



*Whatcom County Incarceration Prevention  
and Reduction Task Force*

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**2021 Annual Report**

June 14, 2021

## TASK FORCE MEMBERS

### Barry Buchanan

Whatcom County Council

### Anne Deacon

Human Services Manager, Health Department

### Bill Elfo

Whatcom County Sheriff

### Arlene Feld

Citizen Representative

### Heather Flaherty

Citizen Representative

### Seth Fleetwood

Mayor, City of Bellingham

### David Freeman

Superior Court Judge

### Stephen Gockley

Co-Chair; Health and Social Services Representative

### Daniel Hammill

Council Member, City of Bellingham

### Deborah Hawley

Consumer Representative

### Mike Hilley

EMS Manager, Whatcom County

### Jack Hovenier

Co-Chair; Consumer Representative

### Raylene King

Blaine Court Administrator

### Scott Korthuis

Mayor, City of Lynden

### Byron Manering

Executive Director, Brigid Collins

### Moonwater

Executive Director, Whatcom Dispute Resolution Center

### Darlene Peterson

Court Administrator, Bellingham Municipal Court

### Dave Reynolds

Whatcom County Superior Court Administrator

### Eric Richey

Whatcom County Prosecuting Attorney

### Tyler Schroeder

Whatcom County Deputy Executive Representative

### Flo Simon

Acting Police Chief, City of Bellingham

### Donnell Tanksley

Police Chief, City of Blaine

### Bruce Van Glubt

Whatcom County District Court

### Maialisa Vanyo

Chief Deputy, Whatcom County Public Defender's Office

### Greg Winter

Executive Director, Opportunity Council

## BEHAVIORAL HEALTH COMMITTEE

Megan Ballew

Nathan Bajema

Chris Cochran

Doug Chadwick

Arlene Feld

Seth Fleetwood

Heather Flaherty

Stephen Gockley

Dan Hamill, Co-Chair

Mike Hilley

Byron Manering

Perry Mowery

Mike Parker, Co-Chair

Michael G. Smith

Brien Thane

## CRISIS STABILIZATION FACILITY COMMITTEE

Doug Chadwick

Anne Deacon, Chair

Todd Donovan

Mike Hilley

Jack Hovenier

Michael McCauley

Tyler Schroeder

## LEGAL AND JUSTICE SYSTEMS COMMITTEE

Bill Elfo

Arlene Feld, Co-Chair

David Freeman

Stephen Gockley

Deborah Hawley

Raylene King, Co-Chair

Jackie Mitchell

Moonwater

Darlene Peterson

Eric Richey

Flo Simon

Donnell Tanksley

Bruce Van Glubt

Maialisa Vanyo

## INFORMATION NEEDS & DATA EXCHANGE (INDEX) COMMITTEE

Ryan Anderson

Brenda Beeman

Barry Buchanan

Amy Ebenal

Caleb Ericksen, Chair

Erin Herschlip

Amy Hockenberry

Wendy Jones

Dave Reynolds

Perry Rice

Kathy Smith

Bruce Van Glubt

Maia Vanyo

\*Task Force Committees may include Task Force members, their proxies, or other agency staff or community members.

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## I. Executive 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. In 2019, the Task Force’s role was broadened by the County Council to also serve as the County’s Law and Justice Council, responding to a requirement in state law and creating an ongoing oversight function for the group.

The Task Force has established four committees to work on criminal justice or behavioral health issues and needs. A Crisis Stabilization Facility Committee is advising the County on the development and operation of an expanded crisis facility. A Legal and Justice Systems Committee examines existing and potential reforms in criminal justice system practices. A Behavioral Health Committee identifies improvements in the delivery of mental health and substance use disorder services and programs that target prevention and early intervention efforts to divert individuals from entering the criminal justice system. The Information Needs and Data Exchange (INDEX) Committee is a coalition of staff working to improve data systems, information-sharing across jurisdictions, and availability of outcome data.

### LEGAL AND JUSTICE SYSTEMS COMMITTEE

- ***Committee Education on Existing Programs and Needed Opportunities***

The Legal and Justice Systems Committee focused mid-2020 on the significant financial and operational impacts that the criminal justice system was experiencing due to Covid. The committee members reported on the impacts to their programs, ranging from increased use of electronic home monitoring, the availability and level of pretrial services, and participation in Drug Court and Mental Health Court. In response to nationwide protests against racial injustice in policing, the Committee spent several meetings reviewing the availability and benefits of implicit bias training for all individuals throughout the criminal justice system, jail statistics, the challenges of gathering accurate race and ethnicity statistics, and how to encourage more diverse populations to participate with the Committee.

- ***Launch of the Law Enforce Assisted Diversion (LEAD) Program***

The Whatcom County Prosecutor’s Office, in collaboration with a multidisciplinary team, has been working since 2019 to create a program that delivers a suite of support services to those who are regularly involved in the criminal justice system, with the goal of reducing future criminal behavior. After securing significant grant monies to fund the program for three years, the LEAD program launched on September 23, 2020. The program provides treatment, housing, transportation, and other support services to individuals who are referred to the program by law enforcement and other community partners. The program currently serves approximately 50 individuals, with a capacity of 80 to 100.

- ***Pretrial Diversion***

Pretrial diversion services, which allow a jurisdiction to monitor defendants released to the community pending their trial dates, have been in place in district and municipal courts for several years. These courts of limited jurisdiction engaged the services of either District Court Probation's electronic monitoring program or Friendship Diversion Services to provide judicial officers an alternative to jail or bail for defendants. A pretrial release program allows defendants to maintain housing, employment, and social support systems, which results in better overall outcomes for the defendant.

Unlike the courts of limited jurisdiction, Superior Court judicial officers had no options available to them for pretrial release other than bail or releasing someone on personal recognizance (PR). After several years of working toward developing a pretrial services program and obtaining funding in the 2019-2020 biennial budget, Superior Court opened its Pretrial Services Unit, a new program to provide pretrial monitoring to Superior Court defendants. Services are intended to be provided in tandem with a pretrial risk assessment tool to guide judicial officers in assigning an appropriate level of monitoring. Since the onset of the Covid pandemic, the court delayed implementation of the risk assessment tool and the pretrial services unit staff currently provide remote-only check-in with program participants.

## **BEHAVIORAL HEALTH COMMITTEE**

- ***Review of Existing Community Programs***

The County Council expanded the purpose of the Task Force to include early intervention and prevention strategies that may have a future impact on reducing entry into the criminal justice system in 2019. The Behavioral Health Committee began to focus much of its work on prevention and early intervention programs and services available in the community. This additional focus fits within Intercept 0 - Community Services on the sequential intercept model, which the Task Force has used as its roadmap for evaluating programs, needs, and gaps in the system. The Committee has reviewed children's initiatives and youth intervention available in the school districts, community programs that target young adults, and treatment options for pregnant and parenting women. In addition to these early intervention programs, the Committee continues to review the possibility for expansion of existing behavioral health programs such as the Homeless Outreach Team (HOT), Program for Assertive Community Treatment (PACT), and the Ground-level Response and Coordinated Engagement (GRACE) Program.

