

# Stakeholder Advisory Committee (SAC) for the Justice Project

Thursday, April 7, 2022

1:30 – 3:30 pm

## Meeting Minutes

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**SAC Participants:** Barry Buchanan, Jon Mutchler, Bill Elfo, Daniel Hammill, David Goldman, Doug Chadwick, Erika Lautenbach, Flo Simon, Harriet Markell, Kara Allen, Kendra Cook, Kristin Hanna, Michael Lilliquist, Perry Mowery, Peter Frazier, RB Tewksbury, Cliff Langley, Satpal Sidhu, Scott Korthuis, Stephen Gockley, Heather Flaherty, Arlene Feld, Daron Smith, Atul Deshmane

**Presenters/Data Team:** Caleb Erickson, Jeremy Morton, Alexes Harris, Malora Chrisensen, Mike Hilley, Wendy Jones

**Support:** Holly O'Neil, facilitator; Mardi Solomon, notes; Jackie Lassiter, County Staff

**Absent SAC Members:** Patrick Brodie Allen, Chad Butenschoen, Seth Fleetwood/Brian Heinrich, Katrice Rodriguez/Rick George, Deborah Hawley, Anthony Hillaire, Jack Hovenier, Jeff Monks, Brooke Waaga, Brel Froebe, Darlene Peterson, MaryLou Steward

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*To view a video recording, click on the link in the section heading.*

[Welcome](#) – Barry Buchanan

[Process Overview](#) – Holly O'Neil

- The first SAC meeting was Jan. 20, 2022. This is the second meeting of this group and will focus on criminal justice data. The third meeting will be June 8 and will focus on behavioral health data. The following meetings will move into discussion of facilities and the preliminary needs assessment.
- It is likely we will add 1-2 more meetings to the schedule.

[Agenda Review](#) – Holly

[Introduction of Presenters](#) – Barry

- Dr. Alexes Harris, Professor of Sociology, University of Washington.
- Lt. Caleb Erickson, Corrections, Whatcom County Sheriff's Office
- Jeremy Morton, Systems Analyst, Whatcom County Emergency Medical Services

[Goals of this Meeting](#) – Holly

- To explore the kinds of data needed for the needs assessment and begin thinking about how the data will help us arrive at our recommendations.

[Presentation Introduction](#) – Dr. Alexes Harris

- Alexes' research areas are the criminal legal system and monetary sanctions. She is here to help facilitate the conversation and provide some framework for discussion of the data.
- The aim of the conversation today is to discuss community needs regarding public safety and wellness. The speakers will present what we know based on data that is available. We will then discuss remaining questions and further data needs.

[Criminal Justice Data Presentation](#) – Jeremy Morton. Jeremy is a systems analyst and supports specialized crisis programs and other units.

Preview of the take-home points:

- The systems are complex. The interactions between the justice system, medical system, and emergency services are not well understood at the global level.
- The work that has been done by specialized crisis programs, such as GRACE (Ground-level Response and Coordinated Engagement) and LEAD (Law Enforcement Assisted Diversion), gives some insight. We can expand our body of knowledge by gathering additional information from various sources to make informed decisions across the county.
- The ability to look at multiple systems in a systematic and consistent way is new in this county and in the U.S.

Obstacles:

- Most of the data systems evolved in their own silos. While they interact, they were not designed to work together. We are asking these systems to do something that they were not designed to do – like asking a toaster to make a martini.
- At this time, we have an incomplete picture of what is going on in the county.

Opportunities:

- Work has been going on in the county to create a community health information system that crosses silos and integrates data for people who interact with multiple systems.
- We have a repository of fire and EMS data and are integrating information from the St. Joes' ER and looking at jail bookings in a systematic way.

Limitations of Available Data

- Interviews with subject matter experts have helped with data interpretation.
- The scale of what law enforcement reacts to is enormous. 911 calls for police include behavioral health (BH) issues, accidents and incidents that range from “mid-risk and mid-skill” from a law enforcement perspective, to serious crimes that are “high-risk and skill.”
- There is a lot of variance in the way terms are used and how the many different types of calls are coded and represented in the data, and the information is incomplete.
- The data presented is from 2019 and 2020 specific to the Bellingham Police Dept. and the Sheriff's office, and it looks at a fraction of the ~33,000 reports coming from the Computer Aided Dispatch (CAD) system.
- Law enforcement doesn't make reports on all contacts (15% of CAD records have a corresponding report), and demographic information isn't always obtained by EMS and law enforcement.
- There are tremendous challenges in reconciling all the information and drawing meaningful conclusions from incidents involving multiple agencies. Each reports an incident differently.

