

# Stakeholder Advisory Committee (SAC) for the Justice Project

Thursday, July 14, 2022

2:00 – 4:00 pm

## Meeting Minutes

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**SAC Participants:** Jack Hovenier, Stephen Gockley, Barry Buchanan, Cliff Langley, Erika Lautenbach, RB Tewksbury, Peter Frazier, Arlene Feld, Teresa Bosteter, Kristin Hanna, Darlene Peterson, Doug Chadwick, Daron Smith, David Goldman, Kendra Cook, Scott Korthuis, Daniel Hammill, Perry Mowery (& BHGAT), Brian Heinrich, Starck Follis, Bill Elfo, Michael Lilliquist, Harriet Markell, Brel Froebe, Maialisa Vanyo, Tyler Schroeder, Rebecca Mertzig, Satpal Sidhu, Eve Smason-Marcus, Heather Flaherty, Mary Lou Steward

**BHGAT Members:** Tommy McAuliffe, Gail de Hoog, Barbara Johnson-Vina, Mike Parker, Jackie Mitchell

**Others:** Caleb Erickson; Makenzie Flemming & Amalia Martino, The Vida Agency

**Support:** Holly O'Neil, facilitator; Mardi Solomon, notes; Cathy Halka, County Staff; Jennifer Moon, Needs Assessment report writer

**Absent SAC Members:** Chad, Butenschoen, Atul Deshmane, Brooke Elonde, Seth Fleetwood, Kara Mitchell, Rick George, Katrice Rodriguez, Deborah Hawley, Anthony Hillaire, Jon Mutchler, Eli Wainman

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

**[Call to Order, Welcome](#)** – Barry Buchanan, Council Member and SAC Chair

**[SAC Process Overview & Agenda Review](#)** – Holly O'Neil, Crossroads Consulting, Facilitator

- The purpose of this session is to review the materials we have gathered so far, identify needs/gaps, and start talking about recommendations.
- Upcoming meetings [Note: Dates corrected from what shows on the slide]:
  - Sept. 15, 10:00-12:00 to discuss Facilities.
  - Oct. 13, 10:00-12:00 to discuss the preliminary draft Needs Assessment
  - Nov. 17, 10:00-12:00 to review the Final Needs Assessment
- We will likely need extra committee meetings, and additional meetings with the IPRTF.

**[Review of why we are here, and what we are aiming to accomplish](#)** – Jack Hovenier, IPRTF Co-Chair

**[Public Engagement Plan](#)** –

- The Vida Agency (TVA) has been contracted to share what the SAC has been working on with the community at large, and get meaningful feedback before we finish the Needs Assessment.
- Makenzie Flemming is the Research Project Mgr. from TVA. Amalia Martino is Founder and President of TVA.
- TVA starts projects with a discovery process that informs communications and engagement strategies.

**[Feedback on Draft Values and Goal Statements](#)** – Preliminary results of survey

- Request all SAC members fill out the survey about draft values and goals statements by tomorrow. This will help form the basis of our vision statement and help TVA convey these values and goals to the community.
- Review of preliminary survey results based on 17 responses.
  - There is a high degree of alignment on the draft values statements
  - There is slightly less alignment on the draft goals statements. There was some misunderstanding of the question as some people thought the statements referred to the present rather than what we are aiming for in the future. This has now been clarified.
- SAC members' reflections on the values and goals:
  - There is a profound lack of services for youth in our state. Want to prevent people from needing these services. It is cheaper and more effective to invest in children rather than fix broken adults.

