

***Incarceration Prevention and Reduction Task Force  
Meeting Summary for August 15, 2016***

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**1. Call to Order**

Task Force Co-Chair Jack Hovenier called the meeting to order at 9:00 a.m.

Present: Angela Anderson, Anne Deacon, Bill Elfo, Leslie Finch (Proxy for Chris Phillips), Stephen Gockley, Susan Gribbin, Daniel Hammill, Jack Hovenier, Betsy Kruse, Irene Morgan, Darlene Peterson, Randy Polidan, Tyler Schroeder, Greg Winter

Absent: Jill Bernstein, Jeff Brubaker, Julie Finkbonner, Fred Heydrich, Mike Knapp, Kelli Linville, Byron Manering, Ken Mann, Dave McEachran, Moonwater, Chris Phillips

Review July 11, 2016 Meeting Summary

There were no changes.

**2. Committee Updates**

Steering Committee

Schroeder gave an update on the request for proposals (RFPs) for the criminal justice consultant and facilitator. Staff have decided none of the facilitator proposals meet the Task Force requirements. Staff have also decided to move forward with VERA Institute for the criminal justice consultant contract, to be scheduled for approval on the County Council's September 13 meeting. Initially, the consultant will work on the following tasks:

- Data collection and analysis
- System mapping
- Task Force resource information

The Task Force members discussed the necessity of data collection:

- The contractor is familiar with the need for data collection and applicable best practices across jurisdictions
- VERA Institute has helped other jurisdictions streamline their data collection processes
- The Law and Justice Council identified and recommended the need for a better, unified data collection system in the early 2000's.
- The County administration has some budget authority already for an integrated records system

Triage Facility Committee

Schroeder gave an update on the \$2 million grant application to the Department of Commerce. They hope to know by September if the grant is awarded. The committee's next meeting will continue to refine location and design. The Committee did not meet in July.

Legal & Justice Systems Committee

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Hammill and Anderson gave an update to the most recent meetings of the Committee, including recent presentations on Mental Health Court, whether an independent assessment of Drug Court is necessary, and the Yakima pre-trial risk assessment and supervision program.

Elfo stated it seemed that Yakima officials got around concerns about liability of pre-trial releases by having the court do the supervision. The officials seem unconcerned about liability issues. Whatcom County is already implementing some of the program components of the Yakima program, such as having a prosecutor and public defender attend each first appearance.

The Task Force members discussed different risk assessment tools, program administration by Superior and District Court, including additional home monitoring capabilities in the upcoming budget process, the District Court's new monthly pre-trial check-in reporting program (handout on file).

*(Discussion of the Behavioral Health Committee report occurred later in the meeting.)*

**3. Discussion and decision regarding recommendations from Behavioral Health Committee and Legal & Justice Systems Committee**

Legal & Justice Systems Committee

Hovenier moved to approve the recommendation of the Legal & Justice Systems Committee to ensure adequate funding for the Sheriff to effectively manage and supervise an expanded electronic home monitoring (EHM) program.

Elfo reported on the background of the recommendation. He supports the motion. He doesn't know yet what the specific funding structure will look like.

Hammill reported on the City's experience with using the EHM contractor and stated he also supports the motion.

Motion carried unanimously.

Hovenier moved to approve the recommendation of the Legal & Justice Systems Committee to support the additional hardware to supervise and monitor individuals when they are not in jail both pre-trial, and post-conviction, including additional EHM/D, SCRAM, and portable breath test devices. Costs shall be apportioned among all courts using District Court Probation.

Hammill reported on the background of the recommendation. The technology enhances the program. He supports the motion.

The motion carried unanimously.

Hovenier moved to approve the recommendation of the Legal & Justice Systems Committee to allow the Sheriff's Office to deviate from the County Unified Fee Schedule (UFS) to include a program to subsidize the cost of EHM for those who can't pay the full amount, and to lift the requirement that the program be self-supporting.

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Peterson reported on the City of Bellingham's EHM cost and user statistics. The City has experienced significant cost savings.

The Task Force member discussed cost differences and savings from EHM, the County's requirement to recoup all its costs from the program, and the number of defendants who would become eligible for the program.

The motion carried unanimously.

Hovenier moved to approve the recommendation of the Legal and Justice Systems Committee to support the Health Department recommendation to the County Council for a Behavioral Health Organization (BHO)-contracted individual to provide alcohol and drug evaluations to jail inmates.

Anderson and Jackie Mitchell, Health Department, reported on the background of the recommendation.

- Reinstatement of the County's ability to contract with someone who can do evaluations in the jail at the County's request.

