

WHATCOM COUNTY JUSTICE PROJECT NEEDS ASSESSMENT

Stakeholder Advisory Committee
for the Public Health, Safety,
and Justice Facility Needs Assessment

January 2023



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Executive Summary

For decades, Whatcom County has struggled to strike a balance between prevention and incarceration in its approach to public safety. From the early days following the completion of the Whatcom County Jail in 1984 until now, there have been two consistent needs:

1. To have a jail that is safe for those in it, with the services needed to support successful community re-entry, and
2. To more appropriately respond to lower-level offenses through the provision of incarceration prevention, diversion, and alternative services, including reducing the number of people who are incarcerated and have behavioral health issues.

Identifying system, service, and facility needs and developing recommendations to meet these two objectives has been the work of the Stakeholder Advisory Committee (SAC) over the past year.

ABOUT THE STAKEHOLDER ADVISORY COMMITTEE

The SAC was formed by a resolution that was passed unanimously by the Whatcom County Council. Its purpose was to advise the Whatcom County Council and to create a Public Health, Safety, and Justice Facility Needs Assessment. It was comprised of 38 voting members, including broad representation from local government, Tribal Nations, community-based service providers, criminal legal system agencies, and people with lived experience in the criminal legal system. Its members were selected based on their diversity of experience and perspective, as liaisons to the communities they represent, and as individuals who could assist in developing a plan reflective of the community's values.

THE SAC PROCESS

During this process, the SAC considered a range of topics related to Whatcom County's criminal legal system. These included:

- Current criminal legal system challenges, including current capacity, data limitations, procedural and legislative factors, and the impact of COVID-19.
- A history of the Whatcom County Jail and incarceration diversion and alternatives programs.

- Characteristics and needs of those involved in the criminal legal system, with a focus on behavioral health.
- Existing incarceration prevention, diversion, and alternatives programs and their outcomes.
- Criteria for a jail facility, such as location, size, design, and types of spaces needed for services.
- Data availability and tracking.

All the parts of this Needs Assessment were developed through an iterative process involving input from the SAC, the Incarceration Prevention and Reduction Task Force (IPRTF), subject matter experts, and the public. Involving people with very diverse perspectives in this process, the intention was to work toward shared understanding and build consensus as much as possible. At each juncture, the key question was “What additional information is needed?” The final decisions to approve the identified needs and recommendations, as well as the decision to recommend the Needs Assessment Report to the Whatcom County Council, were passed by strong majorities of SAC members and additionally endorsed by the IPRTF in January 2023.¹

THE NEEDS ASSESSMENT

THE FOLLOWING NEEDS ASSESSMENT REPORT:

1. **Establishes a vision, values, and goals** for the criminal legal system in Whatcom County.
2. **Examines data** related to incarceration rates (including procedures and regulations), population demographics, incarceration prevention and reduction efforts, and the health and welfare needs of those who are involved in the criminal legal system.
3. **Identifies gaps** in the current community response to healthy and public safety needs, both inside and outside the Whatcom County Jail.
4. **Considers what it would take to fill those gaps** in order to improve health and public safety.
5. **Makes recommendations** to address the community's public health, safety, and justice concerns.

RECOMMENDATIONS

The SAC recommendations for Whatcom County's criminal legal system are listed below. To develop these recommendations, the SAC focused on three interrelated elements of the public health, safety, and justice system:

1. Systems
2. Services
3. Facilities

These recommendations can serve as a foundation for changes in Whatcom County's criminal legal system, including its facilities. **The Needs Assessment offers a vision for the future which the SAC believes will benefit health, welfare, and public safety in Whatcom County.**

A. SYSTEMS NEEDS & RECOMMENDATIONS

A1.	Need: Increase access to inpatient and outpatient competency restoration services for people evaluated as needing these services.
	Rec 1: Work with regional partners to identify needed systems changes (policies, funding, and programs) to increase access to <u>inpatient</u> competency restoration.
	Rec 2: Explore and develop <u>outpatient</u> competency restoration services.
A2.	Need: Reduce the <u>amount of time</u> people spend in jail before trial or other case resolution.
	<p>Recommendation: Whatcom County courts should promote the timely resolution of cases with a goal of matching average case resolution times in other counties and/or the state. To accomplish this, our courts should:</p> <ul style="list-style-type: none"> • Screen cases for their level of complexity and allocate time, provide court resources, and schedule proceedings accordingly. • Limit continuances as much as feasible. • Regularly monitor relevant performance measures and make data available to stakeholders and the public.
A3.	Need: Reduce the <u>number of people</u> detained in jail before trial or other case resolution.
	Rec 1: Provide a range of pretrial release and monitoring options in lieu of bail (adhering to Court Rule CrR 3.2 ²).
	Rec 2: Analyze as quickly as possible the Superior Court’s current use of an evidence-based, statistically valid pretrial risk assessment in making pretrial release decisions, with the goal of determining whether its use is effective in lessening pretrial incarceration and reducing or eliminating racial disparities while protecting public safety.
A4.	Need: Address the disproportionate incarceration of BIPOC individuals.
	Rec 1: Conduct analysis of root causes where disproportionality and disparities arise and develop targeted strategies to measurably improve proportionality of incarcerated BIPOC individuals.
	Rec 2: Ensure that all county law enforcement employees, jail staff, and staff in all court systems maintain data systems adequate to identify where potential bias and racial disparities may be occurring.
	Rec 3: Include detailed data and analysis regarding racial makeup of incarcerated individuals in a standing system information report that is reviewed no less than quarterly by senior management, and made publicly available (without identifying information).
	Rec. 4: Take prompt effective actions to correct disparities when they are identified.
A5.	Need: More direct involvement of BIPOC communities, victims of crime, and people with lived experience with incarceration (personal or family member) in decision-making about policies and practices in the criminal legal system.
	Recommendation: Implement strategies to meaningfully include BIPOC communities, victims of crime, and people with lived experience in the development of plans and monitoring of progress.

A. SYSTEMS NEEDS & RECOMMENDATIONS

A6.	Need: System for collecting consistent data from all intercept points in the criminal, legal, and behavioral health systems.
	Recommendation: Build a data system for collecting consistent data from all intercept points.
A7.	Need: Data dashboard to track trends in criminal legal system, racial disparities in the system, and incarceration prevention & reduction efforts.
	Recommendation: Build a data dashboard to track and publicly present trends and outcomes of criminal legal system changes, efforts to address racial disparities in the system, and efficacy of incarceration prevention and reduction work.

B. SERVICES NEEDS & RECOMMENDATIONS

B1.	Need: Increased community mental health (MH) and substance use disorder (SUD) treatment capacity (in-patient & out-patient) to prevent and reduce incarceration and re-incarceration.
	Rec 1: Support additional positions for MH and SUD professionals with certified community behavioral health agencies to provide: <ul style="list-style-type: none"> • Community-based assessment on demand. • Jail-based assessment for individuals that are completing their incarceration and needing MH and/or SUD treatment (inpatient or outpatient) as they re-enter the community.
	Rec 2: Utilize SUD professionals contracted with community agencies to provide evidence-based SUD services in the jail setting and ensure continuity of care to community-based treatment upon release.
	Rec 3: Create additional positions for jail re-entry specialists and navigators to facilitate care coordination and ensure a warm handoff to community service providers, healthcare/behavioral healthcare, peer support, housing, and vocational support.
B2.	Need: Increased capacity of effective existing programs to divert more people from incarceration (e.g., GRACE, LEAD, Mental Health Court, Drug Court).
	Recommendation: Ensure stable funding to enable expansion of programs that have proven to be effective in diverting people from incarceration.
B3.	Need: Increased capacity of Program for Assertive Community Treatment (PACT), an evidence-based program for people with severe and persistent mental illness who require intensive support services (e.g., medication, case management) to function in the community.

B. SERVICES NEEDS & RECOMMENDATIONS

	<p>Rec 1: Expand access to PACT services in the community for people with severe and persistent mental illness and other mental disorders (e.g., PTSD, traumatic brain injuries) to prevent involvement with the criminal legal system.</p> <p>Rec 2: Increase PACT services dedicated to incarcerated individuals. Conduct evaluation for services prior to release and facilitate immediate entry into PACT services upon release.</p>
B4.	<p>Need: Additional qualified, & racially/ethnically diverse jail staff.</p> <p>Rec 1: Ensure that recruitment and employment practices in the jail advance diversity, equity, and inclusion.</p> <p>Rec 2: Offer wages and benefits that will attract qualified staff, representative of the community's diversity.</p>
B5.	<p>Need: Additional corrections officers to escort incarcerated individuals to services within and outside the jail.</p> <p>Recommendation: Add jail staff to increase incarcerated individuals' access to needed services within and outside the jail (e.g., MH/SUD services, medical care, lawyers, court, education, vocational training, peer support).</p>

C. FACILITIES NEEDS & RECOMMENDATIONS

C1.	<p>Need: A new jail that is:</p> <ul style="list-style-type: none"> • Correctly sized, based on a fair analysis of population growth, along with strategic investments to avoid unnecessary incarcerations. • Sized and operated to assure booking restrictions in the county and its cities will not occur. • Designed to reflect best practices for safety, efficiency, and technology. • Safe for incarcerated individuals and those who work and visit there. • Designed with spaces & equipment to provide incarcerated individuals with dignity and needed services (e.g., dedicated, confidential behavioral health treatment space; visitation spaces; medical care, provider/staff workspace; education & vocational training; outside spaces). • Versatile to accommodate changes in the population. • Built to last. • Easy to maintain. • Feasible to fund and build. • Located near adjacent land to purchase/develop if needed. • Located in proximity to resources incarcerated individuals need (e.g., criminal legal resources, public transportation). • Easily accessible by all jurisdictions served.
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C. FACILITIES NEEDS & RECOMMENDATIONS

	<p>Rec 1: Build a new jail that meets as many of the specified criteria as possible.</p> <p>Rec 2: Calculate comparative cost estimates for possible facility locations before a specific site is chosen.</p> <p>Rec. 3: Select a location for the jail with due consideration of the comparative importance assigned to proximity to various resources and services.</p>
C2.	<p>Need: Facilities to enable increased community mental health and substance use disorder treatment capacity (in-patient & out-patient) to prevent and reduce incarceration and re-incarceration.</p> <p>Rec 1: Explore development of 24/7 Behavioral Health Urgent Care capacity to provide short-term (23 hours or less) MH and SUD services.</p> <p>Rec 2: Research feasibility and desirability of building a secure detox facility in the region for people with SUD who are considered a risk to public safety.</p> <p>Rec 3: Establish a location in close proximity to the jail from which re-entry specialists, behavioral health staff, system navigators, and peer support providers can offer re-entry support.</p> <p>Rec 4: Work closely with criminal legal system stakeholders to select locations for facilities that will work for employees, incarcerated individuals, service providers, and families.</p>
C3.	<p>Need: Additional permanent supportive housing with on-site clinical support and intensive case management for people with severe and persistent mental illness who are involved, or at risk of involvement, with the criminal legal system.</p> <p>Recommendation: Advocate for state, federal, and private funding to expand and improve permanent supportive housing with on-site clinical support and intensive case management for people with serious mental illness who are involved, or at risk of involvement with the criminal legal system.</p>
C4.	<p>Need: Safe, supportive housing for people engaged in diversion and therapeutic court programs (e.g., GRACE and LEAD, Drug Court, Mental Health Court).</p> <p>Recommendation: Prevent unstable housing from being a barrier to successful engagement with diversion and therapeutic court programs.</p>

Introduction

For decades, Whatcom County has struggled to strike a balance in its approach to public safety. Not just in Whatcom County, but throughout the country, sending offenders to jail has been seen as the primary response to crime. Jail sentences kept individuals charged with and convicted of crimes off the streets. Alternatives to incarceration were considered appropriate for some but were largely a secondary public safety response.

Public safety systems are now being re-examined.

There is an increasing recognition that jails are being used not only for public safety purposes but also to fill gaps in other broken systems.

They have evolved, for example, into housing and behavioral health treatment facilities of last resort that serve people who have been unable to access housing and treatment in the community and end up in jail.

JAIL

A local detainment facility holding those newly arrested, those serving sentences of up to a year for less serious offenses, or those awaiting trial or sentencing who are deemed a public safety risk.

PRISON

A state or federal detainment facility holding individuals convicted of more serious crimes and serving sentences of more than a year.

Incarceration as a practice has also been applied inequitably across the country. **Data show that those who live in poverty, who have behavioral health challenges, and who are people of color are more likely to be involved in the criminal legal system and jailed.** This is a reflection of laws, policies, and practices that are now under review.

Results of Justice Project outreach efforts and a 2018 Listening Tour indicate that Whatcom County residents generally agree that jail is appropriate for those who pose a risk to public safety. Identifying the criteria that determine such a risk, however, is much less clear.

1. What crimes, actions, or behaviors require jail time?
2. Which can and should be addressed through community-based justice programs?
3. How big should the Whatcom County Jail be in relation to population growth and prevention and diversion services?
4. Could public funds be saved by investing in community-based alternatives for non-violent offenders?

These questions have dominated local public safety debates for almost as long as the Whatcom County Jail has been in existence.

These questions have dominated local public safety debates for almost as long as the Whatcom County Jail has been in existence.

In Whatcom County, as elsewhere, a broad spectrum of opinions exists related to incarceration. A growing number of community members and leaders have called for reforms to reduce incarceration rates and prevent criminal legal system involvement. Policies and practices that put people who do not pose a public safety risk in jail, they argue, are unjust. Community members have called for the creation and funding of services and programs that focus on prevention and provide alternatives to incarceration for those who do not pose a public safety risk. Many also support developing more services to help those in jail successfully return to community life and avoid re-offending and re-incarceration.

Other community members express concerns about crime rates. An inadequate jail facility and staffing shortages in law enforcement and corrections, they argue, endanger public safety. Too many, they contend, are not being booked into jail because the jail does not have available space. Some community members feel strongly that jail sentences can deter crime.

The majority of people seem to agree that a jail is an important component of protecting public safety, when it is accompanied by prevention and diversion services and equitable policy development and implementation.

This Needs Assessment reflects the work of the Stakeholder Advisory Committee (SAC) in examining these issues. Over the course of 2022, the SAC worked with the Incarceration Prevention and Reduction Task Force (IPRTF)³, which also serves as the Whatcom County Law and Justice Council, and the Behavioral Health Gap Analysis Team (BHGAT). The IPRTF, BHGAT, Whatcom County Corrections leadership, and other subject matter experts provided data to help the SAC develop this Needs Assessment. In addition, public input was gathered to inform the SAC.