- There is discussion statewide about where youthful offenders will be housed. Need to house ages 18-23 or 25 separately from adults. Don't want to have 12 & 18 year-olds mixing in housing. Need to plan for these youth who may need special services.
- What is the purpose of a jail? The public safety concerns are real. For many, the jail is a short-term, expensive intervention that doesn't work. Prevention is critical, and we still have a population that needs intervention and to be incarcerated. Is there a mindset from the very first interaction of punishment or rehabilitation? Is this experience going to help put the person on a different trajectory in their life or condemn them to a life in and out of jail, poverty, etc.?
- Skeptical of what we can expect a jail to do. Fail to see rehabilitation happening. For most practical purposes, with the exception of GED, alcohol counseling, there isn't a whole lot of rehabilitation happening in jail. Don't know that the jail deters people from future misconduct. The jail primarily holds people who aren't safe to be in society. It serves a warehousing function.
- We need a common understanding of who is in the jail now, how long they are there.
  - Wendy Jones said the average stay in the jail is 20 days. Most people pass through the jail in 1-3 weeks. Need to acknowledge that the jail is a mid-point for them. They have a history before being in jail and they will be dealing with the consequences long after they leave the jail. The goal is to have fewer people who end up passing through the jail. The middle point is small in duration. The tails are large in duration. Let's make sure the mid-point is effective, safe, a point of engagement and accountability, but in terms of duration, it's a small element.
  - There are people in the jail for 13 hours after arrest for a DUI vs. people who are sitting in jail for 3 years awaiting trial for 1<sup>st</sup> degree murder. The average length of stay is not very meaningful because people are booked and released in the jail for all different things for different lengths of time. The people who need to be segregated from society are in the jail for a lot longer than 20 days. Once their cases are resolved, for the most part they go to prison.
  - Caleb Erickson: There is average daily population and average length of stay. A very large segment of the population in jail is in for years awaiting trial for very serious offenses. The other end of the spectrum is people in for a very short time for DUI or driving infractions. There is very little in between. That is why the average is ~20 days.
  - We have certain people who need to be in jail. The law and judges dictate who is in jail and for how long. If we're going to hold people in jail against their will to maintain public safety, we need a place that is safe and constitutional, and can be operated in a manner that doesn't violate their rights.
- When you think about the vision, balance what you think is realistic and the qualities you want in a jail, ideally? Approach visioning by thinking about what is real and then turn up the "want dial." What do you want to be true?
- The values and goals statements will be revised and a vision statement will be drafted based on survey input. These will be presented to the SAC again for review, feedback, and approval.

### Review Needs/Gaps & Recommendations Identified So Far

#### Community Behavioral Health Services – SAC Discussion

- Make sure there are adequate services for youth in all three of the priorities.
- There is so much enhancement the whole system needs. Should have separate document for larger system improvements. (Note: A SIM Addendum of system improvements and policy recommendations is under development.)
- Peer models are really effective in community behavioral health. There could be a lot more of that.
- This is so general. What does it mean in terms of specific actions? Social and clinical services are divided into pieces.
- We don't have enough services and some systems are broken at a high level. Make investments upstream.
- Concerned we will have silos and a lack of good "customer experience." We forget about individuals and their specific needs. Make sure there is no wrong door for people to enter (e.g., people with co-occurring mental health and substance use issues may not go to the right door). Also concerned about how much all this will cost. The jail will cost a fortune and the operation of it will likely go way beyond the budget we are used to if we are going to do all this.
- Wendy said that 42%+ people have severe mental illness. The severity isn't addressed in the three priorities. Insurance limits the number of sessions. That is not adequate for treating severe mental illness. As a policy matter, we need to develop a system with more depth to the help it offers.
- What about creating a separate website that shows what is available in the County already? Voters don't know what already exists and what people need to have. A lot of people are misinformed and don't understand. Kendra will donate time to help with this website development.
- Mental Health Court is one of the most effective tools in decreasing law enforcement and social service contacts. The criteria to use this service currently are very strict. This is an existing resource that should be expanded.