Anderson moved to amend the motion, "...a Behavioral Health Organization (BHO)-contracted individual **organization** to provide...."

Hovenier accepted the motion to amend as a friendly amendment and restated the motion to approve the recommendation of the Legal and Justice Systems Committee to support the Health Department recommendation to the County Council for a Behavioral Health Organization (BHO)-contracted organization to provide alcohol and drug evaluations to jail inmates.

The motion carried unanimously.

Hovenier moved to approve the recommendation of the Legal and Justice Systems Committee to send a letter to the Whatcom Transportation Authority (WTA) supporting an increase in the number and frequency of bus routes to the County jail alternative facility on Division Street and between the Courthouse and Division Street facility.

Hammill reported on the background of the recommendation.

The motion carried unanimously.

*(Jackie Mitchell, Proxy for Anne Deacon, voted on the Legal & Justice System Committee recommendations on behalf of Ms. Deacon until her arrival later in the meeting. The Task Force held discussion of the Behavioral Health Committee recommendations later in the meeting.)*

**4. Whatcom County Behavioral Health Facility Planning Report**

Final Report

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Jack Mitchell, Health Department, reported on the updated final report, beginning on packet page 21:

- The purpose is to focus on substance use disorder services and the loss of the Pioneer Center North beds, of which about 50 are used by the entire North Sound region.
- The County's plan includes a full triage facility and recovery services along the full substance use disorder and mental health continuum of care.
- They focused on determining how much capacity is necessary.
- They are limited by funding to two 16-bed triage facilities, but that's more than they've ever had before.
- The facility can be built with:
  - \$3 million in the behavioral health fund
  - \$2.5 million from North Sound BHO for capital costs, and;
  - If awarded, a \$2 million grant from the State Department of Commerce

The Task Force members discussed:

- The Triage Facility Committee and Task Force recommendation to locate the new triage facility at the existing Division Street location
- Funding a recovery house at the same location as the triage facility
- All the regional BHOs statewide that are planning their own facilities to replace the Pioneer Center beds
- Integrating medical care by 2020, when private managed care organizations will take over all the behavioral health services in communities throughout the state
  - There will still be a population with highly specialized care needs that will require specialized behavioral health services, not just a primary care physician
  - The County will need to make sure it advocates for those who need specialized care to the managed care companies and the State
  - A triage facility should ideally include an urgent care facility that incorporates medical care with behavioral health services, so it is a one-stop shop for first responders and people in the community
  - Whether the State and BHOs are considering the fact that private managed care organizations aren't as transparent as public agencies
- The necessity for an urgent care facility is identified in the Phase I Report
- The North Sound regional BHO is:
  - Hiring a project manager for all the projects and initiatives of the different counties in the region
  - Has unofficially approved Whatcom County's proposal for the triage facility
  - Producing its own final regional report, due in September, for the legislature

Grant and funding updates

Schroeder gave an update on funding:

- They expect to hear an answer on the State Department of Commerce grant application by the end of the month.
- Local behavioral health funds are available

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- If the County doesn't get the Department of Commerce grant, they will ask for capital funds from the State legislature in the upcoming biennium.

## **2. Committee Updates**

### Behavioral Health Committee

Deacon reported for the Committee and stated they have identified additional front-door programs to look at, including the City of Everett CHART program and the expansion of a City of Bellingham program to hire a police officer and provide specialized behavioral health training.

The Task Force members discussed

- The differences between the crisis prevention and intervention team (CPIT) and the Program for Assertive Community Treatment (PACT):
  - The PACT team works with people daily, is available 24/7, and enrolls people with a significant history of mental health in-patient hospitalization
  - The CPIT is not 24/7 and not as comprehensive as the PACT team and is a voluntary crisis response team for people who are not enrolled in services

## **3. Discussion and decision regarding recommendations from Behavioral Health Committee and Legal & Justice Systems Committee**

### Behavioral Health Committee

Hovenier moved to approve the recommendation of the Behavioral Health Committee to have support for more mental health professionals for the CPIT program, as opposed to the 40-hour schedule they have now.

Deacon reported on the Committee's recommendation, which was made because they recognize the need for more outreach. It's difficult to engage the people they come in contact now. Hopefully they will expand the service.

The Task Force members discussed:

- The goal is to find a way to be more proactive with the regular user who aren't easy to engage
- The motion is a generic show of support, and does not recommend a specific schedule or number of hours
- Professionals who do this type of work are available
- In addition to adding capacity, it's necessary for first responders and police to be able to coordinate with the available community services
- Expressing support to the regional Behavioral Health Organization (BHO)

Schroeder suggested a friendly amendment that the motion be more specific about who the support goes to.

