

Welcome!

Stakeholder Advisory
Committee for the
Justice Project

Meeting #4

www.whatcomcounty.us/justice

The meeting will begin at 2:00 pm

Zoom Logistics:

- Keep your video on as much as possible.
- Make sure your full name is showing by your image.
- Keep yourself muted except when speaking.
- These are Open Public Meetings and will be recorded.
- Whenever we are in an open discussion mode, use the **raise hand** button to be recognized to speak by the facilitator.



Justice Project

PUBLIC HEALTH, SAFETY, AND JUSTICE FACILITY
NEEDS ASSESSMENT

SAC MEETING #4 – JULY 14, 2022

www.whatcomcounty.us/justice

PROCESS OVERVIEW

Meeting	Dates	Focus Topic
1	January 20, 2022	Foundation
2	April 7, 2022	Criminal Justice Data
3	June 8, 2022	Behavioral Health
4	July 14, 2022	Work Session: Integrating Information and Identifying Needs/Gaps
5	September 15, 2022 10 am – 12 noon	Facilities
6	October 13, 2022 10 am – 12 noon	Preliminary Needs Assessment
7	November 17, 2022 10 am – 12 noon	Final Needs Assessment

AGENDA

- **Guidelines for participation**
- **Remembering why we are here**
- **Introduction of Communications Team**
- **Feedback on Draft Values and Goals**
- **Discuss Needs/Gaps & Recommendations so far...**
- **What other Needs/Gaps & Recommendations?**
- **Facilities Wish List**
- **Next Steps and Adjourn**



Guidelines for Participation

- Diverse opinions are welcome
- Treat others with respect, even when you disagree
- Stay on topic, and speak to the point
- Avoid repeating ideas (your own, or others)
- “Stay in the room” (avoid reading email, texting, etc.)
- Participate in balance with other participants

Remembering What We are Doing

Be Informed	Be informed by subject matter experts on major needs and gaps within the criminal legal system.
Collaborate	Work with IPRTF to determine priorities for facilities and services that will address needs & gaps.
Report	Prepare a report presenting recommendations with cost estimates for County Council.
Vote	This work will be a foundation for a Nov. 2023 ballot initiative.

Gathering information for our Needs Assessment

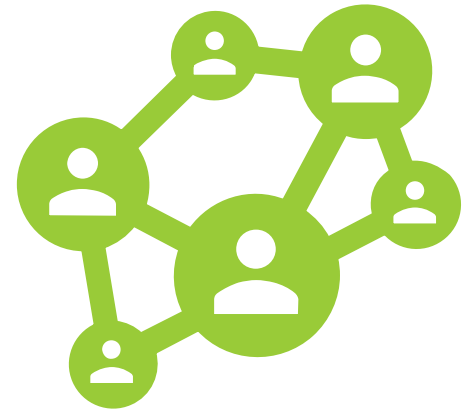
- IPTRF Committees, Co-chair meetings, etc.
- Past studies related to our scope, related studies on community needs shared
- Subject Matter Experts helping bring forward data
 - Criminal Justice and Behavioral Health Gap Analysis Team
- Survey in the Jail started – David Goldman
- Communications consultant firm hired
 - The Vida Agency

Public Engagement Plan

The Vida Agency (TVA) has been hired to help us develop a Public Engagement Plan

TVA will take what the SAC has been working on so far, and figure out how to share that with the community at large to:

- Build broad community understanding
- Get meaningful feedback that will inform the final Needs Assessment



Where is the SAC now?



TESTING FOR SHARED
VALUES, FUTURE GOALS,
AND COMMON VISION

(PRELIMINARY SAC-MEMBER
SURVEY RESULTS)

Feedback on Draft Values & Goals

Preliminary Results



17 Responses



38 members (+ 4 who
share seats)



~43% Response Rate

Agreement with Values Statements

- 1. Protection** of public health and safety **100%**
- 2. Equity** for all people, openly and actively addressing discrimination **94%**
- 3. Transparent** decision-making processes that include community input **88%**
- 4. Adaptable** to changing circumstances & needs **88%**

Agreement with Values Statements (continued)

- 5. **Timely** interventions save lives, improve outcomes, and save money over the long term **100%**
- 6. **Outcome-oriented** with measurable goals and reliable data to evaluate success **94%**
- 7. **Accountability** to taxpayers to uphold community values and deliver results **82%**

Agreement with Goals Statements

1. People involved with the criminal legal system have the **information and support** they need to avoid incarceration, especially those people who are disproportionately at risk. **88%**
2. **Low-risk offenders are safely and effectively diverted** from a Whatcom County Jail sentence. **82%**
3. Incarceration **facilities promote recovery, safety, health, and rehabilitation.** **82%**