### Housing Services – SAC Discussion

- We just need more of it. County and City just passed HB 1590 and that money is already gone. We do have Drug Court housing that opened last year but we need more. Based on current experience, scattered site supported housing is probably a better option than facility-based. Interested in what scattered site housing Bellingham Housing Authority has to offer.
- Permanent Supported Housing (PSH) Case Managers aren't always skilled in dealing with co-occurring mental health and substance use treatment issues. Have struggled with ensuring immediate, onsite access to behavioral health professionals.
- Clarify is the recommendation for #4 – How will it be implemented? Is it a policy recommendation or will funding be requested?
- How do housing services for at risk populations fit within the SAC's role? There is funding in place. It's probably inadequate, but the Behavioral Health Fund currently funds operations (1406 and 1590 go towards supported housing). There isn't enough PSH in our community today, but there are a lot of people and funds working towards that goal. Concern about scope creep for SAC. There are other community forums discussing this topic.
- Important we re-evaluate supported housing. We need a safe place for people to fail. If people fail out of PSH, they go back to the streets. Beyond clinical & chemical dependency support, peer support is important, community building is not something I see in current PSH.
- Would navigators/case managers who can follow clients who need extra support help with sobriety and stability?
- We have been doing the same things for 30 years and it's not working. People are expected to follow protocol and strict guidelines without the support to do it. Need more support and space for growth. That takes time and can't be rushed. We are working with a system that is centered in white supremacy culture and we are mimicking that culture by moving too fast, power-hoarding, and not including people who are impacted by the systems.
- Like the way the needs & recommendations are targeted and focused. Resource investments need to be targeted and focused to help people break the cycle. Within PSH there were clinicians in buildings. Some of the BHGAT recommendations strengthen existing services. They honor what we have and acknowledge that more, better, deeper services can make them more effective.
- Reentry programs and therapeutic court programs that we need housing for fit with our conversation. Need to review what level of clinical case management is needed in other PSH programs.
- There are system-based contradictions in PSH with clashing needs of landlords and behavioral health needs of clients. Are there policy changes that could ameliorate this contradiction of needs? It's not just a need for more case managers. May need structural, policy, legal changes in how housing programs are structured.

### Jail BH Services – SAC Discussion

- These are critical services to have in the jail. The Public Defenders Office will be requesting additional behavioral health specialists in the 2023 budget. Believe these services can reduce incarceration & recidivism.
- Some of the reasons the jail is so full are that competency hearings aren't happening in a timely manner, and trials were put on pause during COVID so people are in jail awaiting trial. Is the competency hearing piece embedded in #8?
- If we could provide effective and timely mental health services locally, some number of people could be restored to competency locally instead of going to Western State Hospital. We can't get the state to do this in a timely manner, but if we could circumvent that by doing more of it locally, that would help.
- It is not competency evaluations that are the bottleneck, it is the restoration services. There is an evaluator who resides in Bellingham. Once found incompetent, nothing can happen on the case until they are restored to competency.
- Because of COVID, people aren't being restored in a timely manner, and are housed in the jail which contributes to mental health problems.
- Barry met with the Exec. Dir. of WA State Assoc. of Counties yesterday and brought this up as an important issue to bring to the state legislature. He has sent an email to many stakeholders to convene a meeting to develop a statewide strategy for engaging the legislature to address this issue.
- Whether to have competency restoration in the jail was the question. The BHGAT decided it would be better to have competency restoration services in the community rather than in jail. Should add this to the community BH services list.
- Identifying & reducing barriers to services that are existing outside the jail for people in the jail (e.g., if a student is part of the WISE program and has a parent in jail, how to include the parent in the treatment planning).
- Some policy or training for counselors about not saying something that would put their client's case at risk.
- Currently there are workforce issues with behavioral health specialists at the jail. Now there are two MHP positions, and one reentry case manager. That's not a lot for the number of people with behavioral health issues.

- Even adding two more case managers doesn't seem like it's a setup for success. Suggest more than 2 additional intensive CMs. (Note: There are additional mental health and substance use professionals in the other priorities on the chart).