Hovenier restated the motion with a friendly amendment to express support to the North Sound Behavioral Health Organization (BHO) for more mental health professionals for the CPIT program, as opposed to the 40-hour schedule they have now.

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The motion carried unanimously.

Hovenier moved to approve the recommendation of the Behavioral Health Committee to support the Bellingham Police Department and encourage the Chief to move forward with their LEAD-like program, which will require an additional full-time police officer trained in behavioral health issues.

Deacon reported on the Committee's recommendation to encourage Bellingham Police Chief to assign one police officer to a program to receive special behavioral health training and to work with a mental health professional. This program is designed for the City of Bellingham and should not be the model for the entire county or prioritized as the best program for the entire community.

The Task Force discussed:

- The Mayor indicated she included two new officers in the proposed budget, and it's up to the Chief to decide how those officers are assigned.
- Whether a behavioral health officer in one jurisdiction will have an overall positive impact on clients, without a more comprehensive, multi-jurisdictional approach.
- The behavioral health officer providing early intervention and connection to the mental health system and having relationships with people who need to be in a facility rather than in the criminal justice system
- Making sure an agency, not the officer, acts as the case manager for individuals

Hammill suggested an amendment to not specify the LEAD-like program. This program is very different from a law enforcement assisted diversion (LEAD) program, which typically focuses on low-level drug and prostitution offenders that they typically don't have here. Don't define the parameters of a pre-arrest diversion program.

Hovenier restated and amended his motion, "~~Express support the Bellingham Police Department and~~ Encourage the Bellingham Chief of Police to move forward with their LEAD-like pre-arrest diversion programs, which will may require an additional full-time police officer trained in behavioral health issues."

The motion carried unanimously.

Deacon reported on an incentive and data collection pilot program that Byron Manering presented to the Committee, which will his agency will operate in conjunction with the University of Washington. Mr. Manering presented the program to the Committee for the Committee's endorsement. The Committee endorsed the program.

Anderson moved to endorse the Brigid Collins pilot program that serves women with addiction issues and who are pregnant or have children up to the age of three.

The motion carried unanimously.

**Other Business**

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Anderson and Schroeder asked that discussion of a recommendation for a social worker in the Public Defender's Office or Health Department be added to the Legal & Justice Systems Committee. A social worker in the Public Defender's Office would:

- Connect clients to services
- Alleviate pressure on the public defenders
- Help the public defenders do background evaluations on certain clients to help create certain structured plea negotiations and not guilty by insanity (NGI) pleas

The Task Force members discussed funding for a social worker in the Public Defender's Office should be done from the County's general fund, not the behavioral health fund or other Health Department funds.

Forrest Longman, County Council Legislative Analyst, described the deadline for recommendations going into the Phase 2 report.

Deacon stated the Task Force needs to consider the duplicated efforts from different Task Force committees that are having the same conversations.

**5. Update by Jurisdictions on Jail Diversion Programs**

Elfo reported on the jail's failing infrastructure and capacity issues:

- The County population is prioritized first
- Cities are provided service, but must transfer their inmates out to a facility elsewhere
- Inmates are physically destroying the aging jail structure
- Corrections deputies have received injuries when the jail operated above capacity
- The City of Bellingham is changing its jail services contract with the County
- Legal changes now require the Sheriff to transport competency cases to Chehalis with only eight hours of notice
- The County's minimum security facility doesn't have the architecture, staff, or design to handle anyone with a severe medical or mental health issue or who doesn't meet the security classifications

Peterson referenced the City's most recent report on packet page 43 (on file).

**6. Public Comment**

Ray Baribeau stated the minimum security facility has a dorm design, but needs safe places to put people for their own protection, especially if they have a mental illness or substance use disorder. Also, speakers at this meeting should address the entire group when answering questions.

**7. Adjourn**

The meeting adjourned at 10:56 a.m.

***Incarceration Prevention and Reduction Task Force  
Steering Committee  
Meeting Summary for September 6, 2016***

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**1. Call To Order**

Committee Member Jack Hovenier called the meeting to order at 10:35 a.m. in the Health Department Lower Level Conference Room, 509 Girard Street, Bellingham.

Members Present: Jill Bernstein, Jack Hovenier, Anne Deacon, Alfred Heydrich

Members Absent: Ken Mann, Tyler Schroeder, Chris Phillips

Also Present: Forrest Longman (County Council Office), Jackie Mitchell (Health Department), Perry Mowrey (Health Department)

Review June 30, 2016 Meeting Summary

There were no changes.

