

Incarceration Prevention Reduction Task Force

June 11, 2018

Whatcom County Courthouse Fifth Floor Conference Rooms 513/514, 311 Grand Ave., Bellingham WA
9:00 a.m. – 11:00 a.m.

Topic	Requested Action	Presenter	Packet Page(s)
1. Call to Order <ul style="list-style-type: none"> • Review the May 14, 2018 Meeting Summary • Recent Task Force Successes 	Review	Co-Chairs	1 - 4
2. Review and approve Annual Report to the County Council	Review & Approve	Mark Gardner	5 - 31
3. Committee Updates <ul style="list-style-type: none"> • Steering Committee • Triage Facility Committee • Behavioral Health Committee • Legal & Justice Systems Committee (<i>last meeting was May 8</i>) and Pretrial Processes Workgroup 	Information	Todd Donovan Chris Phillips Anne Deacon/Dan Hammill Stephen Gockley	32 - 38
4. Update by Jurisdictions on Jail Diversion Programs	Information	Bill Elfo Nick Lewis John Billester Darlene Peterson	N/A
5. Update of 2018 Committee Assignments	Approve	Co-Chairs	39
6. Next Steps: Ideas & Further Information <ul style="list-style-type: none"> • Review assigned tasks • Next meeting topics 			
7. Other Business			
8. Public Comment			
9. Adjourn			

UPCOMING MEETINGS:

IPR TASK FORCE various Mondays 9-11 a.m. Courthouse Conf. Rm 513/514 311 Grand Ave., Bellingham	COMMITTEES			
	BEHAVIORAL HEALTH various Mondays 2:30-3:30 (except where noted) Health Department Creekside Conf. Room 509 Girard, B'ham	LEGAL & JUSTICE SYS. 2 nd Tuesday 11:30 am–1:30 pm Courthouse Conf. Rm 514 311 Grand Ave., Bham	TRIAGE FACILITY 3 rd Thursday 9:30-11:00 a.m. Health Dept. MOVED TO Courthouse 5 th Floor 513 or 514, 311 Grand Avenue, B'ham	STEERING As needed Courthouse County Council Conference Room Courthouse Suite 105 311 Grand Ave., Bham
June 11 July 16 August 6 September 17 October 15 November 26 December 17	June 11 July 16 August 6 September 17 October 15 November 26 December 17	June 12 July 10 (no august) September 11 October 9 November 13 December 11	June 21 in Room 514 July 19 in Room 513 August 9 * in Room 513 September 20: location TBD October 18 in Room 514 November 15 in Room 513 December 20 in Room 514	September 6: 9:30 a.m.

Incarceration Prevention and Reduction Task Force
DRAFT Meeting Summary May 14, 2018

1. Call to Order

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

Present: Angela Anderson, Jill Bernstein, Anne Deacon, Todd Donovan, Bill Elfo, Deborra Garrett, Kate Hansen, Deborah Hawley, Jack Hovenier, Raylene King, Betsy Kruse, Kelli Linville, Dave McEachran, Lisa McShane, Moonwater, Chris Phillips, Tyler Schroeder, Greg Winter

Absent: Jerry DeBruin, Stephen Gockley, Daniel Hammill, Nick Lewis, Byron Manering, Darlene Peterson,

Review April 2, 2018 Meeting Summary

There were no changes.

2. Committee Updates

Donovan referenced the summary in the packet and updated on the Steering Committee, including:

- The annual report timeline. The committee drafts are due May 24.
- Information Needs and Data Exchange (INDEX) Committee structure including a technical group

Barry Buchanan, Whatcom County Council, reported on an upcoming meeting with the administration to discuss a County 2018 supplemental budget request for pretrial risk assessment.

Mark Gardner, City of Bellingham, described the structure and planned content of the annual report.

The Task Force members discussed the potential pretrial services unit and pretrial risk assessment tool.

Phillips referenced the summary in the packet and updated on the Triage Facility Committee, including:

- Funding approval for a facility
- The County's contract with the architectural firm.
- Ground-breaking tentatively scheduled for the end of 2018
- Planned completion at 12 - 16 months after groundbreaking

The Task Force members discussed:

- Working with the architect to create exact timelines
- No potential delays due to permitting
- Awaiting final construction and design contract for services

Phillips continued the committee report on triage facility operations, including:

- Licensure
- The plan to increase the level of services for detox to further diver from the emergency room and jail

Deacon described the shift in policy to create an involuntary triage facility instead of a voluntary facility for mental health services and answered questions:

- The current provider is Compass Health
- The design would be modified to include a seclusion and restraint room

Incarceration Prevention and Reduction Task Force
DRAFT Meeting Summary May 14, 2018

- Law allows holds up to 12 hours and evaluation within three hours by independent designated crisis responders (DCRs)
- Who determines release at the triage facility
- Staff at the facility cannot overrule a 12-hour peace officer hold
- The entire unit would be certified as involuntary, but with only 1 added seclusion and restraint room.
- Operational financing comes from Medicaid
- Operational funding as cost-based reimbursement versus fee for service by the managed care organizations (MCOs)
- A secure detox involuntary hold may be an option in the future

Deacon referenced the summary in the packet and reported for the Behavioral Health Subcommittee, including:

- A presentation from Jeff Brubaker, Bellingham Fire Department, on their efforts to engage people in mental health services.
- The receipt of a technical assistance grant for \$25,000 to help collect and share data for the Ground level Response And Coordinated Engagement (GRACE) Program
- Negotiations with a treatment provider to be the hub provider for the GRACE Program
- A grant for technical assistance to reduce incarceration of youth and teens.
 - The City/County team will attend a conference in June
 - The grant program lasts a year
 - The grant is meant to support efforts to reduce incarceration for 18-24 year olds

The Task Force members discussed:

- The appropriate members for the technical assistance grant team
- Whether the technical assistance grant is to address prevention before incarceration
- Bellingham's GRACE-like program and federal Health Insurance Portability and Accountability Act (HIPAA) waivers
- The technology grant will help with the waiver issues
- The Crisis Prevention & Intervention Teams (CPIT) program's law enforcement position is not filled at this time
- Information exchange will always be a challenge
- Start the GRACE Program sooner with people who are willing to sign a waiver, and not wait for a waiver structure that will work for everyone
- Providing workforce training for CPIT
- The difficulty of getting qualified staff
- Union bargaining agreements are preventing a staff change or a salary increase that would attract a qualified DCR

(McEachran out)

Garrett referenced the summary in the packet and reported for the Legal and Justice Systems Committee, including:

- The committee's focus on the pretrial services and the Pretrial Processes Workgroup
- The half-day meeting with Dr. Jacqueline van Wormer on April 19
- Superior Court Administrator Dave Reynolds is collecting statistics necessary to develop a risk assessment tool for Whatcom County
- The committee's draft annual report and data needs

Bernstein continued the committee update on the necessity of reducing the pretrial population and the number of warrants that are issued.

The Task Force members discussed whether a pretrial risk assessment could be used across all jurisdictions.

3. Update by Jurisdictions on Jail Diversion Programs

Elfo reported for the Sheriff's Office and Jail, including:

- Law enforcement sends out a jail population notice three times per day and recommends law enforcement citations and prosecutor referral whenever possible. As a result, they are seeing fewer de minimis offenses being booked into the jail.
- Meeting with courts of limited jurisdiction, which have agreed to book-and-release and to reducing the number of warrants whenever possible
- They suggested that the courts allow clerks to quash warrants
- Installation of electronic home monitoring for District Court pretrial defendants at the request of the court. There is no defendant supervision.
- A higher level of supervision is given to post-convicted on electronic home monitoring
- Changes in procedures at Peace Health to prevent incarceration due to staff member assaults by people with severe mental health problems
- The crisis intervention deputy position
- Considering use of the juvenile detention center, with 48 beds, as a facility for people with profound behavioral health problems and moving the kids elsewhere, potentially to the existing triage facility location
- The fewer number of offenders who have served time in jail since the County Council approved fee waivers and a sliding scale for participation in various jail alternatives

King reported for the small cities, including:

- Cross-small cities warrant quash
- Meeting with small cities on electronic home monitoring with Friendship Diversion Services

Peter Ruffatto, City of Bellingham, reported for the City of Bellingham, on potential changes to electronic home monitoring resulting in more active monitoring and immediate response.

Bruce Van Glubt, District Court Administrator, reported on the District Court pilot program for electronic home monitoring.

4. Review and discuss the proposed Information Needs and Data Exchange (INDEX) Committee

Schroeder referenced the packet and described the background and proposed structure of the proposed new committee. The committees are still working to complete their data needs. The Task Force members discussed suggestions for changes:

- Include the Bellingham and County Information Technology (IT) departments
- Invite the Lummi Nation
- Include people who are consumers of the system
- Include in the goals or mission of the committee a consideration of racial, poverty, and gender disparities in the criminal justice system

Schroeder stated he will incorporate the suggestions into the draft INDEX Committee structure. Once the subcommittees have finished identifying their data needs, he will bring the proposed committee back to the Task Force.

Schroeder asked if the Task Force members approve of him reaching out to people from the jurisdictions and start to establish individual contacts, before the Task Force formally establishes the subcommittee.

The Task Force concurred by general consent.

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5. IPRTF review of possible grant opportunity from the Urban Institute Safety + Justice Challenge

Barry Buchanan, County Councilmember, submitted and reported on a potential grant opportunity. The County Council asked the Task Force to make a recommendation on whether such an opportunity could be useful for the Task Force.

Task Force members discussed:

- The short timeline for submitting an application
- Whether anyone has a project that could qualify
- Whether anyone has time to devote to developing an application or administering the grant requirements
- Whether they could add these grant funds to a recent \$25,000 Data Across Sectors for Health (DASH) grant received for information exchange

6. Next Steps: Ideas and Further Information

This item was not discussed.

7. Other Business

This item was not discussed.

8. Public Comment

Irene Morgan reported on the work of the Restorative Community Coalition and spoke about the psychological and physical trauma her clients experience.

Joy Gilfilen spoke about someone applying for the MacArthur grant on behalf of the Restorative Community Coalition, their mapping process, and statistics on the number of people who have been arrested and incarceration.