### Reentry Services – SAC Discussion

- A key to someone not getting into trouble again is to help them get into housing, get a better job, get educated to get a better job. Education and employment should be called out.
- PACT is wonderful but limited in numbers of people they will enroll and people they will accept based on diagnosis. PACT deals with a certain population and it's not a broad enough population to really address the issues.
- With PACT, the BHGAT was thinking of an adapted best practice to serve the populations not served by a typical best practice PACT program.
- BHGAT was thinking of reentry as starting in jail and then setting people up with services like PACT, LEAD, GRACE so they would get intensive case management and help accessing services they want.
- Need to add a new value about how we're responding to customer/human focus.
- Ensuring we have formalized supported employment in the community will be critical.
- There are employment services tailored for people with mental health issues such as Foundational Community Supports.
- Re equity: The IPRTF enthusiastically adopted the Racial Equity Toolkit and the IPRTF is working on this. Find a way to take the time to slow it down and look through an equity lens.
- Do community outreach to folks who have been incarcerated to find out what reentry supports have been effective and what would help with reentry.
- There are so many new and expanded programs. The jail is deplorable. Worried that if we add too many services, it will get too expensive and we won't get the jail we need. All of this could be scope creep. Worried that we're looking for the perfect solution to all the problems and meanwhile we're not solving the obvious problem we have. We need a new jail facility with capacity to handle the needs of our community.
- Share concern that the number that may come in will be shocking to the public, but we are talking about much more than a jail. We're talking about modernizing public health & safety services in Whatcom County. Think about how to reframe this for Nov. 2023 and what the messaging will be to help the public understand this isn't what we talked about in the past, this is about a lot more.

### Needs/Gaps Other than Behavioral Health

- Focus on mind-body health that is more lifestyle-oriented (not pharmaceutical, more holistic). That is congruent with a more restorative justice philosophy.
- Process and policy issues will need to be included.
- Need to look at all the material we are creating through the Racial Equity Toolkit

### Facilities Wish List

- Over 16+ years, Lt. Caleb Erickson has talked with various people at the jail (inmates, medical staff, mental health staff, etc.) about what would result in better outcomes for people, looking at best practices in other communities. Started to create a list of concepts about what we need in a facility. It is not exhaustive and it is always growing.
- A big thorn in the Public Defenders office is the limited facilities to meet with clients and have professionals evaluate clients. Telephone access has been greatly diminished over the years as more inmates have been locked down. It is one of the things that slows down the criminal legal system when it's difficult for lawyers to have access to clients. Only have access to two passthrough visiting rooms at the jail and one is no longer available. Visiting booths are inadequate. Need a jail design that includes adequate places for medical, legal, & psychological professionals to meet with inmates.
- Facilities for crime scene investigation, archive, and evidence storage.
- Possible that could be co-located with sheriff's operations. The list is narrowly focused on what would be inside the jail facility.
- Have diverse staff with a lot of wisdom about what should be in the jail. Need to survey the staff.
- Have a crisis of staff fleeing the jail.
- Having space for medical staff. The medical staff needs to be looked at in general – should have 24/7 medical professional at each facilities. Deputies are having to pass out meds. It takes a lot of time. Decrease stress on deputies and create opportunity for inmates to talk with someone about their issues. Look at an integrated approach with services available on the outside. It would behoove everyone to have 24/7 medical staff on the inside. – Can add this to needs/gaps “other than behavioral health.”
- Would like to see facilities that are not the jail and facilities in the jail for services. Is there something in-between (e.g., wings/components attached to the jail that are contiguous with out-patient programs that may be needed? A continuum for people who are leaving the jail? Synergies and co-locations that may be beneficial?

- Most of the list is functional but we need to think of the design element. Everyone in the jail has been disrespected throughout life. The rehabilitative aspect of a light, open, nice facility designed for functional purposes should be considered because of the human effect on everyone involved.
- Emphasize the importance of proximity to the courthouse. Now there is heavy reliance on Video Court because there aren't deputies to bring inmates across the hallway. Video Court is inadequate and dehumanizing. They need to be face-to-face with a judge.

### Wrap-up