**2. Update on contract with criminal justice expert**

Forrest Longman, County Council Legislative Analyst, updated the committee on the progress of the contract negotiation with the chosen criminal justice consultant, VERA Institute:

- County Council approval is scheduled for September 13 or September 27
- Cost is approximately \$147,000 for nine months
- Deliverables include:
  - Data analysis on jail statistics
  - System mapping
  - Research assistance to Task Force
- The contract includes 5 site visits that will include
  - A jail visit
  - Meetings with stakeholders
  - Attendance of some Task Force meetings
- The contract focuses on incarceration reduction
- The final delivered product may be useful for other purposes
- Committee members hope the results include:
  - Agreement on a data set for current and future data collection that is consistent among all jurisdictions
  - Development of common, agreed-upon goals that all stakeholders can approve
  - Identification of areas in which consensus can't be reached
  - Determination of how to apply best practices locally
  - Distinguish the difference between evidence-based best practices and state-certified requirements
  - Up-to-date best practices
  - Ability to work with reluctant stakeholders to forward new programs

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**3. County/Cities budget process timelines**

Jill Nixon, County Council Administrative Clerk, stated the County budget process for developing the 2017-2018 County budget will be concluded before the Task Force final report is due in March 2017. The question for the Task Force members is how to incorporate final Task Force recommendations into the 2017-2018 budget.

Forrest Longman, County Council Legislative Analyst, stated he recommends that the Task Force stick with the March 2017 final report schedule and prepare a well-thought-out, full plan ready for implementation in 2018. If necessary and resources are available, any project or program can be approved at any time via an additional services request (ASR).

The Committee discussed:

- The amount of resources being requested by County departments above the County budget
- Behavioral Health services have dedicated funding, which is available to create programs
- The Task Force must determine what existing programs can be enhanced and improved, without creating entire new and expensive programs
- Changes are already being made
- The County did not receive the Department of Commerce grant

**4. Update on Phase II Report**

Forrest Longman, County Council Legislative Analyst, stated he has the Phase II reports from the Legal & Justice System and Behavioral Health Subcommittees. He will begin writing the draft Phase II report: He will

- Present the draft report to the Steering Committee by the end of September
- Send the draft report to all Task Force members by October 7
- Schedule the draft report before full Task Force for approval at its October 17 meeting
- Submit the report to the Council no later than November 1, 2016

The Committee members discussed the Legal and Justice Systems Committee review and recommendations regarding the Yakima Pre-Trial Assessment and Supervision, which the committee may not have time to vote on before the Phase II draft deadlines.

Heydrich stated he will provide more information on the proposed programs to Mr. Longman to include in the Phase II report.

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The Committee discussed concerns with language adopted in Ordinance 2015-037, the ordinance enabling the Task Force, specifically:

- The County's inability to fund capital and operating costs for a triage facility
- The Task Force's inability to negotiate interlocal agreements
- The Phase II report should mention the conflicts with the ordinance language

**5. Discuss Task Force Members and Proxies Sitting on more than one Committee**

This item was not discussed.

**6. Next Steps: Ideas & Further Information**

The Task Force meeting next week will:

- Expand on the discussion regarding the County/Cities Budget Processes
- Note the Task Force 1-year anniversary
- Update the Task Force members on the Phase II Report timeline
- Provide a report on the Yakima Pre-Trial Risk Assessment and Pre-Trial Supervision presentation, with a possible motion

The Committee discussed the possibility of adjusting the meeting schedule to include all Task Force members.

**7. Public Comment**

No one spoke.

**8. Adjourn**

The meeting adjourned at 11:31 a.m.

**Incarceration Prevention and Reduction Task Force**  
**Triage Facility Subcommittee**  
**DRAFT Meeting Summary for August 18, 2016**

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**1. Call To Order**

Committee Member Jack Hovenier called the meeting to order at 9:00 a.m. in the Health Department Lower Level Conference Room, 509 Girard Street, Bellingham.

Members Present: Jack Hovenier, Jeff Parks, Tyler Schroeder, Sandy Whitcutt, Dean Wight

Also Present: Anne Deacon

Members Absent: Jeff Brubaker, Ken Mann, Chris Phillips, Kathy Walker

Review June 18, 2016 Meeting Summary

There were no changes

**2. Review North Sound Behavioral Health Organization (BHO) Crisis Stabilization Standards**

Deacon referenced the BHO Crisis Stabilization Standards for Adults, beginning on packet page five. Deacon and Whitcutt reported on the standards:

- Item III of the procedures and standards are the BHO priorities, which are to divert people from a higher level of care, such as hospitals
- The BHO has minimized the exclusionary criteria, which are shown in Item IV(B)
  - The Department of Health Residential Treatment Facilities (RTF) generally excludes level 3 sex offenders from facilities, but it is reviewed on a case-by-case basis
  - Detox intake is supposed to check criminal backgrounds from the Washington Access to Criminal History (WATCH) database
- According to 42 Code of Federal Regulations (CFR), they can't get shared information on substance use, so they wrote the policy for what they can do
- Everyone can request direct referrals
- At this time, the facility is a stabilization facility, but there aren't any regulations for a facility of that name. When it becomes a licensed triage facility, the regulations will be much more stringent.