What We Know from Specialized Crisis Programs Data

- What is new, as of Feb. 2021, is looking at an individual's journey across systems. The website: [www.respondwhatcom.org/](http://www.respondwhatcom.org/) presents details of this work.
- In 2014, attention focused on people who were interacting with EMS at a high rate (100+ times/yr.) for appropriate and inappropriate reasons and were not showing improvement. A paramedic began interacting with these folks to identify ways to reduce utilization. Now there are ~13 specialized crisis service providers across multiple programs.
- A “**cycle of crisis**” was identified with people impacting multiple organizations and not improving.

- With expansion of specialized crisis programs, an intensive case manager identifies and addresses reasons for individuals' cycle of crisis. This has been very successful at reducing EMS utilization.
- Since 2014, ~770 people have been served by specialized crisis programs. EMS saw ~16,000 individuals last year, so specialized crisis programs serve a fraction of the population that uses multiple systems.
- Looking at the types of services graduates from programs have used, the top four are: medical and physical health, mental health, homelessness/housing, substance use.
- The GRACE program was not intended to be a legal diversion program, but it has had that impact.
- Folks experiencing crisis interact with the justice system, but the ways they enter in and leave the system are very complex and difficult to navigate. It is infinitely harder if a person has mental or physical health issues (Example: Medicaid insurance is lost when someone enters jail, and it takes 1-2 weeks for it to be turned back on when the person is released).
- The Competency Determination Process (how a court determines if person is competent to stand trial) illustrates the complexities. The process can take weeks to years.
- There are so many interacting histories and policies and funding sources that make it hard to answer a seemingly simple question such as how many people are in the jail system at any given time.
- Events and decisions made outside of the county have had a big influence on the jail population (e.g., opening the work center in 2011, various state policies, and COVID).
- The county jail is accredited by the NCCHC. It's the gold standard for medical care in a law enforcement setting.
- The County had a 2021 budget for ~\$3 mil./yr. for medical care provided in corrections facilities.
- There are so many conflicting methodologies in medical records, it is hard to go back in time and get consistent data.
- On average, there are ~3700 mental health referrals in the jail per year. In 2021 there were 575 psychiatric visits and 575 who received medically assisted treatment for addiction recovery. The reality is that healthcare is being provided in the jail.
- Some people in specialized programs or in the jail are not going to recover. The best that can be done may be to help them die with dignity.
- While the effort is to look across systems, we need to remember that we are talking about individuals.
- The community paramedicine program has resulted in ending cycles of crisis for individuals.
- The [Respond Whatcom program](#) is working to create a no-wrong-door way into the system.
- Going from the individual to the system level and comparing 12 months pre-engagement in specialized crisis programs to 12 months post-graduation, we see a 90%+ reduction in EMS contacts.
- When engaged with GRACE, this population's bookings in jail decreased significantly (97%).
- An EMS runs cost \$1400 per run and about \$5200 per transport. EMS has funding to cover costs for services for people who can't pay.
- Jail services are ~\$55/booking. Some costs go to the individual and some to municipalities. The costs for these services get passed to taxpayers.
- When we look at the system as a whole, we know we don't have all the info from the ER, and are looking at about 4% of the annual EMS population, but we see dramatic reductions in service utilization and costs for people engaged in specialized crisis programs.

### Presentation Conclusions – Alexes

- The broad question: What are the health, wellness and public safety needs of your community?
- We have seen the complexity of the system.
- The work done by specialized crisis programs establishes that individuals do impact multiple systems.

- The work that law enforcement and the jail are doing is addressing social problems these systems weren't designed to address.
- From looking at the small sample of 15% of cases engaged with these specialized crisis programs, we know the programs work and reduce the number of long-term stays in jail and the costs of jail stays.
- Much more information is needed before drawing countywide conclusions.
- The process of combining multiple systems is new.
- The next steps: Integrate ER utilization with superior/county court outcomes and law enforcement interactions to be able to trace people through the systems.
- Phase 2 will review the findings with subject matter experts, and work collaboratively, using evidence-based decision making, to generate an informed assessment. Then generate recommendations that have the best impact on individuals and, by extension, the county system as a whole.

**Questions, Answers, and Discussion:** SAC members were invited to ask questions and identify themes in the information they heard. Questions, answers and comments by SAC members and presenters are summarized below.

