



Whatcom County Incarceration Prevention and Reduction Task Force

2018 Annual Report

June 19, 2018

(Behavioral Health Subcommittee Sections)

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 BHS also works to support re-entry of those released from jail by helping them to find housing and services. The BHS worked with 40 individuals in 2017 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 program's 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. 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.
- **Reduce Number of Jail Admissions for New Charges.** 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 and Bellingham Municipal Court administrators have initiated new practices to clear invalid charges that might otherwise result in warrants, and implemented a phone call reminder program for most court hearings.

Behavioral Health Committee

- **Crisis Prevention, De-escalation, and Behavioral Health Response.** The Sheriff's Office and the Bellingham Police Department ensure that 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. The Sheriff's Office has added a crisis intervention deputy to work closely with the behavioral health community to divert offenders from the criminal justice system to treatment.
- **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. Cascade Medical Advantage and SEA MAR Community Health Center have expanded MAT by a total of 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.
- ***Note:*** Since the State of Washington considers only the mental health stabilization unit to be a “triage” facility, the Task Force is calling the planned local mental health/acute drug and alcohol facility a “Crisis Recovery Facility” in this report.

INDEX Committee

- ***Information Needs and Data Exchange (INDEX) Committee.*** 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 will include a technical workgroup and a policy workgroup. The Committee will identify how to assess performance and establish metrics that will 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 summarizes 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 chemical dependency services 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 Medical Center 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.
- ***Crisis Recovery Services and continuum of care.*** The success of the Crisis Recovery Facility will be limited without sufficient resources to support individuals once they are stabilized and 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 2015 and 2016 involved assembling available data on criminal justice and behavioral health trends, planning for new local acute care crisis recovery 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 crisis recovery 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.

- Two new treatment providers are establishing themselves in the community, which will increase both the availability and the quality of treatment services.
- Work is underway to develop additional recovery housing for participants.

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

Issues and Opportunities: The Drug Court team will work with the Committee to make certain that the County is using a validated tool necessary to qualify the County for federal grants and ensure the County is in compliance with National Association of Drug Court Professionals (NADCP) best practices, if the County is not already in compliance. 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, some but not all local team members will attend a national drug court training conference. 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. 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 chemical dependency services 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 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.

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 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 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
- 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 St. Joseph Medical Center 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.⁵ 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.

Progress: Targeted efforts to address 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 eight 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 two 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 third 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.

- *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

⁵ Data are for people on Medicaid only; however, 86% of inmates in the jails 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.

different languages have been placed at pharmacies, schools, and in lock bags distributed by pharmacies to patients. (Visit the website, 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.
- 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

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 also 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, for 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, with a 1.8% vacancy rate. (A 7% vacancy rate is considered the balanced, or "natural," rate according to Harvard University research.) Finally, Whatcom County has the nation's eighth 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.

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 recovery 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 recovery has proven inadequate to the needs of first responders and the community. The current capacity of eight detox beds and five 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.

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 data sets, improve data system capacity 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 Crisis Recovery 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.