- ***Expanded Committee Participation***

To bolster its focus on prevention and early intervention, the Committee expanded its membership to include stakeholder representatives from community agencies that share this focus, including the Bellingham School District, Bellingham Whatcom Housing Authority, and Lake

Whatcom Residential Treatment Center. With this expanded representation, the committee has become a robust forum for discussing how best behavioral health prevention and early intervention efforts can divert people from entering the criminal justice system.

- ***Implementation of the GARE Toolkit***

Expanding committee participation ensures that the committee membership includes a broad spectrum of voices and perspectives, including individuals who may experience bias and inequity in the behavioral health and criminal justice systems. This is an important step in successfully administering the Government Alliance on Race and Equity (GARE) toolkit, which the Task Force adopted in November. Integral to successful implementation of the toolkit is identifying goals, objectives and measurable outcomes. To that end, the Committee is beginning the conversation on data elements that are critical to knowing how well our system is operating for all individuals.

## **CRISIS STABILIZATION FACILITY COMMITTEE**

- ***Construction Completion***

Whatcom County's new Crisis Stabilization Center opened in January 2021. The facility is comprised of two units that provide around-the-clock mental health and substance use disorder services to individuals in crisis. This brand new facility adds much-needed bed space and supportive care services to the community. Total capacity of the new Center is more than double the capacity of the previous crisis triage facility. Despite this increase in number of beds available for crisis care, there is still need in the community for more of these types of services.

- ***Operational Funding***

Securing a stable source of funding for the ongoing costs of operation has been a challenge. The Center currently relies on a mix of Medicaid and state funds, but ongoing operational funding must also be ensured by the Managed Care Organizations at the "firehouse model" level of funding so all operational costs are funded, allowing the facility to be fully staffed 24/7. County leadership is working with State legislators, the State Health Care Authority, and the North Sound Behavioral Health Administrative Services Organization to secure operational funds beyond the current budget cycle.

## **INDEX COMMITTEE**

- ***New Case Management Systems***

Many local and state agencies within the criminal justice system are undergoing significant upgrades to their case management systems. Some of these current systems are 25 years old or paper-based, making it extremely difficult to collect the data necessary to inform policy-makers of the current trends occurring in the system. In the next 12 to 24 months, new or upgraded case management systems will be implemented in several county departments and in the Cities' municipal courts.

- ***Racial and Ethnic Data***

In the wake of the social unrest that is occurring throughout the country, the INDEX Committee has recognized the need to evaluate local criminal justice and social service systems through the lens of racial and ethnic disparity. Unfortunately, that data has been either difficult to gather or nonexistent. Moving forward, the Committee will work with agencies to find and implement a data platform that can aggregate data across all case management systems and improve the quality of data and trend analysis available to policy-makers and the community.

## II: 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. In 2019, the Task Force role was broadened to also serve as the County’s Law and Justice Council, fulfilling a requirement in state law and creating an ongoing oversight and coordination function for the group.

Due to the emergence of the novel coronavirus (COVID-19) virus and resultant worldwide pandemic beginning early in 2020, the Task Force and its committees cancelled all meetings from March through mid-June. Once the Governor lifted the emergency prohibition of public meetings to allow remote-only meetings, Task Force and committee meetings resumed in the summer of 2020, and meetings were held via Zoom webinar. The new meeting format allows video recording of Task Force and committee meetings. Video recordings are now uploaded to the IPRTF playlist on the WhatcomCountyGov YouTube channel and made available to the community.

Throughout this report are summaries of a broad range of activities and outcomes resulting from the work of the Task Force and its involved agencies.

### B. Overview of Task Force Activities

The past year has been challenging for the Incarceration Prevention and Reduction Task Force, but it has also achieved a number of long-range goals, including the much-anticipated opening of the new Crisis Stabilization Center in January 2021. The primary reason for creating the Task Force was to develop plans for a new crisis triage center for individuals struggling with mental illness and chemical dependency. The new Center expands the capacity of the County’s previous triage facility and provides much better access for law enforcement and emergency services as an alternative to the hospital’s emergency department or jail. In addition to the new Center, the past year has seen the launch of the new Superior Court Pretrial Services Unit, a new program based on best practices that allows judicial officers to release qualifying defendants with conditions. The new Law Enforcement Assisted Diversion (LEAD) program, spearheaded by the Whatcom County Prosecutor, received a three-year federal grant for its operation and has been launched under the auspices of the Ground-Level Response and Coordinated Engagement (GRACE) Program.



## CRISIS STABILIZATION CENTER OPENING

Since the inception of the Task Force in 2015, its priority task has been to develop plans for a new or expanded crisis triage center for individuals struggling with mental illness and chemical dependency, including facility construction plans, more efficient and effective services, and funding for construction and operation. In January, the new Crisis Stabilization Center opened its doors to the community and to emergency and law enforcement responders, who can now bring people directly to the Center.

## NOVEL CORONAVIRUS (COVID-19) IMPACTS

The COVID-19 pandemic and workforce shortages have had an impact on criminal justice and social services throughout the community. Programs had to adjust procedures and protocols to accommodate new pandemic social distancing requirements. Personnel in both nonprofit and governmental agencies were diverted away from social and public health programs to pandemic response. The financial burden of pandemic response necessitated budget cuts to many programs. The cumulative result of these impacts significantly reduced access and available capacity to some behavioral health and incarceration reduction programs.

**Whatcom County Jail.** The jail experienced reduced capacity due to Covid and planned remodeling of the jail facility. Jail staff have been concerned about Covid in the facility that would expose inmates, staff, and medical providers. Booking restrictions were implemented. Jail staff and leadership met with medical staff to institute Covid screening protocols for everyone in the facility. Restrictions have been instituted to reduce exposure to the COVID-19 virus for both jail employees and the offender population, either of which will have a significant impact on capacity and workforce availability. Some community service programs, such as Goodwill Industries, that provide reentry services to jail inmates have been suspended during the pandemic.

In response to the Covid-19 pandemic, the State Supreme Court substantially relaxed its rules for keeping people in jail pretrial. As a result, the jail population was substantially reduced, and has remained very low in comparison to previous levels. During phase one of the pandemic lockdown, there was a spike in domestic violence cases due to people staying at home while struggling with economic and mental health issues. Auto theft was up, but other crimes have gone down. Mental health cases are up 42 percent. The number of calls that are dispatched to a mental health component are also up significantly.

**Local Courts.** Courts around the county were shut down for a time during the pandemic, resulting in a backlog of cases. The judicial officers in Superior Court were on the cusp of implementing the pretrial risk assessment when the pandemic occurred. Judicial officers finalized the pretrial risk assessment questionnaire in March, but the coronavirus pandemic shutdown began the same week that they planned to implement its use. Because the court experienced a limited shut down of its services and caseloads, training, data collection, and program evaluation were delayed. Since restarting court services with proper protocols in place, Superior Court has held only one jury trial.

The Court streamlined its process for getting pretrial release motions before the Court, so they could release the maximum number of people. For example, people who failed to appear in court were rescheduled rather than levied penalties.