The Committee discussed facility and program licensing:

- Whether operational funding could be impacted before the facility is certified and licensed
- Make sure the facility becomes an official triage facility to ensure the programming is based on a Washington Administrative Code (WAC)
- The Department of Commerce grant indicates they intend to build a certified triage facility
- The Task Force has recommended a certified triage facility

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- There was a concern that Medicaid wouldn't pay for emergency medical service (EMS) transport to a non-licensed facility, but it's not an issue here
- Once certified, Medicaid will cover the cost of EMS transport to the facility
- Mental health staff are not allowed to provide to the EMS staff the information necessary to complete the required paperwork for transport reimbursement, due to privacy requirements

**3. Review updated pre-architectural designs and cost estimates**

Deacon submitted and described a handout of the 2010 proposed facility schematic (on file). The updated cost estimates are included in the Department of Commerce grant, on Committee packet page 25, for the mental health part of the facility:

- Expand the facility footprint by 12,220 square feet, for a total of approximately 18,050 square feet.
- Detox will be housed in the existing building, which needs to be remodeled
- The schematic will be updated because it will not include a seclusion and restraint area
- The kitchens will only be warming kitchens for delivered food
- The existing triage facility will become the mental health stabilization area, and the new expansion will be the acute detox area.
- The area shown as the existing kitchen is for the work center.
- The updated schematic will likely reflect one centralized kitchen.

The committee discussed:

- How people with both mental health and substance use issues are housed:
  - The State may require that people with mental health issues are separated from people with substance use issues
  - The behavioral health community is working to educate the State about the best way to work with people with co-occurring disorders
  - The trend is moving toward integration
- The necessity of and cost to remodel the existing facility
  - To avoid a service shut-down, build the addition, move people from the existing facility to the new addition, and then remodel the existing facility
  - Request the architect to update the schematic and provide an approximate remodel cost estimate to include in the Phase II report. Include the difference in cost between a total program shut-down during construction and remodel and a phased construction/remodel to avoid a program shut-down.

**4. Costs and funding**

Capital funding:

- A request of up to \$2 million from the Department of Commerce
- Behavioral Health Fund has dedicated \$3 million

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- The North Sound Behavioral Health Organization has committed up to \$2.5 million to a Whatcom County facility
- If the County doesn't receive the Department of Commerce grant, the \$3 million from the Behavioral Health Fund may be bonded for additional money
- They County is working with the BHO on a State capital fund request for the recovery center, which is the back-door service to the triage center.

Operational funding:

- The North Sound BHO pays for detox and stabilization operational services, using both Medicaid and non-Medicaid dollars
- The Committee should determine how much the regional BHO anticipates it will pay toward annual operational costs
- The State plans to integrate behavioral health services with primary care medical services in 2020, in the hope of turning over those integrated services to commercial health plans
  - High risk, acute, and chronic sufferers may still have to be managed by the regional BHO
  - There are no assurance that a commercial health plan would prioritize these services
  - Crisis services are not part of managed care organizations (MCOs).
  - There hasn't been discussion yet about where triage services will go

Whitcutt stated she will get the information on the Snohomish County triage center operational cost, which will be relevant to the operational costs that they will expect for Whatcom County.

**5. Discussion of secondary Triage Facility sites**

Hovenier submitted a handout (on file) about available real estate in Bellingham. Nothing looks viable for a triage center location.

**6. Recommendations that need to go into the draft Phase II Report**

Schroeder stated the information in the grant application, including the cost estimates and schematic design, would be used to answer the required information in the Phase II report.

Hovenier stated the Phase II would include background information and construction data in the narrative:

- Information contained within the Department of Commerce grant application
- The likely range of costs

Deacon stated she would like the Task Force to advocate to the State, particularly the State legislature and Health Care Authority, to ensure operational funding in perpetuity.

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Schroeder stated use the information from the Commerce grant, the background information on the mental health side, and the cost. Reach out to Ron Wright to update the schematic design and make a cost estimate on the remodel. Get some background information on anticipated operational cost using Snohomish County as the example. All that information would be included in the Phase II report. They can provide more specifics in the Phase III Report.