#### Questions & Data Requests

- Look at the cases of people referred by law enforcement for criminal charges who aren't booked into jail (the majority) and then may or may not work their way through the court system. That would indicate the efficacy of efforts to reduce the jail population.
- Who is currently in jail and not being diverted (i.e., Who is not included in the GRACE & LEAD programs)?
- What is the average length of stay for different charges?
- What are the top charges?
- Are there more opportunities for diversion?
- How much would it cost to increase the capacity of GRACE & LEAD?
- We need information relevant to the jail location.
- Look at recidivism data and repeating offenses to see whether our programs are working for those types of offenses.
- What other communities are doing a great job with data collection and analysis?
- Look at impacts on the jail population of social factors such as housing costs, overall population size, percent employment, cost of healthcare and other services.
  - Could look across the state at the jail population over time, and at fluctuations in various social factors. Do statistical analysis contrasting Whatcom Cty. with other counties.
- Include data from the tribes and other municipalities in the county.

#### Strategies and Opportunities for Addressing Data Gaps

- The next steps for the Criminal Justice Data Team include looking at the 85% of cases that aren't included in the data analysis yet.
- We need collaboration and cooperation among community partners to get access to data, start analyzing it, and identify ways to make data gathering efforts more effective.
  - Data system modernizations are being done by Whatcom Cty. IT now.
  - Could build this initial effort at analyzing data across systems into a larger community informational exchange.

### Additional Available Data

- The Health Dept. has information from periodic BH needs assessments.
- Heather Flaherty (Chuckanut Health Foundation) has compiled a library of community reports to share (Posted to SAC website - [link](#)).
- City of Bellingham periodically does surveys of a few thousand residents.
- The Sequential Intercept Model (SIM), which is part of the [NACO Stepping Up Initiative](#), will provide a robust view of where our gaps are – what services we have, what we need more of, and what we don't have.
- A company called [Recidiviz](#) looks at recidivism rates and data across an entire criminal justice system to see what policy decisions have impacts on communities.

### Addressing Gaps in Services

- Need hospital beds and services for people with serious mental illness who are violent, difficult to treat, refusing medications.
- Need new and more programs along the continuum of acuity.
- More in-patient treatment services, including for substance use disorder and mental health.
- Right-size existing programs that we know work (e.g., GRACE & LEAD).
- Address lack of affordable housing which has big impact on people exiting the jail.
- Increase BH workforce – we need a pipeline of BH workers to prop up programs.
  - There are state and regional processes with funds to address the workforce gap.
- Need new treatment options for street drugs (meth, fentanyl, etc.). That is a causal factor for some crimes.

### Suggested Strategies for Moving Forward

- Focus on the questions we need answered and determine exactly what information we need to accomplish our goals.
  - We have to discuss how we parcel out all the work we have touched on. The SAC recommendations have to come out pretty soon and focus on some but not all of this. Some of this work will bounce to the IPRTF, or rest with the County Council. We ought to plan the longer-term series of steps we have identified.
  - Our goal is to come up with recommendations that will go before voters next Nov. We have to put parameters on what we're doing. Figure out what a facility should look like, and come up with BH interventions and treatment pre-arrest, and upon release from the facility.
- A lot of the issues are larger than this county can handle. Approach people at higher levels.
  - Start getting state representatives and senators involved sooner rather than later.
  - Look into other state or county systems and possible funding sources.
  - Could find colleagues in other counties and create a state coalition to address these issues statewide.
  - Advocate for federal funding.
- Adapt programs from other places to meet our needs.
- Create an online jail data dashboard.
- Rather than increasing the current jail capacity by x percent, create a public safety and wellness center to decrease the numbers of people who would be routed to a jail cell.

## Summary

- Alexes – Four main points
  1. There are a host of complex issues and structures.
  2. There is a host of data needs.
  3. There is a clear need to address social issues, but we need to figure out which of these to address within our scope. Can this new facility address some of these social problems?
  4. This is an exciting moment for us to do this work.
- Barry – We will work with the IPRTF on summarizing the needs. Our output will be a holistic needs assessment report of the findings of this committee's work. It will address capacity, location, services, and gaps. Hope for consensus on location, size, services, what the facility needs to offer, and what community services will offer and how to meld these two together to make an effective, holistic program.

## Wrap-up – Holly & Barry

- Talk to 3 people about what you are hearing and learning about and get their input.
- SAC members are invited to the Apr. 19 joint BH and Legal & Justice Committee meeting as participants.
- The next SAC meeting is June 8.