District Court and District Court Probation. District Court has adapted to the new COVID-19 environment by implementing social distancing measures and, in addition:

- Held remote and virtual court hearing appearance options both telephonically and by Zoom for most cases
- Installed TV monitors in the hallways outside of each courtroom for the public to determine if socially distanced seating is available

District Court Probation Department has adapted to the new COVID-19 environment in several significant ways, including:

- Remote and virtual client appointments are held telephonically and by Zoom
- Remote and virtual court appearances are often approved
- Text message communication with the clients has increased significantly
- Website resources have increased

The Department has had to adapt to other impacts of COVID-19 such as extensive staff absences, implementation of new technology, adjusting to new processes and procedures to assure the safety of employees and the public, and increasing interdepartmental cross training.

Small Cities Municipal Courts. At the outset of the pandemic, municipal courts in the small cities were initially limiting hearings or holding hearings remotely through Zoom. Recently, some courts have resumed court sessions using protective measures, limiting attendees, accommodating those with health concerns, and making sure everyone wears masks.

Bellingham Municipal Court and Electronic Home Monitoring. The Covid-19 pandemic had a significant impact on programs in the City of Bellingham. The use of the GPS bracelets dropped by 57% to 199 defendants being monitored and the use of the SCRAM bracelets grew 78% to 228 defendants being monitored, which is an alternative to jail either pre-trial or post-sentencing. Two factors during 2020 considerably affected these numbers.

1. The number of criminal cases filed with the City dropped from 2,939 cases in 2019 to 1,909 cases in 2020, a drop of 1,020 cases filed as officers issued fewer charges to people because of jail booking restrictions from the jail remodeling project, and as a result of efforts to minimize the jail population during COVID. Also, the Court was closed in April and May.
2. The length of time to resolve defendants' cases increased due to the temporary suspension of court hearings directed by the Supreme Court of Washington based on concern for public safety.

**Specialty Courts.** Drug court and mental health court referrals were down due to COVID, but were beginning to rise to normal levels by fall of 2020. Drug court activities are occurring via alternate methods due to COVID. The drug court created virtual and in-person ways for people to participate. However, compliance from participants in drug court deteriorated during the pandemic.

## RACIAL EQUITY IN THE CRIMINAL JUSTICE SYSTEM

The full Task Force and all the committees engaged in discussions on racial equity in the criminal justice system. The Task Force reviewed and discussed the Government Alliance on Race and Equity (GARE) program and ultimately adopted the use of the GARE Racial Equity Toolkit within the work of the Task Force. The toolkit is essentially a curated list of six critical questions that are designed to be applied to the work of the task force.

The Racial Equity Tool (from GARE):

1. Proposal: What is the policy, program, practice or budget decision under consideration? What are the desired results and outcomes?
2. Data: What's the data? What does the data tell us?
3. Community engagement: How have communities been engaged? Are there opportunities to expand engagement?
4. Analysis and strategies: Who will benefit from or be burdened by your proposal? What are your strategies for advancing racial equity or mitigating unintended consequences?
5. Implementation: What is your plan for implementation?
6. Accountability and communication: How will you ensure accountability, communicate, and evaluate results?

Much of the work to operationalize the toolkit is actually in the connections and conversation as the task force sub-committees assess processes, analyze data, and then implement changes or make recommendations. The Legal and Justice Committee received a presentation on racial bias and potential training efforts. The Behavioral Health Committee is considering how to operationalize the racial equity framework within the Committee and examining the makeup of the Behavioral Health Committee to determine if additional representation is needed. All committees are discussing the data elements necessary to know how well the system is operating for all individuals. These activities serve as the foundation of future work.

## TASK FORCE IN TRANSITION

With the opening of the new Crisis Stabilization Center in January, the Task Force has completed all the goals specified in its original enabling ordinance. Beyond the original functions and goals, the Task Force's value to the community has become clear. The Task Force has worked toward creating alliances among formerly siloed programs, services, and information within participating agencies and in cooperation with other stakeholders in the community. In the coming year, the Task Force will revisit its strategic plan as the framework for reviewing existing programs and new programs that come forward.

**IPRTF Influence on Participating Stakeholders.** Since it was formed, the Task Force provided a venue for stakeholders and community leaders to come together and reinforce how important it is to reduce entry to and recidivism within the criminal justice system. Members embrace the importance of recognizing and mitigating the societal impacts of untreated mental health and substance use disorder issues. The exchange of ideas and lively discussion from many different perspectives inspire Task Force members to

consider and implement creative solutions within their own agencies. For example, several of the small cities have learned from the success the City of Bellingham has had with Friendship Diversion Services electronic monitoring and are now using these techniques within their own jurisdictions.

**IPRTF Influence on Other Community Efforts.** The commitment to reduce and prevent incarceration has motivated many efforts outside the Task Force itself. The Task Force has a broad impact on community betterment initiatives that have taken root in the past few years. Other integrated efforts are happening in the community, partly due to the Task Force.

In recognition of gaps within the current justice system and bolstered by the growing interest in restorative justice, the Whatcom Dispute Resolution Center (WDRC) collaborated with the Bellingham-Whatcom Commission on Sexual and Domestic Violence to develop and implement a six-part learning series for community stakeholders on the intersection of restorative justice and sexual and domestic violence. A five-member planning team, which included staff from the WDRC, the Commission, the Lummi Tribe, and the community designed learning module themes to develop a shared understanding of restorative justice and domestic violence treatment principles and values, and explore different restorative justice applications from peacemaking circles to Title IX to grassroots efforts. Participants - approximately 25-65 per session - ranged from nonprofit staff, law enforcement, court personnel, higher education staff, and community members at large. A robust repository of resources was created to support future learning and exploration.

**New partnerships.** New partnerships have flowed through the work of the Task Force. Task Force members participate in related groups and organizations and are able to connect the work of the Task Force with other efforts in the community. One example of this influence was expanding the use of Shelter Plus Care vouchers. Many people experiencing behavioral health issues are unhoused, and achieving stable housing may require ongoing behavioral health support. Behavioral Health Committee members discussed the opportunity to increase housing options for individuals in programs such as GRACE and LEAD via expanded availability of housing vouchers from the HUD Shelter Plus Care program. These vouchers are funded but underutilized because there are not enough case managers to provide concurrent behavioral health support. A small core team of stakeholders across jurisdictions and agencies is examining opportunities to increase case management so that these vouchers can be accessed.

## **FUNDING FOR INCARCERATION PREVENTION AND REDUCTION PROGRAMS**

The Task Force has recommended many different programs and services for implementation over the years. The county works with community partners to design these programs and reviewing potential funding sources that may be available to support implementation and continued programming. A goal to identify sustainable funding is a priority so that consistency in services can be maintained.

The County and its partners have relied on grant awards from federal and state sources to launch programs. Once implemented, sustainable funding typically comes from federal, state or local dollars, and sometimes from foundations. Since each funding source has specific requirements of eligible costs,

a number of programs have multiple funding sources that allow for the creation of complete and comprehensive services.

When local funds are utilized to support programs, the county advisory committee associated with that fund source must support its use for the stated purpose. These advisory committees have strategic plans for the use of the fund and ensure that the recommended program fits within the plan.