Whitcutt stated include the cost of operating an acute detox facility. She can provide information on the mental health operational costs.

Schroeder stated he and Forrest Longman will incorporate this information into a draft Phase II report for the committee.

Wight asked if Ms. Deacon's suggestion for advocating for long-term operational funding is to get a State-level commitment that there will be an expectation on the part of the MCOs to follow-through with operational funding when integration happens.

Deacon stated that's correct. She will bring forward a proposed recommendation for that advocacy.

Whitcutt stated triage facilities must bill insurance companies when possible. They must work with the MCOs to make sure triage facilities are entities that accept their insurance.

Deacon stated the Washington State Association of Counties (WSAC) should lobby for it.

The committee discussed the necessity a public process about the locating the triage facility permanently at the existing location, as the Sheriff recommended and the Task Force voted to do. Get a policy statement from the City from the Mayor or City Council to say they accept that the facility will locate there permanently.

The committee also discussed the impact to the work center building from a new triage facility and the Phase I Report promising to review workforce training opportunities to staff the new triage facility.

- Recognize that the work center building has a limited lifespan as it's used now
- The possibility of using the space in the future to expand the triage facility or as a recovery house
- The issue of behavioral health workforce development is a more community-wide issue that goes beyond this facility
- The Phase II Report can recognize that workforce development was a Phase I request, but it's a larger community discussion that should be accomplished as a whole by the entire behavioral health community

Hovenier stated the bulk of the Committee's recommendations for the Phase II Report have already been forwarded to and approved by the Task Force.

**7. Public Comment**

There was no public comment.

**8. Adjourn**

The meeting adjourned at 10:15 a.m.

DRAFT

## Jill Nixon

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**From:** Anne Deacon  
**Sent:** Thursday, August 18, 2016 3:02 PM  
**To:** Jill Nixon  
**Cc:** Hovenier, Jack (jack@nicetiger.com)  
**Subject:** wording for recommendation

Jill,

Here's my suggested phrasing for the Triage Committee recommendation:

"The IPR Task Force strongly supports county efforts to seek assurances from the Health Care Authority that detox and mental health stabilization services provided in a Certified Triage Facility/Acute Detox Facility will be reimbursed by Commercial Health Plans in 2020 and beyond upon full integration of behavioral health with primary care."

Anne Deacon, LICSW  
Human Services Manager  
Whatcom County Health Department  
**360-778-6054**  
[adeacon@whatcomcounty.us](mailto:adeacon@whatcomcounty.us)

*\*My incoming and outgoing email communication is subject to public disclosure\**

***Incarceration Prevention and Reduction Task Force***  
***Legal & Justice Systems Subcommittee***  
**DRAFT Meeting Summary for August 8, 2016**

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**1. Call To Order**

Committee Member Jill Bernstein called the meeting to order at 9:15 a.m. in the Bellingham Municipal Court Fireplace Room, 2014 C Street, Bellingham.

Members Present: Angela Anderson, Jill Bernstein, Bill Elfo, Daniel Hammill, Fred Heydrich, Irene Morgan, Darlene Peterson, Peter Ruffatto

Also Present: Kathy Walker (Proxy for Dave McEachran)

Members Absent: Deborra Garrett, Stephen Gockley, Michael Knapp, Dave McEachran, Moonwater

**2. Presentation on Mental Health Court needs**

Darrin Hall, Public Defender, submitted and read from a handout on Mental Health Court (on file):

- Pre- and post-conviction
- Post-conviction participants may begin with deferred felony charges with the option to plead guilty with a misdemeanor with mental health court in District Court.
- If mental health court is successfully completed after 18 months to two years, the felony will be dismissed.
- The goal is to provide two years of full compliance with mental health services, medication requirements, and/or substance abuse treatment
- They are 19 months into the first class.
- They need a comprehensive, full-scale service provider of transportation, housing, medication, and other services

Linda Grant, Health Department, stated local agencies' staff and services fluctuate overtime. Don't lock into a long-term contract with a single agency. Maintain the County's ability to be flexible in choosing the best agencies available at the time.