Heather Flaherty spoke about the Prosecutor's Office's invitation for people to attend their weekly case meetings and the County Council's listening tour on jail issues.

9. Adjourn

The meeting adjourned at 10:58 a.m.



Whatcom County Incarceration Prevention and Reduction Task Force

DRAFT 2018 Annual Report

June 19, 2018

TASK FORCE MEMBERS

Angela Anderson
Chief Deputy, Whatcom County Public Defender

Jill Bernstein
Co-Chair, Citizen Representative

Anne Deacon
Human Services Manager, Whatcom County Health Department

Jerry DeBruin
Fire District 14 Chief

Todd Donovan
Whatcom County Council

Bill Elfo
Whatcom County Sheriff

Deborra Garrett
Superior Court Judge

Stephen Gockley
Board Member, Whatcom Alliance for Health Advancement

Daniel Hammill
Council Member, City of Bellingham

Kate Hansen
Federally Qualified Health Center Representative

Deborah Hawley
Consumer Representative

Jack Hovenier
Co-Chair, Consumer Representative

Raylene King
Blaine Court Administrator

Betsy Kruse
Deputy Director, North Sound Mental Health Administration

Nickolaus Lewis
Lummi Indian Business Council Member, Lummi Nation

Kelli Linville
Mayor, City of Bellingham

Byron Manering
Executive Director, Brigid Collins

Dave McEachran
Whatcom County Prosecuting Attorney

Lisa McShane
Citizen Representative

Moonwater
Executive Director, Whatcom Dispute Resolution Center

Darlene Peterson
Court Administrator, Bellingham Municipal Court

Chris Phillips
Director for Community Affairs, PeaceHealth St. Joseph Medical Center

Tyler Schroeder
Whatcom County Deputy Executive representative

Greg Winter
Executive Director, Opportunity Council

BEHAVIORAL HEALTH COMMITTEE

Doug Chadwick, for Bill Elfo

Anne Deacon, Co-Chair

Dan Hammill, Co-Chair

Kelli Linville

Byron Manering

Sandy Whitcutt, for Betsy Kruse

Mike Parker, for Greg Winter

CRISIS TRIAGE COMMITTEE

Jerry DeBruin

Todd Donovan

Kate Hansen

Jack Hovenier

Betsy Kruse

Perry Mowery, for Anne Deacon

Jeff Parks, for Bill Elfo

Chris Phillips, Chair

Tyler Schroeder

LEGAL AND JUSTICE COMMITTEE

Angela Anderson

Jill Bernstein

Bill Elfo

Deborra Garrett

Stephen Gockley, Chair

Deborah Hawley

Raylene King

Dave McEachran

Lisa McShane

Moonwater

Darlene Peterson

Peter Ruffatto, for Kelli Linville

TASK FORCE ALTERNATIVES OR PROXIES

Barry Buchanan, for Todd Donovan

April Barker or Michael Lilliquist, for Dan Hammill

Heather Flaherty, for Lisa McShane

Ralph Long, for Nickolaus Lewis

Perry Mowery or Jackie Mitchell, for Anne Deacon

Peter Ruffatto, for Kelli Linville

Jeff Parks, for Bill Elfo

Mike Parker, for Greg Winter

Kathy Walker, for Dave McEachran

Sandy Whitcutt, for Betsy Kruse

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I. Introduction and Summary

TASK FORCE STATEMENT OF PURPOSE. The Incarceration Prevention and Reduction Task force was formed by an ordinance of the Whatcom County Council in 2015 to review Whatcom County's criminal justice and behavioral health programs and recommend changes to reduce incarceration of individuals struggling with mental illness and chemical dependency, and to reduce jail use by pretrial defendants who can be safely released. The Task Force includes a broad range of participants including representatives from organizations involved in criminal justice and law enforcement, policy makers, service providers, members of the public, and consumers of services.

The Task Force has established three ad hoc committees to work on specific criminal justice or behavioral health issues. A *Crisis Triage Facility Committee* is developing recommendations for an expanded crisis recovery facility. A *Legal and Justice System Committee* is examining reforms in law enforcement and justice system practices. A *Behavioral Health Committee* is identifying ways to improve delivery of mental health and substance use disorder services. In 2018, a new committee is being formed to facilitate improvement in data systems and cross-jurisdictional information-sharing, and to develop data to measure impacts. Progress to reduce incarceration and improve access to behavioral health resources, as well as significant barriers or opportunities, are noted briefly below. These topics are explored more thoroughly in the body of the report.

Legal and Justice System Committee

- ***Pretrial Risk Assessment and Services.*** Use of a data-driven risk assessment tool for pretrial release decisions, and capacity to monitor defendants who are released, is considered a best practice in judicial administration. The Legal and Justice System Committee formed a Pretrial Processes Work Group to develop a framework for a risk assessment and supervision program. The Work Group contracted with a consultant to help it design the program, and will make a budget request to the County Council in summer 2018 for additional consultant services for the pretrial risk tool, and to hire a project supervisor for the new program.
- ***Expansion of Electronic Home Monitoring.*** Local jurisdictions are working to expand the availability of electronic home monitoring (EHM) as a jail alternative and for pre-trial monitoring. The Bellingham Municipal Court has steadily expanded use of EHM. In 2017, 332 Municipal Court supervisees completed their sentences on electronic home monitoring, serving more than 8,900 days. Over the 2016-17 period, only 2% of people on EHM had warrants issued. The County District Court is examining ways to increase use of EHM.
- ***Behavioral Health Staff in the Public Defenders' Office.*** Many clients represented by the Whatcom County Public Defender's office have acute behavioral health needs, and in March 2017 the office hired a Behavioral Health Specialist (BHS) to perform screenings in the jail and make connections to needed treatment and services. The specialist also works to support re-entry of those released from jail by helping them to find housing and services. For 2017, the BHS worked with 40 individuals, and 11 individuals in the first quarter of 2018.
- ***Improvements to the Whatcom County Drug Court.*** Drug Court provides a method of sentencing that voids criminal charges in exchange for successful participation in substance use

disorder treatment and other activities. A part-time certified chemical dependency case manager has been added to allow the programs' director to focus on building the program via improved community and provider relations. The Court will expand its roster of treatment providers and is working to expand access to recovery housing.

- **Improvements to Jail Alternative Sentencing Programs.** Alternative sentencing programs administered by the Whatcom County Sheriff's office include Out of Custody Work Crew, In Custody Work Crew, Work Release, and Electronic Home Detention and Monitoring administered by the Sheriff's office. As a result of broader eligibility criteria, reduced fees, and streamlined application and placement processes, participation in alternatives increased substantially between 2016 and 2017: Up 59% in Out of Custody Work Crew; up 28% for In Custody Work Crew; and up 23% for Work Release.
- **Expansion of Book and Release Practices.** For low level or victimless offenders, law enforcement officers may exercise discretion to cite and release an individual rather than book them into jail. The Sheriff's Office authorized its officers to issue written citations for certain minor offenses that identify the criminal charge and inform the person of their court appearance date, and encouraged local courts to authorize book and release under certain conditions. Similar practices are used by Bellingham Courts and law enforcement.
- **Warrant Reduction Efforts.** Warrants are a critical tool for enforcing adherence to required conditions of supervision and in response to failures to appear (FTA) for court dates. In an effort to reduce warrants, the Whatcom District Court Probation department has installed software to generate text message reminders for all probation appointments, scheduled substance tests, and court hearings. Since this practice was introduced, the FTA rate for court hearings has been reduced from 28% to 14%. Also, Whatcom County District Court administrators initiated new practices to clear invalid charges that might otherwise result in warrants, and implemented a phone call reminder program for court hearings.

Behavioral Health Committee

- **Crisis Prevention, De-escalation, and Behavioral Health Response.** The Sheriff and local police departments are working to ensure all deputies and officers receive state-required Crisis Intervention Training (CIT). The County and the City of Bellingham are working to add behavioral health professionals into law enforcement crisis response, although success has been limited to date because of barriers to the flow of confidential health information. Involved partners are working together to solve these issues to the extent possible.
- **County Opioid Response Plan.** Community partners convened to develop and implement a comprehensive education and awareness campaign focused on preventing access to unauthorized medications; safe storage and disposal of medications; and overdose prevention. Educational materials on the potential harmful effects of opiates when used inappropriately have been developed and widely distributed.
- **Expansion of Substance Use Disorder Treatment.** Although mental illness alone is rarely a driver of criminal behavior, when substance abuse issues are also present, the risk increases threefold. The County is dealing with a substantial problem of opioid abuse, and the use of

methamphetamines appears to be on the rise. Medically Assisted Treatment (MAT) can stabilize the ups and downs of opiate addiction and assist individuals in establishing productive lives. A medical group called Cascade Medical Advantage, and SEA MAR Community Health Center, have together expanded MAT by 375 individuals to date.

- **System-Wide Efficacy for Managing Behavioral Health Challenges.** The Whatcom GRACE (Ground-level Response and Coordinated Engagement) program will start soon. The purpose of the program is to reduce episodes of unnecessary and costly contacts with law enforcement, EMS, the hospital emergency department, and the jail. GRACE is being designed to support individuals with significant psychosocial needs through the provision of outreach, continuous engagement, and intensive care management.

Triage Committee

- **Facility Planning.** Capital funds have been secured (\$7 million from the Washington State capital fund, and \$2.5 million from the North Sound Behavioral Health Organization). The County Council approved the Task Force-recommended plan to construct a free-standing building that will house two 16 bed units, for a total of 32 beds. County staff have executed contracts with an architectural firm, and work is proceeding to invite construction bids with an anticipated groundbreaking in fall 2018, and project completion 12 to 14 months thereafter.
- **Licensure and Services.** The plan is to develop two units. One unit will provide mental health crisis stabilization services and the other will provide acute substance detoxification services. Health Department staff are reviewing licensing and certification options for the respective units with the aim of being able to provide the highest level of service needed to divert people from jail and the hospital emergency department. On the detox side, the Health Department is considering classification as a “Medically Monitored” inpatient unit.
- **Financing.** Funding from Medicaid to behavioral health facilities is changing from a regional model involving state-created agencies, to funding through insurance companies, referred to as Managed Care Organizations, or MCOs. Whatcom County and other Washington State counties have taken the position that reimbursement by the MCOs for Crisis Stabilization services must be cost-based rather than fee-for-service in order to allow such facilities to operate.