## DATA

Data is collected by all jurisdictions at many different levels of the criminal justice and behavioral health systems, including law enforcement agencies, courts, prosecutors and public defenders, the jail, and the new Crisis Stabilization Center. New case management systems are being deployed over the next 2 years for many of these agencies. The big barrier to disseminating relevant data and statistical information is that none of these systems “talk to each other” to provide a comprehensive overview of the entire criminal justice system. The criminal justice system needs data that is reliable and consistent across all case management platforms. The INDEX Committee is looking at options for a potential new central repository that gathers data from across all parts of the criminal justice system and allows users to find information, report trends, and analyze the success of programs.

## COMMUNICATIONS STRATEGY AND PUBLIC AWARENESS

The Task Force has played a role over the past six years in making significant changes for the better in our community. The opening of the new Crisis Stabilization Center, the wildly successful Ground-level Response and Coordinated Engagement (GRACE) Program, and the launching of the Superior Court Pretrial Services Unit are just a few examples. Yet, the work of the Task Force is invisible to the broader community. There seems to be discourse within the community that indicates a lack of awareness of the steps that Task Force members and stakeholders have taken and measures that have been implemented at the cross-section of the criminal justice and behavioral health systems.

The question now is how to communicate the work of the Task Force to the family member who is searching for help for a loved one in crisis, to the individual who is struggling to turn his or her life around, and to the community member who is forming political opinions without a base of knowledge of the Task Force’s work How do we enter the local discourse and educate the public?

The Task Force does complicated work. The framework used to piece together programs and systems via the sequential intercept model are difficult to communicate. We must figure out how to communicate complex information as simply as possible and talk about what’s changing in government. Communications is more productive when it’s goal-oriented.

In the next year, the Task Force will join other groups within local government to enhance communication of its tasks and work products to the community at-large. Several other related efforts are underway. One tactic is to organize all the communication efforts under the large umbrella of behavioral health. County staff are considering the possibility of developing an open Request for Qualifications or Proposals (RFQ/P)

to build a roster of communication strategists, from which the Task Force and other County staff could call upon when needed. Another step would be to identify target audiences with an interest in receiving information, such as professionals and service organizations, community members concerned about criminal and legal issues that overlap with homeless issues, and people involved with the justice system, and proactively deliver content relevant to their interests.

To successfully boost Task Force communications, an investment in the services of a consultant to develop a communications strategy and campaign is required. The Steering Committee is developing a scope of work and qualifications specific to the Task Force that can be included with the open RFQ/P roster, in the hopes of attracting experts who can help the Task Force define its target audiences, tailor its content and messaging to those audiences, and develop effective distribution channels for its message.

## HOUSING

Housing is needed post-incarceration, during treatment programs, and for those with long-term behavioral health needs. Local program partners have been successful in procuring funding for housing for Drug Court participants and other individuals in local treatment programs, however capacity remains insufficient. Necessary service improvements and additions include adding more staffing and housing capacity to the current inventory. Discussions are occurring about pairing housing resources with GRACE and LEAD program participants, for example. While they are on the way to achieving some increases, there is still a great need in the community for more.

**Recovery House.** Whatcom County is collaborating with the Opportunity Council and Lifeline Connections to bring a new 16-bed Recovery House to Whatcom County for individuals with co-occurring mental health and substance use disorder issues. The house will provide stable housing and counseling services for individuals with co-occurring mental health and substance use disorder issues. Treatment will include additional services such as housing, food, legal support, and wrap-around care to address co-occurring mental health and other health conditions. It is anticipated that residents will stay in the facility an average of six months.

**RCW 82.14.530/House Bill (HB) 1590 (2019-2020).** The City of Bellingham and Whatcom County adopted ordinances to take advantage of new State legislation that allows counties to collect a sales tax for funding affordable housing and behavioral health facilities and services. One intent for collecting these dollars is to fill the gaps of care that are needed for people's health and psychological welfare so they don't resort to criminal activity. This new funding stream will bring in approximately \$5 million annually countywide to provide local funding to match resources expected to be available from private and other government sources. This will prevent loss of momentum, as various projects currently in the pipeline locally can receive critical local funding.

## NEXT STEPS FOR THE TASK FORCE

**Crisis Response Expansion Program.** Local jurisdictions are working to develop an alternative to police response for individuals who are experiencing a behavioral health crisis. Currently, law enforcement

responds to calls to 911 dispatch. Once on the scene, they triage the situation and determine whether or not to call the Mobile Crisis Outreach Team (MCOT) to provide mental health crisis services. With the new crisis response model, mobile teams would be dispatched via the 911 system to situations involving a behavioral health crisis, low level behavioral “nuisance” issues, or instances where someone on the street needs minor medical attention.

Program design is influenced by models operating in other cities around the country. Local program development is being led by representatives from the Bellingham City and Whatcom County Councils, the Bellingham Police Department, Whatcom County Sheriff’s office, Bellingham Fire Department, Emergency Medical Services, 911 dispatch, treatment providers, MCOT, the GRACE program, and Whatcom County Human Services.

Discussion of program design options, and consultation with the community will occur the first half of this year. The program design team is examining 911 data to estimate the number of calls that could be diverted. Early analysis indicates that only a small proportion of calls both begin and end as behavioral health incidents.

Law enforcement shares anecdotally that the vast majority of calls have a behavioral health component, although many of these calls may still require a law enforcement response. The program should address concerns from law enforcement about defining the decision tree on when to send law enforcement, medical professionals, and/or mental health professionals by themselves. In the outer reaches of Whatcom county, there may be a need for law enforcement to respond, but it would take time for officers to arrive. The first priority of the program is the safety of all those involved. More data collection and analysis are required to design a crisis response program that maximizes safety and predictability of 911 call outcomes.

A pilot program in the City of Bellingham will likely be the first step, and law enforcement personnel will be dispatched along with a behavioral health specialist during the first phase. Data from the initial operations of the program will be analyzed, and a second phase will dispatch a behavioral health professional and an EMT to calls not requiring a police response.

**Limiting or Eliminating Cash Bail.** Shortly after the creation of the Incarceration Prevention and Reduction Task Force, Whatcom County contracted the Vera Institute of Justice to report on jail reduction strategies. The Vera Institute is widely considered a national expert on criminal justice, and the report has been used by the Task Force and other stakeholders since it was presented.

Vera noted that, “Between 1970 and 2014, the number of people in jail in Whatcom County grew almost nine-fold—from 45 to 391 on any given day—while the overall county population only grew two-and-a-half times.” The Vera Report Executive Summary identified six factors that contribute to jail overuse in Whatcom County and offered five recommendations to reduce unnecessary jail use. A full copy of the Vera Report is available on the [IPRTF website](#).

Since the report was received in November 2017, the Task Force has advocated for and explored many of Vera's recommendations for Whatcom County. For example, the significant number of persons in custody for Driving While License Suspended has been reduced due to actions from the Whatcom County Prosecutor as well as other stakeholders.

One area the Task Force will continue to explore is Vera's recommendation that pretrial detention be reduced overall. While progress has been made in pretrial risk assessment, financial bail continues to be widely used in Whatcom County despite it inherently disproportionately burdening people with limited financial resources. Many of these people are frequently persons of color. In 2021, the State of Illinois eliminated most cash bail, and many other states and jurisdictions are exploring limiting or eliminating cash bail, particularly for misdemeanors and non-violent offenses for low-risk persons. The Task Force hopes to explore this recommendation and consider the advantages and challenges of implementation.