The Committee asked questions about needed improvements to the program:

- Clients from District Court have different housing and transportation needs from the clients from the municipal courts.
- Mental Health Court hasn't had to use the crisis prevention and intervention team (CPIT), but is aware of the services they and other community response groups provide.
- They need expanded triage capacity for crisis respite and detox
- They also need a secure and safe detox option for clients who show up to court under the influence
- They all want an expanded continuum of substance use disorder and co-occurring order treatment
- A recovery housing option separate from a typical clean and sober house is essential
- Continue expansion at the Lake Whatcom Treatment Center and Catholic Community Services for their co-occurring disorders
- In-custody substance use evaluation is being restored by the Health Department and Behavioral Health Organization (BHO)
- It's been difficult finding a mental health evaluator to find time to do evaluations at the jail between regular appointments

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- Law enforcement are informed of the list of people participating in mental health court in case they encounter those participants
- Someone who has been in jail for more than 30 days is not considered clean and sober for the purpose of getting access to services
- The County can hire a staff person to do in-custody evaluations part-time; finding a qualified person to apply may be difficult
- Mental health court participants need to deal with chemical dependency issues before being treated for their mental illness.
- Substance use evaluators and mental health evaluators require different training, so there may not be one person who can do both

Grant continued the presentation on housing needs:

- The homeless population and mental health population coming out of jail overlap, but aren't the same population
- Citygate, Sun House, and Francis Place are housing options that work well
- Landlords generally don't want to rent to this population
- There is a 24-hour gap from jail release to being qualified as homeless to receive homeless services
- They will need specialty housing for those with a criminal history who aren't considered traditionally vulnerable

Warren Page, Prosecutor, stated housing is a critical need. There are many ways to be ineligible for housing. Mental health court graduates' chances of success are low if they don't have stable housing.

The committee continued to discuss housing and transportation needs for people with mental health, substance use, and others with complex problems:

- There is a need for more sophisticated staff on site to manage these folks, some with strong criminogenic behaviors and/or severe addiction or illness
- It can be expensive to provide housing units that receive much damage from meth use and other types of destruction
- There are between 100 and 200 folks in the community now who need this type of housing
- At this point, mental health court would not be ready for Superior Court
- Active case managers who meet with the clients at least twice a week are necessary
- Transportation to get clients to appointments is also necessary
- Increased public bus system services isn't enough to solve transportation issues

**3. Discussion of whether an independent assessment of Drug Court is needed**

Anderson stated her concerns have been addressed, and a Drug Court needs assessment isn't necessary at this time. If the Drug Court staff feel that an assessment is necessary, they have the ability to request one. They don't need the Task Force to request it for them. She withdraws her request for an independent assessment, based on the information she's received.

David Graham, Prosecutor, stated a needs assessment could always recommend a smaller program. Drug Court staff concur that they need long-term in-patient treatment and clean and sober housing. They put anyone in Drug Court they can, but they have a problem finding enough in-patient treatment.

Anderson stated that when Drug Court served more people, there were too many people and it was inefficient. It wasn't a good program. Judge Snyder questions the need for an assessment.

Bernstein stated she still would like to know if a needs assessment would answer the question of whether the full need in the community is being served and if more people could be served with more staff.

Anderson state everyone who qualifies and applies is allowed into the Drug Court program, and they have enough staff to handle it. Unless they change the qualification requirements, that population won't change, but that's not what a needs assessment would address.

The Committee discussed why defendants don't choose Drug Court, how to create incentives for defendants to choose a longer drug court program, and having an in-patient coordinator to funnel defendants into shorter programs they can do on their own.

#### **4. Report on Yakima Pretrial Risk Assessment and Supervision**

Heydrich reported on his recent visit to Yakima to learn about their program:

- A pre-trial risk assessment is evidence-based assessment of risk factors, to help the court determine who should be released and under what conditions
- A risk assessment that doesn't include defendant interview is a static assessment
- Pre-trial assessments are have been used around the country for decades
- He submitted examples of two noteworthy assessment models (on file), which are the Virginia model and the Arnold Foundation model
- A validated assessment model has been subjected to statistical analysis and study
- Risk assessments result in a scoring system that recommend whether or not a person should be released and under what conditions
- Services and conditions traditionally imposed can include hearing notifications and reminders, criminal history checks, phone or electric home monitoring (EHM) check-in, drug testing, location monitoring, and treatment.
- He hopes to make a recommendation to consider implementing the use of a risk assessment tool and set up a pre-trial supervision unit, to achieve the goal of getting more pre-trial people out of jail

Heydrich described the Yakima program:

- The number of pre-trial inmates was down to 383 from 450 before the pre-trial supervision program was implemented six months ago
- They spend \$82 per day for each person in jail, and \$8 per day for every person on pre-trial release
- The pre-trial supervision unit operates out of the court and includes a front-desk person, a supervisor, and a third staff person
- The program is paid from the general fund
- Of the people released on pre-trial supervision, 85 percent have not failed to appear to court and 94 percent have not reoffended. Yakima officials are compiling the data to calculate what these statistics were before the program was implemented
- Yakima uses the Arnold Foundation model assessment with additional local factors included
- The unit sends notification of all hearing dates via an automatic calling system