INDEX Committee

- **Information Needs and Data Exchange (INDEX) Subcommittee.** This new committee is being formed in 2018 to improve the availability of data to track incarceration trends, use and efficacy of alternatives, behavioral health and other interventions, and trends in judicial administration. The INDEX Committee structure will include a technical workgroup and a policy workgroup. The subcommittee would identify how to assess performance and establish metrics that would measure the success of each new initiative.

Budget Needs

Some measures to improve law enforcement or judicial processes, or to strengthen behavioral health capacity and services, will require more resources—whether funding for more staff in existing programs, creation of new programs, or funds for research and development. The Whatcom County Council has requested that the Task Force identify immediate budget needs or anticipated requests for the 2019-2020 County budget. The following are summaries of these needs, which are discussed more thoroughly in the body of this report.

- **Pretrial risk assessment and pretrial monitoring capacity.** Initial estimates for consulting fees for validation of a risk assessment instrument are approximately \$50,000. The Pretrial Processes Work Group is working to identify ongoing staffing needs for implementation and maintenance of the risk assessment tool, and for staffing for pretrial services, the cost of which will vary depending on the types of services offered.
- **Drug court supports.** Additional funds to expand high-quality recovery housing and implement dedicated housing stipends will provide stability for drug court participants during the difficult work of overcoming dependency. In addition, permanent County funding for a part-time certified chemical dependency case manager will help the Court expand its capacity.
- **Improving access to jail alternatives.** Some convicted defendants have difficulty navigating their way from municipal or County courts to the Jail Work Center. The Sheriff's Office will recommend a new position be funded in the 2019-2020 budget to provide screening for eligibility and program assignment in a location at or near the County Courthouse.
- **GRACE.** Continued funding by Whatcom County, the City of Bellingham, and PeaceHealth St. Joseph's Hospital will be critical to the development and operation of the GRACE program. Funding for additional housing slots for GRACE participants will also be essential for the success of the program.
- **Triage services and continuum of care.** The success of the Crisis Recovery Facility will be limited without sufficient resources to support individuals once they have stabilized and are ready to be discharged. The Task Force recommends that the County continue to support the development of continuum-of-care services to support the operations of the center.

II. 2018 Annual Report: Incarceration Reduction Programs and Initiatives

A. Introduction

The Incarceration Prevention and Reduction Task force was formed by the Whatcom County Council in 2015. Its purpose, as stated in Whatcom County Code Chapter 2.46, 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.” The Task Force is made up of participants from a broad range of sectors, including local judicial and law enforcement agencies, behavioral health organizations, local government executive and legislative representatives, members of the public, and consumers of services.

The Task Force has established three Ad Hoc Committees to work on specific criminal justice or behavioral health issues:

- A Crisis Triage Facility Committee is developing recommendations for an expanded crisis recovery facility to serve as a secure locus for initial treatment of individuals experiencing acute behavioral health issues.
- A Legal and Justice System Committee is examining reforms in law enforcement and judicial practices to safely divert more people from jail, or reduce time in incarceration when possible.
- A Behavioral Health Committee is identifying ways to improve delivery of mental health and substance use disorder treatments to help people avoid entanglement with the justice system, or help them successfully transition out of it.

This report summarizes a broad range of activities and outcomes resulting from the work of the Task Force and its involved agencies. It also identifies issues or barriers to progress, and possible solutions to those barriers.

BRIEF OVERVIEW OF TASK FORCE ACTIVITIES. Initial Task Force areas of activity in the 2015 through 2016 period involved assembling available data on criminal justice and behavioral health trends, planning for new local acute care triage facilities, and identifying promising pre-arrest and pretrial alternatives. Major areas of focus in 2017 included developing a plan and securing capital funding for expanded triage facilities, researching options for risk assessment and pretrial services for Superior Court and other jurisdictions, and developing programs to improve the behavioral health continuum of care. In 2017 the Task Force engaged with the Vera Institute of Justice for an independent review of judicial system practices, resulting in a number of recommendations. Three progress reports detailing 2015-2017 activities can be found on the Task Force’s web page at:

<https://www.whatcomcounty.us/2052/Incarceration-Prevention-and-Reduction-T>

In 2018, the Legal and Justice Committee formed a working group to accelerate the development of a pretrial risk assessment tool and a program for pretrial services. Now that construction money has been secured, the Triage Committee is focusing on refinements to the operational model and on ensuring adequate long-term operational funding. Also in 2018, a new data committee is being created to develop measures to track progress and facilitate improvement in data systems and cross-jurisdictional information-sharing. Work began in 2017, and is continuing in 2018, to develop a new Ground-Level

Response and Coordinated Engagement (GRACE) program to provide care coordination and case management to people who are frequent utilizers of various systems, including the jail and emergency services. A hub organization to coordinate GRACE is expected to be announced soon. There is also progress on streamlining eligibility for jail alternative programs.

Insufficient substance use disorder and mental health treatment capacity is a substantial constraint to progress.

Expanded treatment for opiates is another critical element for our community—especially new capacity for Medically Assisted Treatment (MAT) regimens that have been shown to be effective in ameliorating the effects of addiction. A number of improvements to the Drug Court have also been implemented.

Despite these gains, the availability of substance use disorder and mental health treatment remains a substantial constraint due to capacity shortages throughout the system resulting from underfunding of behavioral health services, loss of regional facilities, and the difficulty in hiring skilled staff. Uncertainty has also been injected into the system as the state transitions from regional funding of behavioral services to a model where mental health and substance use disorder treatment services will be paid for by health insurers. While this may improve coordination of care between medical and behavioral health, it creates uncertainty on whether many critically needed services will be fully funded.

Another endemic capacity constraint involves housing. Appropriate housing is a critical element for individuals who are working to stabilize themselves outside of the criminal justice system, and for others who are transitioning from jail back into the community. Housing is needed post-incarceration, during treatment programs, and for those with long-term behavioral health needs. While some incremental improvements in capacity are noted below, additional housing remains a critical need.

At mid-year 2018, Task Force committees are wrapping up a process of strategic planning to identify work plans for the 2018-2020 period, along with associated goals and performance measures. Progress in building work plans is summarized briefly in Appendix A on page 27.

B. Progress Report: Legal and Justice Committee

Members of the Legal and Justice Committee have engaged in a wide array of recent initiatives. Activities included development of a pretrial risk assessment tool and services, improvements to the Whatcom County Drug Court, warrant reduction efforts, and improvements to Whatcom County jail alternative programs. Specific initiatives, progress, and remaining issues are discussed below.

PRETRIAL RISK ASSESSMENT AND PRETRIAL SERVICES

Goals: There are two goals for improvements to pretrial practices:

- Select and implement an accurate assessment tool for judges to use in identifying defendants who may be conditionally released while awaiting trial, and in ordering release conditions for those defendants.
- Implement a program for monitoring defendants on pretrial release.

Context: Federal and state law require courts to release pretrial defendants outright or with appropriate conditions in all but a few criminal cases, with exceptions for defendants charged with capital crimes or who pose an extreme safety or flight risk. Bail is a lawful condition for release, and judges order bail routinely to provide a defendant with an incentive to appear in court.

Poverty is not a predictor that a person will fail to attend court or pose a danger to others, but it is a major determinant of pretrial release. Bail has a disproportionate impact on people who live in poverty and often cannot pay even a modest amount. Currently, bail is routine in Whatcom County Superior Court. Although it hears felony crimes, the Superior Court does not have a probation department or other resources to monitor defendants released before trial. Some defendants may be released on their own promise to appear in court and stay out of trouble, but most defendants require some monitoring and reminding to meet their obligations. The disparate economic effects of a bail option-only system are widely considered to be a primary reason why pretrial defendants are 59% of the jail population.

Accurate identification of defendants who could be released safely on personal recognizance or with pretrial monitoring is of critical importance. This is a judge's decision, based on each defendant's circumstances. Recent research has made clear that the wisest and most accurate decisions account for specific factors that have been shown to be predictive of compliance with release conditions. This is why the use of evidence-based, statistically validated risk assessment tools is now recognized as a national "best practice" for pretrial release decisions.

In January 2018 the Incarceration Prevention and Reduction Task Force identified strengthening pretrial release options as one of its highest priorities. In Washington, Spokane and Yakima have implemented pretrial risk assessment and monitoring programs in Superior and District Courts. King County has begun a similar process and a Washington Courts Task Force has also begun to study this practice. Locally, Bellingham Municipal Court is utilizing its own informal risk assessment tool, and the District Court Probation Department conducted a pilot project comparing two risk assessment tools for pretrial cases. The department currently conducts pretrial risk assessments on both pretrial and post-conviction cases.

Research makes clear that a reliable risk assessment instrument is useful only when it is coupled with a program to monitor defendants who are released. The frequency and intensity of monitoring can be adjusted to the level of risk identified by the assessment tool.

Progress: The Legal and Justice System Committee formed a Pretrial Processes Work Group to accomplish the following:

- Determine what must be done to implement an assessment and monitoring program;
- Obtain final approval from the judges who will be working with these resources;
- Establish a plan to implement the program as soon as possible;
- Present that plan to the Task Force and the County Council.

The work group includes Superior and District Court judges and court administrators, representatives of small cities' courts, a victim advocate, and a prosecutor and defense attorney who have years of experience with pretrial procedures in Superior Court. The work group is gathering the baseline data necessary to construct the assessment tool and intends to retain a qualified statistician-demographer to statistically validate the tool as soon as funding is available, with a target date for late 2018. Monitoring

services could start in late 2018 as well, but identifying staffing and related resources needed for the program will require further work in 2019.

The group will submit a supplemental budget request to County Council in summer 2018 for start-up costs to validate the selected assessment tool to Whatcom County demographics, and hire a project supervisor to help implement the risk assessment instrument, and create a pretrial monitoring unit within the Superior Court.