This Needs Assessment:

- **Establishes a vision, values, and goals** for the criminal legal system in Whatcom County.
 - **Examines data** related to incarceration rates (including procedures and regulations), population demographics, incarceration prevention and reduction efforts, and the health and welfare needs of those who are involved in the criminal legal system.
 - **Identifies gaps** in the current community response to health and public safety needs, both inside and outside the Whatcom County Jail.
 - **Considers what it would take to fill those gaps** in order to improve health and public safety.
 - **Makes recommendations** to address the community's public health, safety, and justice concerns.
-

Many promising efforts are currently underway in Whatcom County. More work is needed. The SAC's recommendations offer clear direction for Whatcom County's criminal legal system to improve both public safety and the health and welfare of those involved in the local criminal legal system.

Methodology

ABOUT THE STAKEHOLDER ADVISORY COMMITTEE (SAC)

The Stakeholder Advisory Committee was formed by a resolution approved unanimously by the Whatcom County Council.⁴ The SAC was comprised of 38 voting members, including representation from local governments, Tribal Nations, community-based service providers, criminal legal system agencies, and people with lived experience in the criminal legal system. Its members were selected based on their diversity of experience and perspective, as liaisons to the communities they represent, and as individuals who could assist in developing a plan reflective of the community's values. SAC Members elected Whatcom County Councilmember Barry Buchanan to serve as the SAC Chair.

The work of the SAC was coordinated by a Leadership Team and a Planning Team.

- The SAC **Leadership Team** provided direction to the Planning Team and consisted of the Whatcom County Executive, the Whatcom County Sheriff, Whatcom County Councilmember Barry Buchanan, and the Whatcom County Prosecuting Attorney.
- The **Planning Team**, including Whatcom County Councilmember Barry Buchanan, IPRTF co-chairs Jack Hovenier and Stephen Gockley, and Whatcom County Deputy Executive Tyler Schroeder, helped facilitate the process of compiling relevant data to bring before the SAC membership for consideration, identifying local experts to present to the group, and preparing the final Needs Assessment Report.

The SAC held 10 official meetings (Appendix A) and nine work sessions (Appendix B) between January 2022 and January 2023. SAC subcommittees worked on special topics such as developing the Vision, Values, and Goals statements and applying the Government Alliance on Race and Equity (GARE) Racial Equity Toolkit.

SAC members dedicated their time and expertise to complete the needs assessment. Meetings and work sessions were well-attended, and members engaged with subject matter experts and the material. The SAC Chair also provided periodic updates to the County Council on the progress of the SAC.

The IPRTF and its subcommittees supported the work of the SAC. The IPRTF currently has five subcommittees:

- Steering Committee
- Behavioral Health
- Legal and Justice System
- Crisis Stabilization Facility
- Information Needs and Data Exchange (INDEX)

SAC members attended several work sessions with IPRTF subcommittees, which helped build a common understanding of the complex issues being discussed. In addition, the chairs of several IPRTF committees hosted group discussion meetings for SAC members who wanted to learn more.

The SAC benefitted from previous work done by The Vera Institute of Justice and from the expertise of Dr. Alexes Harris, Professor of Sociology at the University of Washington. Dr. Harris provided guidance on data collection and analysis and presented important context to the Planning Team and SAC at the beginning of their process.

NEEDS ASSESSMENT SCOPE

This Needs Assessment examines Whatcom County's public health, safety, and justice facility needs. It also assesses the current infrastructure, practices, and service capacity of Whatcom County's programs to reduce incarceration through prevention, diversion, and jail alternatives. These efforts will continue to evolve as outcomes are assessed, needs grow, and data and research improves.

The SAC considered a range of topics. These included:

- Current criminal legal system challenges, including current capacity, data limitations, procedural and legislative factors, and the impact of COVID-19.
- A history of the Whatcom County Jail and incarceration diversion and alternatives programs.
- Characteristics and needs of those involved in the criminal legal system, with a focus on behavioral health.
- Existing incarceration prevention, diversion, and alternatives programs and their outcomes.
- Criteria for a jail facility, such as location, size, design, and types of spaces needed for services.
- Data availability and tracking.

There are many contributing factors that might put someone at greater risk of incarceration.

Homelessness, mental health issues, poverty, racism, substance use disorders, criminogenic risk factors, and adverse childhood experiences (ACEs) are known to increase the likelihood of future violence, victimization, and perpetration.

Numerous local agencies outside of the criminal legal system work to prevent and to mitigate these kinds of risk factors. These include early childhood educators, social service providers, the Child and Family Well-Being Task Force, and Healthy Whatcom, which has developed a 2022-2026 Community Health Improvement Plan.⁵ The Healthy Children's Fund, approved by voters in 2022, also provides funding and guidance for how to reduce risk factors, especially for young children ages 0 to 5 and their families.

The SAC recognizes and acknowledges that crime is an issue of concern to many Whatcom County residents. In the same way that this Needs Assessment does not make recommendations related to the root causes that place people at greater risk of incarceration, **it does not directly**

address policing practices or speak to community perceptions about or experiences of crime in Whatcom County.

Underlying this Needs Assessment is the understanding that increasing funding and creating policies to **prevent criminal legal system involvement** are essential to reducing crime and improving public safety in Whatcom County. Prevention and incarceration work together towards broader public safety goals.

This Needs Assessment does not provide an assessment of costs or a cost-benefit analysis associated with improved services or facilities. It is limited to identifying needs and developing recommendations to address those needs. The SAC lacks the expertise to fully evaluate such costs.

This Needs Assessment focuses on interventions immediately prior to, during, and after the incarceration of adults, rather than cataloging all community prevention needs and activities or broader public health outcomes.

There are terms and acronyms used throughout this report that are specific to the criminal legal system which may be unfamiliar to many readers. An extensive **Glossary** and **List of Acronyms** are provided at the end of this document for easy reference.

A COLLABORATIVE PROCESS

All the parts of this Needs Assessment were developed through an iterative process involving input from the SAC, IPRTF, subject matter experts, and the public. At each juncture, the SAC was asked key questions:

- “What additional information is needed?”
- “Do you agree with this?”
- “If not, what would you suggest?”

The Planning Team used in-meeting discussions, as well as online polls, to receive SAC feedback and responded by revising materials.

The final decisions to approve the identified needs and recommendations, as well as the decision to recommend the Needs Assessment Report to the Whatcom County Council, were passed by strong majorities of SAC members and additionally endorsed by the IPRTF in January 2023.⁶ (See Appendix C for the results of the SAC process.)

A summary of the process and participants in the development of the various work products included in this assessment are detailed in Appendix D.

DATA SOURCES

This study draws on data from available local sources and data systems. It also considers the findings of previous studies and reports (Appendix E).

Analysis of Whatcom County’s public safety systems is not an easy task. **Multiple data systems and inconsistent data collection are a challenge.** Where data are limited, the study describes population statistics and needs and makes projections based on the best data available.

PLANNING TOOL

Given that there is a high percentage of people in the jail with mental health and substance use issues, **this assessment relies heavily on the use of the Sequential Intercept Model (SIM).** This model is a planning tool that was first developed in the early 2000s and is now used nationally. It helps communities identify resources and gaps in services at all points of connection with people before, during, and after incarceration. Developing strategic responses at each intercept can reduce

the involvement of people with mental health and substance use disorders in the criminal legal system.

The SIM was first used locally by the IPRTF in 2019. Through this Needs Assessment process, the SIM was updated by the BHGAT to better reflect local conditions, current service needs, and programs that have been developed in the past few years.

The full updated SIM, including definitions used in the preparation of the SIM, can be found in Appendices F and G.

SURVEYS OF INCARCERATED INDIVIDUALS AND STAFF AT THE WHATCOM COUNTY JAIL

As part of the data collection process, surveys were conducted with incarcerated people and jail staff. One hundred and nine (109) incarcerated individuals voluntarily participated in the survey, representing 33% of the incarcerated population. Sixty-two percent (62%) of participants were located at the Work Center, and 38% of participants were individuals incarcerated at the Whatcom County Jail.

Twenty-eight (28) Whatcom County Jail staff (50%) voluntarily participated in another survey. Forty-three percent (43%) of jail staff who responded had worked at the Whatcom County Jail for 10 years or more. The full survey results are in Appendix H.

COMMUNITY ENGAGEMENT PROCESS

To gather additional input and get feedback on the SAC's work, a public engagement process was conducted in the fall of 2022. The focus was to hear feedback on a first draft of the SAC's Vision, Values, Goals, and priority needs and gather feedback about incarceration and the need for a new jail. Engagement activities included:

- A **Town Hall Listening Session**, which was held in November 2022 for the public at large. (See Appendix I for a summary of the Town Hall.) The event was held in a hybrid format with both in-person and online participation. Approximately 35 people attended the Town Hall in-person, and about 70 participated online. Seventeen (17) SAC members attended.
- An **Online Public Survey**, which was conducted from October 24 to November 22, 2022. A total of 1,704 valid responses were collected from individuals across Whatcom County.
- **Six (6) listening sessions**, involving 29 participants from immigrant, tribal, and previously incarcerated (or their family members) communities.

- **Eight (8) informal interviews** with five (5) immigrant community leaders and three (3) Lummi Nation Elders.

Full results from the online public survey, listening sessions, and interviews can be found in Appendix J.

In addition, both SAC and community members were invited and encouraged to email comments to the Justice Project email address. Comments were posted on the project webpage and were reviewed and considered by SAC members. (Appendix K).

Public participation in the community survey and Town Hall was encouraged via the Whatcom County Justice Project website⁷, a Whatcom County Newsflash, postings on the Whatcom County website and social media pages, local news coverage, posters at locations across the county, and other outreach activities.

It should be noted that participants in the Town Hall event and online public surveys were self-selected. Respondents chose to comment or participate and were not randomly selected. Participation in the listening sessions and interviews was by invitation.

Feedback received from the community engagement activities informed SAC members and helped them refine the Vision, Values, and Goals and priority needs.

RACIAL EQUITY ANALYSIS

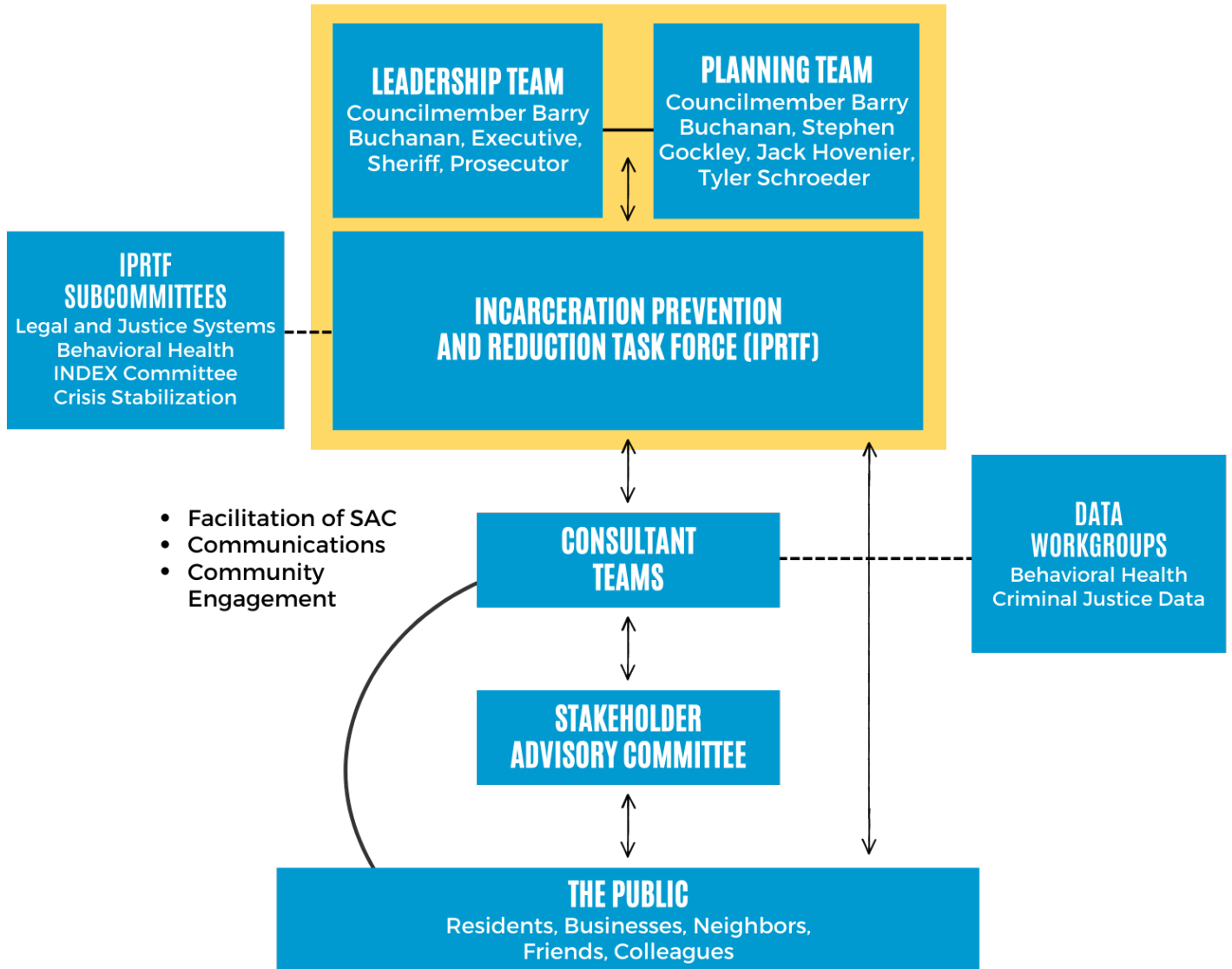
A subcommittee of the SAC conducted a Racial Equity Analysis (Appendix L). The purpose of the subcommittee's work was to apply the "Racial Equity Toolkit: Local and Regional Government Alliance on Race and Equity"⁸ to the SAC's work. The subcommittee chose to focus its analysis on an evaluation of the SAC process. The subcommittee's findings were incorporated into the needs and recommendations of this report.

WHATCOM COUNTY JAIL VIDEO

Finally, a video of the Whatcom County Jail facility was prepared, as an alternative to a tour for SAC members (Appendix M). The video presented a means for SAC members to see spaces and conditions within the facility without creating an undue burden on staff and avoiding any concerns related to COVID-19 exposures.

JUSTICE PROJECT

Public Health, Safety and Justice Facility Needs Assessment



An Overview of the Whatcom County Jail and Incarceration Prevention and Reduction Efforts

INADEQUATE FROM THE START

The existing Whatcom County Jail was completed in 1984. As soon as it was built, it was already out of date and inadequate in a number of ways. It was constructed based on state standards dating to the 1960s and was, therefore, seismically unsound from the start. It was designed to hold up to 148 people. It was not adequately designed as a place for rehabilitation and restoration to community life. It lacked appropriate spaces for healthcare, behavioral health, and other needed services. Its construction reflected assumptions and approaches of an earlier era. These inadequacies have hampered the jail ever since.