## III. Committee Progress Reports

### A. Introduction

The Task Force has established four committees to work on specific criminal justice or 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.
- A *Crisis Stabilization Facility Committee* is supporting development of an expanded Crisis Stabilization Facility for initial treatment of individuals experiencing acute behavioral health issues and to provide an alternative to jail and the hospital emergency department.
- An *Information Needs and Data Exchange (INDEX) Committee* is working to improve data availability, provide jurisdictions with data to improve operations, and making information on incarceration trends available to the public and policy makers.

Although all the Task Force committees work independently, they come together to collaborate on a number of projects when necessary. The INDEX Committee supports the work of the other committees as they review programs. The Legal and Justice Systems and Behavioral Health Committees meet jointly twice per year on projects that impact both groups. Reentry and behavioral health crisis response are two examples of services that impact both the criminal justice and behavioral health systems in the community.

### B. Progress Report: Legal and Justice Systems Committee

The Legal and Justice Systems Committee resumed a regular meeting schedule in July 2020, following a brief hiatus due to the coronavirus pandemic. Protests around the country regarding racial injustice in the criminal justice system was a focus of the Committee's work as it returned to meetings. The Committee has had a number of discussions over the past year on the community's desire to develop a crisis response alternative to 911 that would dispatch unarmed behavioral health professionals for individuals experiencing a behavioral health crisis. In addition, this time period included the launch of the Law Enforcement Assisted Diversion (LEAD) Program, led by the Whatcom County Prosecutor, who regularly engaged the Committee throughout development of the new program. The Committee continued to keep pretrial services a priority in its work plan through regular review of existing pretrial services available in municipal courts and District Courts, as well as Superior Court's new Pretrial Services Unit and plans for implementation of a risk assessment.

## LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) PROGRAM

Law Enforcement Assisted Diversion (LEAD) was brought to Whatcom County by the Whatcom County Prosecutor's Office. The effort brought together a multidisciplinary team to consider Whatcom County's specific criminal justice needs and developed a program to deliver support services to those who are regularly involved in the criminal justice system with hopes that services will reduce future criminal behavior. The targeted clientele is people who have committed low-level law violations, including malicious mischief, disorderly conduct, and drug charges. Services provided are broad and include treatment, housing, transportation, counselling, and family reunification. The Whatcom County Prosecutor's Office secured grants from the Department of Justice in the amount of \$900,000 for three years and the Washington Health Care Authority in the amount of \$662,804 for one year. No local dollars were needed to develop and launch this program.

LEAD began on September 23, 2020 with a LEAD Supervisor and five Intensive Case Managers to provide outreach and wrap-around services. Referrals to the LEAD program are made by local law enforcement and community partners. Currently, program participants result from "social referrals" from law enforcement, social service agencies, and the community and include individuals with various risk factors for criminal activity, but who are not actively involved in activities that could result in criminal charges. In the second phase of development, the program will also start diverting people who would otherwise be subject to arrest for low-level crimes. All referrals are discussed in the Operational Work Group meeting, which currently has approved 46 LEAD participants who receive wrap-around services and 11 individuals in outreach status at the end of the first six months. With a team of five Intensive Case Managers, the program has a capacity to approve 80-100 individuals into the program. LEAD is currently expanding to offer support seven days per week, with the goal of operating 24/7 and implementing direct diversion from the field.

LEAD, like many social service programs, can only be as good as the availability of treatment, housing in the community, and sustainable funding. As the program continues to grow, the support from our community partners and elected officials will play a critical role in securing the resources needed to maintain this robust program within Whatcom County.

## PRETRIAL PROCESSES

**Superior Court.** The Pretrial Processes Work Group was formed under the auspices of Whatcom County Superior Court judicial officers to reduce the high number of defendants incarcerated while awaiting trial, as noted in the Vera Institute for Justice's Final Report. A Pretrial Processes Work Group has proceeded in coordination with the Task Force's Legal and Justice Systems subcommittee.

By early 2020, the Pretrial Processes Work Group had successfully promoted the creation of a Pretrial Services Unit within the Superior Court to monitor defendants released to the community pending their trial dates. At that same time, Superior Court judicial officers approved the Work Group recommendation

to employ a pretrial risk assessment instrument called the Public Safety Assessment (PSA), developed by Arnold Ventures (formerly the Arnold Foundation) to provide judicial officers with consistent, transparent, and statistically validated information on which to base pretrial release decisions. Use of the PSA around the country demonstrated that it also effectively minimized racial and ethnic disparities in release decisions.

Arnold Ventures provided software, on-site training, and technical assistance to Pretrial Services Unit staff for local use of the PSA. Right at that point, however, the COVID-19 pandemic essentially shut down the operation of the courts. Under state orders, almost all pretrial defendants were released, Pretrial Services staff could only monitor those defendants remotely, and no cases were able to proceed to jury trial.

This spring, Superior Court judicial officers and Pretrial Services staff have finally been able to plan the resumption of trials and develop options for appropriately monitoring defendants who are being released. This will still be a slow and complicated process, and the Pretrial Processes Work Group is actively supporting this effort in its advisory role. A key part of that role will be overseeing periodic evaluation of how well the PSA and community monitoring are achieving their goals in actual practice. The Work Group will continue to receive professional data analysis over time from the state Administrative Office of the Courts. The Work Group is currently exploring ways to include community representatives in its ongoing assessment of pretrial services, in an effort to insure a broad perspective in the group's work, and foster greater trust in the larger community that court reforms can be implemented in an inclusive and equitable manner.

**District Court.** District Court Probation provides pretrial monitoring services to District Court and, by contract, five municipal courts. The department assists defendants released on pretrial conditions to successfully comply with court ordered requirements. This is done by reviewing and clarifying with each defendant the court ordered conditions of their release. Conditions often include the surrender of weapons, installation of ignition interlock devices, installation of clubs and surrender of license plates. The department also monitors for compliance with court ordered electronic device installations and ongoing compliance. To date, approximately 100 district court pretrial defendants have been placed on electronic devices. When substance testing is ordered, the department has the ability to offer urine, breath and oral swab tests. When appropriate, the department will assess defendant needs and make referrals to appropriate community resources. Appointments are offered on site, telephonically, and by Zoom. Court hearing reminders are provided during appointments, through text messaging, and phone call reminder programs. Currently, there are four staff members who are Certified Pretrial Services Professionals by the National Association of Pretrial Services Agencies.

**Bellingham Municipal Court.** Bellingham Municipal Court began utilizing GPS electronic home monitoring in 2016 in lieu of incarcerating qualifying defendants – both pre-trial and post-conviction – through the nonprofit agency Friendship Diversion Services. Alcohol monitoring was added approximately 6 months later as the use of the alternative program grew significantly. In 2019, 347 pretrial and post-conviction defendants were placed on GPS bracelets for home monitoring and 179 defendants directed to wear alcohol monitoring bracelets, SCRAM, for community safety. The cost of the bracelets is \$14.50 per day

with the City of Bellingham subsidizing the fee for all indigent defendants. This is a significant savings as the per diem rate for one day in jail is currently \$193.00 plus a \$13.00 daily capital fee. It has also allowed defendants to retain their employment and housing and allowed them to attend school, treatment, medical appointments, attorney consultations, and probation.

