

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

1. Call To Order

Committee Chair Anne Deacon called the meeting to order at 2:30 p.m. at the Health Department Creekside Conference Room, 509 Girard Street, Bellingham.

Members Present: Anne Deacon, Susan Gribbin, Dan Hammill, Mike Parker (proxy for Greg Winter)

Also Present: Jill Bernstein, Veronica Smith (proxy for Nick Lewis)

Members Absent: Byron Manering, Nick Lewis, Greg Winter

2. Opioid issues and the City of Bellingham crime trends for bike theft

Hammill described his interest in property crimes and emerging trends in opioid and methamphetamine addiction. He is looking for information on the number of bike thefts in the community, where they tend to happen, the connection between bike theft and drug use, and recidivism to know if there are actions or recommendations this committee can make to the larger Task Force.

Lt. Bob Vander Yacht and Sgt Keith Johnson, Bellingham Police Department, submitted a handout (*on file*) and presented information and answered questions on bike thefts statistics in the city.

- There has not been a corresponding increase with the increase in opioid addiction
- There is opportunity for theft because there are so many bikes in the community
- Of those stolen this year to date, 25% of the owners provided their bike's serial number
- Project 529, which has been implemented the last few months, is a bike registration and theft alert system
- There have been 22 arrests so far in 2017, mostly young adults who are repeat offenders with lengthy arrest records and drug problems
- A certain percentage are people who have an addiction have moved into the area
- The thefts tend to be more opportunistic than organized, but there has been some organized fencing
- Some offenders trade the bikes directly for drugs
- Once stolen, the bikes are chopped up for parts or to be made unrecognizable
- They must differentiate between thefts due to criminal behavior versus survivor behavior
- Locally the most frequent drug of choice are meth and heroin

The Committee discussed:

- Addressing the problems for the purpose of victim harm reduction, cost savings, and transforming lives
- People tend to assume there is a connection between theft and homelessness
- The City of Bellingham plans and funds camp cleanup

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- The police are working with people to register and lock up their bikes
- Many people would use an effective treatment program if one was available, but that's decided on a case-by-case basis if someone chooses to participate
- Ask someone in drug court their perspective on how to develop incentives
- There is no successful medicine-assisted treatment regimen for meth users
- Some camp residents feel it's easier to use outside than meet the conditions of housing
- How to provide sharps containers to reduce needle litter
- Some people are going to camps to use, but don't live there

6. Other Business

GRACE Program

Gribbin moved that the Behavioral Health Ad Hoc Committee recommends support of the Whatcom GRACE program and encourages community leaders to offer financial support for its development and implementation. The motion was seconded and carried unanimously.

The motion will go to the full Task Force and, if approved, included in the Phase III Report.

The Committee discussed the need for programs that are successful and that those involved in bike theft may not be ideal candidates for the GRACE program.

Phase III Committee Report

Deacon submitted (on file) and read through and described the draft committee report she and Forrest Longman have written.

Hammill moved to support the committee report as presented. The motion was seconded and carried unanimously.

The committee discussed the County's new funding for a street outreach person specializing in opioid use.

3. Discussion of RCW 82.14.530, Sales and use tax for housing and related services

The committee discussed using sales and use tax for housing and related services. It would generate around \$4 million. The Committee and Task Force should consider this in upcoming meetings.

Deacon reported on a new option through RCW 82.14 for additional monies to support programs. Counties are allowed to increase sales tax by 1/10 of one percent to create additional programs and services for people who frequent the criminal justice system. She described how it can be spent.

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The committee discussed how housed folks offend less, even without intervention and treatment. Simply housing folks can solve a broader spectrum of societal issues, the timing of raising taxes and multiple ballot measures, when the housing levy will be renewed, making sure voters see the benefit and broader positive outcomes of the tax, and the reason voters rejected the jail sales and use tax ballot measure.

4. Update on consumer focus group

Bernstein reported that representatives at Western Washington University quoted a cost of \$13,000 to facilitate a scientifically-driven consumer focus group, which is too much. Moonwater may agree to facilitate the process for much less. The Vera Institute consultants are only interested in the process if it is done professionally with scientifically-reliable data.