Completed in 1984, the Whatcom County Jail was out of date and inadequate from the start. Built to last 50 years, overcrowding increased wear and tear on the building.

From the early days following the completion of the Whatcom County Jail until now, there have been two consistent needs:

- To have a jail that is safe for those in it, with the services needed to support successful community re-entry, and
- To more appropriately respond to lower-level offenses through the provision of incarceration prevention, diversion, and alternative services, including reducing the number of people who are incarcerated due to behavioral health issues.

Addressing these two needs in tandem is key to meeting community expectations for reducing crime while improving public health and safety.

“IT IS TIME TO DO SOMETHING MOST COMMUNITIES HAVE NOT DONE.”

-Phase 1 Report, 1999 Whatcom County Law and Justice Plan

Beginning in the early 1990s, jail overcrowding was already becoming a problem. **For all but the first two years of the jail's existence, the jail population has exceeded its original capacity.** Built to last for 50 years, overcrowding increased wear and tear on the facility. It quickly deteriorated.

Over the next decade, the jail was remodeled to increase capacity. Single cells became double- or triple-bunked cells. Over time, indoor recreation areas were repurposed, and a multipurpose room used for larger groups and programs was converted into an in-jail courtroom. More beds in the jail meant less space for needed services, programs, and operations.

In 1993, the Whatcom County Council established the Whatcom County Law and Justice Council, as required by a new state law that had first been introduced by State Senator Dale Brandland (42nd Legislative District). Based on a model that had been previously developed in Whatcom County, the purpose of the Law and Justice Council was to plan and coordinate efforts across the criminal legal system.⁹ Its work focused primarily on procedures and operations to make the system work more smoothly. **At the time, the Council included no community or agency representatives.** Instead, it was comprised solely of court, law enforcement, corrections, prosecution, and defense staff.

Following the formation of the Law and Justice Council, a **Whatcom County Comprehensive Law and Justice Planning Project** was created. This group produced a report written by two law and justice system experts. The study suggested that incarceration alternatives be developed for low-risk offenders. “Putting someone who has come in on a warrant for driving without a license in a bed is asinine,” one of the study’s authors concluded.¹⁰

To address jail overcrowding, the experts recommended that a minimum- or medium-security facility be built. The new facility should offer clinical services. The study’s author also suggested that “It is time to do something most communities have not done, which is to put them into a clinical setting where they can be diagnosed, treated, and diverted to become productive citizens.” Pretrial reforms such as electronic monitoring and house arrest were other strategies that might reduce the size of the jail population.

HISTORICAL TIMELINE FOR JUSTICE PROJECT

1990s

- Jail capacity, safety, and service availability issues arise.

2004

- Law & Justice Council recommends construction of new jail.

2011

- Whatcom County Jail Planning Task Force forms.

2014

- LaBounty Road property in Ferndale is purchased.

2017

- Vera Institute of Justice report is completed.
- Second sales tax measure to fund construction of new jail facility fails.

2019

- County Council adopts Public Health, Safety & Justice Facility Planning Principles.
- LEAD Program is established.
- Stakeholder Advisory Committee (SAC) is formed.

2021

- Crisis Stabilization Center opens, since re-named the Anne Deacon Center for Hope.

1983

- Whatcom County jail completed.

1999

- Whatcom County's first specialized court, the Drug Court, is established.
- 0.1% sales tax increase enacted by County Council for criminal legal purposes.

2006

- Voters approve 0.1% sales tax measure for new jail and work center.

2013

- Community Paramedic Program is created.

2015

- Incarceration Prevention and Reduction Task Force (IPRTF) forms.
- Ballot measure for new 521-bed jail fails.

2018

- Listening sessions held across Whatcom County.
- GRACE Program launches.

2021-22

- COVID-19 pandemic creates new criminal legal system challenges and delays 1st meeting of SAC for 2 years.

2022

- SAC convenes and begins work on Justice Project needs assessment.

BIGGER BUT BETTER

The Whatcom County Comprehensive Law and Justice Planning Project report estimated capacity needs for a new jail but also recommended additional ways to reduce the size of the jail population. These included:

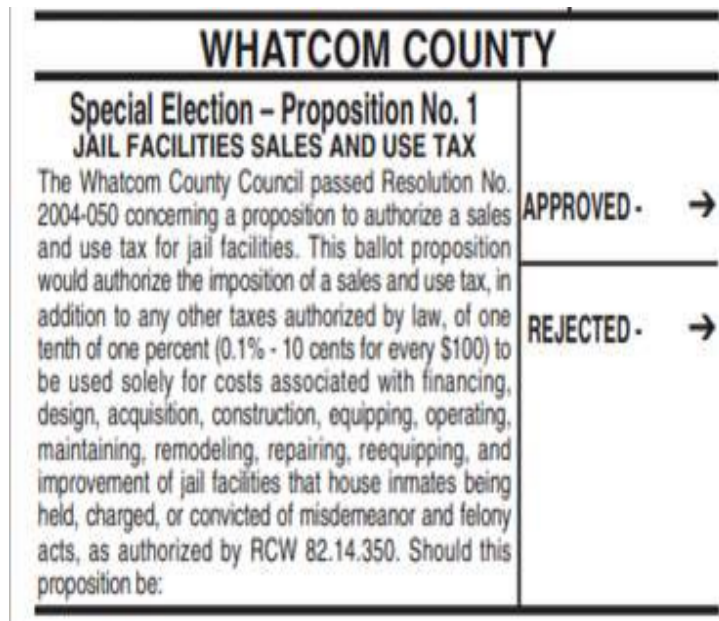
- Citing and releasing all traffic and non-misdemeanant arrests.
- Pretrial release for some offenders.
- Alternatives to incarceration for felons who had served two-thirds of their sentence.

Despite the report’s focus on incarceration prevention, diversion, and alternatives, the recommended size for a new jail was quite large. Based on population growth, incarceration rates, and length of stay at the time, the report projected that 560 adult beds would be needed by 2010. This included 150 maximum-security beds, 120 work release beds, and 290 minimum- to medium-security beds. **By 2020, the report estimated a need for over 700 adult beds.** The report also recommended that additional spaces be created for recreational and rehabilitation programs. These spaces would be especially helpful in treating those with substance use and mental health challenges.

The call for expanded services in the jail led to the expansion of the Law and Justice Council. It was soon reformed to include the staff of local behavioral health treatment providers. Improved services would need to be a key piece of the incarceration reduction puzzle.

Whatcom County’s Drug Court (now renamed the “Recovery Court”) was also established at about the same time, in 1999.

By around 2005, the minimum-security facility recommended by the Comprehensive Law and Justice Planning Project report was under construction. It was funded by a 0.1% voter-approved sales tax passed in 2004.¹¹



Funding was directed to **“costs associated with financing, design, acquisition, construction, equipping, operating, maintaining, remodeling, repairing, re-equipping, and improvement of jail facilities that house inmates being held, charged, or convicted of misdemeanor or felony acts.”**¹²

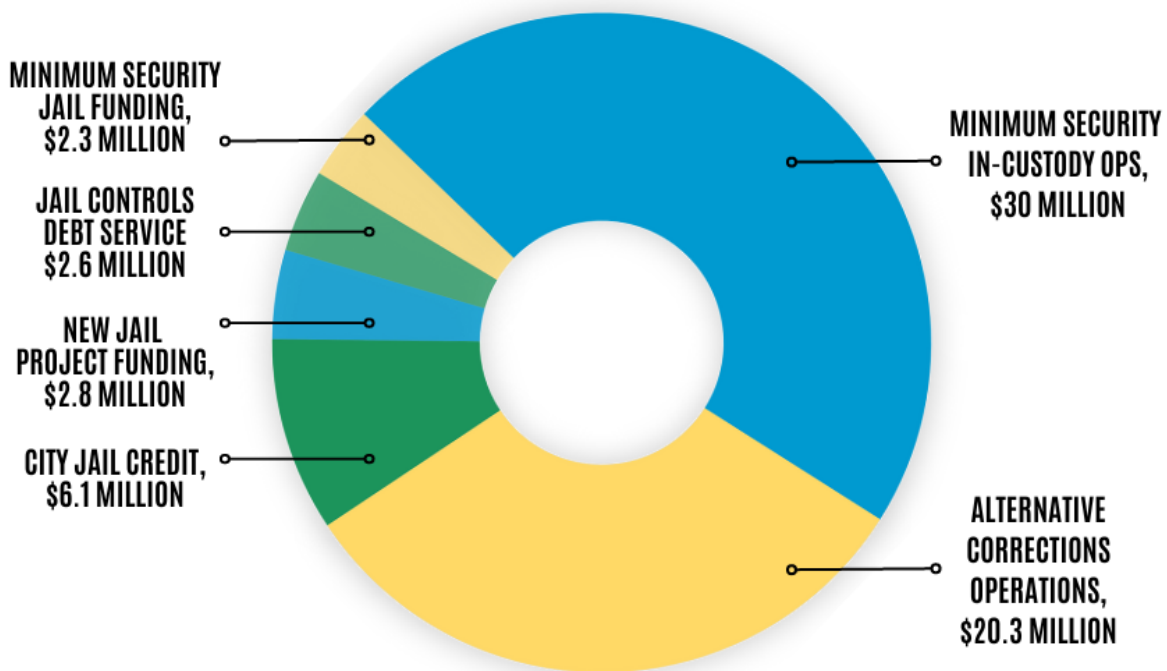
This included construction of a new jail and a minimum-security Work Center.¹³

The Work Center was intended to be a temporary facility while the County planned for a new jail. It opened its doors in 2006. Although the sales tax revenues provided some funding for a new jail, operational costs and jail repairs authorized by the ballot measure resulted in insufficient remaining funds to pay for the costs of designing and constructing a new jail.

The Interim Work Center is a minimum-security detention facility currently located in the Irongate District of Bellingham. Operational since 2006, it was funded by a 0.1% voter-approved sales tax passed in 2004. The work crew and work/school release programs are operated from the Interim Work Center.

HOW HAS THE COUNTY SPENT THE EXISTING 1/10TH SALES TAX?

Between 2005-2021, the County Administration and Council have used those dollars as follows:



Calls for a new jail escalated as the number of people within the jail continued to grow. The jail regularly had a population of 280 to 300, hitting a high of 320 in 2010. The new Interim Work Center held about 150 people.

The jail regularly had a population of 280 to 300, hitting a high of 320 in 2010. The new Interim Work Center held about 150 people.

In 2011, the Whatcom County Council approved a resolution creating a Jail Planning Task Force.¹⁴ The group was responsible for:

- Recommending the size, location, and funding options for a new jail.
- Determining the effects of incarceration alternatives and diversion programs on the jail population.
- Planning a behavioral health triage center to reduce incarceration of those with mental health challenges.

Ultimately, the work of this group led to County Council approval of a formal jail planning process.

The County hired jail planners and soon purchased an approximately 40-acre property on LaBounty Road in Ferndale, which met site selection criteria identified by the Jail Planning Task Force,¹⁵ as the intended site of a new jail. A 0.2% sales tax increase measure was placed on the November 2015 ballot to fund the new 521-bed jail. The new facility would be designed to eventually add another 128 beds to meet future capacity needs.

Concerns about the size of the proposed new facility were soon raised. Some local officials and community members called for any new jail funding to be linked to efforts to prevent and reduce incarceration. These might include probation reforms, expansion of electronic home monitoring, crisis intervention services, and intensive case management.

In response to these demands, **the Whatcom County Council established the Incarceration Prevention and Reduction Task Force (IPRTF)**.¹⁶ Thirty community stakeholders were named to the IPRTF. The IPRTF would soon take on the dual role of serving as the County's Law and Justice Council.¹⁷ It was assigned the tasks of:

- Reviewing best practices to make recommendations that would safely and effectively reduce incarceration.
- Identifying alternatives to incarceration for those living with behavioral health challenges and pretrial defendants who could be released safely.
- Planning for a new and expanded crisis stabilization center to replace the existing Whatcom County Triage Center.

Despite these initial commitments to a new approach to public safety, **voters rejected the 0.2% sales tax ballot measure in November 2015 by a 51-49 margin.**

TRIAGE CENTER

The Triage Center became fully operational in 2008. Located in the Irongate District of Bellingham, it provided a resource for those voluntarily seeking help in a mental health or substance use crisis. Because of space availability, it only provided 13 beds for mental health care and substance use withdrawal management, or “detox.” Space was insufficient to provide needed medical services.

ANNE DEACON CENTER FOR HOPE

In 2021, a new Crisis Stabilization Center – the Anne Deacon Center for Hope – was completed. It now provides 16 beds for mental health support and 16 substance use withdrawal management beds.

RECOMMENDATIONS FOR A PATH FORWARD

Following the ballot measure's defeat, Whatcom County, with the IPRTF, contracted with The Vera Institute of Justice. The Vera Institute, which works on criminal legal reform nationally, was hired to conduct an analysis of Whatcom County's jail population and recommend reforms to reduce incarceration rates, while protecting public safety.

The Vera Institute report¹⁸ made several recommendations, including:

- Reforms in warrant processing.
 - Risk-based assessment of pretrial defendants as an alternative to bail.
 - Changes to improve the processing of cases through the court system.
 - Diversion of many individuals with mental health and substance use issues from jail.
-

The report also noted that incarceration rates of Native American, Black, and Hispanic people in Whatcom County were disproportionately high. The rate at which these populations were jailed exceeded their proportion of the population. Additional work was recommended to reduce these disparities.

The need for either a new jail or extensive renovations to the existing jail, however, remained.

The Whatcom County Council contracted with an architectural design firm, design2 LAST, inc, in 2016. The firm, which specialized in jail construction, conducted a study examining the physical and operational conditions of each facility. It assessed whether capital improvements at the jail and Work Center were feasible.

The study found the Work Center to be in good condition, but in need of some improvements, such as better lighting. The study also determined that, as both the Work Center and the jail were built prior to the passage of the Americans with Disabilities Act (ADA), there were a number of areas where accessibility guidelines were not being met.

The jail, however, had significant deficiencies. The study found that it not only failed to meet current seismic building codes, but it also had:

1. Significant heating and plumbing problems.
2. Limited sight lines that increased safety risks.
3. A lack of ADA accessibility.
4. An exposed medical area that violated patient privacy requirements.
5. Poor lighting.
6. Failing locks.
7. No smoke evacuation system, in violation of code requirements.
8. An unprotected natural gas line at the building's entrance.

