



Whatcom County Incarceration Prevention and Reduction Task Force

June 14, 2022

SENT VIA EMAIL

Whatcom County Councilmembers
Whatcom County Council Office
311 Grand Avenue, Suite 105
Bellingham, WA 98225

County Executive Satpal Sidhu
County Executive's Office
311 Grand Avenue, Suite 108
Bellingham, WA 98225

Dear Councilmembers and Executive Sidhu:

Per Whatcom County Code 2.46.090, the Incarceration Prevention and Reduction Task Force is to submit an annual written report to you no later than June 30th of each year. On June 13, 2022, the Task Force approved its 2022 Annual Report (enclosed). We will present the annual report to the Council's Criminal Justice and Public Safety Committee on July 12, 2022.

Respectfully,

A handwritten signature in blue ink that reads "Stephen Gockley".

Stephen Gockley, Co-Chair

A handwritten signature in black ink that reads "Jack Hovenier".

Jack Hovenier, Co-Chair

encl: 2022 Annual Report

c: Dana Brown-Davis, Clerk of the Council
IPRTF Members



*Whatcom County Incarceration Prevention
and Reduction Task Force*

2022 Annual Report

June 13, 2022

TASK FORCE MEMBERS

Barry Buchanan
Whatcom County Council

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

Jenn Lockwood
Associate Executive Director, Brigid Collins

Rhyan Lopez
Council Member, City of Blaine

Jason McGill
Executive Director, Northwest Youth Services

Perry Mowery
Human Services Supervisor, Health Department

Darlene Peterson
Court Administrator, Bellingham Municipal Court

Dave Reynolds
Whatcom County Superior Court Administrator

Eric Richey
Whatcom County Prosecuting Attorney

Satpal Sidhu/Tyler Schroeder
Whatcom County 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

Nathan Bajema
Chris Cochran
Doug Chadwick
Brian Estes
Arlene Feld
Seth Fleetwood
Heather Flaherty
Stephen Gockley
Dan Hammill

Mike Hilley
Rhyan Lopez
Perry Mowery
Mike Parker
Michael G. Smith
Donnell Tanksley
Courtney Taylor
Brien Thane

CRISIS STABILIZATION FACILITY COMMITTEE

Doug Chadwick
Todd Donovan
Mike Hilley
Jack Hovenier
Michael McAuley
Perry Mowery

LEGAL AND JUSTICE SYSTEMS COMMITTEE

Bill Elfo
Arlene Feld
David Freeman
Stephen Gockley
Deborah Hawley
Raylene King
Jackie Mitchell
Darlene Peterson
Eric Richey/Erik Sigmar
Flo Simon
Donnell Tanksley
Bruce Van Glubt
Maia Vanyo

INFORMATION NEEDS & DATA EXCHANGE (INDEX) COMMITTEE

Ryan Anderson
Brenda Beeman
Barry Buchanan
Amy Ebenal
Caleb Erickson
Dave Reynolds
Perry Rice
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 operation of an expanded crisis stabilization center. 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.

In 2021-2022, some of the issues the committees worked on include:

BEHAVIORAL HEALTH COMMITTEE

- Street Drug Trends in the Community
- Alternative Crisis Response

CRISIS STABILIZATION FACILITY COMMITTEE

- Crisis Stabilization Facility Census
- Involuntary Certification

INDEX COMMITTEE

- Continued Hiatus
- Collaborating with the Justice Project

LEGAL & JUSTICE SYSTEMS COMMITTEE

- DV Offender Treatment
- Competency Restoration
- Reentry
- Superior Court Pretrial Processes

JOINT BEHAVIORAL HEALTH AND LEGAL & JUSTICE SYSTEMS COMMITTEES

- Competency Restoration
- Reentry

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 substance use disorder, 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’s 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 novel coronavirus (COVID-19) pandemic, the Task Force and its committees continue to hold remote-only meetings 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 stakeholder members.

B. Overview of Task Force Activities

GUIDE THE JUSTICE PROJECT NEEDS ASSESSMENT PROCESS

On December 7, 2021, the County Council formally requested that the Incarceration Prevention and Reduction Task Force add the Whatcom Public Health, Safety and Justice Initiatives into its 2022 workplan. Previously, County Council Resolution 2019-036 adopted a statement of Public Health, Safety and Justice Facility Planning Principles for Whatcom County. These principles provide a platform for creating a criminal justice system that provides for public safety while it addresses the root causes of incarceration and emphasizes rehabilitation as an alternative where possible. The County Council convened a community-based Justice Project Stakeholder Advisory Committee (SAC) to initiate the first phase of this effort.

In 2022, the IPRTF accepted the Council’s assignment and committed to work alongside the SAC to supplement a staff technical advisory committee, contractors with subject matter expertise as needed, and other professionals. The SAC with IPRTF support is conducting a needs assessment and gap analysis process for the Justice Project that will result in recommendations for local criminal justice policy, public safety needs, behavioral health and diversion resources, and facility requirements. Specifically, the IPRTF co-chairs are part of the SAC planning team for this process. A number of IPRTF members also sit as formal members of the SAC. IPRTF committee chairs and co-chairs have provided critical subject-area background sessions for other SAC members. And finally, IPRTF members are playing key roles in developing data to inform SAC members in matters involving law enforcement, the legal processes, and behavioral health and support services. In turn, this data development for the SAC process will greatly advance the ongoing work of the Task Force in the future.

CONTINUE TO WORK ON GARE IMPLEMENTATION

Now that the Task Force approved implementation of the Government Alliance on Racial Equity (GARE) Toolkit, it must operationalize the application of that toolkit within its work. Whatcom County government has recently become a member of GARE, a national network of government entities working to achieve racial equity and advance opportunities for all. Through that membership, the Task Force and its members will be able to connect with other governments around the country that are also working to implement positive changes within their jurisdictions. Local leaders will benefit from the expertise of their counterparts across the country and other GARE partners and members to identify and remove the impacts of systemic racism. Members of the Steering Committee together with staff are working to create a framework to ensure consistent and meaningful application of the Racial Equity Toolkit throughout the work of the Task Force. Additionally, the Task Force will seek to work collaboratively with the Whatcom Racial Equity Commission when it is formed and current statewide groups to catalyze local efforts to further inclusion and eliminate structures that further racial inequities.