The committee discussed the effort to find out what they don't know, and then develop a set of questions. After January, the committee can decide how to move forward with a structure.

5. Next Steps: Ideas & Further Information

The committee discussed having regular updates on various programs on the agenda.

2018 Committee meeting schedule

The Committee discussed the proposed regular meeting schedule for 2018 and concurred to schedule meetings on Mondays that are not City Council meeting days. The meeting time is to be determined.

7. Public Comment

Irene Morgan stated quantify the amount of savings they will realize from people not going to jail, and transfer monies to programs instead of taxing.

8. Adjourn

The meeting adjourned at 4:30 a.m.

RCW 82.14.530

Sales and use tax for housing and related services.

(1)(a) A county legislative authority may submit an authorizing proposition to the county voters at a special or general election and, if the proposition is approved by a majority of persons voting, impose a sales and use tax in accordance with the terms of this chapter. The title of each ballot measure must clearly state the purposes for which the proposed sales and use tax will be used. The rate of tax under this section may not exceed one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used, in the case of a use tax.

(b)(i) If a county with a population of one million five hundred thousand or less has not imposed the full tax rate authorized under (a) of this subsection within two years of October 9, 2015, any city legislative authority located in that county may submit an authorizing proposition to the city voters at a special or general election and, if the proposition is approved by a majority of persons voting, impose the whole or remainder of the sales and use tax rate in accordance with the terms of this chapter. The title of each ballot measure must clearly state the purposes for which the proposed sales and use tax will be used. The rate of tax under this section may not exceed one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used, in the case of a use tax.

(ii) If a county with a population of greater than one million five hundred thousand has not imposed the full tax authorized under (a) of this subsection within three years of October 9, 2015, any city legislative authority located in that county may submit an authorizing proposition to the city voters at a special or general election and, if the proposition is approved by a majority of persons voting, impose the whole or remainder of the sales and use tax rate in accordance with the terms of this chapter. The title of each ballot measure must clearly state the purposes for which the proposed sales and use tax will be used. The rate of tax under this section may not exceed one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used, in the case of a use tax.

(c) If a county imposes a tax authorized under (a) of this subsection after a city located in that county has imposed the tax authorized under (b) of this subsection, the county must provide a credit against its tax for the full amount of tax imposed by a city.

(d) The taxes authorized in this subsection are in addition to any other taxes authorized by law and must be collected from persons who are taxable by the state under chapters **82.08** and **82.12** RCW upon the occurrence of any taxable event within the county for a county's tax and within a city for a city's tax.

(2)(a) Notwithstanding subsection (4) of this section, a minimum of sixty percent of the moneys collected under this section must be used for the following purposes:

(i) Constructing affordable housing, which may include new units of affordable housing within an existing structure, and facilities providing housing-related services; or

(ii) Constructing mental and behavioral health-related facilities; or
(iii) Funding the operations and maintenance costs of new units of affordable housing and facilities where housing-related programs are provided, or newly constructed evaluation and treatment centers.

(b) The affordable housing and facilities providing housing-related programs in (a)(i) of this subsection may only be provided to persons within any of the following population groups whose income is at or below sixty percent of the median income of the county imposing the tax:

- (i) Persons with mental illness;
- (ii) Veterans;
- (iii) Senior citizens;
- (iv) Homeless, or at-risk of being homeless, families with children;
- (v) Unaccompanied homeless youth or young adults;
- (vi) Persons with disabilities; or
- (vii) Domestic violence survivors.

(c) The remainder of the moneys collected under this section must be used for the operation, delivery, or evaluation of mental and behavioral health treatment programs and services or housing-related services.

(3) A county that imposes the tax under this section must consult with a city before the county may construct any of the facilities authorized under subsection (2)(a) of this section within the city limits.

(4) A county that has not imposed the tax authorized under RCW 82.14.460 prior to October 9, 2015, but imposes the tax authorized under this section after a city in that county has imposed the tax authorized under RCW 82.14.460 prior to October 9, 2015, must enter into an interlocal agreement with that city to determine how the services and provisions described in subsection (2) of this section will be allocated and funded in the city.