The architectural firm found 18 significant building deficiencies, recognized that the existing jail did not provide a safe and secure environment for staff, incarcerated people, and visitors, and strongly recommended that a new jail be designed and constructed. The report stated that several architectural firms, the National Institute of Corrections, and the Whatcom County Law and Justice Council had all come to the same conclusion.¹⁹

The Whatcom County Council held a public hearing in June 2017 to gather citizen input on the size of a new jail. Speakers at the public hearing expressed concerns about the lack of a needs assessment to inform the jail planning process. They also questioned the size and location of the proposed facility. Some argued that new jail construction should not move forward without addressing the findings of The Vera Institute report.

In response, Whatcom County Council members cited concerns about the condition of the jail. Its condition endangered the safety of those living and working within it. Significant investments had already been made in the LaBounty Road property in Ferndale, including the purchase of the property for approximately \$6 million and about \$1.6 million for jail planning and design services.²⁰ In addition, members noted that local government had limited control over laws and policies passed at the state or federal levels that put people in jail. They were required to enforce such laws and policies regardless of impacts on the local jail population.

The Whatcom County Council pressed forward. The following month, **a second ballot measure for a 0.2% sales tax increase to fund the construction, operation, and maintenance of a new jail** was approved to be placed on the ballot. **In November 2017, Whatcom County voters again rejected the ballot measure to fund a new jail by an even wider margin of 59-41.**

A NEW APPROACH

After the second ballot measure was defeated, a new approach was undertaken to better align the investment of public dollars into a system that met the needs and concerns of all community members.

Listening Sessions

In 2018, the Whatcom County Council hosted a Criminal Justice and Public Safety Committee Listening Tour.²¹ Seven two-hour listening sessions were held between April and June 2018 throughout the county. An unduplicated total of 115 Whatcom County residents provided verbal public comment and/or oral or written feedback at the Listening Sessions. An additional 693 people provided written input in a community survey.

Listening session participants were asked about their concerns regarding the ballot proposal and their hopes and expectations for future actions. Findings of the listening sessions included:

- Participants voiced a clear preference for criminal legal reform measures and incarceration prevention and reduction.
- Respondents felt that the proposed site of a new jail in Ferndale was too big, too expensive, and in the wrong location.
- The 2017 ballot measure was too much like the 2015 proposal and lacked a needs assessment.

New Incarceration Prevention and Reduction Programs

Several programs were developed to serve those at risk of being incarcerated.²² Some of these programs are now managed by Whatcom County Health Department's new Response Systems Division, which was formally established in 2022. Programs include:

- The **Community Paramedic Program**. It was established in 2013 with the following goals:
 - Reduce non-emergency 911 calls to Emergency Medical Services (EMS).
 - Connect those who make frequent non-emergency 911 calls to medical, mental health, substance use, and housing services in the community.

- The **Ground-level Response and Coordinated Engagement (GRACE)** Program. This program started in 2018. GRACE Intensive Case Managers work closely with First Responder partners. GRACE Intensive Case Managers are paired with Community Paramedics in Bellingham and Ferndale and are also co-located at the Bellingham Police Department. They focus their work on those who cycle through the healthcare, criminal legal, emergency shelter, and emergency response systems. The intent of the GRACE Program is to stabilize participants, address the root causes of the problems they face, and reduce their involvement with these systems. The goals of GRACE are increased public safety, reductions in the use and costs of emergency and criminal legal services, and improved health and well-being for individuals with complex needs.
- The **Law Enforcement Assisted Diversion (LEAD)** Program. Based on a Seattle model, the program launched in 2019. The LEAD Program connects people with a history of chronic, low-level law violations stemming from substance use, mental health challenges, or extreme poverty to needed services. The LEAD program offers people a path out of the criminal legal system and through intensive case management. The program's goals are to increase community safety, address racial disparities in the criminal legal system, and improve the health and well-being of program participants.
- The **Mobile Crisis Outreach Team (MCOT)**. MCOT is a community-based outreach team with the ability to respond to and provide crisis services in the community (e.g., homes, schools, shelters). The program, developed and operated by Compass Health, serves people experiencing a behavioral health crisis, offering short-term crisis intervention and prevention services. MCOT consists of a team of behavioral health professionals who provide urgent community response (usually within two hours), short-term care planning services, community outreach, and Involuntary Treatment Act services through Designated Crisis Responders (DCRs).
- The **Alternative Response Team (ART)**. ART began serving Bellingham residents in January 2023. ART provides a mobile alternative response, instead of a police officer, to non-violent behavioral health 911 calls. A behavioral health specialist paired with a public health nurse aid people in crisis, whether it be a mental health or substance use crisis or an inability to care for themselves in the moment of crisis. ART coordinates with other crisis services and outreach teams and focuses on enhancing community safety through strengthened partnerships between first responders and community services.

- The **Whatcom County Co-Responder Pilot Program**. Anticipated to launch in early 2023, this pilot program is a partnership of the Whatcom County Health Department and the Whatcom County Sheriff's Office. They will work in close coordination to provide a behavioral health specialist response with law enforcement, when appropriate.

Community Intervention, Re-entry, and Restorative Justice Programs

The Restorative Community Coalition was formed in 2006 as the Whatcom County ReEntry Coalition – a non-profit providing re-entry services for individuals who have been incarcerated, and support for families impacted by incarceration. Additional programs include prevention, intervention, reconciliation, peer support, and court navigation services. This grassroots organization advocates for the perspective that, when working with non-violent offenders, community-based intervention as early as possible is the most beneficial and cost-effective approach.

Re-Assessing Facility Needs

While progress was being made in incarceration prevention, diversion, and alternatives, **there was still a need to find a solution to the long-standing problems at the existing jail facility**. Between 2011 and 2021, Whatcom County spent over \$9 million on needed repairs and maintenance for life safety issues at the existing jail. Estimates for future maintenance of the facility over the next 20 years are as high as \$27 million. However, this maintenance work would not provide any additional space for medical, booking, or supportive services for incarcerated people.²³

The jail has been repeatedly remodeled to increase bed space. Jail remodels have carved space out of operational areas to add beds, which has reduced service capacity. As noted in the design2 LAST, inc report, there is currently limited available space

\$9 MILLION

Between 2011 and 2021, needed repairs and maintenance expenses at the Whatcom County Jail have cost over \$9 million.

\$2.4 MILLION

Jail controls and fire alarms

\$4.7 MILLION

Jail detention doors and hardware and fire alarm

\$1.1 MILLION

design2LAST, inc Building Assessment studies, cost assessments, and oversight of various projects

\$1.2 MILLION

Various repairs (e.g., jail courtroom, fencing, sprinkler system, cameras, commissary space, condenser/compressor, locks, elevators, cell repair)

for confidential services, including the ability to receive medical services in compliance with the Health Insurance Portability and Accountability Act (HIPAA).²⁴

Other efforts to address jail overcrowding have involved sending some people who are awaiting trial to jails in other counties, including as far away as Yakima County. Sending people to other counties is difficult for families and reduces access to services and legal representation.

Whatcom County Council Establishes Guiding Principles

In 2019, Council unanimously approved a set of public health, safety, and justice facility planning principles.²⁵ The principles updated a resolution first adopted in 2016. They emphasized the need to take a comprehensive look at the programmatic, service, and facility needs that would result in a jail that is safe, along with incarceration prevention, diversion, and alternative services to limit the size of the jail population.

The Council's Criminal Justice and Public Safety Committee approved a Needs Assessment process in 2019.²⁶ A **Stakeholder Advisory Committee** comprised of 38 members was formed and charged with creating a **Public Health, Safety, and Justice Facility Needs Assessment**. In early 2020, a consultant was hired to lead the Needs Assessment process.

PROGRESS INTERRUPTED

And then came COVID-19. The Needs Assessment was paused, although the work of the IPRTF continued. Construction of the Anne Deacon Center for Hope, the new, expanded crisis stabilization center that replaced the previous Triage Center, also got underway. With funding from the state, the North Sound Behavioral Health Administrative Services Organization, and the Whatcom County Behavioral Health Fund²⁷, the new facility was completed and opened in January 2021. It provides 16 beds for mental health stabilization and 16 substance use withdrawal management service beds.

In the fall of 2021, the Stakeholder Advisory Committee process resumed. A new, local consultant team was hired to facilitate the planning process. The Stakeholder Advisory Committee's first meeting was held on January 20, 2022.

Efforts to Reduce the Size of the Jail Population

A desire to limit the size of the Whatcom County Jail population has been a recurring theme for many years. **There is a recognition in Whatcom County that any projections for the size of the future jail population cannot be based solely on**

anticipated population growth. The jail needs to be right-sized to detain those identified as posing a genuine threat to public safety. In all other cases, incarceration prevention, diversion, and alternatives can reduce crime, protect public safety, and avoid costly jail sentences.

This reflects a growing national consensus that too many Americans are jailed. The U.S. has the highest rate of incarceration in the world. According to data from The Vera Institute, Whatcom County's incarceration rate per 100,000 Whatcom County residents tripled between 1970 and 2014.²⁸

“While accurate measures of current incarceration rates adjusted for future population growth are important, we also must equally consider national, state, and local trends towards improvements in prevention, alternatives, behavioral health, and re-entry support.”

-- “Principles of Public Health, Safety, and Justice Facility Planning,” Whatcom County Council

Jail as a response to societal ills is both costly in terms of public expenditures and the impact on individuals and families. It fails to address the root causes of criminal legal system involvement, is a reactive as opposed to proactive response to crime, and perpetuates racial and socioeconomic inequities.

Through a combination of incarceration alternatives, prevention, and diversion programs, process improvements, and booking restrictions, Whatcom County's incarceration rate declined between 2014 and 2021. It fell from 193 per 100,000 to 101 per 100,000.²⁹

The Sheriff's Office has resorted to booking restrictions repeatedly since the jail opened. Due to the limited space available in the jail, the Sheriff's Office has consistently refrained from booking people suspected of misdemeanor offenses and some gross misdemeanor offenses. COVID-19 presented additional challenges in maintaining adequate spacing within the facility. Even with additional restrictions during the pandemic, limited COVID-19 outbreaks occurred in the jail. Although effective in controlling the size of the jail population, booking restrictions raise concerns about those who are not jailed who some community members believe should be.

1

INCARCERATION ALTERNATIVES

Much progress has been made over many years to develop alternatives to incarceration. These include:

ELECTRONIC HOME DETENTION (EHD)

Whatcom County's EHD program is well-developed and second only to King County in Washington State. Those monitored wear ankle bracelets which enable supervision. If a person violates the terms of release, they can be returned to full custody.

WORK/SCHOOL RELEASE

This program enables those housed at the Interim Work Center to go to school or work during the day. These individuals may pose a higher risk than those participating in EHD, but they have the opportunity to develop their skills while held in a minimum- to medium-security facility.

WORK CREWS

There are in-custody and out-of-custody work crews. Out-of-custody work crews are managed through the Work Center and do community projects, such as park maintenance, five days a week. Work done can cover unpaid fines that an individual may not have been able to afford. In-custody work crews are housed at the Work Center. They do community jobs, such as litter collection or maintenance projects, 40 hours a week.

2

INCARCERATION REDUCTION PROGRAMS

As mentioned earlier, **the Community Paramedic, GRACE, LEAD, and other programs have offered new approaches to incarceration reduction in recent years.** Based on data available thus far, they have had a positive effect on individual participants. Between 2018 and June 2022, there have been 502 unduplicated participants involved in the GRACE and LEAD programs.

HIGHLIGHTS

- 88% reduction in bookings (GRACE program)
- 89% reduction in bookings (LEAD program)
- Reduction in EMS contacts resulting in reduced costs

Comparing June 2022 booking data (the most recent data available) 24 months pre- and post-program involvement, the GRACE program has seen a nearly 88% reduction in bookings among

those actively engaged in the program. Similarly, the LEAD program has seen an 89% reduction in jail bookings for participants, based on the same measure. However, bookings declined because of COVID-19 restrictions, so it is difficult to fully assess the relationship between program data and any effects on the size of the jail population.

These programs have found a strong correlation between continued engagement in services and a reduction in jail bookings 24 months post-engagement for participants. The LEAD program has also seen reductions in interactions with law enforcement for program participants.³⁰

There is also a strong correlation with reductions in Emergency Medical Services contacts.

According to 2020 EMS program data, there was a more than 75% cost reduction related to those individuals who completed these programs. Since a typical response to a call costs \$3,000 and a transport costs another \$1,000, the public expenditure savings associated with these kinds of outcomes are described as substantial. These savings do not include all the other reduced costs associated with criminal legal system involvement, or a reliance on crisis response systems.³¹



COURT AND PROSECUTOR IMPROVEMENTS

Specialized Courts

Whatcom County has developed several specialized courts that offer an alternative to incarceration. The launch of the Drug Court, now named Recovery Court, in 1999 was followed by the creation of a Family Treatment Court in 2002 and a Mental Health Court in 2015.

WHATCOM COUNTY SPECIALIZED COURTS

1999: Drug Court

2002: Family Treatment Court

2015: Mental Health Court

Court System Process Improvements

In recent years, there have also been improvements undertaken within the several court systems to reduce a reliance on incarceration. For example, **the District Court uses phone calls and text reminders to reduce instances of “failure to appear” for court proceedings as a case moves forward.** For several years, a **Pretrial Processes Work Group** (PPWG), directed by Superior Court judicial officers but including IPRTF members, has been tasked with identifying and implementing pretrial reforms. Prior to such reforms, Superior Court, unlike District or municipal courts, could use only a bail amount in releasing a pretrial defendant. At the PPWG’s recommendation, a Pretrial

Services Unit within the Superior Court was created to identify creative monitoring alternatives for defendants who are released to the community while awaiting trial.

The Superior Court also adopted the Public Safety Assessment, the most carefully researched and validated pretrial risk assessment tool available. When making a decision to release or detain the individual, this tool can support judicial decision-making regarding the likelihood an individual will fail to appear in court or commit a new violent crime.

Implementation of pre-trial reforms was interrupted by the COVID-19 pandemic and the closure of courts and in-person pretrial services. Recently, the Superior Court has resumed operations, but there continues to be a large number of cases pending. Following successful implementation of these reforms in Superior Court, there is the potential to increase adoption of the Public Safety Assessment in all Whatcom County Courts and expand the capacity of the Pretrial Services Unit.

Prosecutor Process Improvements

In addition to the creation of the **LEAD Program**, other changes in charging practices by the Whatcom County Prosecuting Attorney's Office have reduced the risk of incarceration. For example, driving with a suspended license in the third degree is no longer charged as a stand-alone offense. A **Discovery Specialist** has also been hired to expedite the process of providing defendants with the evidence to be used at trial.