**Small Cities' Municipal Court.** Currently, the Cities of Everson, Sumas, and Blaine use Friendship Diversion Services. The Lummi Nation also has a bracelet monitoring program. In general, the District Court and Friendship Diversion models have more contact with clients. Pretrial monitoring is an incentive for their clients to appear in court and resolve their cases sooner.

## NEXT STEPS FOR THE LEGAL AND JUSTICE SYSTEMS COMMITTEE

**Reentry.** Reviewing and enhancing reentry services for incarcerated individuals has been on the Committee's work plan since the its inception. Reentry is Intercept 4 on the Task Force's sequential intercept service summary. It encompasses a wide variety of existing programs and services, but many gaps remain. Committee members have engaged in self-education and exploration on reentry needs and best practices. It has hosted experts to present their programs, experience, and knowledge on reentry issues, including representatives from Goodwill Industries, which does a significant amount of work to help offenders re-integrate into the community after incarceration.

When the state transitioned publicly-funded behavioral health care to Managed Care Organizations (MCOs), the state required these health plans to provide re-entry services to their covered lives. The MCOs were not interested in funding the position currently performing this work. Instead they chose to perform most of their obligation remotely from offices outside the county. In-person care is critical to successful re-entry for people who have multiple disabling conditions, including behavioral health disorders. The County continues to fund this position. The County has had a contract in place with a local provider for part-time behavioral health reentry services for jail inmates for several years, however recent workforce shortages have left the position vacant. The County is currently reviewing a Memorandum of Agreement to coordinate care with the MCOs.

The Health Department reentry program has focused on much needed behavioral health services for individuals in the County jail facility. The jail is adding a function to connect inmates with Medicaid prior to release. The Behavioral Health Advisory Committee oversees local dollars that provide some reentry services. Moving forward, the Committee will work in tandem with the Behavioral Health Committee on reentry services for individuals being released from incarceration from both County jail and the State prison system.

**Domestic Violence Offender Treatment.** The Domestic Violence and Sexual Assault Services of Whatcom County (DVSAS) originally approached the Legal and Justice Systems Committee in June 2018 to propose a new program to provide domestic violence offender treatment. A comprehensive domestic violence treatment system requires treatment programs for offenders. Treatment is often required by judicial

officers on domestic violence charges and convictions. However available treatment options have historically been few or nonexistent.

Eventually the County and City of Bellingham approved funding for the program. However, the DVSAS proposal did not develop as expected. On request, District Court Probation used those funds to develop the Domestic Violence Perpetrator Opportunity for Treatment Service (DVPOTS) program, in consultation with the Health Department and local DV advocates and treatment providers.

The current program, however, has a number of challenges and service gaps that the Committee would like to explore in the next year. First, the program was originally budgeted for over \$210,000, but due to COVID-19, the total funding combined between the City and the County was reduced to \$40,000 for 2021 and 2022. As of now, there are only two certified domestic violence offender treatment providers in the community who have contracts with the County to provide services to indigent defendants using DVPOTS funding. Two providers is not enough capacity to serve the demand, but it has been difficult to recruit certified providers. A local request went out for anyone in the state to help with indigent treatment, but no one has come forward. Finally, there is concern among local service providers and clinicians about whether the state offender treatment protocol and modality are effective, which creates doubt about allocating local government dollars to this program.

**Restorative Justice.** Understanding Restorative Justice (RJ), also known as transformative justice, and exploring how RJ programs and an RJ philosophy can be integrated into the justice system has been an ongoing interest of the Committee since its inception. Operating with the premise that restorative justice is a paradigm – and an approach to justice that differs from (but can be integrated with) a traditional retributive system – the Committee recognizes that while there is no one program, there are shared practices and guiding questions, principals, and goals.

Restorative justice in a legal and justice context approaches criminal behavior or wrongdoing with an eye for identifying needs and obligations, repairing harm, and engaging those impacted. Programs can range from fully to partially restorative, depending on their focus and whether and how they involve those impacted by harm, those who caused harm, and the community at large.

There is a recognition that there are existing programs available in Whatcom County (e.g. specialized courts, diversion, mediation, and others) that have restorative elements. With a shared emphasis on behavioral health and trauma-informed practices, the possible applications of restorative justice in new arenas are ripe with opportunity for our community.

Moving forward, the Committee intends to support building more awareness and understanding of RJ and its possible applications locally – through specific programs and as a philosophical lens.

## C. Progress Report: Behavioral Health Committee

The Behavioral Health Committee works collaboratively across jurisdictions to support the creation of programs that provide effective mental health and substance use disorder treatment available to all County residents. A July 2019 County Council ordinance expanded the Task Force purpose to include identifying, examining, and recommending programs and policies that focus on early intervention strategies to prevent incarceration. The Committee spent 2020 learning more about existing early intervention and prevention programs and needed expansions. The Committee also worked to strengthen racial equity considerations in its work.

### IMPROVEMENTS IN BEHAVIORAL HEALTH SERVICES AND COORDINATION

#### **Continued development of the Ground-level Response and Coordinated Engagement (GRACE) program.**

GRACE provides flexible, intensive services for people who have complex challenges and whose encounters with various systems have not proven effective in meeting their needs. GRACE participants, known as “members” of the program, are those with frequent contacts with law enforcement, EMS/Fire, the hospital emergency department, and the county jail. A GRACE program manager triages people referred to the program and assigns a case manager if they fit program criteria. Program management and staff is provided by SeaMar Community Health Center. The GRACE team consists of the program manager, a nurse practitioner, and law enforcement and EMS teams. Members are supported by partner agencies that provide services such as behavioral health counseling, transportation, housing, and health care. After entering the program many people are able to achieve sufficient support to improve their quality of life and reduce their contacts with various first-response systems. An analysis of participants pre- and post-program shows a 95% reduction in jail bookings and an 86% drop in EMS contacts.

In the July 2019 through July 2020 period the program achieved the following outcomes:

- 179 unique individuals served
- 59 people graduated into stable situations
- 15 participants passed away, with the GRACE team often participating in end of life planning
- 50 participants achieved stable housing
- 100 members were connected to behavioral health and medical services

The program caseload in early 2021 consisted of 81 individuals. The program is currently being expanded to incorporate LEAD participants under the GRACE.

**Law Enforcement Assisted Diversion (LEAD).** The LEAD program, developed by the County Prosecutor’s Office with a multidisciplinary team, launched in September 2020. Program participants are offered a path out of the criminal justice system and into intensive case management. More information on program development is in the report from the Legal and Justice Systems Committee.

LEAD and GRACE programs and their staff operate parallel to each other. SeaMar Community Health Center, which oversees GRACE, also has the contract to manage LEAD. Both programs use the same case management model, data collection system, and management teams. The program has hired five intensive case managers and a supervisor. LEAD is funded through grants from the Department of Justice and the Washington State Health Care Authority. The program is ramping up rapidly. From October to April, the number of approved individuals increased from 12 to 45 participants. Staff of GRACE and LEAD are reviewing the Government Alliance on Racial Equity (GARE) racial equity toolkit to integrate equity considerations into both programs.