ENGAGE WITH THE STATE LEGISLATIVE PROCESS

The Washington State Legislature passed a number of law enforcement accountability bills and criminal-legal measures that became effective in July 2021. Most were implemented with few complications. However, implementation also uncovered key unintended consequences regarding use of force and law enforcement tactics. Throughout the past year, the Task Force engaged with local representatives to the State Legislature about the impact of those uncertainties on local law enforcement practices and policies. The Task Force membership actively engaged the local leadership in identifying those challenges resulting from implementation, such as the limitations on taking someone into protective custody so they can be transported to the hospital or treatment services.

During its 2022 legislative session, the State Legislature made amendments to the 2021 bills to clarify those uncertainties. Representatives Ramel and Shewmake and Senator Sefzik attended the March 2022 Task Force meeting to discuss the updated legislation, including:

- Substitute House Bill 1735, Modifying the standard for use of force by peace officers, regarding transportation of individuals under an involuntary treatment or other caretaking order and defining use of force.
- Engrossed Substitute House Bill 2037, Modifying the standard for use of force by peace officers, regarding probable cause vs. reasonable suspicion standards, aka Terry Stops
- Funding for additional law enforcement training at the academy to accelerate recruiting for new officers.

The resulting changes were responsive attempts to make corrections to the bills enacted in 2021.

Not every proposed bill was passed, however. Senate Bill 5919 regarding law enforcement authority to engage in vehicle pursuit narrowly failed. Ongoing challenges face law enforcement due to a variety of factors that include an increase in vehicle thefts and property crimes overall, workforce issues, lack of jail space, and court backlogs from Covid. The Task Force will continue to engage with the local legislators to refine policies and procedures as criminal trends change.

TASK FORCE COMMUNICATIONS

The Task Force has achieved a number of major accomplishments in the community since it was formed. However, those efforts have largely gone unnoticed by county residents. As a result, there is often misunderstanding in the community about the effort from stakeholders to make improvements to the local criminal legal system at all levels, particularly at the intersection of this system with local and regional

behavioral health services. Task Force members recognized the need to improve its public outreach and communication to provide more transparency in the public process, create a more informed community, build trust with community members, and strengthen partnerships with other jurisdictions, agencies and community groups.

In the past year, the Steering Committee and staff began drafting a scope of work for a communications strategy consultant to assist with improving IPRTF public communication efforts. A request for proposals (RFP) was issued in early March, and received one response.

This year, the Task Force will engage the responding communication strategy consultant, Pyramid Communications. The goal is to build a relationship with the broader community and demonstrate how local jurisdictions and social service partners are collaborating to alleviate the incarceration crisis in a manner that reflects their principles, expectations, and values. The main tasks for the consultant/team are:

1. To develop and implement a specific communications campaign for three or four Task Force initiatives, projects, key focus areas, activities, or messages, and;
2. To develop a communications framework for future campaigns that can be implemented by the Task Force, its Steering Committee, and staff.

In preparation for contracting with a consultant, all the Task Force committees collaborated to develop an initial list of potential communications campaign topics. The Steering Committee and staff also created a communications roster with over 200 community contacts to expand the Task Force's outreach. The communications roster will be an effective tool for the consultant and Task Force to create new communication pathways into the community.

One highlight and example of communications related to Task Force work is the newly formed website www.RespondWhatcom.org. The multi-stakeholder team that came together to launch the Law Enforcement Assisted Diversion (LEAD) Program in September 2020 knew that regular and open communication with the community would be essential to the Program's success. Helping the community understand how the Program works and what the outcomes are is key to ongoing support and sustainability. The LEAD Program operates now out of the Health Department's new Response Systems Division. The website itself is an example of a public-private partnership and is sponsored and hosted by the Chuckanut Health Foundation and updated by LEAD operations staff within the Health Department. It became clear that regular updates and information on behalf of a variety of response programs in Whatcom County would also be helpful, and that information is being added and updated regularly.

2017 VERA INSTITUTE OF JUSTICE REPORT SUMMARY

The justice system challenges faced by Whatcom County and the IPRTF are captured well in the opening sentence from the 2017 Vera Institute of Justice Report to Whatcom County Stakeholders on Jail Reduction Strategies, "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."

In other words, Whatcom County's incarceration rate increased three-and-a-half times more than the population grew in the forty-four years studied. The social, emotional and financial costs of incarceration are high, and there now seems to be agreement that incarceration should be reduced while balancing public safety.

The IPRTF, as the Law and Justice Council, may provide recommendations that will help guide the community toward replacement of the current dilapidated jail. A replacement effort will necessarily include an integrated, community-based system of diversion and treatment services as well. The Vera

Report provides valuable insight in determining jail size when it states, “More than any other factor, including the economy and crime rates, jail size is a function of system policies and practices.”

The IPRTF is committed to reviewing the Vera Report’s recommendations on jail reduction strategies and to advocating for steps the Task Force determines will work for our community.

The Vera report recommends five major strategies for Whatcom County to focus on:

1. Reduce jail admissions, focusing primarily on non-felony charges, by providing greater opportunities to divert people away from jail;
2. Curtail warrants by preventing issuance of new warrants and creating opportunities to clear existing warrants;
3. Limit pretrial detention by establishing a pretrial system guided by risk, not financial bail;
4. Develop a case flow management plan to shorten case processing times and the length of jail stays; and
5. Create oversight and accountability by re-convening the Law and Justice Council and publishing data regularly, including data on race, ethnicity, and gender.

All five areas have seen varying levels of improvement since the report was published in 2017. The Ground-level Response and Coordinated Engagement (GRACE) Program, the Law Enforcement Assisted Diversion (LEAD) Program, and behavioral health-trained law enforcement resources were created to provide innovative diversion supports. Drug court and mental health court programs have been strengthened. Use of warrants for those enrolled in the GRACE and LEAD Programs has been reduced by the courts and law enforcement. Superior Court is implementing a proven pretrial risk assessment instrument and started a Pretrial Services Unit to monitor people on release. Cross-agency efforts within the IPRTF are identifying data needs, and that is being greatly aided by the County Council’s Justice Project needs assessment and gap analysis work. All of these initiatives will need continued development.



Improvements since the Vera Report was issued:

1. *GRACE Program*
2. *LEAD Program*
3. *Behavioral health-trained law enforcement programs*
4. *Enhanced Drug Court and Mental Health Court*
5. *Efforts to reduce warrants*
6. *Superior Court Pretrial Services Unit*
7. *Implementation of a Superior Court Pretrial Risk Assessment Tool*
8. *New Crisis Stabilization Center*
9. *Supportive recovery housing for Drug Court participants and others*

The Vera Report also recommends elimination of low-level cash bail, a strategy that the Task Force has yet to consider. There remains potential to reduce incarceration through elimination of low-level cash bail and shortening case processing times. Since the report, numerous communities have successfully implemented similar programs. Harris County, Texas, home to the third-largest jail system in the country, has virtually eliminated the use of cash bail for misdemeanor charges. The State of Illinois has become the first state in the country to eliminate cash bail for defendants who are arrested for a crime under the Illinois Pretrial Fairness Act.