Agreement with Goals Statements (continued)

- 4. People released from jail have immediate access to healthcare, housing, employment, and **support systems to avoid recidivism.** **82%**
- 5. **Legislative and policy tools are used** to safely limit and reduce the jail population. **82%**
- 6. **Coordinated services and programs** are used at all points of contact in the criminal legal system, effectively **closing the gaps** between community, legal, and jail-based services. **88%**

Agreement with Goals Statements (continued)

- | | | |
|-----|--|-----|
| 7. | Facilities and staffing are in place to provide timely access to behavioral health services. | 88% |
| 8. | Facilities and staffing are in place for successful community re-entry for those who are incarcerated. | 88% |
| 9. | Facilities are designed and operated to meet the health, safety, and welfare needs of those incarcerated and the people who work and visit there. | 88% |
| 10. | Facilities adequately serve the county, incorporated cities, and tribal jurisdictions today and in the future. | 76% |



Values and Future Goals

What are you noticing?

What resonates?

What is missing?

Feedback on Needs/Gaps & Recommendations Identified so far

Community Behavioral Health Services

Housing Services for At Risk Populations

Jail Behavioral Health Services

Reentry Services

Other Needs/Gaps – not specific to behavioral health

Scope

IPRTF Boundaries: *“The outcomes and intentions of a program are to reduce incarceration or the likelihood of involvement with the criminal justice system, versus prevention from unhealthy outcomes in general.”*

For each area, we will discuss:

- How well do these match your sense of the needs and gaps?
- How well do you feel the recommendations address the needs/gaps?
- Is there anything missing that you think needs to be included?
- Is there anything here that you don't agree with?

COMMUNITY BEHAVIORAL HEALTH SERVICES (3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
1.	Need increased access to mental health & substance use disorder (SUD) assessments, on demand/no waiting	Support additional positions for SUD and mental health professional with certified agencies to provide assessment on demand when people are highly motivated	<p>↑ # people prepared to enter treatment for mental health &/or SUD</p> <p>↓ criminal legal system involvement due to untreated mental health &/or SUD</p>

COMMUNITY BEHAVIORAL HEALTH SERVICES (3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
2.	Need additional community mental health treatment capacity (in-patient & out-patient), and address lack of community SUD treatment.	Increase availability of mental health &/or SUD treatment. Prioritize admission of individuals releasing from incarceration.	<p>↑ # incarcerated individuals admitted to mental health &/or substance use disorder treatment immediately following release.</p> <p>↓ # formerly incarcerated individuals returning to jail due to charges related to mental health &/or SUD.</p>

COMMUNITY BEHAVIORAL HEALTH SERVICES (3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
3.	Reduce response time for Law Enforcement (LE) involved potential Involuntary Treatment Act (ITA) calls	Assign Dedicated Crisis Responder (DCR) to LE personnel to reduce response time, increase likelihood of engagement in services, & reduce likelihood of incarceration.	<ul style="list-style-type: none"> ↑ LE officers have increased access to DCRs ↓ response time of DCRs to LE calls ↑ access to services for people with serious mental illness ↓ # individuals with serious mental illness entering jail.

Questions:



How well do these match your sense of the needs and gaps?



How well do you feel the recommendations address the needs/gaps?



Is there anything missing that you think needs to be included?



Is there anything here that you don't agree with?



Discussion

HOUSING SERVICES FOR AT RISK POPULATIONS (3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
4.	Lack of scattered-site and facility-based permanent supportive housing (additional locations)	<p>Increase available permanent supported housing sites for people with serious mental illness with focus on people releasing from jail in need of housing.</p> <p>Affordable housing across the income spectrum from 30% - 80% Area Median Income (AMI) with units dedicated for re-entry population and with on-site supports</p>	<p>↑ available permanent supported housing</p> <p>↓ homelessness for people with serious mental illness/ incarceration history</p> <p>↓ risk of incarceration/ recidivism</p>

HOUSING SERVICES FOR AT RISK POPULATIONS (3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
5.	Permanent supported housing programs (scattered-site and facility-based) need access to clinical support and onsite or improved intensive case management.	Increase on-site clinical support and number of Intensive Case Managers to support housing Case Managers in work with housed individuals with serious mental illness. Make 24/7 clinical support available.	↑ clinical support and quality of life for currently/previously incarcerated individuals and residents of permanent supportive housing with serious mental illness.