**Expansion of funding for housing and behavioral health facilities and services.** The Behavioral Health Committee discussed options for new revenue sources to fund housing and behavioral health resources. This included discussion of House Bill 1590, which authorizes a local option sales tax of one-tenth of one percent for housing and related services. This funding is attractive because it can help both with the construction of new housing units and the behavioral services needed to keep some people housed. In 2021, proposals were made to both the City and County Councils to adopt this tax, and each jurisdiction passed an ordinance authorizing such funding. Together these two measures will bring in approximately \$5 million annually countywide.

## ADVANCING RACIAL EQUITY AND JUSTICE

Behavioral Health Committee members discussed the need for the adoption of a racial equity framework for their activities. There was a presentation on and discussion of the Government Alliance on Race and Equity (GARE) program, and the Committee endorsed this model and adopted the GARE racial equity toolkit.

The Committee discussed ways to bring racial equity considerations into the operation of local programs. There is a need for an effective information plan so the community can monitor progress. This could include creation of a community dashboard containing racial and ethnicity breakdowns on topics such as how many calls to the police are related to mental health issues; how many are diverted from jail to treatment and case management; and outcomes for those who receive treatment. The Committee discussed making a request to the INDEX Committee for data to track this information.

The following topics were discussed in Committee:

- How to operationalize the racial equity framework within the Committee
- Examining the makeup of the Behavioral Health Committee to determine if additional representation is needed
- Understanding racial aspects of the social determinants of health that lead to future criminogenic outcomes
- Gathering diversity data in the behavioral health provider workforce
- Reviewing booking data by race/ethnicity and jurisdiction
- Determining who is being offered services and what the outcomes are

- That programs should not be afraid to ask for racial and ethnic data during contacts with individuals
- The need to observe the racial and ethnic patterns in outcomes of programs such as GRACE, LEAD, Mobile Crisis Outreach Team (MCOT), and other programs.

## BEHAVIORAL HEALTH COMMITTEE EXPANDED REPRESENTATION

Behavioral Health Committee members moved to broaden representation on the Committee to include a focus on including people whose organizations represent upstream solutions to reduce incarceration risk. People added to the Committee include Nathan Bajema, Behavioral Health Specialist, Whatcom County Public Defender’s Office; Chris Cochran, Counselor, Bellingham Public School District; Brien Thane, Executive Director, Bellingham Whatcom Housing Authority; and Michael G. Smith, Clinical Supervisor, Lake Whatcom Center.

## ISSUES AND OPPORTUNITIES

- Lack of available skilled behavioral health staff is a major impediment to program stability and expansion. Solutions may include more attention to the training and education pipeline, and improvements in salaries.
- Federal COVID relief funds helped stabilize some programs during this challenging period. Additional money from state and federal sources will be available in the near future, both as direct payments to localities and as a pass-through from state or federal agencies. Continued monitoring and appropriate action to respond to funding opportunities will be necessary.
- To monitor the achievement of racial equity in various programs, data collection improvements and data system integration will be needed.

## PRIORITIES AND NEXT STEPS

Committee priorities for the short and medium term include continuing review of early intervention and prevention services available to children, young adults, and families to positively influence social determinants of health and the risk factors for criminal behavior. The Committee will continue to explore evidenced-based and promising practices in behavioral health with Whatcom County service providers and law enforcement. Topical areas include:

- *Substance use disorder* -- figuring out treatment options for methamphetamine use.
- *Upstream prevention* -- program development and/or a children’s initiative.
- *Increasing funding and reviewing current spending* --- possibilities include using state-authorized revenue streams, Economic Development Investment (EDI) funds, and the real estate excise tax



(REET) fund. The Committee also expressed an interest in reviewing how funds are being spent from the one-tenth of one percent sales tax.

- *Data needs* -- work with other committees, such as INDEX, to make sure needed data is available.
- *Services assessment and needs* -- review issues at the nexus of behavioral health and criminal justice and recommend promising new practices or expansion of existing programs and practices.
- *Racial equity* - apply a GARE overlay to everything the Committee does, including when developing priorities.
- *Expand behavioral health capacity locally* -- this could include establishing training programs at local colleges or using local funds that don't have as many restrictions as State or federal funds.

## D. Progress Report: Crisis Stabilization Facility Committee

### CONSTRUCTION COMPLETION

Construction of the new Crisis Stabilization Center was complete in time for opening the first week of January 2021. The new facility provides 24,450 square feet that includes two separate treatment units, a central lobby and conference room, a full-size commercial kitchen, and two separate admission areas where First Responders can bring people directly to the Center. Each treatment unit can serve 16 adults at any given time, providing single sleeping rooms for privacy and quiet, as well as large open common areas for socializing and support. Information on the project, including pictures of both the exterior and interior of this grand facility, is available [on the County website](#).

The completion of this new Center increases capacity for mental health stabilization and substance withdrawal management. The 32-bed facility equates to an increase in treatment capacity of 19 additional beds from the previous facility.



To access services, a call to the main line will initiate the process: **360-676-2020**

**Extension #2** for Mental Health Stabilization/Triage  
*Treatment provided by Compass Health*

**Extension #5** for Substance Withdrawal Management/Detox  
*Treatment provided by Pioneer Human Services*

## TREATMENT SERVICE ENHANCEMENTS

**Detox.** The two separate treatment units will enhance the treatment services from what was previously provided. The substance withdrawal management treatment unit (better known as “Detox”), now provides medically-monitored detox. This unit provides 24/7 nursing staff, which allows for on-site medical screening for admission to treatment. Previously, people had to present first at the hospital emergency room for this screening, as well as for any medication prescription. This new Center now conducts screening on-site, including COVID testing to ensure the safety of others. On-site prescription of medications that help alleviate the discomfort of detox is provided and administered by nursing staff. Medication-assisted treatment for people who are addicted to opiates is also provided. As before, discharge planning includes the connection to ongoing treatment services as indicated. This planning is conducted in partnership with the client/guest receiving detox services at the Center, with a goal to support recovery efforts into the future.

The Detox program accepts self-referrals, provider referrals, as well as drop-offs from first responders and the Community Paramedics. Discussions are underway to see if an ambulance will be able to transport people directly to the Center, designated as an “alternate destination” from the hospital’s emergency department. This is a complicated issue that requires approval from local and state officials, as it is a rare practice. If successful in diverting from the emergency department, this direct transport would provide cost savings to the healthcare system and provide a smoother transition to care for the people needing the detox services.

**Triage.** The mental health stabilization treatment unit (better known as “Triage”) provides services to help stabilize a person who is experiencing a mental health crisis, yet who doesn’t need the more intensive setting of a hospital. As with Detox, nursing staff are available 24/7 to ensure onsite medical screening for admission, medication prescribing or coordination with medication prescribers, and administering of prescribed medications. Treatment services are focused on calming the crisis and planning stability and support for the future. Discharge preparations include connection to ongoing treatment services to include medications when indicated.

Triage currently operates as a voluntary treatment unit. Like the Detox treatment unit, clients/guests may leave and discontinue treatment as they wish, although intensive support is provided to help meet their needs while staying at the Center. The Incarceration Prevention and Reduction Task Force has highlighted the need to have the Triage treatment unit serve as a diversion from arrest and incarceration when law enforcement encounters someone who is committing a low-level crime. Rather than booking the person into jail, it may be a more effective intervention to “hold” the person at a treatment facility. This diversion option would allow people known to have a serious mental illness the ability to be placed at the new Center when treatment is more appropriate than arrest or incarceration. In order to accomplish this diversion to treatment a number of things must be addressed first.