Exploring how elimination of low-level cash bail might help improve the local justice system seems prudent. The experience of other communities indicates that doing so reduces incarceration. Moreover, it could create a justice system that is less punitive for individuals lacking the financial resources to post bail. Poverty or lack of financial resources should not be the primary basis for incarceration, and the experience of other communities seems to demonstrate that the elimination of low-level cash bail is inherently more equitable to all. The IPRTF will investigate and consider possible responses to the recommendation in the coming year.

NOVEL CORONAVIRUS (COVID-19) PANDEMIC IMPACTS

The COVID-19 pandemic continues to severely interfere with jail operations, the court system, and in-person support services. It also disrupts case processing times and diverts attention from longer-term improvements to focus on more urgent responses to the COVID-19 crisis.

RECOMMENDED PRIORITIES FOR AMERICAN RESCUE PLAN ACT (ARPA) FUND EXPENDITURES

Public health is a qualifying expenditure of federal funding made available to local communities via the American Rescue Plan Act, including funding for behavioral health services. In the County Executive's strategy to work cooperatively with the cities, a major category is community program investments, including mental and behavioral health services. With those goals in mind, the Task Force approved a set of recommendations on priority areas for investment of ARPA funds. See Appendix B to this report. Moving forward, the Task Force will work on a plan to address the general recommendations from the letter.

III. Committee Progress Reports

A. Introduction

The Task Force has established four committees to work on specific criminal justice or behavioral health issues:

- The Legal and Justice Systems Committee is examining reforms in law enforcement and judicial practices to safely divert more people from jail or reduce time in incarceration when possible.
- The 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.
- The Crisis Stabilization Facility Committee is supporting the new Crisis Stabilization Center for the initial treatment of individuals experiencing acute behavioral health issues and to provide an alternative to jail and the hospital emergency department.
- The Information Needs and Data Exchange (INDEX) Committee is working to improve data availability, provide jurisdictions with data to improve operations, and make 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 quarterly joint meetings of the Legal and Justice Systems and Behavioral Health Committees allow both committees to collaborate 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.

In addition to their regular duties, all Committee chairs and co-chairs have hosted a number of events to educate the Justice Project Stakeholder Advisory Committee members about the nuances and complexities inherent in the behavioral health and criminal legal systems.

B. Progress Report: Behavioral Health Committee

Behavioral Health Committee Members:

Nathan Bajema Public Defender's Office
Chris Cochran, Bellingham School District
Doug Chadwick, Sheriff's Office
Brian Estes, National Alliance on Mental Illness, Whatcom
Arlene Feld, IPRTF Social & Health Services Rep.
Seth Fleetwood, City of Bellingham
Heather Flaherty, IPIRTF Concerned Citizen
Stephen Gockley, IPRTF Social & Health Services Rep.
Dan Hammill, City of Bellingham, Co-Chair

Mike Hilley, Whatcom County Emergency Medical Services
Rhyan Lopez, City of Blaine
Perry Mowery, Health Department
Mike Parker, Opportunity Council, Co-Chair
Michael G. Smith, Lake Whatcom Treatment Center
Donnell Tanksley, Blaine Police Department
Courtney Taylor, Public Defender's Office
Brien Thane, Housing Authority

The Behavioral Health Committee works collaboratively across jurisdictions to support programs that provide effective mental health and substance use disorder treatment, including crisis response systems, available to all County residents. The committee actively pursues programs and interventions that divert individuals with mental health and substance use disorder into supportive programs including treatment and housing. The Committee's work includes identifying, examining, and recommending programs and policies that focus on early intervention strategies to prevent incarceration.

STREET DRUG TRENDS IN THE COMMUNITY

Law enforcement, local jurisdictions, schools, and treatment providers must be responsive as new types of drugs arrive in the community and drug trends change, particularly regarding juvenile substance use disorder. Different drugs require different treatment modalities, and individuals often use a combination of drugs. Whatcom County EMS Manager Mike Hilley worked with the new medical examiner to begin participating the statewide data collection effort on causes of overdose deaths in Washington State. The committee continues to monitor for the appearance of new substances in the community to make sure effective treatment options are available.

ALTERNATE CRISIS RESPONSE

Creating and supporting the development of new crisis response alternatives to law enforcement is a priority for the Behavioral Health Committee. In October, the committee recommended to the full Task Force that it support the development of a law enforcement ride-along program based on Skagit County's Impact Program model. Committee members and County Undersheriff Doug Chadwick successfully advocated for a program that would address the community's need to respond more appropriately to behavioral health calls in unincorporated areas of the county while also protecting the service providers who respond to them. The Sheriff's Office currently has two positions for behavioral health deputies. The proposal is to include clinicians who can ride along with the deputies and connect clients to services from the Health Department, local services, and the hospital as needed. The Committee continues to monitor progress on an alternate response team within the City of Bellingham.

Both the Bellingham and County enhanced crisis response options would work with emergency dispatch, the hospital, the mobile crisis outreach team (MCOT), and other treatment service providers to achieve a more connected crisis response system.

RECOVERY NAVIGATOR

The Recovery Navigator Program is a voluntary program that will be embedded within the Law Enforcement Assisted Diversion (LEAD) program. The program is focused on outreach and referral for individuals experiencing substance abuse challenges. Staff will provide community referrals and short-term assistance to program participants. Although the program is embedded within the LEAD Program, the recovery navigators would not be limited to serving people who have committed an infraction. The navigators may respond to anyone in the community. Recovery navigators will be substance use disorder (SUD) professionals or trained in substance use disorder identification skills.

RECOMMENDATIONS FOR AMERICA RESCUE PLAN ACT (ARPA) FUNDING

At the direction of Whatcom County Deputy Executive Schroeder, a workgroup of Behavioral Health Committee members drafted recommendations on priority areas for use of ARPA funds. The Committee reviewed and refined the draft recommendations and, in conjunction with the Legal and Justice Systems Committee at a joint meeting, approved and forwarded the recommendation to the full Task Force.