Issues and Opportunities: One goal of this effort is to create an assessment tool that can be used by all courts in Whatcom County. Building consensus will require a careful and deliberate process to satisfy the needs of different court systems and gain the acceptance of individual judicial officers.

Establishing and maintaining these services will require funding. Initial estimates for the professional services required for initial validation of the assessment instrument are approximately \$50,000. Staffing needs will depend on the types of services offered, and the Work Group will make a recommendation on services based on the needs identified in the risk assessment tool approved by the court

The Work Group wants to put improvements in place as soon as possible and is considering expanding pretrial services to the courts even before adopting a validated pretrial risk assessment instrument. This would allow Superior Court judicial officers to release at least some low-risk pretrial defendants with monitoring measures while the more formal risk assessment process is developed.

WARRANT REDUCTION EFFORTS

Goal: Reduce the number of new and outstanding warrants, especially those issued by a judicial officer (“bench warrants”) for failures to appear in court, which in turn will reduce jail admissions.

Warrants for failure to appear can be reduced most directly by reducing failures to appear.

Context: Warrants play a significant role in causing and prolonging incarceration. The Vera Institute noted that a high proportion of persons booked into the Whatcom County Jail have outstanding warrants.¹ Warrants issued for failures to appear (FTA) in court are among the most common causes for misdemeanor admissions to the jail, and the persons who are jailed on those warrants comprise a majority of the pretrial defendants in the jail. Authorizing, preparing, issuing, and serving warrants creates a burden on the resources of the courts, court administration, and law enforcement.

As the Vera report also notes, new and outstanding warrants limit the ability of law enforcement and the courts to divert low-level offenders from incarceration. Law enforcement must arrest someone with an outstanding warrant even if a new crime was not committed. Even when a new crime is the basis for an arrest, the additional presence of an outstanding warrant can complicate and delay the court processes affecting defendants. This is particularly true if the outstanding warrant was issued by a different court than the one that will be hearing the new charges.

Progress: Warrants for FTAs can be reduced most directly by reducing failures to appear. Other efforts include new record management techniques to reduce mistaken warrant activity.

¹ Vera Institute of Justice, “Report to Whatcom County Stakeholders on Jail Reduction Strategies,” November 2017, Recommendations, Part 2, pages 35-38.

- Whatcom District Court Probation has installed case management software that generates text message reminders for all probation appointments, scheduled substance tests, and probation-involved court hearings. Currently, 81% of persons on probation have a cell phone and agree to receive messages. The FTA rate for court hearings has been reduced by half--from 28% to 14%--since the introduction of text reminders. Reducing FTAs also allows probation staff to work more efficiently, creating additional time to work with persons receiving probation services.
- Bellingham Municipal Court and Whatcom County District Court use telephone call reminders from court staff for all court appearances of defendants on nearly all its criminal calendars. Bellingham Municipal court is working to also add a text message capability.
- Whatcom District Court administration has created capacity to cross-reference records in the information systems of the courts, state agencies, and law enforcement. Inaccuracies can be identified and removed so they do not mistakenly trigger a warrant. For example, the District Court administrator receives a periodic report identifying instances where an unexpired no-contact order is still in effect, but the underlying court case has been dismissed. The order will then be terminated to reflect the outcome of the case.

The Vera Institute Final Report recommends instituting practices to resolve old warrants that are still in effect.² Currently, some local municipal courts will terminate warrants for failures to appear when defendants contact the court and ask it to reinstate proceedings. The Ferndale municipal court also held a warrant quashing day in 2018 that resulted in some success.

The Whatcom County Sheriff's Office, Bellingham Municipal Court, and the Bellingham Police Department are working to expand the ability of law enforcement officers serving warrants to "book and release" persons subject to warrants for minor offenses—see book and release section below.

Issues and Opportunities: Efforts to implement various best practices to resolve warrants should be expanded and broadened throughout Whatcom County courts. Warrant reduction measures individually provide small incremental reductions in incarceration, but implementing as many measures across all jurisdictions as is feasible will have the greatest cumulative effect.

Many aspects of the Whatcom District Court warrant reduction efforts involve data gathering and analysis across multiple information systems. The staff and fiscal demands of implementing and maintaining the data capabilities necessary for this have not been clearly delineated at present.

ELECTRONIC HOME MONITORING

Goal: Maximize use of electronic home monitoring (EHM) as a jail alternative when a judicial officer determines that a pretrial defendant or a sentenced offender may safely remain in the community under court-imposed conditions consistent with the effective administration of justice.

Context: Judicial officers may, and in many cases must, release defendants awaiting trial.³ State law also authorizes the use of home detention for persons convicted and sentenced for certain crimes. EHM allows individuals to remain in their homes and to participate in work, school, scheduled court hearings, etc., with verification and oversight by responsible officials.

² Vera Institute of Justice, "Report to Whatcom County Stakeholders..." Responsive Strategy 2(c), page 37.

³ See state court criminal rule CrR 3.2 (Superior Court) and CrRLJ 3.2 (District and Municipal Courts).

Any violation of release conditions prompts a report from the EHM device, which can then be followed up on by law enforcement or the courts. EHM devices utilize a number of different technologies.

- A GPS bracelet reports the location of the wearer at all times to a central monitoring station. If an offender moves into a prohibited area, the monitor will sound an alarm, alerting that individual of a violation or alerting a possible victim in the case of a no-contact order.
- A Secure Continuous Remote Alcohol Monitor (SCRAM) bracelet operates 24/7 to detect alcohol consumption using transdermal sensors.
- A radio frequency bracelet that sends an alert when a person leaves a designated area.

EHM is used by area jurisdictions for both pretrial and post-conviction monitoring. The District Court and small city municipal courts may order EHM as a condition of pretrial release, with devices installed by the Sheriff’s Office. The Whatcom County District Court employs EHM devices with some persons convicted of a crime and released from jail on probation. The Sheriff’s Office also performs a similar post-conviction function for the small cities.

Bellingham employs EHM pretrial and post-conviction, administered by its vendor, Friendship Diversion Services. Individuals from Bellingham on SCRAM and GPS devices may be supervised by the Whatcom County Probation Department. See Table 1 for more details of these programs.

Table 1. Electronic Home Monitoring in Whatcom County		
	Pretrial	Post-Conviction
Whatcom County (misdemeanants in District/ small cities municipal courts)	<p><u>Administered by:</u> Sheriff’s Office, jail alternatives</p> <p><u>Supervision:</u> Violations reported to Courts</p> <p><u>Cost to Individual:</u> \$8.50 to \$12.50/day depending on device. May be waived.</p>	<p><u>Administered by:</u> Sheriff’s Office, jail alternatives</p> <p><u>Supervision:</u> Supervised by Sheriff’s office. Violations reported the Courts</p> <p><u>Cost to Individual:</u> \$20/day. May be waived.</p> <p><u>Cost to small cities:</u> \$73 per day</p>
Bellingham Municipal Court (Bellingham misdemeanants)	<p><u>Administered by:</u> Friendship Diversion Services (FDS)</p> <p><u>Supervision:</u> Monitored by FDS, infractions transmitted to BPD and Court</p> <p><u>Cost to Individual:</u> \$14.50 for one bracelet; \$25 if EHM and SCRAM bracelets used. Fees waived for pretrial, or for indigent individuals.</p>	

Progress: Bellingham Municipal Court has achieved reductions in incarceration and in its overall expenditure of public funds by avoiding incarceration of defendants convicted of low-level offenses through use of EHM. Jurisdictions are also reducing or eliminating fees to indigent individuals for using EHM. Recent results include the following:

- In 2016, 212 defendants from Bellingham Municipal Court completed their sentences using EHM devices. In 2017, the number of defendants on EHM increased to 332. In 2018, the pace is set to meet or exceed those totals.
- In 2016 the sentences served by Bellingham individuals on EHM amounted to a total of 3,090 days. In 2017, the number of days served by defendants increased to more than 8,900 days.

- Increased use of EHM devices led to dramatic decreases in the number of warrants issued in Bellingham Municipal Court for failure to appear in court or violation of release conditions. For 2016 and 2017 combined, only 2% of offenders with EHM orders had warrants issued against them.
- A 2017 change by the County allows the Sheriff to remove financial barriers by waiving or reducing fees to offenders based on ability to pay. The Bellingham Municipal Court will also pay some or all of the EHM fee when an offender cannot afford to pay. As a result of these changes, individuals in county jurisdictions will not be prevented from being on EHM because of cost.

Issues and Opportunities: The potential for savings in the County’s EHM services has been discussed and should continue to be evaluated. Judicial administrators in the smaller cities are looking at possibly expanding EHM to their jurisdictions using the same vendor as Bellingham as a cost-saving measure.

Currently, EHM agreements with providers do not always result in immediate responses to violations. However, both the technology and vendor contracts could be revised to improve immediate law enforcement response to suspected violations.

IMPROVEMENTS TO WHATCOM COUNTY JAIL ALTERNATIVE SENTENCING PROGRAMS

Goal: Increase access to alternative non-jail sentencing for those convicted of criminal violations.

Context: The Whatcom County Sheriff’s Office runs four jail alternative programs out of the Work Center on Division Street in Bellingham. Offenders from all County jurisdictions may participate in these programs, if admitted. All participants must be determined eligible by the appropriate court and go through further assessment by program staff.