Triage must obtain a certification as “Triage with Involuntary Placement” status with the state. This hold is allowable pursuant to RCW 10.31.110. A Peace Officer (law enforcement officer) may transport and

place a person at the Triage unit in lieu of arrest. In order to secure the stability of that placement, at times it may be necessary for the Peace Officer to place an “involuntary hold” for up to 12 hours to keep the person at the facility and encourage him/her to make use of the treatment immediately available. During the hold period, a mental health evaluation is conducted and services offered to help stabilize the person so they can consider next steps in their journey to mental health and well-being.

The goal of the involuntary placement at Triage is to provide the most appropriate option of care to people who are not able to make a commitment on the spot that may be in their best interest. Arrest and incarceration have been some of the few options for people who appear to have committed a low-level crime while experiencing distress symptoms of mental illness. Providing a diversion from arrest and placement at the Triage unit is a more humane option when it is an appropriate alternative.

## OPERATIONAL FUNDING

Grants from the state and regional Behavioral Health Organization and local behavioral health dollars provided the funding for construction of the Crisis Stabilization Center. Ongoing funding to fully support the programming and services must come from the funders of behavioral health treatment. These funders include commercial health plans, Managed Care Organizations (MCOs), and the North Sound Behavioral Health Administrative Services Organization (ASO).

State Representative Sharon Shewmake was successful in securing initial operational funding for two years, totaling \$1 million. This was welcomed support to help cover start up costs that come with increasing staff and transitioning to a new facility.

State Representative Alicia Rule has also been successful in securing the requested \$400,000 for the next two-year period to help transition the Triage program to allow for involuntary placements. This new program will serve as a pilot program for the state to evaluate its successes in diverting people from arrest and incarceration and into treatment. The pilot will demonstrate costs savings to the state’s healthcare system as it breaks the cycle of criminal justice involvement and focuses instead on stabilizing symptoms of mental illness and promoting health and recovery.

County Human Services staff have been working with the state Health Care Authority, the five MCOS, and the ASO to ensure that the new Center is adequately reimbursed for all operational costs. This has been an involved process that includes recalculating actuarial assumptions, capturing the true costs of operating these sophisticated programs, and holding the funders accountable for their contractual obligations to cover necessary treatment costs for their covered lives. The partnerships between the County and these funders is critical to the ongoing success of this new treatment center.

## QUALITY ASSURANCE

Now that the Crisis Stabilization Center is open, it is important to ensure quality assurance and oversight of the programming offered. Although the County won't be paying for services, it has subsidized rent to the two treatment providers in an effort to optimize a focus on treatment. The County made a commitment to its community to ensure this new Center will divert people from the criminal justice system and the emergency department when appropriate. Additionally, the new Center will serve as a hub to the local behavioral health crisis system, creating connections among the various providers of crisis services.

In order to deliver on these commitments, the County has established a Crisis Stabilization Center Program Advisory Committee. Its membership in this first phase consists of representatives from the Center's treatment providers, law enforcement agencies, Emergency Medical Services, GRACE program, and associated crisis service programs. As the Center's programs solidify under the new facility, additional members will be invited to join the Committee to include people who have used the services, concerned citizens, and possibly funders.

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

Access to accurate and timely data is necessary to measure progress in reducing incarceration. The Information Needs and Data Exchange (INDEX) Committee is working across all jurisdictions to identify or develop useful data and program information to measure progress in reducing jail use and to document the use of jail alternatives. Data is also being developed to track the effectiveness of programs that divert individuals from incarceration. Lastly, the Committee is facilitating information-sharing across jurisdictions to support improved program operation and cross-jurisdictional system improvements.

The INDEX Committee structure includes a technical subcommittee and a policy subcommittee. The policy subcommittee drives the process and guides the work of the technical subcommittee. The Incarceration Prevention and Reduction Task Force serves as the policy subcommittee and determines the policies and outcomes of the INDEX Committee.

The Technical Subcommittee includes the information technology, department, and agency staff who work with the systems and data to measure outcomes. The Technical Subcommittee interacts with the policy subcommittee to identify options to achieve those outcomes, and identifies existing data or develops improved data practices to monitor progress. The technical subcommittee includes representatives from law enforcement, behavioral health organizations and agencies, local courts, prosecutors/city attorneys, and public defenders.

The Committee has achieved the following beginning tasks outlined in its mission statement:

- Development of multiple automated and on demand reports that are deliverable to various stakeholders in the community including the Public Defender’s Office, Courts, and Prosecutors.
- Upgraded and replaced the inmate databases stored on the Whatcom County website to include up-to-date and interactive information as well as an expanded dataset to include specific reasons each person is held in Sheriff’s Office custody facilities.

### **NEW COMMITTEE LEADERSHIP**

The Committee is now chaired by Lt. Caleb Erickson of the Whatcom County Sheriff’s Office Corrections Bureau. Caleb’s knowledge of the many and varied datasets throughout the criminal justice system made him a good candidate for leadership. The change at the committee chair, however, didn’t mean a change in direction. The Committee continues to operate in the same spirit of cooperation with the stakeholders as before.

### **NEW CASE MANAGEMENT SOFTWARE THROUGHOUT CRIMINAL JUSTICE SYSTEM**

As a result of COVID-19, many of our criminal justice systems have had to wait for much-needed updates in their methods of storing data. In the next 12-36 months, agencies throughout the county will be updating and installing new case management software. To name a few:

- Courts of limited jurisdiction
- Public Defender
- Prosecutor

Most of the information the courts of limited jurisdiction collect is paper-based. There is some use of a very old system to catalog information, but it is limited and not available for connection to queries.

The State of Washington has begun the process of moving all courts of limited jurisdiction to a centralized records management system using a product through Tyler Technologies. This includes all municipal courts and Whatcom County District Court. This effort is immense both in scope and in application. Our community won’t begin to see this conversion until 2023 or 2024.

The Whatcom County Public Defender’s Office will be installing a records management system. This is scheduled to happen in 2021. Up to now, the Public Defenders have used paper to manage all their cases.

Much of information their office collects will not be available for release, but to the extent data is public we will be looking forward to that.

The Whatcom County Prosecutor’s Office will similarly be installing a new case management system. The Prosecutor’s Office has used the iSeries for years, but it is antiquated and information is difficult to pull from the system.

## STATUS OF RACIAL AND ETHNIC DATA COLLECTED THROUGHOUT THE SYSTEM

So far, INDEX has not had access to data across the criminal justice system. The information available has been provided by the Sheriff's Office and doesn't represent a complete picture of the entire system.

Additionally, in 2019, federal coding standards changed, which impacted historic demographic information in Spillman and, therefore, data on ethnicity was removed. The only data now in Spillman is that which has been collected since the change.

In order to make meaningful recommendations to policy makers, INDEX will need to integrate information from the Courts, Prosecutors, Public Defenders, Probation, State Department of Corrections, and many others.