NEXT STEPS FOR COMMITTEE

Behavioral Health Workforce Crisis. A shortage in the behavioral health crisis response workforce is impacting communities across the country. Without a qualified workforce, effective and successful programs won't be available to those in need. Systemic improvements are necessary to overcome barriers with education, recruitment, and retention. The State and the University of Washington are working to identify the causes of these barriers and make recommendations for overcoming them. Locally, the Committee will examine these same barriers and work to develop and recommend effective solutions.

Youth and Young Adult Prevention. The Committee also began evaluating upstream prevention work specifically around engaging youth. The Committee began this process with a presentation by Chris Cochran from Bellingham Public Schools. Other key areas the Committee will dive into include youth offender treatment programs and behavioral health interventions early when signs of trouble are noted by school personnel, parents, and law enforcement.

Housing. The Committee will develop recommendations for community investment into housing targeted for justice-involved families.

Competency Evaluations and Treatment. The Committee will provide support and direction to enhancing communication and workflows for incarcerated individuals awaiting competency evaluation and/or court mandated treatment between courts, defense, and treatment systems.

C. Progress Report: Crisis Stabilization Facility Committee

Crisis Stabilization Facility Committee Members:

Doug Chadwick, Sheriff's Office

Todd Donovan, County Council

Mike Hilley, Whatcom County Emergency Medical Services

Jack Hovenier, IPRTF Co-Chair

Michael McAuley North Sound BH/ASO

Perry Mowery, Health Department, Committee Chair

The Crisis Stabilization Center opened in January 2021 and has now been providing services for 18 months. Services include 16 beds for mental health stabilization, and 16 beds for substance withdrawal management. The center has a total of 32 beds in one facility with a commercial kitchen for food preparation. The COVID pandemic and workforce shortages hampered full utilization of the available beds at the facility since opening, but bed utilization is increasing for both providers as incidents of positive COVID tests decline and qualified staff are hired for positions. A virtual tour of the facility is available [on the County website](#).

The Crisis Stabilization Facility Committee was originally formed to help and guide the County in its development of a new crisis stabilization center facility. Now that the Center is open, the Committee reduced its meeting schedule to quarterly to accommodate its role in monitoring for optimized use of the facility.

REVIEW CENSUS AND OTHER DATA

Compass Health and Pioneer Human Services are the certified providers for the mental health treatment unit and the substance use disorder unit of the Center. The Committee created a set of data points for these vendors, which were incorporated into their current lease agreement contracts. These data reports inform the County and the IPR Task Force on future policy, funding recommendations and operational decisions.

For mental health stabilization services, data for the first quarter of 2022 reflects a total of 254 referrals. Referrals originated from multiple sources in the community including PeaceHealth, law enforcement, and designated crisis responders. Use of the 1440 available beds during the first quarter for mental health stabilization was 51%.

For withdrawal management services, data for the first quarter of 2022 indicates a total of 409 referrals. The detox unit accepted multiple self-referrals in addition to referrals from PeaceHealth, behavioral health professionals, and law enforcement. Use of the 1440 beds available during the first quarter for withdrawal management services was 74%.

The Committee continues to review, analyze, and discuss the types of data collected and how best to report data results to the community.

MONITOR THE STATUS OF INVOLUNTARY CERTIFICATION

A priority of the Committee and full Task Force is ensuring that the Center is an accessible resource for law enforcement and other first responders. Early in the process of developing the new Center, stakeholders determined that including an involuntary component to the Center was necessary to maximize the Center's usefulness to divert individuals from arrest, jail and the hospital emergency department.

The vendor contract for the mental health stabilization service provider requires that they become State certified to provide 12-hour law enforcement holds pursuant to RCW 10.31.110, criminal code. The 12-hour law enforcement hold is a form of involuntary treatment. Compass Health has successfully completed application with the Department of Health receiving State certification in April. Next steps following the successful certification include hiring additional staff and implementing drop off and admission protocol for individuals meeting criteria for 12-hour law enforcement holds.

Proviso funding through North Sound Behavioral Health Administrative Services Organization is also available to support the Center in implementation of this pilot project. The funding supports the process of law enforcement placing individuals on involuntary 12-hour holds as a method of diversion from jail and the criminal justice system.

REPORTS ON CRISIS STABILIZATION ADVISORY COMMITTEE

The Crisis Stabilization Advisory Committee continues to meet on a monthly basis and includes representation from law enforcement, emergency medical services, community paramedics, designated crisis responders, providers, and the County. The Committee remains focused on increasing utilization of available beds, law enforcement and first responder use for diversion from jail and hospital emergency room, and continued development of relationships between referral sources and the Center's providers. Input and perspective from each of the committee members is invaluable to maximize use of the available beds and coordinate implementation of the 12-hour law enforcement holds.

STATUS OF OPERATIONAL FUNDING

Funding for The Center's operations is provided for by a combination of grants and local County and City of Bellingham funds. Pioneer Human Services and Compass Health bill Medicaid for direct service expenses. Medicaid rates continue to be challenging relative to covering costs of providing services. The County continues to work with the North Sound Behavioral Health Administrative Services Organization (BH/ASO) and Managed Care Organizations to improve Medicaid reimbursement for crisis stabilization services. The BH/ASO also provides funding for non-Medicaid clients billed at a percentage in proportion to the operating costs. Legislation provided proviso funds in the amount of \$200,000 for 2022 and \$200,000 for 2023 for use in the pilot project of diverting individuals from the criminal justice system to appropriate community-based treatment.

Facility maintenance annual expenses are estimated at \$121,000. These maintenance costs are covered by the County Liquor Tax, Liquor Board Profits, City of Bellingham, and monthly rental fees from providers.

NEXT STEPS FOR COMMITTEE

Moving forward, the Crisis Stabilization Facility Committee will continue to meet quarterly to monitor and review the factors that impact efficient and best use of the Center, including:

- Data overviews and census reports
- Involuntary certification
- Operational funding
- Streamlined admissions and other processes for law enforcement and first responders
- The work of the Crisis Stabilization Advisory Committee

D. Progress Report: Information Needs and Data Exchange Committee

INDEX Committee Members:

Ryan Anderson, City of Bellingham
Brenda Beeman, Public Defender's Office
Barry Buchanan, County Council
Amy Ebenal, City of Blaine
Amy Hockenberry, Health Department
Caleb Erickson, Sheriff's Office, Committee Chair

Dave Reynolds, Superior Court Administration
Perry Rice, County Administrative Services Dept.
Tyler Schroeder, County Executive's Office
Bruce Van Glubt, District Court
Maia Vanyo, Public Defender's Office

The Information Needs and Data Exchange (INDEX) Committee was formed to allow County and municipal jurisdictions to collaborate on improving access to accurate and timely data. Such data is necessary to measure progress in reducing incarceration and the effectiveness of programs that divert individuals from incarceration. The Committee initially facilitated information-sharing across agencies to de-silo data and 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 (the "INDEX Committee") includes the information technology, department, and agency staff who work with the systems and data to measure outcomes. The INDEX Committee works to identify options to achieve those outcomes, identifies existing data, and develops improved data practices to monitor progress. The INDEX Committee includes representatives from law enforcement, behavioral health organizations and agencies, local courts, prosecutors/city attorneys, and public defenders.