(5) To carry out the purposes of subsection (2)(a) and (b) of this section, the legislative authority of the county or city imposing the tax has the authority to issue general obligation or revenue bonds within the limitations now or hereafter prescribed by the laws of this state, and may use, and is authorized to pledge, up to fifty percent of the moneys collected under this section for repayment of such bonds, in order to finance the provision or construction of affordable housing, facilities where housing-related programs are provided, or evaluation and treatment centers described in subsection (2)(a)(iii) of this section.

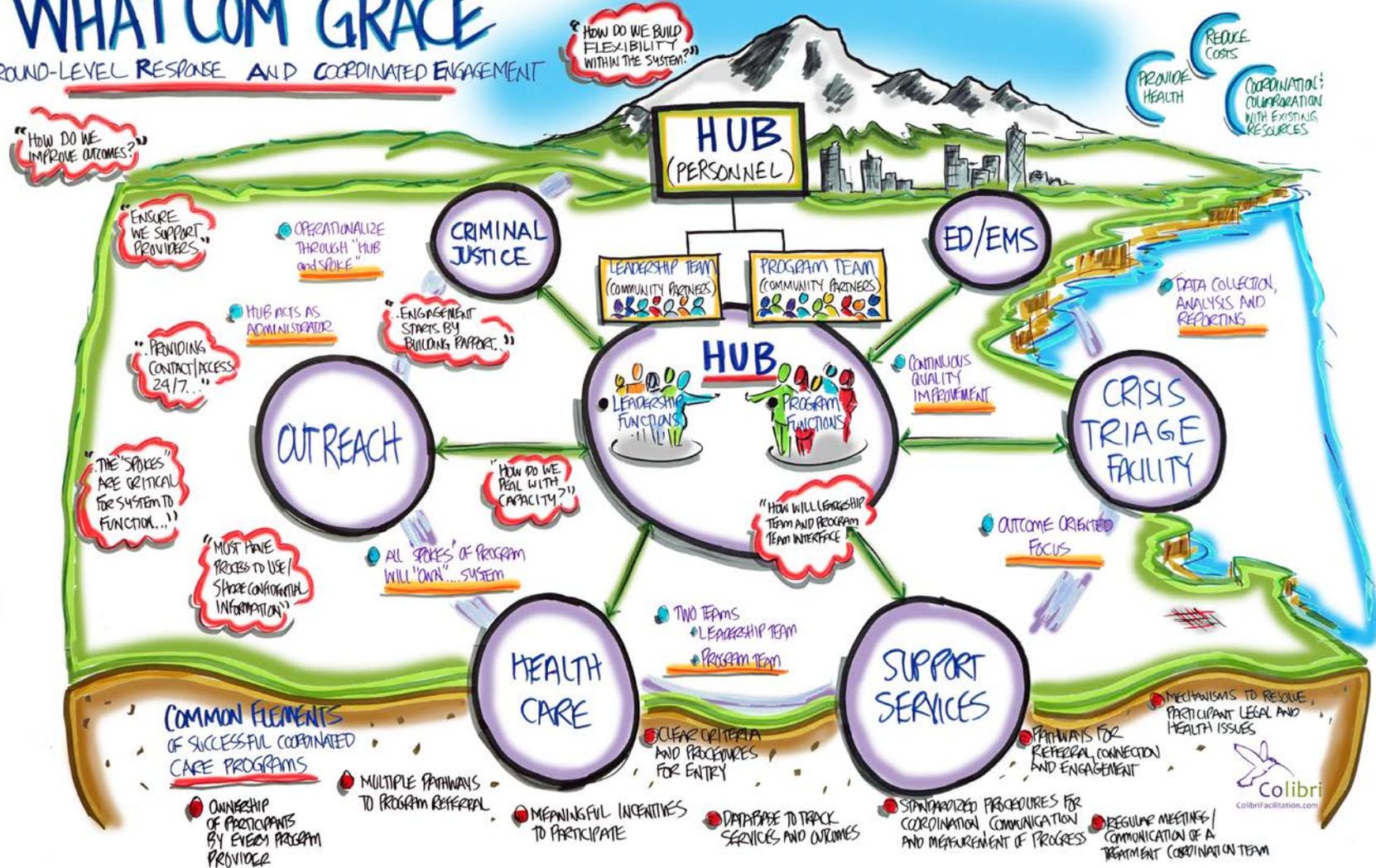
(6)(a) Moneys collected under this section may be used to offset reductions in state or federal funds for the purposes described in subsection (2) of this section.