- *Out of Custody Work Crew (OCWC).* OCWC participants are low-security offenders either sentenced to jail time or working off fines. Participants report five days a week to be placed in jobs such as picking up trash, restoring streams and waterways, or landscaping County properties. At the end of the day, they are able to go home.
- *In Custody Work Crew (ICWC).* ICWC participants have a somewhat higher security classification than those in OCWC and also work five days a week on jobs similar to those in the OCWC, with the addition of a crew that works with the U.S. Forest Service. Participants receive reduced sentences as “payment” and are housed at the Work Center when not working.
- *Work Release (WR).* Participants in Work Release hold a job in the community and are housed at the Work Center when not at work or at scheduled appointments. Participants are regularly tested for drug/alcohol use. The program Deputy works with an offender’s employer to make sure the participant is actually at work. Participants pay a fee set at 1% of gross income, which can be reduced or waived if circumstances warrant.
- *Electronic Home Detention/Monitoring (EHD/EHM).* Participants in this program are low security offenders requiring somewhat closer supervision than those on OCWC. They are fitted with an EHD device that alerts staff when they are out of range of a base station at times not approved

by the a Deputy. They must report to the Work Center periodically for drug/alcohol testing and to monitor progress. Participants who violate program rules may be taken into custody.⁴

Progress: Starting in late 2016, changes were made to encourage more participation, including broader eligibility criteria, reduced fees, streamlined application and placement processes, and expanded equipment options for EHD. Changes were also made to practices of Drug and Mental Health Courts to allow sanctions for rules violations to include these alternatives instead of jail stays. In 2017 the Sheriff's Office requested, and the County Council approved, a significant increase to \$102 per day worked in the Out of Custody work program as credit against fines. This amount will be adjusted upward with inflation.

Between 2016 and 2017, participation increased by:

- 59% in the Out of Custody Work Crew program;
- 28% in the In Custody Work Crew program; and
- 23% in the Work Release program.

The Electronic Home monitoring program has expanded available technology options for supervision, including the use of cell phones and specialized "bracelets" to detect drug/alcohol use. In mid-2017, the County Council approved a change to allow a sliding scale or fee waivers for offenders in this program. Despite these changes, from 2016 to 2017 participation in this program decreased by 15%, likely due to increased job opportunities leading to higher participation in Work Release, and the availability of an EHD program offered by the City of Bellingham for its misdemeanor offenders. In the first 3 months of 2018, program participation increased 25% over average participation levels in 2017.

Issues and opportunities: The Work Release and Electronic Detention/Monitoring programs are staff time intensive. As a result, the number of participants in the programs can be restricted at times by available staffing levels. Substantially expanding these programs would require additional staff.

The City of Bellingham reported that some convicted defendants had difficulty navigating from Municipal Court to the Work Center. Bellingham addressed this by having staff of its EHD vendor in an office in proximity to the courts, or available by phone. The Sheriff's Office will recommend a new position in the 2019-2020 budget to provide eligibility screening and program assignment in a location at or near the County Courthouse.

BOOK-AND-RELEASE PRACTICES

Goal: Avoid incarceration in the county jail of some low-risk persons newly charged, or with outstanding failure to appear warrants for minor offenses, allowing them to remain in the community pending initial review by a judicial officer.

Context: Law enforcement officers in the field often engage persons suspected of committing minor crimes, or against whom warrants have been issued by a court. In cases where there is no imminent threat to public safety, and arrest is not mandated by statute (e.g. domestic violence) or policy (DUI related arrests), the Sheriff and police chiefs allow officers to either issue a citation or refer the matter

⁴ This program differs from the "pre-trial" EHM/EHD program initiated by the District Court. The Sheriff's Office role in the court-initiated program is to install the equipment and provide reports of violations to the Court, with the Court determining what action, if any, should be taken if there is a violation.

to the prosecutor for a possible summons instead of arresting and booking a person into jail. The vast majority of misdemeanor and gross misdemeanor cases are handled in this manner.

Law enforcement officers often encounter persons who are wanted on warrants for failure to appear (FTA) at a prior hearing on a misdemeanor or gross misdemeanor charge. These warrants are issued by a judicial officer and “command” the officer to take the person into custody, leaving officers with little or no discretion. In such instances, an officer will usually arrest the person and book them into the jail, where they are held until a first hearing occurs. First hearings must be conducted with little delay, but the cumulative effect of all such brief incarcerations on the total daily jail population can be significant. As the Task Force’s Vera Institute consultants pointed out, any period of incarceration has disruptive and potentially destabilizing consequences for defendants.

Progress: The Whatcom County Sheriff’s Office took several steps to address the kinds of field encounters described above through what are termed “book and release” practices. The Sheriff’s Office also met with judicial officers from District and municipal courts that handle most minor crimes and low-risk defendants, and encouraged the officers to indicate on warrants the court’s authorization for law enforcement to use “book and release.” This practice is currently followed in some courts in King County, and King County also authorizes the clerk of the court to administratively “quash” warrants at the time a quash hearing is requested. This avoids defendants being incarcerated on FTA warrants when a hearing is pending.

Similarly, the Bellingham Municipal Court has authorized Bellingham Police officers enforcing an FTA warrant for a lower-level offense to re-issue the citation to the person and set a new court date for a hearing. This accomplishes the purpose of book and release procedures without using additional jail booking resources. Bellingham Police officers in the field also have discretion with certain criminal offenses to cite the offender and set a court date, rather than booking the offender into jail.

Issues and Opportunities: Despite these attempts to prevent and reduce incarceration through “book and release,” the Sheriff’s Office reports it has not yet encountered any such warrants. However, the District Court reports that they have been issued, and it is anticipated that the Sheriff’s Office will encounter more of these warrants, and be able to release persons from custody, in the near future.

NEW BEHAVIORAL HEALTH STAFF IN THE PUBLIC DEFENDERS’ OFFICE

Goal: Provide knowledgeable and coordinated support for defendants with mental health issues or substance use disorders during legal proceedings and any term of incarceration, to promote an effective transition to the community and reduce the likelihood of subsequent criminal behavior.

Context: In March 2017, the Whatcom County Public Defender (WCPD) hired a Behavioral Health Specialist to support some of its most challenging clients. The Behavioral Health Specialist has established working relationships with community mental health treatment providers to assist clients who might be eligible for providers’ services. The specialist facilitates jail access to state or private evaluators so those professionals can perform assessments for WCPD clients while in custody, resulting in plans that provide clients with access to housing and services after release from incarceration.

Progress: During 2017, the Behavioral Health Specialist provided direct assistance for a caseload of 40 unduplicated individuals. During the first quarter of 2018, the specialist has worked with 11 more clients referred to her for formal support. In addition, she informally consults about treatment considerations

with attorneys for other WCPD clients who were not formally referred to her caseload, and periodically interacts with clients while they participate in drug court or mental health court.

Issues and Opportunities: Ongoing issues that affect the efficacy of these efforts include the following:

- Insufficient treatment resources in the community; and
- Timely access to supportive interventions.

DRUG COURT IMPROVEMENTS

Goal: Effective engagement with high-quality treatment and appropriate support services for as many drug-dependent defendants as possible, as an alternative to prosecution and incarceration.

Context: The drug court program was established in 1999 and involves staff from the prosecutor's office, the Superior Court bench, the public defender's office, and treatment professionals. The process for entry and supervision of program participants is as follows:

- Defense attorneys apply for admission to the program for clients they believe will benefit from diversion and substance use disorder (SUD) treatment;
- The prosecutor's office approves or denies such applications;
- Approved individuals go through a certified chemical dependency assessment;
- Drug court staff screens approved applicants to ensure they meet other treatment criteria; and
- The supervising Superior Court judge admits recommended individuals to the program and monitors regular compliance and progress with program requirements.

Expectations for participants include avoiding new criminal charges; undergoing periodic drug testing; maintaining involvement in treatment; and pursuing activities to support a clean-and-sober lifestyle, such as education or job training, employment, and securing appropriate housing. The supervising judge reviews any non-compliance, with consequences ranging from tightening the individual's restrictions to terminating involvement in the program. If all goes well, completing the drug court program can take one year or less. However, the nature of drug dependency often results in setbacks in compliance, and most drug court participants take two years to complete the requirements.

In 2017, at the request of the Legal and Justice System Committee, Drug Court staff and supervising Superior Court judge identified steps to enhance the quality and scope of the program and align it with best practices.

Progress: With support from Task Force and committee members, the drug court team achieved several improvements to the program that were identified in 2017. These include:

- Drug court staff received approval to add a temporary part-time certified chemical dependency case manager, allowing the program's coordinator to strengthen community/treatment provider relations and look for additional program funding;
- The staff obtained \$1500 from the County to provide small motivational incentives to recognize participants' progress in meeting program requirements, another national "best practice";
- Two new treatment providers are establishing themselves in the community, which will increase both the availability and the quality of treatment services; and
- Work is underway to develop additional recovery housing for drug court participants.

Issues and Opportunities: National Standards call for the use of a validated screening tool to inform a prosecutor's decision to approve or deny applications for drug court participation. Currently, the Whatcom County Superior Court and Prosecutors Office have not adopted a validated screening instrument. According to research published by the U.S. Department of Justice and National Association of Drug Court Professionals (NADCP), drug courts using a validated screening tool have better outcomes than drug courts not using such tools.⁵ Implementation of a validated screening tool, and other program elements from the NADCP Adult Drug Court Best Practice Standards, are published criteria for consideration for U.S. Department of Justice Adult Drug Court Discretionary Grants.⁶ As of May, 2018, there were grants available for up to \$500,000, and our county is at a disadvantage when applying because our Drug Court is not in full compliance with Best Practice Standards.

National standards also encourage joint training by all members of a drug court team to create more informed decision-making and strengthen the team. In 2018, local team members will attend a national drug court training conference, with the exception of the assigned drug court prosecutor. The committee acknowledges that the Whatcom County Superior Court, Prosecutor and other stakeholders are working toward bringing Drug Court into full compliance with NADCP Adult Drug Court Best Practice Standards, and the Task Force supports and appreciates their efforts.

Additional funds to expand high-quality recovery housing and implement dedicated housing stipends would provide stability for drug court participants during the difficult work of overcoming dependency and building new lives. Also, increased County funding for permanent staff capacity for the drug court team would serve both short-term and longer-term goals of preventing or reducing incarceration.

C. Progress Report: Behavioral Health Committee

The Behavioral Health Committee has worked collaboratively across jurisdictions to support the creation of programs that provide effective mental health and substance use disorder treatment available to all County residents. The committee has focused on expanding availability of substance use disorder treatment and on increasing effective capacity for managing behavioral health challenges. Supported initiatives include development of the Ground-level Response and Coordinated Engagement (GRACE) program to integrate behavioral health services and reduce inappropriate use of the jail and emergency response systems. The Committee, in conjunction with the Whatcom County Health Department and involved jurisdictions, worked to encourage behavioral health crisis expertise in law enforcement, and also supported the development of a newly-developed County Opioid Response Plan.