RESUME MEETING SCHEDULE

The INDEX Committee accomplished many of its initial goals and tasks in its first two and a half years. In 2021, when that work was accomplished, it became necessary for the Task Force to review the Committee's role and capabilities. The INDEX Committee ended its 2021 hiatus in February to recap past work and identify next steps. The policy subcommittee and Steering Committee continue to refine expectations for the INDEX Committee and identify reasonable objectives.

COMMITTEE LEADERSHIP WORKING WITH DR. HARRIS TO IDENTIFY DATA

The INDEX Committee leadership has been tasked with responding to data requests from the Justice Project Needs Assessment process and its Stakeholder Advisory Committee. Committee Chair Lt. Caleb Erickson works collaboratively with Dr. Alexis Harris, University of Washington Sociology Professor, and Whatcom County Systems Administrator Jeremy Morton. Together, they work to gain perspective on the complexities of the criminal justice system by understanding the data available through the jail, emergency medical services (EMS), courts, and other sources, and to identify where there are gaps in available data. One clear theme throughout the criminal justice system is that the community wants transparency in our numbers. Jeremy was able to show in a recent presentation that we have access to some of the data that will help, but the design of our systems was never intended to report the kinds of things the community wants to see. The challenge will be using existing infrastructure to get information that is useful and instructive in the Justice Initiative.

NEXT STEPS FOR COMMITTEE

Data Dissemination. The Task Force recognizes that a substantial amount of data already exists. Agencies and programs within the multi-jurisdictional criminal-legal system and community service systems already regularly generate and distribute periodic data reports. The Task Force and INDEX Committee will inventory and begin to collect the available reports from agencies such as the Health Department, the North Sound Administrative Services Organization, the state Health Care Authority and Department of Social and Health Services (DSHS), the Healthy Whatcom collaborative, school districts, and others. Such reports can be made readily accessible to community members to the extent allowed by the Public Records Act, RCW Chapter 42.56.

With approval from the County Administration, the INDEX Committee will begin to work with the County's Information Technology Division on a project to develop a dashboard of interactive charts and data for the County website that is based on existing regular reports that already circulate.

Monitor System Upgrades. The INDEX Committee was presented with a timeline of major planned system upgrades by the County and State that will upgrade caseload programs in the Courts, Public Defender's Office, Prosecutor's Office, and Sheriff's Office over the next several years. The Committee will continue to monitor those upgrades.

Update Data Matrix. As these systems come online, the Committee will update and enhance its data matrix to include additional agencies, such as What-Comm, EMS, CaseLoadPRO, and the Health Department. This data matrix could form the foundation of a database repository as the basis for the Committee's work.

Focus on Priority Questions. The INDEX Committee will focus on answering the most commonly asked data questions, including information on:

- Calls for service across law enforcement agencies
- Number of warrants and diversion outcomes
- Demographics of incarcerated individuals
- Statistical analysis of incarcerated young adults aged 18 to 24

E. Progress Report: Legal and Justice Systems Committee

Legal and Justice Systems Committee Members:

Bill Elfo, Sheriff's Office

Arlene Feld, IPRTF Social & Health Svcs Rep., Committee Co-Chair

David Freeman, Superior Court

Stephen Gockley, IPRTF Social & Health Services Representative

Deborah Hawley, IPRTF Consumer Rep.

Raylene King, City of Blaine, Committee Co-Chair

Jackie Mitchell, Health Department

Darlene Peterson, Bellingham Municipal Court

Eric Richey, County Prosecutor's Office

Flo Simon, Bellingham Police Department

Donnell Tanksley, Blaine Police Department

Bruce Van Glubt, District Court

Maia Vanyo, Public Defender's Office

The Legal and Justice Systems Committee has had a number of discussions over the past year on jail use statistics and challenges, particularly given booking restrictions in place due to the Covid pandemic requirements and other factors, the impact of the court shutdown, policing reforms from the State Legislature, higher level of inmates with serious mental illness, and failing jail infrastructure. In addition, the Committee continues to work to enhance reentry services and evaluate existing programs.

DOMESTIC VIOLENCE OFFENDER TREATMENT

Domestic violence is a component in many of the cases within the criminal legal system. Treatment for domestic violence offenders is an important step in prevention of future violence, and treatment is often required by judicial officers on domestic violence charges and convictions. However, there are too few available treatment options and service providers in the community. The Committee devoted a number of meetings to review the status of existing programs, potential funding sources, State requirements for treatment, best practices, data analysis, and local demand for services. The Committee met with a representative of the State Department of Social and Health Services in August and September to discuss treatment concerns and potential solutions. A significant barrier is the lack of certified treatment providers and the need to build a qualified workforce. Engaging the State Health Care Authority and Medicaid insurers to pay for treatment is necessary for indigent offenders. The Committee will seek opportunities with the State to develop a local pilot program that will determine the effectiveness of treatment methods.

COMPETENCY RESTORATION

The Committee dedicated a number of meetings to the State's competency and restoration program. Corrections Chief Wendy Jones gave a presentation on this process, highlighting the difference between the legal determination of competency versus medical definitions, the systemic issues within this process that make it difficult to navigate and put people at risk of being off medication for long periods of time, and how medication is administered in jail, either voluntarily or involuntarily.

Corrections to the system need to happen at the State level. Continued discussion of competency and restoration were held with officials of the State Department of Social and Health Services (DSHS) at the Joint meeting of the Behavioral Health and Legal & Justice Systems Committees.

JAIL REENTRY

Reviewing and enhancing reentry services for incarcerated individuals has been on the Committee's work plan since 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. The Covid-19 pandemic and consequent lack of staff has limited what programs existed several years ago. Whatcom County will need to develop a robust reentry program inside the jail and after release. Committee members have engaged in self-education and exploration on reentry needs and best practices.