Other Factors Affecting the Size of the Jail Population

Creating a robust system of incarceration prevention, diversion, and alternative services, does not address the other factors affecting the size of the jail population:

1

LAW ENFORCEMENT

Within available capacity, the jail books and manages people who are brought to the jail by local law enforcement. The greater the number of arrests made by the various local police departments for offenses of all kinds, the greater the demand on the jail.

- **The type of crime:** More serious crimes usually take longer to process and also result in longer sentences. In September 2022, approximately 98% of the jail population was being held (mostly pre-conviction) for a felony offense.³²
- **Number of charges:** If someone has multiple charges in multiple jurisdictions, the time spent in jail can increase as the person works their way through the system. This can be true even for a series of minor crimes.

2

PRE-TRIAL AND HOLDS

Pre-trial: The pretrial population typically is incarcerated because of an inability to pay for bail. Some individuals may have also failed to appear in the past, resulting in a higher bail amount, which they cannot pay.

The Vera Institute found pretrial defendants comprised nearly 60% of the jail population in 2016.³³ Currently, an estimated 98% of the jail population is not fully sentenced and is awaiting trial on any given day.³⁴ **Sixty-four percent (64%) of the respondents to the survey of incarcerated individuals indicated their time in jail was longer because they were unable to pay bail.** With expanded options for pretrial defendants and/or bail reform, the size of this group could be safely reduced.

Holds: The jail can temporarily hold offenders who are being transferred to other facilities or jurisdictions. For example, the local jail can hold offenders awaiting transfer to Washington State Department of Corrections officials or occasionally to federal authorities. These holds are typically short in duration.

3 COURTS

The jail holds those who have been sentenced by a court. The jail also holds those who are brought in on a variety of warrants. However, because of jail capacity challenges, bookings for warrants are being restricted, and people are being released back into the community.

- **Case Processing:** There are those who have extended stays in jail awaiting processing or evaluation by other systems.
- **Court backlogs:** Processing any type of case takes more time when courts lack capacity to try cases. Typical backlogs became much worse due to the COVID-19 pandemic and full or partial closures of the courts. These backlogs persist and have become a serious challenge to reducing the jail population.

Whatcom County's proximity to the Canadian border can result in holds of other kinds. *Offenders who re-enter the U.S. and are picked up on a fugitive warrant, along with those trying to flee the U.S. into Canada, have some impacts on the jail population. Data from 2019 indicated that Whatcom County had 65 fugitives in custody, reportedly a fairly large number for the size of the county. These are either people detained at the border or extradited to the U.S. It can take up to 90 days to transport the individuals to the appropriate jurisdiction.*

There are also those with in-state warrants who live outside of Whatcom County and are detained at the border. They can be similarly held for a short time in the jail. Border closures resulting from COVID-19 paused these patterns, but they can be reasonably expected to resume with a return to pre-COVID levels of border traffic.³⁵

4 EXTERNAL SYSTEMS

Whatcom County's criminal legal system is impacted by external systems that include assessments, evaluations, and/or service provision by other systems. For example, people are getting stuck in jail waiting on competency evaluation. In order to be determined competent to stand trial, there is an evaluation process, followed in many cases by a competency restoration process. This requires that someone receive services, which can include psychotropic medications, sufficient to bring them to a level of competency that enables them to participate in their pending trial. That typically requires a wait for a bed at Western State Hospital. Wait times can extend up to six to seven months.³⁶ While the evaluation process happens fairly quickly, the competency restoration process has caused significant delays.

Once someone is deemed competent, they are returned to jail to stand trial. Back in jail awaiting trial, however, they are then able to refuse to take the medications that led to the determination of competency. People often decompensate in jail and then have to start the whole process over again. As of mid-November 2022, 23 people in the Whatcom County Jail (7.6% of the average daily jail population) were waiting for competency restoration services.³⁷

Similarly, sex offenders can spend up to 60 days in jail prior to sentencing as they await the results of Pre-Sentence Investigation reports. In June 2022, there were 14 convicted sex offenders awaiting evaluations by the Washington State Department of Corrections.³⁸

Risk Factors for Criminal Legal System Involvement

Improving outcomes for both those in jail and those at risk of incarceration, while preventing unnecessary incarceration and reducing crime and recidivism, requires a close look at population characteristics and needs.

PATHS TO INCARCERATION

There are several factors that put people at risk of criminal legal involvement. These include:

1. Individual risk factors.
2. The passage of laws that criminalize certain actions or behaviors.
3. The ways in which laws are applied.

Individual Risk Factors

Those who are at greatest risk of incarceration often have a personal history of trauma and adversity. Factors that can increase the risk of criminal legal system involvement include:

- A history of mental health or substance use disorders.
- Childhood trauma and adverse childhood experiences.
- Exposure to violence or a history of violent behavior.
- Poverty.
- Being unhoused.
- A history of anti-social behaviors or values and other “criminogenic factors.”
- Friends or family members who were previously jailed.

Many of these same factors put people at risk of other life challenges, like poor health and socioeconomic outcomes.

Legal Landscape

Those who end up in jail are not only there because of individual actions or behaviors but also because somewhere, at some time, their action or behavior was criminalized. At some level of government – federal, state, or local – the action or behavior was seen as posing such a risk to public safety that jail was appropriate. These might be serious felonies or lower-level offenses. At the local level, there is some ability to re-assess the public safety risk determinations made at other levels of

government, but there are limits to the authority of local officials to change laws defining crimes and associated sentencing requirements.

The Application of the Law

Besides the legal landscape, there is the **application of law through local policies and practices.**

Research shows that those who are most at risk of incarceration tend to be poor, people of color, and those living with behavioral health challenges. The Vera Institute found that:

- Native American and Black people respectively comprised 14% and 7% of the average daily jail population in 2016. As a percent of the total Whatcom County population in 2016, Native Americans represented only 4% of the population while Black people made up about 2% of the population.³⁹
- Native American women were five (5) times more likely to be in the jail than white women. Among men, Black men were 4.2 times more likely to be incarcerated than white men.

Any public health, safety, and justice system must recognize and account for this.

CHARACTERISTICS OF THE POPULATION

There are as many needs among those involved in the criminal legal system as there are causes of criminal legal system involvement. Needs include behavioral health, vocational, educational, housing, and healthcare service needs.

Results from the survey of incarcerated individuals provide a glimpse into the lives and experience of those in the local jail.

PRIOR TO INCARCERATION

- 43% lived on the street, in a shelter, or in a car or RV.
- 30% lived with family or friends.
- 41% were unemployed prior to entering jail.
- 36% lost their job upon entering jail.
- 69% of respondents had received treatment for a substance use issue.
- 59% had received mental health services.
- Nearly all respondents (93%) were previously incarcerated.
- 27% were jailed “too many times to count.”

When asked what might have kept them out of jail, the majority (54%) said a stable home. More than 40% stated help with mental health issues, substance use disorder treatment, a stable income, and/or a stronger support network.⁴⁰

When asked what might have kept them out of jail, the majority (54%) said a stable home.

Behavioral health conditions are among the most common challenges faced by those within the jail population. On average, there are approximately 3,700 mental health referrals in the Whatcom County Jail each year.⁴¹

It is important to recognize that **mental illness is seldom the direct cause of incarceration.** Research shows, however, that those with co-occurring disorders – both mental health and substance use disorders – are at a much greater risk of having behaviors that lead to incarceration.⁴²

A NOTE ABOUT CRIMINOGENIC FACTORS

Criminogenic factors are those values, behaviors, or characteristics that increase a person's likelihood of committing a crime. Researchers have identified eight factors that are closely associated with criminal legal system involvement and recidivism. These are:

- Anti-social behaviors.
- Anti-social beliefs and attitudes.
- Anti-social friends and peers.
- Anti-social personality patterns.
- High-conflict family and intimate relationships.
- Substance use disorders.
- Low levels of achievement in school and/or work.
- Unstructured and anti-social leisure time.⁴³

Criminogenic factors typically are deep-seated and hard for adults to change. Having more community-based mental health services available may not be sufficient for preventing criminal behaviors among this population. When they do wind up in jail, there is an opportunity to help people with criminogenic factors to access intensive services that may help to reduce or resolve these issues. Addressing their needs may reduce recidivism when these individuals are released from jail.

Due to the lack of available resources for assessment of this population and their needs, the number of those in the Whatcom County Jail with these criminogenic factors is unknown.

Vision, Values, and Goals

The primary responsibility of the SAC was to identify needs and recommendations for incarceration facilities and behavioral health services. Through the course of learning about the criminal legal system, however, it became clear that areas of common agreement needed to be articulated at a more fundamental level about the vision, values, and goals for Whatcom County's criminal legal system.

Guided by the public health, safety, and justice facility planning principles identified in the 2019 Whatcom County Council resolution and taking into consideration feedback generated through the public engagement process, a SAC subcommittee worked over several sessions to develop the following Vision, Values, and Goals statements for Whatcom County's criminal legal system now and into the future.

VISION

The vision presents the big picture of what we envision for our community. The vision is not limited by what is currently true but describes the ideal state towards which we aspire.

Whatcom County will uphold and promote community safety, health, and justice. To accomplish this, we will reduce crime and reduce incarceration through early interventions and long-term investments in people and programs that support prevention, restoration, and accountability in the community and within the criminal legal system.

Prevention: We will invest in children and families and address social, educational, economic, and racial disparities that are known risk factors for involvement with the criminal legal system and can lead to incarceration and re-incarceration.

Restoration: We will devote sufficient resources to a variety of evidence-based behavioral health, housing, and re-entry support services that will reduce crime and minimize future interactions with the criminal legal and crisis systems.

Accountability: To protect public safety and hold people accountable for their crimes, it is necessary for Whatcom County to operate a well-equipped, well-maintained, humane, and adequately staffed jail. For lower-risk offenders, we will utilize a range of alternatives to incarceration that also require personal accountability.

VALUES

Values are the core principles that guide decision-making and investments of time and resources.

1. Protect and promote the public health, safety, and rights of all people within Whatcom County.
2. Prioritize timely and early interventions.
3. Practice wise stewardship of public resources by using evidence-based decision-making, and evaluating if current programs, interventions, and processes are working as intended.
4. Facilitate public engagement in transparent decision-making processes that reflect community priorities.
5. Ensure systems, services, and facilities are adaptable to changing circumstances and needs.
6. Openly and actively address inequities and discrimination.
7. Respect the dignity, human rights, and civil rights of all parties involved in the criminal legal system.

GOALS

The goals statements describe what we hope to accomplish. They are divided into three categories:



SYSTEMS GOALS

1. Policies are identified and changed to strategically address system gaps and achieve intended outcomes, such as reducing the jail population.
2. Low-risk offenders are safely and effectively diverted from a Whatcom County Jail sentence and provided with support to help them succeed.
3. People are assured speedy and fair resolution of legal issues to reduce unnecessarily long jail stays and hasten restoration.
4. Racial disparities in incarceration are assessed and addressed.
5. Reliable data are consistently gathered from across the criminal legal system and monitored to evaluate system performance.

SERVICES GOALS

1. Coordinated services and programs effectively close the gaps between community, legal, and jail-based services at all points of contact in the criminal legal system.
2. Sufficient funding, staffing, and resources ensure adequate service capacity at all points of contact in the criminal legal system.
3. People working within and alongside our criminal legal system (e.g., legal counsel, jail staff, providers, advocates, navigators) are valued, fairly paid, and representative of the members of our community.
4. Planning for community re-entry begins upon booking into the jail to lay the foundation for a successful transition from jail to community.
5. People released from jail have timely access to behavioral health and medical care, housing, employment, and support systems, according to their re-entry plan and prioritized in accordance with evidence-based approaches to reduce re-incarceration.
6. Community and jail-based services (e.g., treatment and peer support for mental health and substance use disorders, affordable supportive housing) support healing, and make measurable differences in reducing crimes of poverty and repeat offenses.

FACILITIES GOALS

1. Facilities are designed and operated to meet the health, safety, and welfare needs of those incarcerated and the people who work and visit there.
2. Facilities are designed to be versatile to adapt to changing needs.
3. Incarceration facilities balance compassion with accountability to promote safety, health, rehabilitation, and recovery.
4. Facilities for community-based services are well-located, accessible, and adequately supported to prevent and reduce crime.
5. Facilities adequately serve the whole county, including cities and tribal jurisdictions.

RECOMMENDATIONS

With the Vision, Values, and Goals in mind, the SAC developed specific recommendations focused on three interrelated elements of the public health, safety, and justice system:

- 1. Systems**
- 2. Services**
- 3. Facilities**

In the following three chapters, context is provided for the issues, followed by a chart presenting:

- 1. Priority Needs**
- 2. Recommendations to Address the Needs**
- 3. Desired Outcomes**

These priority needs and recommendations are offered by the SAC to the Whatcom County Council as critical and time sensitive. The longer-range Vision, Values, and Goals are intended to serve as guidance for the County Council and other community decision-makers for many years to come.

Systems Needs Assessment

The SAC process initially focused on service and facility needs in Whatcom County, but it became clear that system change is required to address underlying issues and improve how different groups such as the courts or healthcare providers function and work together. Some needed improvements will require policy changes at a state or federal level. While these issues may take a long time to resolve, they must be identified and considered.

INCREASED DEMAND, INADEQUATE SUPPLY

Several systems have long been at capacity, and as the population grows, there is an even greater demand for some basic services. Whatcom County's **affordable housing and homelessness** challenges are well-known. These are difficult under the best of circumstances. Those at risk of incarceration or exiting jail face additional barriers. Not only can paying for the cost of housing be daunting, but also housing providers may exclude those with a criminal history from housing.

Washington's behavioral health system has been inadequate and underfunded for decades.

There are far more adults and young people needing mental health support than can access care. Local treatment resources are limited. The shortage of inpatient beds is severe. The substance use disorder treatment system is similarly stressed. Substance use has been a significant driver of criminal legal involvement for decades, and the opioid and methamphetamine epidemics have made matters worse. Although access to local treatment is limited, some regional treatment availability exists.

ACCESS BARRIERS

Before the Affordable Care Act (ACA) was enacted in 2010, health insurance coverage was a significant barrier to pre- and post-incarceration healthcare. Because of the ACA, many more people now have health insurance coverage. However, gaps remain. Today, **an estimated 8% of Whatcom County residents lack health insurance.**⁴⁴ Those whose immigration status is undocumented, for example, are ineligible for ACA coverage.

In addition, **when a person enters jail, their Medicaid health insurance coverage is suspended. When they are released, delays of up to three days sometimes occur in getting their coverage**

reinstated. Sometimes, the sudden release of an individual from jail makes a coordinated re-entry process more difficult. When coverage is interrupted, behavioral health or other healthcare treatments may not be quickly transitioned to a community provider, which can destabilize the person being released.