IMPROVEMENTS IN BEHAVIORAL HEALTH SERVICES AND COORDINATION

Goal: Reduce the use of and costs incurred by the criminal justice and emergency response systems through the provision of effective behavioral health programs and services.

⁵ These tools provide drug court teams with information on program eligibility and to help determine supervision levels, services, and treatment needs. See "Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review," *Justice Quarterly*, Volume 28, Number 3, June 2011.

⁶ 2 " See "Adult Drug Court Discretionary Grant Program, FY 2018, Competitive Grant Announcement," OMB No. 1121-0320 Page 7.

Context: A portion of the population served in the criminal justice system is often challenged with poor health, behavioral health disorders, and/or unstable housing or homelessness. Some individuals will frequently require emergency responses

Chronic shortages of mental health and substance use disorder treatment have been exacerbated by recent losses in regional capacity.

from law enforcement or Emergency Medical Services (EMS). However, crisis interventions are generally ineffective in resolving most individuals’ persistent challenges, and they may become “familiar faces” to first responder systems. Whatcom GRACE (Ground-level Response and Coordinated Engagement) is a program being designed to provide care coordination services to individuals who frequently use the crisis system or draw law enforcement responses. The program aims to reduce calls to law enforcement and other first responders while improving the health, well-being and stability of program participants. GRACE intends to divert individuals from arrest and jail booking and reconnect them to more appropriate services. Care coordination activities will be coupled with other necessary services from service providers, resulting in comprehensive intervention and care plans. The program will operate using a hub-and-spoke model, with the hub coordinating services of involved agencies and providing a case management fallback to ensure that individuals remain involved in appropriate services. GRACE has three goals:

- Increase public safety;
- Reduce use and costs of criminal justice and emergency response systems; and
- Improve health and well-being of individuals with complex needs.

Progress: The Whatcom County Health Department has been working with the City of Bellingham and PeaceHealth to secure funding needed to move from planning to implementation of the GRACE program. Recent activities include the following.

- A “Request for Qualifications” (RFQ) was released in early spring seeking an agency to serve as the “hub” of the GRACE program. The County, serving as the administrative lead for this effort, is currently in negotiations to develop a contract for these services.
- The county has worked with the North Sound Behavioral Health Organization to promote sharing of protected health information among GRACE partners. Release of Information forms have been developed with expert consultation from a health care attorney to ensure privacy of individuals served, while also allowing for optimal coordination of care while in the GRACE program. Review and refinement of the instrument is pending.
- The Whatcom County Health Department has secured a grant from the Robert Wood Johnson Foundation for technical assistance on sharing health information across multiple systems. The grant will enhance the efforts underway to address the significant challenge of exchanging timely information in order to best serve GRACE clients.

Issues and opportunities:

- The ability to share necessary protected health information among the various GRACE partners has been a significant challenge. Care coordination among healthcare providers is allowed under the laws of confidentiality to some extent, but sharing protected health information with law enforcement is more difficult. It is expected that the releases noted above, once signed by GRACE clients, will promote better communication among GRACE partners.

- The target population is often reticent to accept services and will require sophisticated engagement practices to include them in the GRACE program.
- The lack of suitable housing will be a challenge for GRACE participants, as it is for other individuals who have frequent interface with the criminal justice system.
- Commercial health insurance plans will become the primary funders of behavioral health services to individuals covered under Medicaid. The county will need to work closely with these managed care organizations as well as the hub agency to ensure that Medicaid-eligible services delivered to GRACE clients are fully reimbursed.

IMPROVED CRISIS RESPONSE AND SUBSTANCE USE DISORDER TREATMENT

Goal: Reduce jail admissions/readmissions through improved crisis response and treatment.

Context: A Department of Social and Health Services report provided evidence that a high number of people in jail have substance use disorders (SUDs) and co-occurring (mental health and SUD) disorders--68% and 44% respectively.⁷ Additional data indicate a rise in opioid use and its consequences—such as opioid-related arrests, overdoses, detox and treatment admissions, and hepatitis C. Similar to the rest of the nation, Whatcom County reached a peak crisis in the epidemic by 2016. Targeted efforts to address the crisis and addiction can be effective in reducing jail admissions and readmissions. Activities include:

- *Crisis Training.* Crisis Prevention and De-escalation Training for law enforcement has proven to reduce or avert arrests while also connecting individuals to appropriate services. The Sheriff and police departments are working to ensure all deputies and officers receive state-mandated crisis training. Since June of 2014, all recruits attending the Basic Law Enforcement Academy receive 8 hours of Crisis Intervention Training (CIT). The training provides law enforcement with the skills and resources to respond and effectively evaluate and de-escalate situations involving individuals experiencing a behavioral or chemical dependency crisis.

In addition, deputies received 16 hours of Crisis Intervention Training in 2015. Beginning in 2018, all deputies will receive 2 hours of annual CIT refresher training. The Sheriff's Office Crisis Negotiations Team (CNT) has received county-funded support for ongoing annual training related to negotiation and de-escalation techniques. The team is utilized during high-risk critical incidents with increased risk to innocent victims, deputies, and the subject in crisis.

In 2018, the Sheriff's Office added a position for a Crisis Intervention Deputy to respond to persons in crisis and follow up with prevention services. The Deputy will also attend regular meetings with local mental health and chemical dependency providers to ensure a coordinated response. The current plan is to staff the position by the 3rd quarter of 2018. The Bellingham Police Department also piloted a program to increase behavioral health expertise in crisis situations, contracting with Compass Health for the services of a behavioral health specialist. The program has been suspended pending solutions to coordination barriers caused by confidentiality rules. A reconfigured program is under consideration.

⁷ Data are for people on Medicaid; however, 86% of inmates in the jail had been enrolled in Medicaid at some point over the previous five years. See Paula Henzel et al., "Behavioral Health Needs of Jail Inmates in Washington State," Department of Social and Health Services, Research and Data Analysis, January 2016.

- Opiate Education.* Illicit drug use often intersects with crime and consequent arrest and jail booking. Individuals who become addicted to opiates can resort to desperate means to obtain the drug. Research indicates that half of those who use heroin began by abusing prescription medication. In order to help prevent addiction and resultant crime, the County and its community partners developed a strategic plan to address the opioid crisis focusing on preventing misuse of prescription medication, increasing understanding of risk, and preventing overdose deaths. Educational materials were developed and widely distributed, with the theme of “Anyone can become addicted to Opiates, including Heroin.” Educational posters have been placed on Whatcom Transit Authority (WTA) buses, and educational materials in several different languages have been placed at pharmacies, schools, and in lock bags distributed by pharmacies to patients. (Visit the website, www.WhatcomHope.org for details).
- Opiate Use Treatment.* Prescription treatment medications have been shown to be effective in promoting stabilization as well as recovery from opiate addiction. Medication Assisted Treatment (MAT) is one cornerstone in opioid crisis response planning since it increases treatment retention by up to 70% and helps to reduce opioid overdoses. Research shows that retention in treatment is associated with decreased use, abstinence, and improved quality of life. There have been two MAT agency expansions in the last year. SeaMar Community Health Services and Cascade Medical Advantage have opened up capacity to treat a total of about 375 people with opioid addiction, and both programs can expand. The Lummi nation continues to operate a program for tribal members.

IMPACTS OF A CHRONIC HOUSING CRISIS.

Since 2005 the population in Washington State has grown by 19%, yet the supply of housing units only grew by 14%. This mismatch of growth translates to a shortfall of at least 118,000 housing units, representing a statewide shortfall of about 4% in total inventory of housing units of all types, private and subsidized. The lack of stable housing disrupts a person’s engagement in necessary behavioral health treatment services. Individuals who are living in safe and stable housing are more likely to engage in treatment and supportive services, thereby promoting recovery from addiction. Affordable and accessible housing is critical to reducing involvement with the criminal justice system.

The mismatch in housing supply and demand shows up in the rental vacancy rate. According to the U.S. Census Bureau Quarterly Vacancy and Home Ownership rates report, the state of Washington ranked #50, the worst in the nation, in terms of tight vacancy rates as of the fourth quarter of 2017. Moreover, according to a study of the Washington State Department of Commerce, Whatcom County ranked worst in the state in terms of tight vacancy rates, with a 1.8% vacancy rate. (A 7% vacancy rate is considered the balanced, or “natural”, rate according to Harvard research). Finally, Whatcom County has the nation’s 8th highest rate of house price appreciation at 12.21% in 2017.

A state statute allows a county to put a ballot measure before the public to increase the local sales tax by 1/10th of 1% and dedicate the additional funds to housing and supportive services. The committee will research this option to determine whether it should recommend that the Task Force support this idea at the County Council.

- *New homeless outreach.* The County received federal funds to implement Opiate/Substance Use Disorder Services via outreach services to homeless opioid addicted individuals. The County contracted with the Opportunity Council's Whatcom Homeless Service Center to place an employee with substance use disorder expertise on the Homeless Outreach Team. The new position is bringing dedicated engagement services to people with opioid use disorders and connecting them to services.
- *Changes in hospital procedures.* PeaceHealth St. Joseph Medical Center convened law enforcement and Medical Center personnel to identify problems and develop improvements with a mutual aim of addressing disruptive and potentially violent patient behaviors. With law enforcement input, the Medical Center has revised its procedures for how law enforcement is called to the hospital, resulting in a reduction in the incidence of people with serious behavioral health issues being admitted or readmitted to the jail from the hospital.

Issues and Opportunities:

- Methamphetamine use is on the rise again, yet there is no effective treatment. Methamphetamine is a stimulant, and some individuals under the influence demonstrate agitated or even aggressive behaviors that trigger a law enforcement response. Not only is this addiction difficult to treat effectively, but smoking the drug can contaminate housing units and challenge the system to find safe and stable housing for these individuals.
- Chronic shortages of mental health and substance abuse disorder treatment facilities have been exacerbated by recent losses in regional capacity. Although the state is addressing some of these capacity issues, constraints remain endemic. In addition, the lack of suitable housing continues to be a major barrier to getting people stabilized—see discussion on page 22.