At the beginning of the year, the jail experienced a change in vendors that provide reentry services to inmates. The committee has monitored the status of this transition. Discussion of reentry services was also included in the joint meetings with the Behavioral Health Committee. Lifeline Connections is now the behavioral health reentry contractor in the jail, since the previous contractor chose not to renew the contract. In addition, committee members brainstormed a number of needs, challenges, and gaps in the current level of reentry services for all inmates, not just those with behavioral health issues. Goals for a comprehensive reentry program include:

1. A job training program that includes a list of employers willing to hire individuals recently released from jail. A job training program can produce workers who are ready to participate in the rhythms and responsibilities of the work world. The Goodwill Job Training and Education Center has provided training to inmates in the past, teaching money management and life skills classes and providing funds for clothing and transportation. Allow those services to resume.
2. A sufficient number of behavioral health staff for in-custody counseling services to the large number of individuals with serious mental health diagnoses and co-occurring disorders.
3. A literacy education and GED study program. Many individuals in the jail cannot read well or at all. Provide tutors to help inmates improve their reading skills or to study for and earn a GED.
4. Housing for newly released individuals. Housing is vital for emotional stability and sobriety. Offenders cannot go to Base Camp. A criminal record is often a barrier to renting an apartment.
5. Arranging medical care after release for those with chronic health problems.
6. Additional facility space is required to provide the services listed above: job training, private in-custody counseling, group counseling, and education classes.
7. Reentry navigators who can support mental health stability and substance use disorder (SUD) recovery while in jail and after release.

Reentry is a large, complex issue. The Legal and Justice Systems Committee will continue to review gaps and needs in the Reentry Intercept of the Sequential Intercept Service Inventory.

CONTINUE TO REFINE THE PRETRIAL PROCESSES UNIT AND RISK ASSESSMENT

The Pretrial Processes Work Group was formed as a workgroup of the Legal and Justice Systems Committee members, led by Whatcom County Superior Court judicial officers. Its goal was to reduce the high number of defendants incarcerated while awaiting trial, as noted in the Vera Institute for Justice's Final Report, by implementing a pretrial risk assessment tool and creating a Pretrial Services Unit.

The Pretrial Services Unit (PSU) within Superior Court monitors defendants released to the community pending their trial dates. The PSU currently monitors approximately 100 individuals who previously may have been incarcerated in the jail pretrial. Individuals monitored by the PSU are assigned a monitoring risk level of low, medium, or high, and monitor requirements are administered based on assigned risk.

Implementation of the pretrial risk assessment instrument called the Public Safety Assessment (PSA) was delayed due to Covid. As trials have resumed, Superior Court judicial officers and Pretrial Services staff are developing 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.

F. Progress Report: Joint Behavioral Health and Legal and Justice Systems

INCREASE MEETINGS TO QUARTERLY

The members of both the Behavioral Health Committee and Legal & Justice Systems Committee recognize that many service barriers, challenges, and programs would benefit from review by both committees. In the Fall of 2021, both committees agreed to increase the frequency of joint meetings to quarterly.

COMPETENCY EVALUATION AND RESTORATION

If there are concerns that a defendant may have mental health issues and is incapable of participating in their defense, then a request could be made to the court that the defendant be evaluated for competency. Such a request is usually made by defense counsel or a prosecutor. State law allows for an evaluation, which determines whether a person is not competent on the basis of being diagnosed with a mental illness to understand court proceedings and assist in their defense. When a defendant is found to be not competent, the state must provide treatment services that would restore competency. The State Department of Social and Health Services (DSHS) provides treatment based on necessary intensity level at a State hospital such as Western State Hospital, a residential treatment facility (RTF), or via the outpatient competency restoration program. When defendants are found competent to stand trial, they can be returned to jail and continue with their case.

During the December 2021 and March 2022 joint meetings, the two committees hosted an in-depth presentation on competency and restoration and [Sell vs. United States](#) regarding involuntary medication with representatives from the State DSHS, including:

- Dr. Thomas Kinlen, Director of the DSHS Office of Forensic Mental Health Services
- Susan Copeland, Director of Residential Treatment Facilities

Chief of Corrections Wendy Jones also attended the March meeting to give a presentation on the impact of the competency determination process on the local jail population. Please see the Appendix. Current bed capacity issues at State hospitals and RTFs that are a result of several factors, including the Covid pandemic and workforce shortages. The State is taking steps to alleviate the bed shortage. In Whatcom County between 50 and 75 people go through the competency restoration process each year.

IMPROVE JAIL REENTRY SERVICES

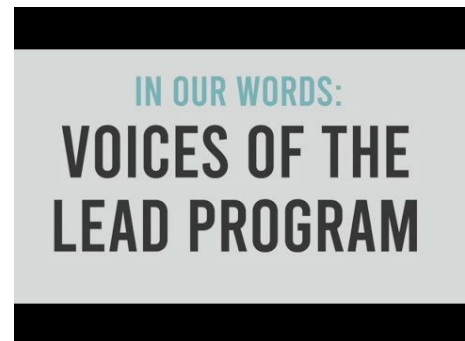
The jail once again has a behavioral health specialist dedicated to reentry services, a position that was vacant for several months. Additionally, access limitations in the jail keep people segregated due to severe mental illness or pandemic quarantine. This key interface between inmate and service provider is missing. Reentry service providers' access to meet and connect with inmates while still in the jail must be restored. These connections can be a lifeline for inmates.

NEXT STEPS FOR THE JOINT COMMITTEES

Improve Jail Reentry Services. Moving forward, the Committees will work in tandem on reentry services for individuals being released from incarceration from the County jail.

Monitor the Progress of ARPA Funding Recommendations. On behalf of the full Task Force, the committees will monitor the progress of their recommendations to the County Council on expenditure of America Rescue Plan Act (ARPA) funds and suggest to the full Task Force specific measures to achieve the goals for each priority area in the recommendation.

Receive Periodic Updates on LEAD and GRACE. The Ground-level Response and Coordinated Engagement (GRACE) program provides behavioral health services and case management to people with complex challenges and who experience frequent contacts with law enforcement, EMS/Fire, the hospital emergency department, and the County jail. The LEAD Program targets individuals who have committed low-level law violations and operates under the auspices of the GRACE Program. Services provided are broad and include treatment, housing, transportation, counselling, and family reunification.