STATE AND FEDERAL LAWS AND POLICIES

Actions taken at the federal and state levels affect local incarceration rates and service

delivery. This includes the criminalization – or decriminalization – of some behaviors and actions that can affect local incarceration, prevention, and diversion resources. For example, the 2021 Blake decision by the Washington State Supreme Court effectively decriminalized simple drug possession. This had the effect of reducing arrests in such cases. Subsequently, the Washington State Legislature enacted legislation to re-criminalize drug possession as a misdemeanor offense, with some provisions for diversion to services instead of incarceration.

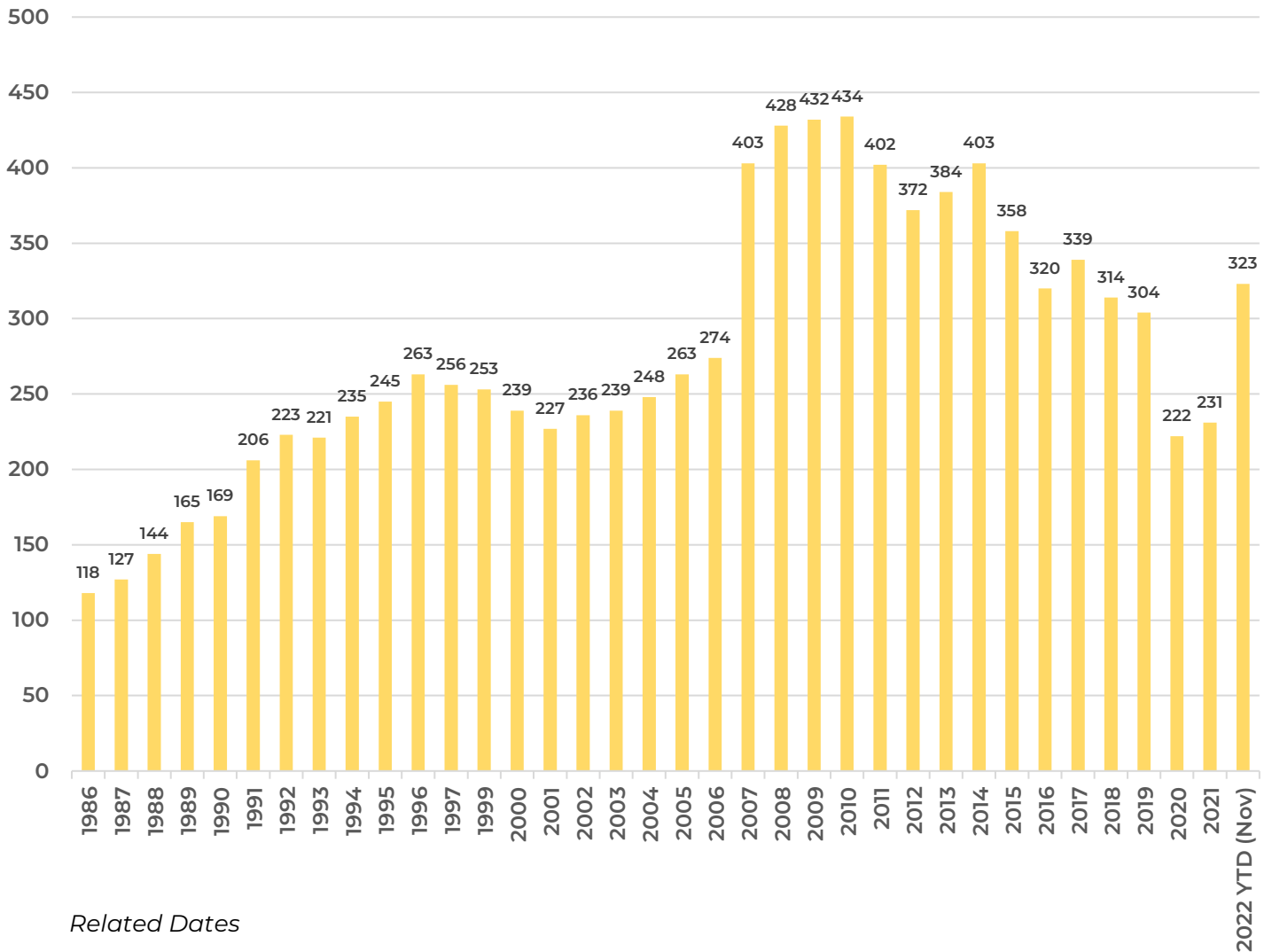
Actions that can affect local incarceration rates also include changes in sentencing. Washington’s 1981 Sentencing Reform Act, for example, caused some who would have previously been sentenced to state prison terms to be jailed in the County system instead. This increased demands on local systems.

There are also some laws that, despite their merits, pose challenges to coordination between systems to address the needs of individuals. One example is the Health Insurance Portability and Accountability Act (HIPAA), a law passed in 1996 which protects the privacy of everyone’s healthcare records. Though beneficial in many ways, the confidentiality protections of the act make it challenging for service providers in different systems to work together, since they need a client or patient’s permission to talk to each other. It is not impossible to coordinate care, just more difficult and often more time consuming.

Other policies present challenges in managing the healthcare needs of incarcerated

people. Those incarcerated in the Whatcom County Jail routinely require treatment for communicable diseases, long-term effects of drug and alcohol use, untreated chronic health conditions, and significant dental disease. They are often unable or unwilling to take medications. Except under very rare circumstances, jails do not have the ability to involuntarily administer medications, and those in the jail may or may not be willing or able to seek treatment voluntarily.

AVERAGE DAILY POPULATION NUMBERS WHATCOM COUNTY JAIL 1986 - 2022



Related Dates

- 1984:** Implementation of Sentencing Reform Act.
- 1999:** Drug Court established.
- 2006:** Interim Work Center opens.
- 2011-12:** 13% reduction in Involuntary Mental Health beds in Washington State.
- 2011-12:** Department of Correction ends community supervision of 50,000 offenders in Washington State.
- 2013:** Repeat DUI offenders required to be booked and held in custody until court date.
- 2018:** GRACE program created.
- 2019:** LEAD program launches.
- 2019:** Progressive booking restrictions implemented.
- 2020:** COVID-19 pandemic declared.
- 2021:** Blake decision ends arrests for simple drug possession.
- 2022:** COVID restrictions relaxed.
- 2022:** ESB 5476 passes recriminalizing drug possession.

SYSTEM BACKLOGS

Local officials often are at the mercy of systems

outside their control. When system backlogs occur, length of stay in the Whatcom County Jail can increase. An example is competency hearings – the process by which someone is determined to be competent to stand trial. This determination relies on an assessment and restoration process that can take many weeks or months. The path an individual follows through this process can be filled with detours and numerous obstacles. This is a statewide problem that requires state-level action to resolve capacity issues at Western State Hospital, and policy changes that would enable development of competency restoration services at the local or regional levels.

When asked to list one thing they would like to see change in the criminal legal system, 52% of jail staff survey respondents pointed to the need for faster resolution of cases.

“I would like to see cases resolved quicker, rather than an inmate sit in jail for months with a million continuations, then finally get sentenced on a random Thursday to ‘time served’ and released 2 hours later.” - Jail Staff Survey Respondent

The COVID-19 pandemic worsened already existing backlogs in the local court system as well.

Because access to courts was temporarily restricted, long delays in processing cases resulted and continue to be a challenge. **When cases linger pretrial, access to jail alternatives and diversion programs is similarly delayed.**

OPERATIONAL RESOURCES

Efforts to overcome many of these challenges require sustainable funding, adequate staffing, and appropriate facilities.

Securing and maintaining adequate funding for services is always a challenge. A lack of funding, or unreliable funding, destabilizes systems.

Appropriate facilities are also needed for a properly functioning system. This means space that is sufficient, thoughtfully designed, available, and accessible.

Hiring and retaining qualified, trained staff is another ongoing challenge. Wages have stagnated within many service delivery systems for years. The COVID-19 pandemic exacerbated these challenges. Many providers, particularly within the behavioral health and healthcare systems, left their jobs due to stress and burnout.

IMPROVEMENTS WITHIN REACH

In addressing systemic challenges, there are steps that can be taken to improve conditions locally. Such problems may not be resolved, but their negative effects can be reduced. Some involve local systems, such as data systems and local processes and procedures. Others involve local service delivery. These are described in the Service Needs Assessment section below.

Racial Inequities

In examining the SAC process through application of the Racial Equity Toolkit, SAC subcommittee members pointed to a history of racial inequities related to incarceration rates and a lack of trust among people of color in government and systems. While the SAC's work demonstrated an understanding of inequities and commitment to change, implementation of the SAC's recommendations will require more intentional and meaningful participation from Black, Indigenous, and People of Color (BIPOC) communities. The SAC subcommittee made recommendations for next steps in this regard. (See Appendix K.)

Another systemic weakness identified by the SAC subcommittee related to data collection. Data needed to monitor rates of incarceration among the community's BIPOC population are lacking. Such data will be needed to effectively evaluate improvements in outcomes for BIPOC populations.

Data Systems

It is difficult to make data-driven decisions or evaluate outcomes when working with multiple, independent data systems. **Data limitations across multiple systems are significant.** Information about particular individuals might be recorded in one system, but not others. The data might exist, but it may be recorded in different ways, making it difficult to make comparisons across data sources. All of this makes it harder for multiple systems working with the same individual to coordinate and collaborate.

Data-driven decision-making requires access to and analysis of data from multiple systems, including:

- Law enforcement: Computer Aided Dispatch (CAD), What-Comm, Bellingham Police Long Arm.
- Superior Court records.
- St. Joseph Hospital/Emergency Department: Epic.

- Fire/Emergency Medical Services: Image Trend.
- GRACE and LEAD programs: Julota
- Jail: Spillman system for jail records and Health Secure for jail medical records.
- Whatcom County Information Technology.
- Tribal data systems.
- Data systems of numerous community-based organizations involved in public safety systems.

Efforts are underway to create a community health information system to resolve some of these problems. Such a system would incorporate and integrate data across various sources so that multiple service providers have the data they need when they need it.

Initial Detention and Court Hearings

As described earlier, prior to the COVID-19 pandemic, a Pretrial Processes Work Group (PPWG) had been working to identify and implement pretrial reforms. These include the creation of a Pretrial Services Unit within the Superior Court and use of a Public Safety Assessment tool. The intent of these efforts was to create new options for monitoring defendants awaiting trial.

The COVID-19 pandemic interrupted this work. As court operations resume and local court system backlogs are addressed, there is an opportunity to resume these efforts. There are also opportunities to consider bail practices and options for monitoring in lieu of bail, in adherence with legal requirements.

SYSTEMS NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

The SAC identified high priority needs for systems changes and recommendations to address those needs, as presented in the chart below:

A. SYSTEMS NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES			
#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
A1.	<p>Need: Increase access to inpatient and outpatient competency restoration services for people evaluated as needing these services.</p>	<p>Rec 1: Work with regional partners to identify needed systems changes (policies, funding, and programs) to increase access to <u>inpatient</u> competency restoration.</p>	<p>↑ Access to inpatient competency restoration services.</p> <p>↓ Pretrial time in jail for individuals needing competency restoration services.</p>
		<p>Rec 2: Explore and develop <u>outpatient</u> competency restoration services.</p>	<p>↑ Access to competency restoration services.</p> <p>↓ Pretrial time in jail for individuals needing competency restoration services.</p>
A2.	<p>Need: Reduce the <u>amount of time</u> people spend in jail before trial or other case resolution.</p>	<p>Recommendation: Whatcom County courts should promote the timely resolution of cases with a goal of matching average case resolution times in other counties and/or the state. To accomplish this, our courts should:</p> <ul style="list-style-type: none"> • Screen cases for their level of complexity and allocate time, provide court resources, and schedule proceedings accordingly. • Limit continuances as much as feasible. • Regularly monitor relevant performance measures and make data available to stakeholders and the public. 	<p>↓ Pretrial time in jail.</p> <p>↓ Case resolution time.</p>

A. SYSTEMS NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
A3.	Need: Reduce the <u>number of people</u> detained in jail before trial or other case resolution.	Rec 1: Provide a range of pretrial release and monitoring options in lieu of bail (adhering to Court Rule CrR 3.2). ⁴⁵	↓ # of people held in jail because they can't afford bail. ↓ Pretrial time in jail for people who can safely be monitored in the community as they await trial. ↓ Racial disparities and disproportionalities in incarceration.
		Rec 2: Analyze as quickly as possible the Superior Court's current use of an evidence-based, statistically valid, pretrial risk assessment in making pretrial release decisions, with the goal of determining whether its use is effective in lessening pretrial incarceration and reducing or eliminating racial disparities while still protecting public safety.	↓ # of people held in jail because they can't afford bail. ↓ Pretrial time in jail for people who can safely be monitored in the community as they await trial. ↓ Racial disparities and disproportionalities in incarceration.
A4.	Need: Address the disproportionate incarceration of BIPOC individuals.	Rec 1: Conduct analysis of root causes where disproportionality and disparities arise and develop targeted strategies to measurably improve proportionality of incarcerated BIPOC individuals.	↓ Racial disparities and disproportionalities in incarceration.
		Rec 2: Ensure that all county law enforcement employees, jail staff, and staff in all court systems maintain data systems adequate to identify where potential bias and racial disparities may be occurring.	↓ Racial disparities and disproportionalities in incarceration.

A. SYSTEMS NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
		<p>Rec 3: Include detailed data and analysis regarding racial makeup of incarcerated individuals in a standing system information report that is reviewed no less than quarterly by senior management, and made publicly available (without identifying information).</p>	<p>↓ Racial disparities and disproportionalities in incarceration.</p>
		<p>Rec. 4: Take prompt effective actions to correct disparities when they are identified.</p>	<p>↓ Racial disparities and disproportionalities in incarceration.</p>
A5.	<p>Need: More direct involvement of BIPOC communities, victims of crime, and people with lived experience with incarceration (personal or family member) in decision-making about policies and practices in the criminal legal system.</p>	<p>Recommendation: Implement strategies to meaningfully include BIPOC communities, victims of crime, and people with lived experience in the development of plans and monitoring of progress.</p>	<p>↑ Confidence that decisions about criminal legal system policies and practices are informed by those who are most affected.</p>
A6.	<p>Need: System for collecting consistent data from all intercept points in the criminal, legal, and behavioral health systems.</p>	<p>Recommendation: Build a data system for collecting consistent data from all intercept points.</p>	<p>↑ Ability to track and coordinate service utilization and outcomes for individuals interacting with the criminal legal system and behavioral health services.</p> <p>↑ Availability of data needed for policy work and funding requests.</p>

A. SYSTEMS NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
A7.	Need: Data dashboard to track trends in criminal legal system, racial disparities in the system, and incarceration prevention & reduction efforts.	Recommendation: Build a data dashboard to track and publicly present trends and outcomes of criminal legal system changes, efforts to address racial disparities in the system, and efficacy of incarceration prevention and reduction work.	↑ Public access to data for transparency and accountability.