(b) No more than ten percent of the moneys collected under this section may be used to supplant existing local funds.

[2015 3rd sp.s. c 24 § 701.]

WHAT COM GRACE

GROUND-LEVEL RESPONSE AND COORDINATED ENGAGEMENT



IPRTF Phase III Report: Appendix C

Whatcom County

Opioid Abuse

Prevention & Response Plan



*Prepared by the Whatcom County Health Department on
Behalf of **Whatcom has HOPE***

March 2017

INTRODUCTION

On September 6, 2016, twenty-seven stakeholders in Whatcom County met to discuss to growing concerns around opioid misuse and abuse. A number of topics were explored, including:

- *Current local efforts focused on opioid abuse*
- *Identification of services and programs that could be reinforced or better coordinated*
- *New strategies that could address unmet needs*
- *Existing and needed resources that could support a collective response*

Concerns from that meeting were concentrated in multiple areas. This document captures some of the early work stemming from this meeting and from workgroups that have been subsequently formed. This paper is intended to serve as a living document that will continue to evolve as stakeholders endeavor to meet the ongoing needs of the community.

BACKGROUND

Prescription opiate and heroin abuse continues to be a significant problem nationally, as well as within Washington State. Research has shown that 4 out of 5 heroin users began first with non-medical use of prescription pain relievers, and nearly half of young people who inject heroin start by abusing prescription drugs.

Whatcom County continues to experience these issues. In fact, local data has shown:

- Rates of admission to substance use disorder treatment for opiate abuse have significantly grown in the past five years
- The demographics of visitors attending the Syringe Services Program (SSP) in Whatcom County have shifted to younger ages, with 18-24 being a primary recipient of services
- Nearly 10% of Whatcom County 12th grade students reporting using prescription drugs not prescribed to them in the past 30 days
- More than 2 out of 3 (66%) adults surveyed in a recent Whatcom County survey indicated they felt prescription drugs were a “moderate to serious” problem for youth
- 78% of Whatcom County adults felt that youth have a “high risk” for harming themselves if they use medication without a prescription or in a way other than prescribed
- 47% of adults indicated they did not know where to dispose of prescription drugs
- Only 4 in 10 adults have talked to youth about the risks of harm from using prescription drugs not prescribed to them in the past three months

These are only a few examples of the challenges Whatcom County continues to face. Abuse of opioids continues to contribute to emergency room visits, jail incarcerations, and other costly community resources. Local concerns repeatedly focused on easy accessibility of pharmaceutical medications, as well as a lack of perceived harm from their use or their potential for abuse.

PARTNERSHIP

Partnership is a critical component of this collaborative effort. Each work group has dedicated time to identifying the stakeholders necessary to implement successful strategies. Coordinated

recruitment of additional key partners will be an ongoing effort. As of February 22, 2017, twenty-eight individuals have participated in initial planning efforts on a designated work group, representing fifteen different entities. Representation has included, but is not limited to:

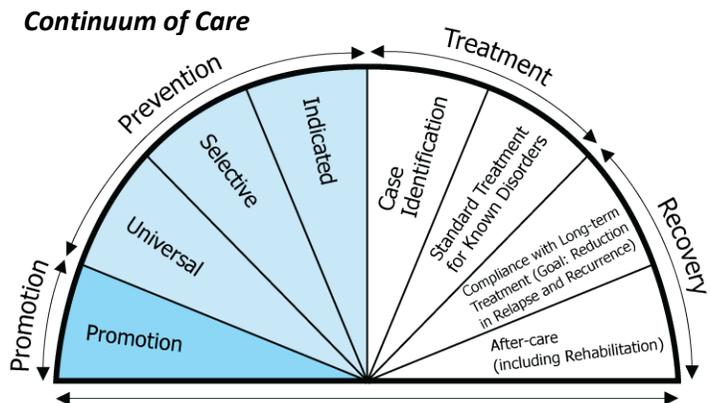
1. Bellingham School District
2. Bellingham Police Department
3. City of Bellingham
4. Chuckanut Health Foundation
5. Northwest Youth Services
6. PeaceHealth
7. Parents Matter
8. Phoenix Recovery
9. SpicerDent Productions
10. Valley Drug
11. Unity Care Northwest
12. W.C. Health Dept.
13. W.C. Public Defender's Office
14. W.C. Sheriff's Office
15. Whatcom Family & Community Network
16. Whatcom Medical Society

Additional stakeholders participated in the September meeting and are still being provided with updates and opportunities to participate. Local materials that are developed from these efforts will be marked with "Whatcom has HOPE (**H**eroin and other **O**piate **P**revention & **E**ducation)," which represents the collective efforts of these partners.

STRATEGIES

Substance Use:

Whatcom County currently possesses a number of programs and services that are designed to serve individuals with prevention, intervention, treatment, and aftercare services. These include school-based and community-based services that are delivered on a Continuum of Care. These services are designed to prevent abuse from starting, support those needing intervention or treatment services, and to support recovery. These services provide a foundation that addresses all forms of substance abuse and addictions. While this document outlines some strategies that can be implemented in direct response to opioid issues, it is also critical to provide ongoing support of the systems that create a comprehensive continuum of care.



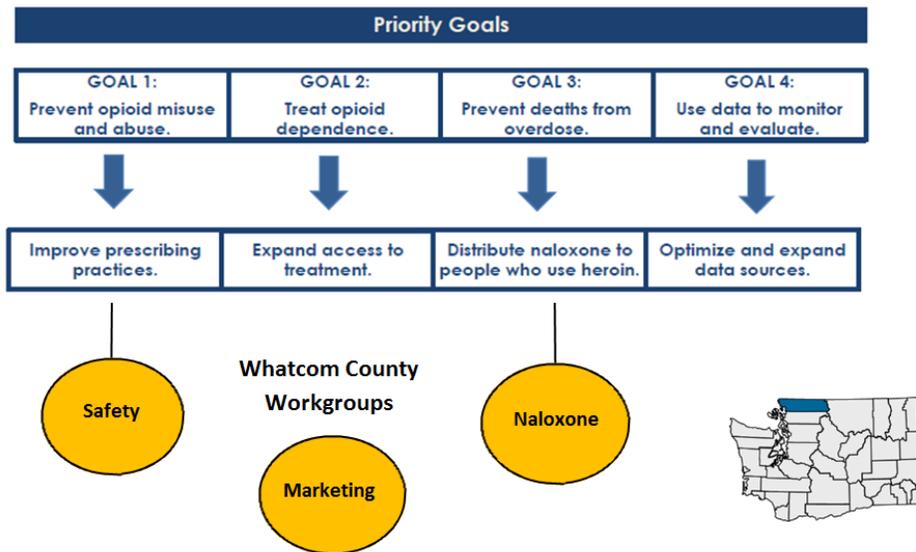
Opioid Abuse:

In response to growing concerns directly related to opioids, local stakeholders have been engaged in strategic planning to respond to the crisis. This collaborative approach developed into three separate workgroups, each having identified strategies to implement locally. In part, the **SAFETY** workgroup

focuses on preventing opioid misuse and abuse by addressing issues of securing, monitoring, and disposing of unused medications. The **NALOXONE** workgroup focuses on preventing overdose by educating about how to use and where to access naloxone (overdose reversing medication), as well as the Good Samaritan Law (protections from civil liabilities when trying to help in a medical emergency). The **MARKETING** workgroup currently serves as the hub of all media and marketing messaging, ensuring effective coordination of efforts.