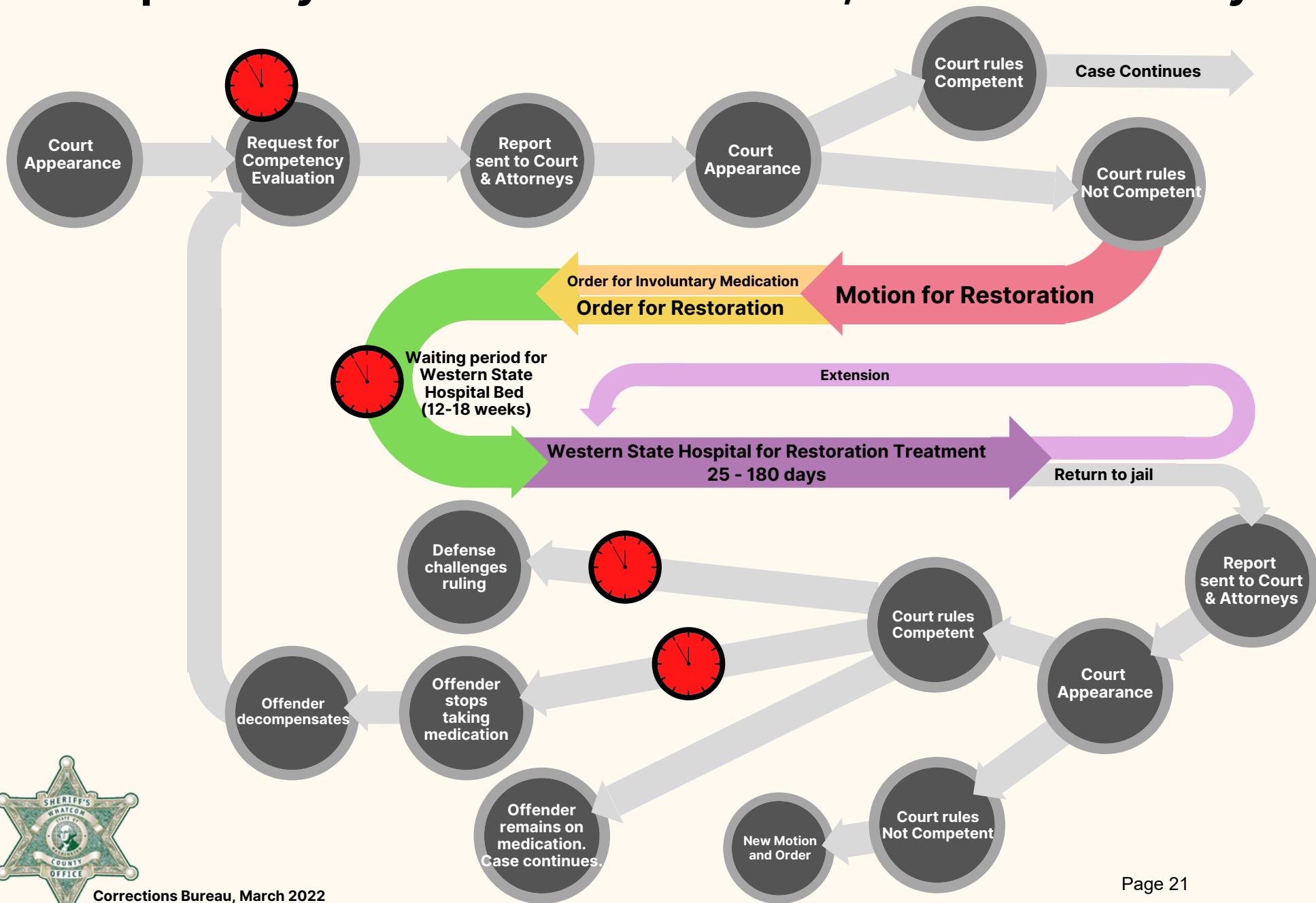
Video courtesy of Whatcom Co. Health Dept.

Review Efforts to Create an Unarmed Crisis Response Program. The City of Bellingham, Health Department, What-Comm, and others are collaborating to create an unarmed alternate response team program to respond to individuals in Bellingham who are experiencing a behavioral health crisis. This program must fit within the existing emergency response system and also work with the structure of other programs such as the GRACE Program and the Mobile Crisis Outreach Team (MCOT). The committees will continue to review development, launch, and implementation of a behavioral health crisis response programs.

IV. Appendices

See next page.

Competency Determination Process, Whatcom County





Whatcom County Incarceration Prevention and Reduction Task Force

Appendix B

September 20, 2021

Whatcom County Executive Satpal Sidhu
311 Grand Avenue, Suite 108
Bellingham, WA 98225

Whatcom County Councilmembers
311 Grand Avenue, Suite 105
Bellingham, WA 98225

Dear Executive and Councilmembers,

The Incarceration Prevention and Reduction Taskforce (IPRTF) was asked to develop recommendations for Whatcom County Executive Sidhu and Whatcom County Council to consider regarding American Rescue Plan Act (ARPA) investments. We recognize the landscape for these decisions is complex and want to share our perspective on some of the issues that continue to come up as barriers or gaps in services and that are preventing our community from realizing some of our goals around incarceration prevention and reduction. The following are four priority areas that we support broad investment in – through the use of ARPA dollars and/or with other resources:

1. **Behavioral Health Workforce**
2. **Pre-trial and Re-entry support**
3. **24/7 Mental Health Urgent Care**
4. **Supported and Transitional Housing**

The goal of the taskforce is to prevent and reduce incarceration – bringing leaders from across the sectors needed to work together to build systems to achieve that goal. One role of the IPRTF is to focus on building up the system of diversion and treatment to assist with the complex overlap of behavioral health issues within the criminal justice system. Taskforce members see how untreated behavioral health issues and trauma can lead to someone’s involvement with the legal system, and if left untreated, can lead to cycles of recidivism.

ARPA funds provide a one-time opportunity to make investments in creating systems of care across Whatcom County. Whatcom County sees a high and unmet need for treatment and mental health support, and this has been exacerbated by the impacts of the COVID-19 pandemic – not only for all the children, families, and individuals who need support – but for the workforce who is providing support. **The IPRTF supports Whatcom County government’s desire to use ARPA sustainably, as start-up funds, capital dollars, or catalytic investments in programs that can build sustainability over-time.** Additionally, we request that Whatcom County explore how the recent passing of HB1406, HB1590, the current Behavioral Health Fund, and the additional Substance Abuse Prevention and Treatment Block Grants and Community Mental Health Services Block Grants can provide sustainable and ongoing support for one-time ARPA investments.