Services Needs Assessment

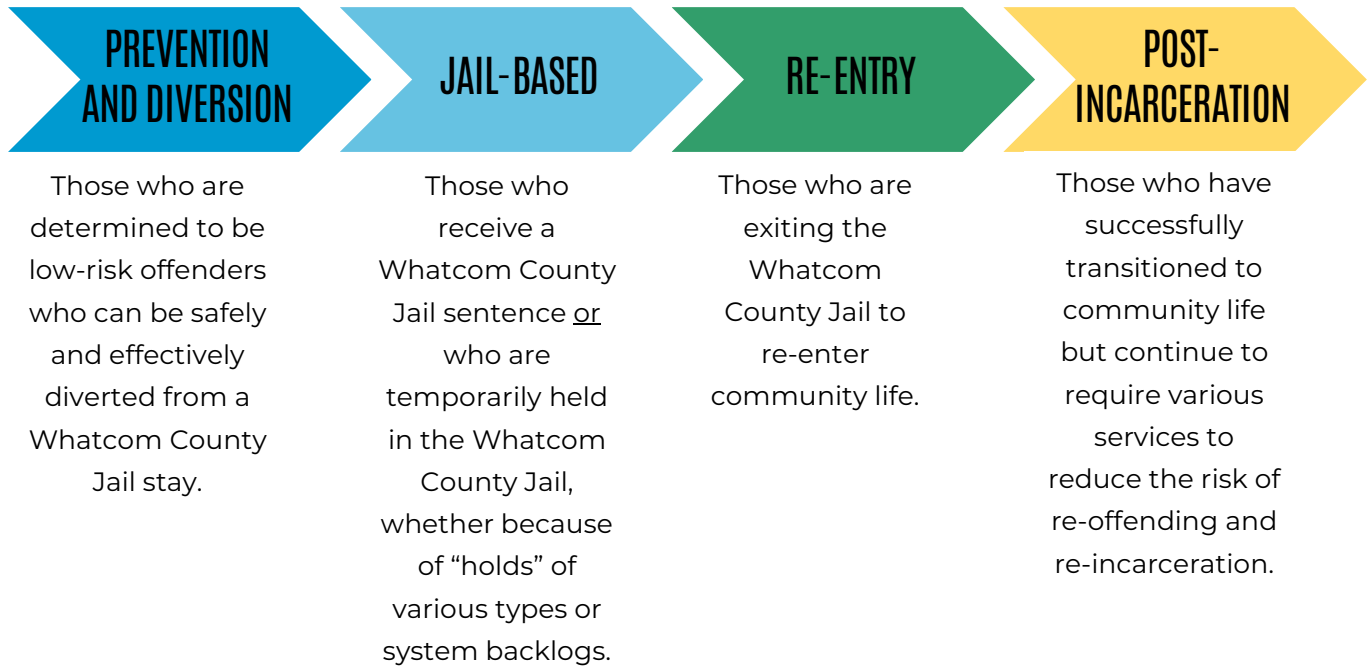
A FRAMEWORK FOR ADDRESSING SERVICE NEEDS

A coordinated continuum of services is needed both pre- and post-incarceration for those at-risk of or currently experiencing criminal legal system involvement. Services both inside and outside the jail need to provide an appropriate level of care according to health and safety guidelines, with timely interventions and coordinated hand-offs between system providers. This requires that service systems not only exist but also have adequate capacity to meet the need.

There is broad consensus about the need for increased behavioral health service capacity.

- The survey of incarcerated individuals found that 87% of respondents thought mental health services in jail or in the community were important or extremely important, and 83% thought the same regarding substance use services.
 - Similarly, 79% of jail staff survey respondents identified jail-based mental health services as services that would support success in the community. Sixty-eight percent prioritized jail-based drug and alcohol treatment.
 - Among respondents to the public engagement survey, there was strong agreement regarding the need for such services. A majority of respondents prioritized services to help connect those leaving jail with behavioral health treatment and increased service capacity both in the jail and in the community.
 - Those interviewed during the public engagement process spoke to the need for longer-term treatment options as opposed to short-term interventions.
-

Interventions need to be tailored to where people are along a continuum of criminal legal system involvement. This includes:



AN OVERVIEW OF SERVICE NEEDS

Regardless of how someone is involved in the criminal legal system, their service needs are very similar. A person could be at risk of incarceration or re-incarceration, in jail, or exiting jail. They need access to behavioral and physical health care, housing, educational and vocational programs, and other social services. That can make the difference between successful community engagement and a continuing cycle of criminal legal system involvement.

Community-based services are needed both pre- and post-incarceration. The jail must also be equipped to address numerous needs.

The following sections outline the various services associated with the continuum of criminal legal system involvement.

Access to behavioral and physical health care, housing, educational, and vocational programs, and other social services can **make the difference** between successful community restoration and continuing criminal legal system involvement.

1

BEHAVIORAL HEALTH

Mental health and substance use disorders are very common among those involved in the criminal legal system. Whether these conditions are directly or indirectly linked to a person's risk, the capacity of local services and programs is not as robust as it needs to be. There is, however, a strong foundation to build upon.

Prevention and Diversion and Post-Incarceration Populations

Those at risk of being jailed for the first time or returning to jail have similar needs. Both groups **rely on diversion programs or jail alternatives and community-based services to reduce the risk of criminal legal system involvement and prevent incarceration.** The creation of the GRACE, LEAD, Community Paramedic, and MCOT programs, the new Anne Deacon Center for Hope (Crisis Stabilization Center), and the Alternative Response Team (ART) have increased the capacity to respond to behavioral health crises. The Whatcom County Co-Responder Program will add additional capacity. The Way Station will offer hygiene, medical, and behavioral health services to those experiencing homelessness and is expected to open in late 2023.

There are also a **number of programs working to prevent substance use or reduce harm.** These include medication-assisted treatment for opiate use disorder, school-based interventions, a syringe services program, and prescription take-back programs.

Despite these efforts, however, **the availability of mental health and substance use treatment is limited and inadequate.** Treatment options for opioid addiction have increased, but more are required. Substance use and mental health assessments can have long waiting lists. Whatcom County lacks a Sobering Center.

Jail-Based Population

In Washington State, **jails have become behavioral health treatment centers of last resort.** This is as true in Whatcom County as elsewhere. Jails were never designed to serve this purpose, but in the absence of adequate community-based behavioral health treatment and in-patient mental health facilities throughout the state, this is now the case.

A 2016 report estimated that, of adults who had Medicaid health insurance coverage and were booked into jail statewide:

- Nearly six in 10 (58%) had mental health treatment needs.
 - Over six in 10 (61%) had substance use disorder treatment needs.
 - About four in 10 (41%) showed signs of having co-occurring disorders.⁴⁶
-

The prevalence of people with substance use and co-occurring disorders in the Whatcom County Jail is likely higher than these statewide figures. **Recent 2022 data show that 45% of those booked had a serious mental illness, and 80% had a substance use disorder.** In April 2022, 50% of the Whatcom County Jail average daily population was prescribed a psychotropic medication.⁴⁷

Both mental health and substance use disorder treatment services need to be readily available within the jail. The average jail stay was 24 days as of October 2022, which represents both those with very short stays for offenses like driving under the influence and others incarcerated for more serious offenses.⁴⁸ For many with shorter jail stays, jail-based behavioral health services are unlikely to resolve someone's behavioral health challenges. Short-term interventions can, however, engage and stabilize people. For those with serious mental illness and longer-term jail stays, more robust jail-based behavioral health services are needed.

There are not enough staff to meet the needs of those with serious mental illness in the jail.

Currently, jail-based behavioral health services are provided by two mental health professionals, one re-entry case manager, and one provider with the ability to evaluate health concerns and prescribe and monitor medications. **There are not enough staff to meet the needs of those with serious mental illness in the jail.** It can take several weeks for someone to receive mental health care. There is not enough space to provide confidential, one-on-one mental health services in the jail.

Limited substance use disorder assessments are provided in the jail, but due to funding sources, they cannot be used for pretrial defendants. Treatment options are limited. More treatment options for opioid use disorders are needed, both within the jail and through temporary release to treatment facilities. There are currently no effective medical treatment options for methamphetamine

dependence. **There are also no in-jail substance use disorder counseling services, due to current space constraints.**

There are a few programs currently in place that could enhance the re-entry system. Lake Whatcom Residential and Treatment Center's Program for Assertive Community Treatment (PACT), for example, offers recovery-oriented services. This program specializes in serving people released from the jail who have severe mental health challenges. Services are available 24 hours a day, seven days a week.⁴⁹ It, however, lacks the capacity to meet the scope and range of population needs, with the capacity to serve only a handful of people each month.

Those at risk of incarceration or currently incarcerated often face significant physical health challenges. These include the management of chronic conditions that are common within the general population, such as diabetes or heart disease. But these populations often have greater vulnerability. **Behavioral health conditions can make physical health conditions worse or more challenging to treat.** Physical health can often be neglected when an individual experiences behavioral health challenges, making chronic conditions more serious.

While people are incarcerated, the jail is legally obligated to provide for their medical care. Jail Health Program Services are provided by a physician, an ARNP, and a dentist. To properly care for those in the jail, adequate medical care facilities are needed. **The existing jail has limited space for exams and procedures.** According to Whatcom County Jail staff, the jail lost its ability to do basic dental exams when X-ray equipment failed.

As noted in the design2 LAST, inc report, the jail also does not fully meet Americans with Disabilities Act (ADA) accessibility requirements.⁵⁰

Without housing, it is difficult for anyone to maintain stability.⁵¹ It is harder to maintain employment or pursue education and training. It is much more difficult to manage behavioral and physical health challenges while experiencing homelessness.

Prevention and Diversion and Post-Incarceration Populations

As stated earlier, Whatcom County's struggles with housing availability and affordability are well-known. There have been some bright spots in recent years with the creation of the Whatcom Homeless Services Center, the construction of permanent supportive housing, the work of the Opportunity Council's Homeless Outreach Team (HOT), the expansion of emergency shelter capacity, and the ongoing work of community service providers to house individuals and families. A Recovery House opened in Bellingham in 2021 to provide residential care for people with substance use disorders, usually after a stay in inpatient treatment. Recovery House programs assist people with the adjustment back to community living and into long-term recovery from alcohol or other substance use disorders.

The survey of incarcerated individuals found that 93% thought that supportive housing in the community is important or extremely important for those leaving jail. Among jail staff survey respondents, 61% identified a stable place to live as a factor that would prevent people from going to jail.

More is needed. **There is simply not enough affordable housing and permanent supportive housing to meet the need.** Permanent supportive housing providers also need access to onsite clinical behavioral health services and intensive case management to improve the housing stability of their clients. Clean and sober options and housing for sex offenders need to be expanded. Additional emergency shelter options and safe storage would be welcomed by many. To the degree that the housing continuum can address the multiple and varied needs of the population, stabilization can be increased and incarceration risk reduced.

Re-Entry Population

Where someone goes after leaving the jail – and who picks them up – can have a significant long-term effect on post-incarceration outcomes. If someone with a history of substance use leaves jail and returns to an environment of high drug use, the person is much more likely to relapse and end up back in the criminal legal system. **More housing options are needed to ensure those exiting jail have the best chance for successful community re-entry.**

Expansion of the Housing and Recovery through Peer Services (HARPS) program could help. This program helps people who are getting out of treatment programs to be housed in the community. Expanding the availability of rental assistance to people with behavioral health conditions who are being released from the jail is needed.

Reinstating The Housing Lab in Jail program could also be helpful. This program is operated through the Whatcom Homeless Service Center. The Housing Lab did good work providing funding for housing costs and utilities until it was discontinued during the COVID-19 pandemic.

4

EDUCATIONAL, VOCATIONAL, AND SOCIAL SERVICES

Educational, vocational, and social services can help stabilize those at-risk across the continuum. These include professional and peer services offered both inside and outside the jail.

Prevention and Diversion and Post-Incarceration Populations

Several community-based services are available to support this population. These include peer-to-peer programs like 12-Step, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and conflict resolution assistance offered through the Whatcom Dispute Resolution Center.

Numerous gaps remain, including:

- A need for more comprehensive employment assistance and support.
- Inadequate treatment services for domestic violence perpetrators. Domestic violence is a significant and ongoing cause of incarceration that has broad effects on the health and well-being of families and the community.
- Services to help young people exiting foster care.
- A lack of broad community training in trauma-informed approaches.

88%
of incarcerated survey respondents stated that education and job training services in jail and in the community were important or extremely important.

Jail-Based Population

The jail currently provides limited community services and support groups to stabilize people while they are in jail and prepare them for re-entry. These include AA and NA groups, a support group for survivors of domestic or sexual violence, and faith-based groups. Such services have been limited in the past couple of years because of COVID-19 health and safety concerns, lack of available meeting space, and unreliable jail elevator.

What is especially lacking is adequate space and resources to offer educational and vocational services. While some vocational and literacy training is available, with some bilingual capacity, more of these services are needed. There is not enough space to provide parenting classes, one-on-one literacy tutoring, employment counseling (e.g., coaching on resume writing, interview skills, and job search), and GED preparation. As a result, those within the jail who are preparing for re-entry are placed at a disadvantage.

Re-Entry Population

The time during which a person is preparing to be released from jail is perhaps one of the most precarious. **The success of someone's return to community life largely depends on the services available in the jail leading up to release.** The degree of coordination between jail staff and community-based service providers makes a significant difference too. If services are available and coordination is strong, including co-located community-based service providers working in the jail, the chances that a person will re-offend and return to jail can be minimized. If that is not the case, a person exiting jail can remain trapped in a cycle of crisis.

Those exiting jail need help to return to the workplace, reunite with family, and re-establish relationships. As described above, there is currently no available space in the Whatcom County Jail to provide job search or vocational preparation services. There are neither enough staff to consistently make referrals to community-based employment resources and family supportive services nor enough of these resources and services to meet the needs of those leaving jail.

Discharge planning needs to be strengthened. These services have been limited by facility capacity, lack of staffing, and lack of coordination within the criminal legal system. Individuals are routinely released from jail with no advance notice, leaving the staff that is available with little opportunity to link those being released to community resources. In the same way that discharge planning in hospitals begins at admission, adequate discharge planning, as well as dedicated staff to

Among incarcerated people surveyed, **86% stated that having space for rehabilitative services is important or extremely important.**

Similarly, **84% of jail staff surveyed believed that providing rehabilitation and recovery services was important or extremely important.** Ninety-two percent felt that linking people to community support services and resources was important or extremely important.

coordinate re-entry services, is needed to improve outcomes for those exiting the jail, reduce re-incarceration, and support a successful return to community life.