D. Progress Report: Triage Facility Committee

Introduction: The ordinance creating the Incarceration Prevention and Reduction Task Force called for its recommendations on “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.” Tasks include providing recommendations on programming, location and space needs; funding sources for construction and operations; and associated services to support the new center. The Triage Facility Committee has met nearly every month for several years to support efforts to expand the current center, which is a key priority of the Task Force. Substantial progress has been made in securing construction funding, on preliminary design, and on the public process necessary to ensure acceptance of the new facility. Remaining issues include refinements of the operational model, ensuring long-term funding to operate the facility, and developing appropriate services to support the center.

CRISIS RECOVERY FACILITY CONSTRUCTION, OPERATIONS, AND FUNDING

Goal: Provide a safe location with appropriate services for law enforcement and other first responders to transfer individuals in behavioral health crisis who might otherwise end up in jail or in the emergency department of the hospital.

Context: The current space allocated to crisis triage has proven inadequate to the needs of first responders and the community. The current capacity of 8 detox beds and 5 mental health beds will be

increased to 16 acute detox beds and 16 mental health triage beds at an expanded or new facility. This will provide law enforcement and emergency services personnel with more options for individuals with acute behavioral health needs. The aim is to provide an alternative to incarceration and link people to the appropriate mental health and substance use disorder services. Increased capacity will also reduce unnecessary use of costly emergency department services.

Progress: The Triage Committee has made progress in the following areas.

Facility Planning and Construction:

- Capital funds have been secured--\$7 million from the Washington State capital fund, and \$2.5 million from the North Sound Behavioral Health Organization.
- A public meeting was convened by the County in March 2018 to unveil plans and seek public input, particularly from area residents and businesses. The proposed facility was well received by the members of the public and stakeholders who attended.
- The County Council approved the Task Force-recommended plan to construct a free-standing building that will house two 16 bed units, for a total of 32 beds.
- County staff have executed contracts with an architectural firm, and work is proceeding to invite construction bids with an anticipated groundbreaking by the end of 2018, with project completion expected 12 to 14 months thereafter.

Operational Planning:

- Licensure/scope of service. The plan is to develop two 16-bed units joined in one building off a common foyer with two separate intake spaces. One unit will provide mental health crisis stabilization services and the other will provide acute substance detoxification services. Health Department staff are reviewing licensing and certification options for the respective units with the aim of being able to provide the highest level of service needed to accomplish the aim of diverting people from jail and the hospital emergency department.

On the detox side, the Health Department is considering classification as a “Medically Monitored” inpatient detoxification unit. This would be the highest level of care provided, but would not preclude the facility from providing a lower level of care when indicated. Individuals needing to be in a hospital setting for detox would be those who need “hands on medical management.” The new facility will also have increased capacity to support community peer-to-peer programs (e.g. 12-steps) and other evidence-based recovery support programs.

On the mental health stabilization side of the building, County staff have determined that it is possible to shift the State certification to “Triage Facility – Involuntary placement” without prohibitively increasing the staffing or facility costs. The committee is supportive of building the facility to allow for future decisions to designate beds as involuntary. The decision to provide for voluntary or involuntary operations at the new facility will continue to be discussed at the committee prior to making a recommendation.

- Financing operations. In accordance with State legislative mandate, behavioral health and medical financing throughout the State of Washington is being integrated. The role of the North Sound Behavioral Health Organization (BHO) as primary funder is changing, with Medicaid

Managed Care Organizations (i.e. Medicaid insurance companies known as MCOs) becoming primary funders for Medicaid behavioral health services, as well as for medical care. Thus, all Washington State counties need to nail down how the MCOs plan to reimburse for Crisis Stabilization services. **The County perspective is that cost-based reimbursement (as opposed to fee for service) must be the payment method in order to preserve this vital service.** This would allow Behavioral Health Crisis facilities to be funded for 24/7 operations regardless of bed utilization on any given day. The State received letters of support for cost-based funding from the Incarceration Prevention and Reduction Task Force, the County Council, and the County Executive. The County received a response from the State Health Care Authority recognizing the concern and requesting that involved organizations continue working collaboratively to ensure that important resources are available.

- *Planning roles.* The County Health Department Human Services staff will be leading the program RFP development and contractor selection. The IPRTF Triage Committee will serve as an overview entity linking Triage Center operational planning with the Task Force’s overall goals and objectives.

Issues and Opportunities: Key issues in the coming months include securing long-term *operational funding* and developing a *continuum of care*. Ensuring optimal state and local funding for an expanded center that allows sustainable funding for 24/7 operations is a key to a successful program. In the Phase III Report to the Council, the Task Force strongly recommended that the County continue to support the development of a continuum of care and noted that the success of the Crisis Triage Facility will be limited without sufficient resources to support individuals once they have stabilized and are ready to be discharged.

As the Triage Center is becoming a reality, the time to plan for expanded behavioral health services, greater service integration, and increased housing is now. Three areas that the Task Force will be considering in the coming months are:

- Planning for the space that will presumably become available after the current respite program is relocated to the new Triage Center;
- Ensuring service integration between the GRACE initiative and Triage center operations; and
- Advocating for increased affordable housing development for vulnerable populations.

Progress Report: Information Needs and Data Exchange (INDEX) Committee

Introduction. Access to accurate and timely data is necessary to measure progress in reducing incarceration. With this in mind, the Task Force is in the process of creating a new Information Needs and Data Exchange (INDEX) Committee to develop data collection and reporting capacity. The subcommittee will work across all jurisdictions to identify or develop useful data and program information to measure progress in reducing jail use and the increasing use of alternatives. Data will also be developed to measure the effectiveness of various behavioral health programs that divert individuals from incarceration. Lastly, the committee will facilitate information sharing across jurisdictions to support improved program operation and cross-jurisdictional system improvements.

Goals of the committee include:

- Assemble baseline statistics on jail use to determine whether or not programmatic changes will be successful;
- Identify how to assess performance and establish metrics that would measure the success of each new initiative;
- Identify where data is a barrier to implementing various initiatives;
- Maximize the accuracy of a data collection system by integrating the system across all jurisdictions;
- Establish a target for a realistic and achievable percentage decrease in the jail population; and
- Allow policymakers to refine processes, improve the way things work, and then observe outcomes.

The INDEX Committee structure will include a technical workgroup and a policy workgroup. The policy workgroup would drive the process and guide the work of the technical workgroup. The Incarceration Prevention and Reduction Task Force will serve as the policy workgroup and will determine the policies and outcomes of the INDEX Committee. Existing Task Force committees are currently identifying key data elements to track as part of this process.

The technical workgroup includes the information technology, department, and agency staff who can identify the systems and data to measure outcomes. The technical workgroup would interact with the policy workgroup to help identify options to achieve those outcomes, and would identify existing data or develop improved data practices to monitor progress in achieving them. The technical workgroup would include representatives from law enforcement, behavioral health organizations and agencies, local courts, prosecutors/city attorneys, and public defenders. Next steps include identifying participants for the committee and developing a work plan for the two workgroups.

III. APPENDIX A: 2018-2020 Committee Work Plans

In the first half of 2018 the Task Force and its committees engaged in a strategic planning process to identify important work for the next three years. The Task Force hired a consultant to survey Task Force members and proxies, program staff, and interested members of the public. At a retreat in February, Task Force participants identified priority areas for action over the 2018-20 period drawn from items identified in the survey, from committee deliberations, and from the Vera report recommendations. These work items were further developed and refined at meetings held throughout the Spring. In addition, the committees are working to identify a short list of outcome measures and critical data needs to track progress. These will be further developed by the INDEX committee which will work to identify or create requisite data sets, and to improve data system capacity, data collection practices, and cross-jurisdictional data sharing. Primary work areas for the committees identified to date include the following.

BEHAVIORAL HEALTH COMMITTEE:

- Support local behavioral health training efforts
- Explore options for adding additional forms of supportive housing
- Work to enhance availability of behavioral health resources for law enforcement
- Track trends in drug issues presenting in the jail, emergency room, and other agencies
- Examine opportunities for additional funding for behavioral health and related services
- Monitor and support the work to create the GRACE program

LEGAL AND JUSTICE COMMITTEE:

- Adopt and validate a data-driven pretrial risk assessment system and establish a regional pre-trial monitoring services program to serve all Whatcom County Courts
- Implement policies and procedures that will reduce the number of bench warrants for FTAs
- Expand book-and-release practices, including at municipal police stations
- Facilitate opportunities for individuals to pay off fines associated with moving violations
- Consider restorative practices and their role in preventing incarceration
- Develop recommendations for reentry support
- Examine ways to expand participation in Drug Court

TRIAGE COMMITTEE:

- Support the work of the Whatcom County Health Department to develop the new center with a focus on the following areas:
 - Facility design and construction
 - Securing operational funding
 - Program design and RFP development and review
 - Developing operating procedures
 - Developing progress metrics and outcome measures
- Coordinate with the IPRTF Behavioral Health Committee and the County Behavioral Health Advisory Board to ensure that center programming is effectively integrated with new and existing programs to support its successful operation.

**Incarceration Prevention and Reduction Task Force
Steering Committee**

DRAFT Meeting Summary for May 31, 2018

1. Call To Order

Committee Chair Todd Donovan called the meeting to order at 9:30 a.m. in the County Council Conference Room, 311 Grand Avenue, Bellingham.

Members Present: Jill Bernstein, Todd Donovan, Stephen Gockley, Tyler Schroeder, Anne Deacon, Chris Phillips

Also Present: Barry Buchanan

Members Absent: Jack Hovenier

Review April 26, 2018 Meeting Summary

There were no changes.

2. Review Draft Annual Report

Mark Gardner, Bellingham City Council Office, and the committee members discussed the timeline for submitting the report to the County Council; clarifying pre-trial versus post-conviction; the status of crisis intervention team (CIT); release-of-information forms; funding from the managed care organizations (MCOs); the capabilities of existing electronic home monitoring (EHM) technology; how a warrant quash works; how to attract behavioral health service providers to the community; ad drug court recovery housing and treatment; and language about the City versus the County EHM programs. The committee members suggested several changes. The draft annual report will be presented to the full Task Force on June 11 and presented to the County Council on June 19.

