northwest Youth Services	Northwest Youth Services with City of Bellingham, Whatcom County, Whatcom County Bar Association, City of Ferndale, Moccasin Lake Foundation	\$50,527	1997
Drug Court	Whatcom County	Whatcom County		
Family Treatment Court	Whatcom County	Whatcom County		
Mental Health Court	Whatcom County	Whatcom County		
Non-incarcerated Pretrial Supervision	Whatcom County Probation			
Electronic Home Detention / Monitoring				
DUI Victim Impact Panel	Whatcom County Health Department	Whatcom County		

6. Specialized Law Enforcement

Police and Emergency Response workers perform many roles to keep our neighborhoods safe. The City of Bellingham and Whatcom County are both striving to improve relationships and build trust between law enforcement staff and the communities they serve. Specialized training helps staff more appropriately respond to and deescalate complex situations involving mental health and/or substance use crises.

Specialized Law Enforcement	Responsible Agency(ies)	Funding Source(s)	2017 Budget
Neighborhood Policing (Bellingham Police Department)	Bellingham Public Safety	City of Bellingham	
Community Paramedic	Bellingham Public Safety	City of Bellingham	
Neighborhood Policing (Whatcom County Sheriff)	Whatcom County Sheriff	Whatcom County	
Crisis Intervention Team Training and Hostage Negotiation training for Law Enforcement	Edgework	Whatcom County	
Cite and Release (In lieu of incarceration)	Whatcom County Sheriff's Office		



Treatment Programs

When unhealthy patterns of behavior lead to criminal offences treatment is provided to break these habits and reinforce alternative ways of dealing with persistent challenges.

7. Behavioral Health Support Programs for Offenders Involved in the Criminal Justice System

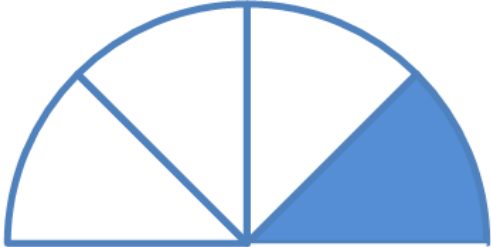
Some individuals who are already incarcerated have underlying behavioral health challenges. By reaching out to these individuals and providing therapy we reduce the likelihood of untreated illnesses or disorders leading to continuing problems and re-arrest. These programs increase many inmates' ability to lead a healthy life after they are released.

Behavioral Health Support Programs for offenders	Responsible Agency(ies)	Funding Source(s)	2017 Budget
Jail and Re-Entry Program	Compass Health	Whatcom County	
Psychotropic medications upon release and connection to community-based treatment	Compass Health and Sheriff's Department	Whatcom County	
Interim Housing			
Case Management		City of Bellingham	
Specialized Behavioral Health Unit in Probation	District Court	Whatcom County	
Juvenile Court Behavioral Health Services		Whatcom County	

8. Other Support Programs and Options for Offenders Involved in the Criminal Justice System

Whatcom County Jail offers instructional programs for inmates that provide skills and tools for success after release. These programs reduce the rate of recidivism and create new employment opportunities post-release.

Other Support Programs for offenders	Responsible Agency(ies)	Funding Source(s)	2017 Budget
Work and School Release (part-time incarceration)	Whatcom County Sheriff's Department		
Offender Work Crews	Whatcom County Sheriff's Department		
GED Program for inmates			
Whatcom Dream for Financial Literacy			
Medical and Dental Care			



Aftercare Programs

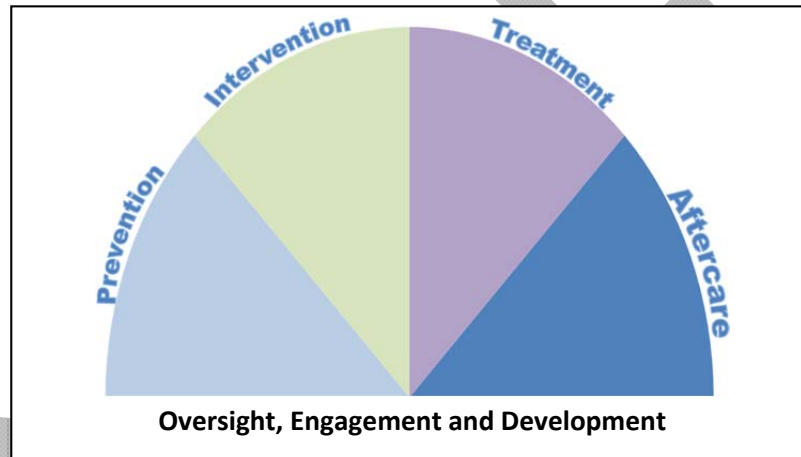
For some that have received treatment, continued success requires continued support. These programs are designed to minimize relapse and continue to reinforce positive development.

9. More Intense Housing Assistance and Behavioral Health Programs

Especially for individuals suffering from serious mental illness and/or substance use disorder, an important step towards stability is a safe place to call home where they can build consistency in their lives and will be available to receive the ongoing supportive services that they need.

More Intense Housing Assistance Programs	Responsible Agency(ies)	Funding Source(s)	2017 Budget
Community Outreach and Recovery Support (CORS)	Compass Health	Medicaid	
Projects for Assistance in Transition from Homelessness (PATH)	Compass Health	Medicaid	
Staffed Permanent Supported Housing	Catholic Community Services, Sun Community Services, Pioneer Human Services, Northwest Youth Services, Domestic Violence and Sexual Assault Services, Lake Whatcom Treatment Center	Whatcom County, City of Bellingham, Various Federal and State Sources	

Transitional and Semi-independent housing support staff and facility maintenance	Sun Services, Lydia Place, Domestic Violence and Sexual Assault Services, Northwest Youth Services	Whatcom County, City of Bellingham	
Narcotics Anonymous and Alcoholics Anonymous programs	Narcotics Anonymous		
Behavioral Health Access Program	Whatcom County Health Department with Partner Service Providers	Whatcom County	
Homeless Outreach Team	Opportunity Council	Whatcom County, City of Bellingham	



10. Policy Advising and System Coordination

To improve the effectiveness and efficiency of the diverse programs working simultaneously and overlapping in some communities it is important to always seek improved coordination of service delivery.

Policy Advising and System Coordination	Responsible Agency(ies)	Funding Source(s)	2017 Budget
Incarceration Prevention and Reduction Task Force	Whatcom County, Community Partners	Whatcom County	
Ground-level Response and Coordinated Engagement (GRACE)	Whatcom County, City of Bellingham, PeaceHealth St. Joe's	Whatcom County	
Program Administration (Support for staff)	Whatcom County	Whatcom County	
Direct Program Support (Staff)	Whatcom County	Whatcom County	

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

ORDINANCE 2015- 037

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 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 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 4th day of August, 2015

ATTEST:

Dana Brown-Davis,
Clerk of the Council

APPROVED AS TO FORM:

Civil Deputy Prosecutor

**WHATCOM COUNTY COUNCIL
WHATCOM COUNTY, WASHINGTON**

Carl Weimer,
Council Chair

**WHATCOM COUNTY EXECUTIVE
WHATCOM COUNTY, WASHINGTON**

Jack Louws, County Executive

(X) Approved () Denied

Date Signed: 8/10/15

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 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;
- J. One Representative from the small cities designated by the Small Cities Caucus;
- K. One tribal representative from either the Lummi Nation or the Nooksack Tribe;
- L. One representative from the Whatcom County Health Department Human Services;
- 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.