Behavioral Health Workforce

Problem: Repeatedly treatment providers, community-based organizations, and skilled professionals are saying that a lack of people going into the Behavioral Health and support services workforce presents a

significant challenge in the ability to provide adequate care and to meet demand. Though it will take layered strategies to see a shift in this, there are things that can be done locally to accompany state, philanthropic, nonprofit, and higher-ed efforts. Anecdotally, one local mental health service provider has seen over 100 vacancies unfilled in recent months. Salaries are not commensurate to training and education requirements, the job itself is stressful and taxing at times, and with the cost of living and housing prices in Whatcom County rising, it is hard to recruit and retain adequate talent.

Opportunities:

- Evaluate the possibility of implementing hiring and retention bonuses for frontline behavioral health positions
- Support and develop workforce bridge strategies, such as apprenticeships for laypeople with proper supervision and tuition assistance.
- Ensure programs have the depth and breadth of clinicians to maintain favorable staff to patient ratios and quality outcomes.
- Advocate for strategies to increase industry salaries – whether through philanthropy, reimbursement rates, working with the Health Care Authority and Center for Medicaid
- Provide relocation support for those moving to the area. (It can cost \$10,000+ to move across the country for example).
- Invest in organizations working on long-term strategies and develop strategic relationships and partnerships to advance this goal.

Pre-Trial and Re-Entry Support

Problem: The Criminal Justice system exists to ensure public safety, accountability and consequences for actions that harm others, and to allow for correction and rehabilitation for individuals who have committed crimes. The COVID-19 pandemic has stalled the processing of individuals through the system but has also demonstrated some progress in incarceration reduction through the constraints put on jail bookings. There is an opportunity to set individuals up for success during the extremely vulnerable times of pre-trial and re-entry. Ensuring the pre-trial services and re-entry supports are robustly staffed and provided enhanced training to serve this population is an opportunity to keep people from recidivating or from having to enter the jail.

Opportunities:

- Invest in staffing and capacity for Pre-Trial and Re-Entry services.
- Provide trainings and ongoing education in how to be trauma-informed; best practices and evidence-based approaches; and diversity, equity, and inclusion for probation, pre-trial, law enforcement, and re-entry specialists
- Hire specialized Navigators/Case-Managers whose role would be to support individuals through all aspects of the criminal justice system – from arrest to re-entry – with the mind-set of re-entry from the very beginning.

24/7 Mental Health Emergency Center

Problem: With legislative reforms making significant impact on local law enforcement’s ability to respond to calls and provide support, and with a treatment and diversion system working to scale up and needing investments, there is nowhere for individuals to go on their own accord, or for mental health professionals to refer to in a moment of crisis.

Opportunity: Use ARPA dollars to build a Mental Health Urgent Care program – this could be a 24/7 facility open to the public for anyone who is in a mental health crisis to access and be provided care, treatment, support, and referrals that are needed. This would be different than the Crisis Stabilization Center in that services would be broader and accessible to anyone in the community. We recognize much research and exploration of this model would need to be done and are including this as a high priority based on input from Emergency Medical Services and community members who have experience going through the currently available system. Example: [Behavioral Health Urgent Care, Providence](#).

Supported and Transitional Housing

Problem: The COVID-19 pandemic has resulted in many individuals losing their incomes, jobs, and even their housing. There are some supported housing programs for individuals who need additional case-management support when they are working through mental health or substance use disorders. There is not a continuum of support however, and when individuals “graduate” from these programs, they are often left without help or resource at an exceedingly vulnerable time.

Opportunities:

- Invest in and develop a continuum of supported housing, including recovery-oriented step-down programs to help participants who are transitioning from needing a high level of support but who aren't ready for zero support.
- Use ARPA dollars to acquire properties (like the newly established Recovery House) designated for re-entry support or graduated supports – this also helps remove a barrier for those with a criminal record as many traditional landlords will not rent to individuals who have been convicted of a crime, and this can lead to despair, homelessness, and recidivism.
- Build in a spectrum of programming that meets people where they physically are with access to supports, therapies, and job training. Example: [White Feather Re-Entry, Tacoma, WA](#)

Additional Priorities

Knowing that the Whatcom County Executive and Council are seeking input from a number of community groups, the IPRTF would like to also express support for investments in strategies and programs that support child and family success, as the science shows that early childhood experiences can have dramatic impacts on whether someone ends up on a trajectory of success, or one that leads to poverty, homelessness, substance use disorders, behavioral health disorders, or incarceration. **Youth mental health supports and making sure families have the resources and care they need as the community transitions out of the pandemic is a high priority when it comes to upstream prevention efforts as they relate to the IPRTF and its goals. There IPRTF would like to emphasize this priority and highlight the lack of resources and supports for youth in Whatcom County.**

The IPRTF would like to also **underscore the importance of investing in data and where possible, using ARPA funds to build the infrastructure and connectivity between databases and systems to allow for meaningful analysis of the criminal justice system.** As a community, it is impossible to know if improvements have been made or if investments saw a return if there is not an ability to measure, utilize, and analyze data.

Support and Partnership

The Incarceration Prevention and Reduction Taskforce is optimistic and hopeful about the work ahead to create meaningful and successful pathways of diversion for our some of our most vulnerable and hard-to-

serve community members. We offer our support and partnership in advancing this vision and are at the ready to serve and support the development and implementation of these strategies. We recognize that there is much need and more to do, and we believe these issues have been impacted and made worse by the pandemic and are cornerstone opportunities to make a considerable difference in Whatcom County.

It is the understanding that ARPA funds may be allocated broadly within the scope of the following five categories (italicized categories directly connected to Behavioral Health priorities):

Supporting public health expenditures by funding COVID-19 mitigation efforts, medical expenses, *behavioral healthcare*, and certain public health and safety staff.

Addressing *negative economic impacts caused by the pandemic*, including economic harms to workers, households, small businesses, impacted industries, and the public sector.

Replacing lost public sector revenue, using this funding to provide government services to the extent of the reduction in revenue experienced due to the pandemic.

Providing premium pay for essential workers, offering additional support to "those who have and will bear the greatest health risks because of their service in critical infrastructure sectors."

Investing in water, sewer, and broadband infrastructure, making investments to improve access to clean drinking water, support wastewater and stormwater infrastructure, and expanding access to broadband internet.

Respectfully,



Stephen Gockley, Task Force Co-Chair



Jack Hovenier, Task Force Co-Chair

c: Incarceration Prevention and Reduction Task Force Members (via email)
Correspondence file