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- The unit oversees 320 people with the three staff
- The program is applied to Superior Court and District Court cases only, and municipalities are interested in joining the program
- Pre-trial supervision is for PR defendants only; people who post bail aren't included
- Yakima screens 40-60 people per week
- Each assessment takes about five minutes per person, and they're done by 10:00 a.m. each day
- The program supervisor has a Department of Corrections, county jail, and probation background
- Unit staff attends all first appearances and gets initial contact information
- The clerk sends court appearance results to the Unit daily
- The Unit staff are mostly successful at getting people to appear within five days if they don't appear at their court date
- Some people achieve a risk assessment score that keeps them in jail when they previously would have been released
- Defendants are required to call in once per week
- The Yakima County Prosecutor is guardedly optimistic about the program
- Anecdotally, there has not been an increase in trials or decrease in conviction rates
- County officials believe more low-risk defendants are being released, and more who need to be held are being held instead of released
- There has been 1,233 defendants assessed in the program so far; 512 have been released
- There have been no lawsuits
- Under court administration, there is reduced potential for County liability. It's just an assessment, the Court makes the final decision on release, and the Court is immune to lawsuits of this sort
- The manner of supervision is more about monitoring than supervising. The onus is on the defendants to check-in. County officials don't track down individuals.
- Of those assessed, 51 percent result in a 'Release Not Recommended' finding. The court has not been releasing 49.9 percent of those people. The court's decisions are close to the assessment results
- A risk assessment wouldn't be effective at reducing failures to appear and reoffending without the supervision component

The Committee discussed;

- Whether the court can implement this program on its own, without County Council approval
- Whatcom County District Court's pre-trial supervision program
- What happens if someone fails to call in
- The importance of having a prosecutor and public defender at first appearance, which Whatcom County already does
- Whether this risk assessment would result in the County holding more people than it does now
- Last year, before recent innovations from the municipalities, the rate of release from jail within 24 hours of arrest was at 56 percent. Within 72 hours, it was 63 percent.
- The Prosecutor's Office will start using the adult risk assessment, which was presented at the last committee meeting, which is different assessment from the pre-trial supervision assessment

This item will be held for more discussion and decisions to the next Committee meeting.

**5. Recommendations on Probation Services Improvements (discussion if time allows)**

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This item was not discussed and held to the next Committee meeting.

**6. Public Comment**

Unidentified speaker stated it doesn't look like these models allow people to represent themselves.

**7. Adjourn**

The meeting adjourned at 11:25 a.m.

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## Documents / Public Comment Received

Updated 8/31/2016

Rec'd From	Rec'd Date	Title	Author
Bill Elfo	8/26/2016	<a href="#">Email with photos of Sheriff's Office Jail Work Crew</a>	Bill Elfo
Irene Morgan	8/25/2016	<a href="#">Email with link to 2 articles: 1. Tool can screen prisoners for brain injury, and 2. Longmont stores refer shoppers to new restorative justice program</a>	1. Bette Fleishman, 2. Amelia An
Irene Morgan	8/25/2016	<a href="#">Email with link to The Atlantic: Helping Children Succeed - Without the Stress</a>	Erica Reischer
Irene Morgan	8/22/2016	<a href="#">Email with link to The New York Times: How Community Networks Stem Childhood Traumas</a>	David Bornstein
Irene Morgan	8/19/16	<a href="#">Email with link to The Washington Post: Justice Department says it will end use of private prisons</a>	Matt Zapotosky and Chico Harlan
Irene Morgan	8/14/2016	<a href="#">Email with link to Salt Lake Tribune: Back on the Street: Evicted homeless famil owes thousands in attorney fees and penalties</a>	Christopher Smart
Jill Bernstein	8/12/16	<a href="#">District Court Announces new Monthly Pretrial Check-in Reporting Program</a>	Judge Dave Grant
Irene Morgan	8/11/16	<a href="#">Email with link to film Center for Council</a>	Center for Council
Jill Bernstein	8/10/16	<a href="#">Email with link to NYTimes.com: A Home After Prison</a>	Nicholas Turner
Jackie Mitchell	8/3/16	<a href="#">Health Department Behavioral Health Facility Plan</a>	Whatcom County Health Dept.
Susan Gribbin	7/29/16	<a href="#">Renewing communities and providing oportunities through innovative solutions to poverty</a>	Ron Haskins
Irene Morgan	7/25/16	<a href="#">Email with link to The Atlantic: Why Poor, Low-Level Offenders Often Plead to Worse Crimes</a>	Juleyka Lantigua-Williams