3. INDEX Committee: Review of IPRTF Discussion/Direction

The committee discussed the status of the proposed INDEX Committee after the May Task Force meeting and waiting for the subcommittees to complete their data needs discussions.

4. Other Business

The committee discussed the naming of the triage facility.

5. Next Steps: Ideas & Further Information

Bernstein stated that Stephen Gockley will no longer be on the board of the Whatcom Alliance for Health Advancement (WAHA), but may still represent them on the Task Force at the Board's request.

*Incarceration Prevention and Reduction Task Force
Steering Committee*

DRAFT Meeting Summary for May 31, 2018

The committee discussed reengaging the Lummi Nation and scheduling a remote Legal and Justice Systems Committee at the Lummi Nation, during which they will continue the Legal and Justice Systems Committee's discussion of restorative practices.

The committee discussed the need to engage the Executive Director of Unity Care on the importance of letting their representative serve on and attend the Task Force and its subcommittee meetings.

6. Public Comment

There was no public comment.

7. Adjourn

The meeting adjourned at 11:15 p.m.

DRAFT

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
DRAFT Meeting Summary for May 17, 2018

1. Call To Order

Committee Chair Chris Phillips called the meeting to order at 9:32 a.m. in the Courthouse Fifth Floor Conference Room 513, 311 Grand Avenue, Bellingham.

Members Present: Todd Donovan, Kate Hansen, Jack Hovenier, Jeff Parks, Chris Phillips, Tyler Schroeder, Sandy Whitcutt

Members Absent: Jerry DeBruin, Perry Mowery

Review March 15, 2018 Meeting Summary

There were no changes.

2. Annual Report

Mark Gardner, Bellingham City Council Office, reported on the status of the annual report.

The committee discussed:

- The potential opportunity for including sobering chairs in the architectural design, including funding
- Include language on how often this committee meets
- Include better context on recent increases in services
- Include information on the outcome of the public meeting being well-received
- Include the recommendation for an involuntary placement, if approved
- Include how to allow greater access to community and peer-to-peer recovery groups in the detox facility
- The official naming of the entire facility:
 - Crisis behavioral health facility.
 - It is a medically-monitored withdraw facility for the acute detox side
 - It is a certified triage facility for involuntary placement for the mental health side
 - They are no longer able to call it a triage facility, according to the Washington Administrative Code.
 - A “triage facility” is strictly attached to the mental health side of the facility
- Include the status of how managed care organizations (MCOs) plan to reimburse for operating funds
- They will have a common foyer open to the public, but not a common intake space
- Potential use for the existing triage facility space

3. Review data needs of the committee and forward to the INDEX Committee

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
DRAFT Meeting Summary for May 17, 2018

The committee discussed whether the outcomes and trends are measurable, measuring use by law enforcement, expectations for reporting by the managed care organizations (MCOs), how the County leases the County's facility to providers, and how law enforcement chooses to take someone to a crisis center rather than jail.

4. Voluntary vs. involuntary triage facility

Deacon reported on changes to the State statutes that allow triage facilities with two different levels of certification. The County administration have decided the facility can meet the new requirements to certify as an involuntary facility. She described the differences in the voluntary and new involuntary certification definitions and requirements, which includes the ability to seclude and restrain.

The committee discussed costs and funding issues, the State Department of Health requirements for physician oversight for seclusion and restraint; the opportunity of designing a capital facility to allow for involuntary certification, if they so choose; the costs of adding two seclusion rooms to the design;

Hovenier moved to recommend construction of the triage facility with two seclusion rooms, at an additional approximately \$80,000 to the project, to accommodate involuntary services of they choose to use them. The motion was seconded.

Schroeder suggested a friendly amendment to clarify the difference in operational issues between voluntary and involuntary certification before making a formal recommendation to the Task Force.

Hovenier accepted the friendly amendment.

The committee continued discussion on keeping their options open on certification; inviting experts and providers to a future meeting for further discussion on operations; and a recovery model versus seclusion and restraint.

The motion carried 6-0-1, with Whitcutt abstaining.

The committee continued to discuss:

- The nursing level of training required to do 15-minute checks when a seclusion and restraint room is used.
- What services are provided now to people who may need seclusion and restraint.
- Whether an involuntary certification and design will have a negative impact on existing patients who volunteer to go to the facility

The committee concurred to continue discussion at the June and July meetings to get background information on the Recovery Model versus seclusion and restraint, why the NSBHO has

Incarceration Prevention and Reduction Task Force
Triage Facility Subcommittee
DRAFT Meeting Summary for May 17, 2018

chosen the Recovery Model and to not use seclusion and restraint, and the consequences if they don't include involuntary/seclusion and restraint.

5. MacArthur Grant opportunity to supplement Health Department technology grant

The committee discussed whether or not anyone at the table has the time to put together a grant application for the MacArthur grant to supplement a recent \$25,000 Data Across Sectors for Health (DASH) grant the Health Department received for information exchange.

Phillips asked if the general consensus of the committee is to let the grant opportunity go.

The committee concurred.

Barry Buchanan, Whatcom County Council Office, stated he will work with the Council Committee and administration on other options for possibly applying for the grant funds.

6. Next Steps: Ideas & Further Information

Schroeder stated he will work with staff to update the data needs list and annual report.

Phillips stated he will work with staff to set up an informal meeting to talk about governance and operations, and report back to the committee.

7. Other Business

Whitcutt stated Michael McAuley will replace her on the Triage Facility Committee. She will attend the next meeting for the discussion on the recovery model.

8. Public Comment

There was no public comment.

9. Adjourn

The meeting adjourned at 11:07 a.m.

Incarceration Prevention and Reduction Task Force
Behavioral Health Subcommittee
Meeting Summary for May 14, 2018

1. Call To Order

Members Present: Anne Deacon, Doug Chadwick, Dan Hammill, Mike Parker
Members Absent: Byron Manering, Kelli Linville, Sandy Whitcutt
Also Present: Jill Bernstein, Mark Gardner

A quorum of members did not attend. Those attending discussed the agenda items listed below. The audio of the discussion is on the committee website.

2. Annual Report

3. Identify the ideal data needs of the committee for the INDEX Committee

4. Draft Priorities and Work Plan

~~5. Next Steps: Ideas & Further Information~~ *This item was not discussed.*

~~6. Other Business~~ *This item was not discussed.*

7. Public Comment

8. Adjourn

PRETRIAL PROCESSES WORKGROUP NOTES: MAY 29, 2018

Supplemental budget request for pretrial risk assessment tool development contract and to hire a pretrial services manager/administrator

Motion carried unanimously to prioritize and move forward with the Virginia Model:

Motion carried unanimously to recommend to the Legal and Justice Committee move forward with a supplemental budget request for a consultant to guide the procurement and implementation of the Virginia Model risk assessment for Whatcom County.

HOMework

- Dave Reynolds and Bruce Van Glubt to gather more information on Clark County's use of the Virginia Model risk assessment and pretrial services unit
 - Is their risk assessment electronic or hand-scored
 - What training is available
 - What training did their staff engage in to implement the Virginia model
 - Upfront and ongoing costs?
 - How long have they used the risk assessment?
 - Are there statistics on the results of using the risk assessment/program, including FTAs and public safety
 - Is it locally validated?
 - What are their services and how many people do they serve?
 - Does pretrial risk assessment and services work to reduce the jail population?
- Judge Garrett to ask Dr. van Wormer about an estimated cost for the County to procure the Virginia Model, the cost of training on the Virginia model, and the cost to hire a consultant to validate the Virginia Model to Whatcom County; what does she know about Clark County's experiences.
- Jill N. to check with Tyler Schroeder on
 - moving forward with a 2018 supplemental budget request to get a consultant on board
 - the provision in State law allows government-to-government contracting without having to issue an RFP for a risk assessment contractor, possibly through another county or through Dr. Hamilton's institute at WSU, Dr. van Wormer, and the Washington State Center for Court Research

Draft PPW Mission Statement/Goals and Detailed Work Plan

The final draft of a mission statement and goals will be discussed at the workgroup meeting on June 11

Pretrial Processes Workgroup Meeting Schedule:

The Workgroup has scheduled a meeting on June 11 directly after the full Task Force meeting, and will extend its current meeting schedule through September.

2018 Committee Assignments

Final Approved April 2018:

BEHAVIORAL HEALTH AD HOC SUBCOMMITTEE

- Anne Deacon
- Dan Hammill
- Byron Manering
- Kelli Linville
- Doug Chadwick for Bill Elfo
- (to be determined) for Kate Hansen
- ~~Caryl Dunavan~~ Lt. Ryan King, Blaine Police Dept. for Raylene King
- Mike Parker for Greg Winter

TRIAGE FACILITY AD HOC SUBCOMMITTEE Possibly need to rename

- Jerry DeBruin
- Todd Donovan
- Kate Hansen
- Jack Hovenier
- Betsy Kruse
- Chris Phillips
- Tyler Schroeder
- Perry Mowery for Anne Deacon
- Jeff Parks for Bill Elfo
- Sandy Whitcutt or Michael McAuley for Betsy Kruse
- (to be determined) for Kelli Linville

LEGAL AND JUSTICE SYSTEMS AD HOC COMMITTEE -and-

- Angela Anderson
- Jill Bernstein
- Bill Elfo
- Deborra Garrett
- Stephen Gockley
- Deborah Hawley
- Raylene King
- Dave McEachran
- Lisa McShane
- Moonwater
- Darlene Peterson
- Peter Ruffatto for Kelli Linville

PRETRIAL PROCESSES WORKGROUP

- Angela Anderson
- Jill Bernstein
- Caryl Dunavan
- Matthew Elich
- Deborra Garrett
- Stephen Gockley
- David Graham
- Alfred Heydrich
- Dave Reynolds
- Bruce Van Glubt

Also:

STEERING COMMITTEE

- Co. Council Rep (Todd Donovan)
- Co. Exec Rep (Tyler Schroeder)
- IPRTF Chair(s) Jill Bernstein and Jack Hovenier
- Committee Chairs: Stephen Gockley, Anne Deacon/Dan Hammill, Chris Phillips