HOUSING SERVICES FOR AT RISK POPULATIONS (3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
6.	Need dedicated housing for therapeutic court members	Provide dedicated housing for individuals engaged in therapeutic courts as a component of involvement in the monitored wrap around services provided through therapeutic court involvement.	<p>↑ # People participating in therapeutic courts achieve housing stability.</p> <p>↑ Improved compliance for therapeutic court members.</p> <p>↑ Increased number of individuals participating in therapeutic courts diverted from jail.</p>

Questions:



How well do these match your sense of the needs and gaps?



How well do you feel the recommendations address the needs/gaps?



Is there anything missing that you think needs to be included?



Is there anything here that you don't agree with?



Discussion

JAIL BEHAVIORAL HEALTH SERVICES

(3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
7.	Insufficient number of MHP/Intensive Case Managers for the jail	Create positions for 2 Intensive Case Managers working in both the jail and community to facilitate care coordination and support re-entry staff.	<ul style="list-style-type: none"> ↑ service coordination ↑ engagement with support services ↑ Stability while incarcerated ↑ stability at point of release

JAIL BEHAVIORAL HEALTH SERVICES

(3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
8.	Need increased access to mental health & SUD assessments, on demand/no waiting	Create positions for SUD and mental health professionals to provide “Medicaid-ready assessment” (required to admit people into Medicaid services) when people are highly motivated	<p>↑ # of incarcerated individuals who receive mental health &/or SUD treatment</p> <p>↓ recidivism due to untreated mental health &/or SUD</p>

JAIL BEHAVIORAL HEALTH SERVICES

(3 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
9.	Need evidence-based services for people with substance use disorders who are incarcerated	Utilize SUD professionals to provide available evidence-based SUD services (e.g., brief counseling, psychosocial/education groups), including for methamphetamine dependence, in the jail setting.	<p>↑ # incarcerated individuals who receive SUD treatment</p> <p>↓ recidivism due to untreated substance use disorder, especially methamphetamine dependence.</p>

Questions:



How well do these match your sense of the needs and gaps?



How well do you feel the recommendations address the needs/gaps?



Is there anything missing that you think needs to be included?



Is there anything here that you don't agree with?



Discussion

REENTRY SERVICES

(2 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
10.	Need increased jail and community re-entry case management services/support and ensure Medicaid reinstatement upon release.	<p>Create additional positions for jail reentry specialists to facilitate care coordination.</p> <p>Specialists will also coordinate with Managed Care Organizations for immediate enrollment or reinstatement of benefits upon release.</p>	<p>↑ # of incarcerated individuals nearing release who receive care coordination planning & support</p> <p>↑ # people whose Medicaid benefits are reinstated immediately upon release so there is no gap in services</p> <p>↓ recidivism due to inability to access necessary community-based services</p>

REENTRY SERVICES

(2 top priorities)

#	Needs/Gaps	Recommendations	Intended Outcomes
11.	Need increased capacity of Program for Assertive Community Treatment (PACT)	Increase PACT services dedicated to incarcerated individuals. Evaluation for services prior to release and immediate entry into PACT services upon release.	↑ access to PACT services for incarcerated individuals with serious mental illness. ↑ # individuals experiencing serious mental illness who are reincarcerated.

Questions:



How well do these match your sense of the needs and gaps?



How well do you feel the recommendations address the needs/gaps?



Is there anything missing that you think needs to be included?



Is there anything here that you don't agree with?



Discussion

Other Needs/Gaps not Specific to Behavioral Health

Additional resources needed to fully implement and then expand use of the Public Safety Assessment, or other statistically-validated pretrial risk assessment instrument, and safely monitor people released pending trial across all courts in Whatcom County

Transportation – to needed community services (medical, behavioral health) , and from jail directly to a safe location

Need employment support and job training in the jail and upon release

Affordable housing across the income spectrum from 30% - 80% Area Median Income (AMI) with units dedicated for re-entry population and with on-site supports



Discussion



INTAKE/RELEASE



FACILITY OPERATIONS



**DESIGN FEATURES FOR
ALL HOUSING OPTIONS
(INCLUDING MEDICAL
UNIT)**



MEDICAL UNIT



BEHAVIORAL HEALTH



STAFF AREAS

FACILITIES WISH LIST



Discussion

Wrap Up

Upcoming Meetings:

- IPRTF Meetings
- SAC Meeting #5: Facilities
 - Sept. 13, 2022; 10:00 AM -12:00 PM

SAC Homework:

- Do the survey if you haven't already – due Friday

SAC Information webpage: www.whatcomcounty.us/justice

- Watch meeting recordings
- Review meeting summaries and handouts