Whatcom County has identified local objectives that support the Washington State Interagency Opioid Working Plan. Although individuals and agencies in Whatcom County actively participate in state and regional efforts that address all four state goals, the Whatcom County workgroups primarily focus on two state goals that were identified as ‘locally actionable.’ Efforts around prescribing practices, expansion of treatment services, evaluation, and other important efforts will continue to be supported by local partners, at the state level. The following graphic illustrates the state’s plan, and how Whatcom County workgroups specifically connect to state goals.

2017 Washington State Interagency Opioid Working Plan



Stakeholder and workgroups meetings created an opportunity to review and analyze local data in-depth, driving the process of identifying needs and potential strategies that could be implemented in Whatcom County. The following plan was developed as the starting point for a comprehensive and collaborative approach to addressing public health issues related to opioid misuse and abuse in the community.

SAFETY

State Goal 1: Prevent opioid misuse and abuse.

Objective 1.1: Create a “Medicine Inventory tool” that Whatcom County residents can use to monitor and track their medications.

Objective 1.2: Acquire and distribute medicine lock bags/boxes to Whatcom County residents.

- Objective 1.3:** Convene stakeholders that will work to research and review potential for a local Stewardship Ordinance (reverse-distributor process for drug disposal).
- Objective 1.4:** Increase public awareness through appropriate messaging, including:
 - a) Secure your medications (lock them up)
 - b) Monitor your medications
 - c) Properly dispose of unwanted, unneeded medications (promote Take Back sites)

MARKETING

Addresses multiple goals and strategies identified in the state plan.

- Objective 2.1:** Coordinate efforts between workgroups to deliver a comprehensive marketing plan.
- Objective 2.2:** Increase public awareness through appropriate messaging, including:
 - a) Increase the awareness of harms of prescription drug abuse, as well as prevalence of abuse.
 - b) Reduce stigma around addictions while increasing awareness that prescription drugs can lead to addiction (i.e., it can happen to anyone).
 - c) Promote appropriate use of prescription drugs, as well as alternatives to pain management.
 - d) Promote the importance of adults talking to children about the harms of using medications inappropriately, or medications not prescribed to them.

NALOXONE

State Goal 3: Prevent deaths from overdose.

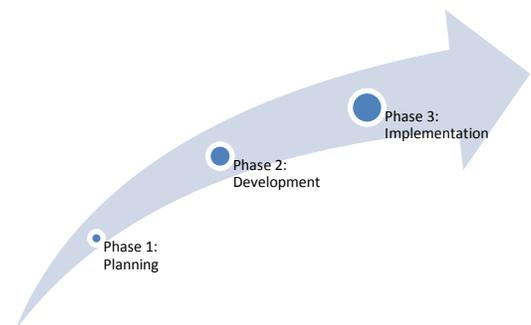
- Objective 3.1:** Develop Naloxone policy standards for agencies to adopt and encourage securing kits.
- Objective 3.2:** Create an inventory of Naloxone carriers/distributors.
- Objective 3.3:** Identify access gaps to Naloxone in the county.
- Objective 3.4:** Recruit additional pharmacies to carry Naloxone for public access.
- Objective 3.5:** Secure Naloxone for time-limited distribution.
- Objective 3.6:** Increase public awareness through appropriate messaging, including:
 - a) Promote the Good Samaritan Law.
 - b) Educate about proper Naloxone use and access.

Workgroups will continue to refine their action plans through the planning and implementation process, and will be able to scale efforts as resources are available.

IMPLEMENTATION & EVALUATION

Implementation of the project will be done in three phases, including planning, development, and implementation. Each workgroup will establish action steps and timelines for each strategy to be delivered.

Evaluation of efforts will be identified by each workgroup, and may include the data collection of output and outcome data, collected through either a



quantitative or qualitative process. Aside from project specific measures, ongoing data sources in the community will be reviewed to track ongoing opioid abuse impacts. This will include the annual Community Adult Survey, the Healthy Youth Survey administered every two years, and other community indicators (treatment admissions, arrest records, emergency room visits, etc.).

RESOURCES

State and federal resource currently provide some useful tools and information. Whatcom County will work to promote these available resources to support identified local needs. A sample of these resources includes, but is not limited to:

Stopoverdose.org <http://stopoverdose.org/>

Partnership for Drug-Free Kids <http://www.drugfree.org/>

Take back your meds <http://www.takebackyourmeds.org/>

We acknowledge there are many other agencies, programs, and services that are working on reducing issues associated with opioid abuse. This is not an exhaustive list of efforts in Whatcom County, but does represent some collaborative work being coordinated to establish a collective impact. We thank all that have been involved in this process, and others that will be in the future. If you would like more information, contact the Whatcom County Health Department at 360-778-6002.

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 Terms of office for appointed members.
- 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. (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

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. (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

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. (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

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. (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

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, and substance abuse treatment provider (three);
- F. Consumer of services or family member of consumer (two);
- G. Concerned citizens (two). (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

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. (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

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. (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

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. (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

2.46.090 Reporting.

At least annually, no later than June 30th 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. (Ord. 2015-037 Exh. A; Ord. 2015-025 Exh. A).

PROGRAMS & SERVICES

PARENTING SUPPORT FOR HEALTHY CHILDHOODS AND UPSTREAM PREVENTION

- *Nurse Family Partnership**
- *Strengthening Families**
- *Building Healthy Communities**
- *Community Coalitions**
- *Youth And Family Behavioral Health**
- Youth Street Outreach Team
- *In-School Prevention / Intervention Services**
- *Communities in Schools**
- Parenting Academy
- Growing Together and Parent Child Assistance Program
- Youth Marijuana Prevention And Education

DRUG ABUSE PREVENTION FOR ADULTS

- *Prescription Take Back Pilot Program**
- Pharmaceutical Stewardship Ordinance
- *Prescription Lockboxes And Safe Storage**
- *Opiate Addiction Outreach & Education**

BEHAVIORAL HEALTH SUPPORT

- *Mental Health Crisis Triage Services**
- *Detox Services**
- Crisis Prevention / Intervention Teams
- Program for Assertive Community Treatment (PACT)
- *Behavioral Health Access Program (BHAP)**

SPECIALTY COURT PROGRAMS AND OTHER LEGAL ALTERNATIVES

- Teen Court
- *Drug Court**
- *Family Treatment Court**
- *Mental Health Court**
- Non-Incarcerated Pretrial Supervision
- Electronic Home Detention / Monitoring
- DUI Victim Impact Panel
- Cite and Release

BEHAVIORAL HEALTH INTEGRATION WITH PUBLIC SAFETY AND FIRST RESPONDERS

- Neighborhood Police Officers and Deputies
- Community Paramedic
- *Crisis Intervention / Hostage Negotiation Trainair for First Responders**

BEHAVIORAL HEALTH SUPPORT FOR OFFENDERS IN CRIMINAL JUSTICE SYSTEM

- *Jail Behavioral Support and Re-Entry**
- *Psychotropic Medications and Community-Based Connections Upon Release**
- *Interim Housing**
- *Case Management**
- *Special Behavioral Health Unit in Probation**
- *Juvenile Court Behavioral Health Services**

OTHER SUPPORT OPTIONS FOR OFFENDERS INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

- Work Release and School Release
- Offender Work Crews
- GED Program for Offenders
- Financial Literacy for Offenders

MORE INTENSE HOUSING AND BEHAVIORAL HEALTH ASSISTANCE

- Community Outreach and Recovery Support (COR)
- Project for Assistance in Transition from Homelessness (PATH)
- *Staffed Permanent Supported Housing**
- *Transitional and Semi-Independent Housing Support**
- *Mental Health Services**
- *Substance Use Disorder Services**
- Homeless Outreach Team (HOT)

POLICY DEVELOPMENT AND SYSTEM COORDINATION

- *Incarceration Prevention/Reduction Task Force**
- *Ground-level Response And Coordinated Engagement (GRACE)**

(*programs supported by 1/10 Sales Tax Revenue)