Timely reinstatement of benefits, such as Medicaid, and service continuity would be much more likely if dedicated staff were working to ensure a smooth transition from jail-based to community-based services. With adequate staff, a system of warm hand-offs and timely referrals from inside the jail to external partners would create a seamless system of interventions for those exiting the jail and reduce the chances of re-incarceration.

SERVICES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

The specific needs and recommendations related to services are in the following chart.

B. SERVICES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES			
#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
B1.	<p>Need: Increased community mental health (MH) and substance use disorder (SUD) treatment capacity (in-patient & out-patient) to prevent and reduce incarceration and re-incarceration.</p>	<p>Rec 1: Support additional positions for MH and SUD professionals within certified community behavioral health agencies to provide:</p> <ul style="list-style-type: none"> • Community-based assessment on demand. • Jail-based assessment for individuals that are completing their incarceration and needing MH and/or SUD treatment (inpatient or outpatient) as they re-enter the community. 	<p>↑ # of incarcerated individuals admitted to MH &/or SUD treatment immediately following release.</p> <p>↓ # of individuals involved with the criminal legal system/ re-incarcerated primarily due to untreated mental health &/or SUD.</p>
		<p>Rec 2: Utilize SUD professionals contracted with community agencies to provide evidence-based SUD services in the jail setting and ensure continuity of care to community-based treatment upon release.</p>	<p>↑ # of incarcerated individuals who receive SUD treatment.</p> <p>↓ # of individuals re-incarcerated primarily due to untreated SUD.</p>
		<p>Rec 3: Create additional positions for jail re-entry specialists and navigators to facilitate care coordination and ensure a warm handoff to community service providers, healthcare/behavioral healthcare, peer support, housing, and vocational support.</p>	<p>↑ # of incarcerated individuals nearing release who receive care coordination planning & support.</p> <p>↓ # of individuals re-incarcerated.</p>

B. SERVICES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
		<p>Rec 4: Increase the number of Mental Health Professionals and Intensive Case Managers contracted through community agencies to provide services in the jail and support re-entry staff in facilitating continuity of care when incarcerated individuals are released.</p>	<p>↑ # of individuals engaged in community behavioral health services upon release from jail.</p> <p>↓ # of individuals re-incarcerated.</p>
		<p>Rec 5: Maximize coordination among Behavioral Health Specialists in the Public Defender's Office, the jail, and the community, and provide adequate funding to ensure seamless services for individuals involved in the criminal legal system.</p>	<p>↑ # of individuals engaged in community behavioral health services upon release from jail.</p> <p>↓ # of individuals re-incarcerated.</p>
B2.	<p>Need: Increased capacity of effective existing programs to divert more people from incarceration (e.g., GRACE, LEAD, Mental Health Court, Drug Court).</p>	<p>Recommendation: Ensure stable funding to enable expansion of programs that have proven to be effective in diverting people from incarceration.</p>	<p>↑ # of people engaged in incarceration prevention programs.</p> <p>↓ Incarceration of people with MH &/or SUD.</p>

B. SERVICES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
B3.	<p>Need: Increased capacity of Program for Assertive Community Treatment (PACT), an evidence-based program for people with severe and persistent mental illness who require intensive support services (e.g., medication, case management) to function in the community.</p>	<p>Rec 1: Expand access to PACT services in the community for people with severe and persistent mental illness and other mental disorders (e.g., PTSD, traumatic brain injuries) to prevent involvement with the criminal legal system.</p>	<p>↑ # of individuals with serious mental illness and other mental disorders receiving PACT services.</p> <p>↓ # of individuals experiencing serious mental illness and other mental disorders who are incarcerated/ re-incarcerated.</p>
		<p>Rec 2: Increase PACT services dedicated to incarcerated individuals. Conduct evaluation for services prior to release and facilitate immediate entry into PACT services upon release.</p>	<p>↑ # of incarcerated individuals with serious mental illness and other mental disorders receiving PACT services upon release from jail.</p> <p>↓ # of individuals experiencing serious mental illness and other mental disorders who are re-incarcerated.</p>
B4.	<p>Need: Additional qualified, & racially/ethnically diverse jail staff.</p>	<p>Rec 1: Ensure that recruitment and employment practices in the jail advance diversity, equity, and inclusion.</p>	<p>↑ # of racially/ethnically diverse jail staff.</p> <p>↑ # of jail staff.</p>
		<p>Rec 2: Offer wages and benefits that will attract qualified staff, representative of the community's diversity.</p>	<p>↑ # of racially/ethnically diverse jail staff.</p> <p>↑ # of jail staff.</p>
B5.	<p>Need: Additional corrections officers to escort incarcerated individuals to services within and outside the jail.</p>	<p>Recommendation: Add jail staff to increase incarcerated individuals' access to needed services within and outside the jail (e.g., MH/SUD services, medical care, lawyers, court, education, vocational training, peer support).</p>	<p>↑ # of jail staff.</p> <p>↑ # of incarcerated individuals who receive needed services.</p>

Facilities Needs Assessment

The SAC's discussion of facility needs largely focused on the need for a new jail. However, there are many services needed to fill gaps in the current criminal legal system. It became clear to the SAC that expanded service capacity will require community-based facilities as well. The recommendations below include the full range of facilities needed to achieve the SAC's vision and goals.

“More than any other factor, including the economy and crime rates, jail size is a function of system policies and practices.”

– Vera Institute of Justice, Report to Whatcom County Stakeholders on Jail Reduction Strategies

PERSPECTIVES ON THE WHATCOM COUNTY JAIL

Previous studies have detailed the jail's condition, which has continued to deteriorate.⁵²

There is general agreement among those participating in this Needs Assessment that the jail is in disrepair. Differences of opinion on whether a new jail facility is warranted persist.

In a September poll of SAC members:

- The majority responded that the jail needs to be replaced (77% definitely, 10% probably), and 83% felt it was absolutely essential or very important that a new facility have enough space for the services they consider important.
- Among those who work in the jail, 100% of staff surveyed believe the jail needs to be replaced; 63% of incarcerated respondents surveyed share that perspective.
- The majority of people who completed the public survey prioritized beds for all people incarcerated in the jail (81%), space and resources to support those with mental and physical health conditions (80%), updated equipment and building infrastructure that meets safety codes (77%), and a new jail building to address needed updates (70%).

Although most public survey respondents supported some investment in jail facilities, more detailed analysis of community perspectives revealed differences based on if respondents feel safe in the community and if they believe they would be treated fairly within the criminal legal system.

Respondents who do *not* feel safe and those who trust the fairness of the criminal legal system were more likely to support jail facility investments. Those who do feel safe and those who believe that

they *would not* be treated fairly within the criminal legal system were more likely to prioritize prevention and re-entry services.

Data collected through the engagement sessions indicated that some participants believe building a new jail is needed. Others expressed the opinion that a new jail is not warranted, regardless of current conditions.

NEED FOR NEW JAIL FACILITY

Achieving the vision set forth by the SAC for Whatcom County’s criminal legal system requires a facility that protects health and safety and provides those at risk of incarceration the services they need to avoid a return to jail once released. They will only receive those services if there is sufficient funding, staffing, and space to support service delivery.

Whatcom County’s correctional facilities are currently not up to this task. The Interim Work Center located on Division Street in Bellingham’s Irongate district was intended to be just that – interim. It was originally constructed to serve temporarily as a minimum-security correctional facility and intended to eventually be sold with potential conversion to a commercial industrial building or warehouse. It has, however, been serving as a minimum-security facility since 2006. It is showing its age and lacks the features that would make it suitable for other uses as a correctional facility.

As described in the previous sections of this report, **the existing jail lacks the capacity to meet the needs of incarcerated people.** This includes everything from the most basic functions, such as laundry, kitchen, and dining facilities, to enough confidential spaces to receive behavioral and physical health care, meet with attorneys, or attend support groups.

The SAC has considered a number of factors related to the design of a new jail facility.

More than 85% of SAC members felt it was very important or absolutely essential that a new jail facility have adequate space to provide:

- Medical services.
- Mental health services.
- Options for visits (in-person, phone, virtual).
- Treatment for alcohol and/or drug addiction.

JAIL FACILITY CONSIDERATIONS

Size

Previous estimates of needed jail capacity have largely been based on the size of the current jail population combined with population projections. There has been a roughly equal correlation between growth in the size of the Whatcom County population and projected growth of the incarcerated population. Estimates have taken into consideration both the number of beds needed and space for operations and services.

If alternatives to incarceration are expanded and efforts to reduce recidivism are successful, this calculation could be expected to change. The jail population may rise at a slower rate than the projected population growth of the county.

That said, there is no way to account for future legislative changes at the state or federal levels that might affect incarceration rates. If the factors that put people at higher risk of incarceration are not addressed, that could affect incarceration rates too. To estimate the current and future capacity needs of a new jail is, therefore, tricky.

In a September survey of SAC members, 50% felt that a new facility should be big enough to hold more people as the population expands.

Jail staff and incarcerated individuals surveyed were asked to provide their thoughts on the size of a prospective new facility. Nearly all jail staff (96%) and 71% of incarcerated respondents believed a larger jail is needed to relieve overcrowding and provide room for service delivery.

Asked why a new facility should be bigger, incarcerated respondents cited:

- Overcrowding (34%).
 - Provide more space for services (19%).
 - Accommodate more offenders (14%).
 - Poor condition of the building (10%).
 - Increase outdoor recreational space (8%).
 - Separate people with different needs (7%).
-

Jail staff responding to a similar question stated the need to address increasing crime rates by holding people accountable (35%), provide more space to safely house people (31%), and to provide

more space for people with mental health issues and staff to support them (27%). One individual stated that a larger jail was needed because of backlogs in moving the incarcerated population through the court system.

Those incarcerated survey respondents with a preference for a facility of the same size or smaller noted that:

- “The goal is rehabilitation, not to make people better criminals.”
- The jail needs repair and updating, if not replacement.
- Fewer people would be in the jail if there was more diversion (e.g., bail reform, prevention, and incarceration alternatives).

Design

One of the challenges of the current jail facility is that the cell layout within the housing units limits the ability of staff to clearly see and monitor incarcerated people. The obstructed sight lines within the jail reduce the safety of staff, incarcerated people, and service providers.

Based on these considerations and best practice recommendations for correctional facilities,⁵³ the SAC considered the pros and cons of a horizontal versus a vertical design. A horizontal design was recommended in an evaluation of the LaBounty Road site in 2010. This was based on considerations about adaptability of the facility, security of staff and incarcerated people, and operational costs, considerations which have not changed over time.⁵⁴

Information gathered as part of this Needs Assessment identified additional desirable design features:

<p>VERSATILITY</p> <p>A design that would be adaptable to changes in:</p> <ul style="list-style-type: none">● Minimum-, medium- and maximum-security needs.● Service space needs.● Bed space needs.● Needs of the incarcerated population.	<p>RELIABLE INFRASTRUCTURE</p> <p>Ability to support robust, stable technologies and operations.</p>	<p>EASE OF OPERATIONS</p> <p>Ability to bring services to incarcerated people rather than bringing people to services.</p>
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Location

In 2013, the LaBounty Road property in Ferndale was purchased as the proposed site of a new jail, as it was determined to meet the criteria set forth by the 2012 Jail Planning Task Force. Both during the 2015 ballot measure campaign that would have funded construction and in post-election listening sessions, many Whatcom County residents raised objections to the site. A primary argument was that it was too far from needed services, the courthouse, and the hospital. It was also not well-served by public transit, and wetlands mitigation would be needed before construction could start.

Since the defeat of the 2015 ballot measure, alternatives to the LaBounty Road property have been discussed. As part of this Needs Assessment, the SAC considered a total of three sites currently owned by the County:

- The **LaBounty Road property** in Ferndale.
- The **Irongate District**, adjacent to the existing Work Center and the Anne Deacon Center for Hope (Crisis Stabilization Center).
- The **Civic Center**, site of the current jail, adjacent to the Whatcom County Courthouse and Bellingham City Hall.

Each of these sites have pros and cons related to location, costs to develop, and opportunities for the expansion of services or beds that might be needed in the future.

The SAC is not in a position to fully evaluate the costs and various other considerations associated with site selection. Further analysis by jail design experts is needed. However, the SAC discussed their priorities over the course of multiple meetings and completed a poll in October 2022 which weighed the importance of various criteria. The results indicated that:

- 80% of SAC members considered the cost to develop the property to be important or very important.
- 73% felt that available adjacent space for future expansion is important or very important.
- 60% of members prioritized a site large enough to build a facility with a horizontal design.

SAC members also rated how important it was that the jail be located in close proximity to various services and resources the incarcerated population needs. Other considerations related to location include:

- Environmental impacts.
- Distance from schools and high-density residential areas.
- Compatibility with neighboring uses.
- Aesthetic impact on community character.

OTHER COMMUNITY-BASED FACILITY NEEDS

Other facility priorities were identified during the SAC process:

- Facilities to enable increased community mental health and substance use disorder treatment.
- Increased capacity across a continuum of supported housing.

Behavioral Health Urgent Care

The Anne Deacon Center for Hope, the new Crisis Stabilization Center, now provides a total of 32 beds for mental health support and substance use withdrawal management as an alternative to hospitalization or arrest. Adding a facility that is available to the public 24/7 to provide short-term support (up to 23 hours), such as a mental health urgent care or a sobering center, has been suggested to fill an ongoing gap. A regional secure detox facility is another need that has been discussed.

The North Sound Behavioral Health Administrative Services Organization will soon complete a behavioral health facilities needs assessment covering the five-county region of northwest Washington, including Whatcom County. The SAC expects that the results of this report will further inform local behavioral health facility needs.

PROXIMITY MATTERS

% of SAC Members Who Rated Proximity to These Resources as Important or Very Important (N=35)

Bus Line	86%
Courthouse	74%
Public Defender's Office	58%
Crisis Stabilization Center	46%
Sheriff's Office	43%
Hospital	41%
Work Center	35%
Freeway Entrance	35%

Housing Needs

Housing was repeatedly identified throughout SAC discussions as a factor that promotes stabilization and successful community re-entry. A shortage of affordable and supportive housing currently poses a challenge in preventing incarceration and re-incarceration. A variety of needs were identified in the process of updating the SIM (Appendix G), and the IPRTF has made additional recommendations related to supportive housing needs.⁵⁵

These include housing with intensive case management and service availability for those participating in programs such as LEAD and GRACE, those involved in therapeutic court programs, or those released from jail.

Housing was repeatedly identified as a factor that promotes stabilization and successful community re-entry.

FACILITIES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

The following chart draws from the work of the SAC, IPRTF, and the Whatcom County Health Department to suggest the types of facilities needed to fully respond to Services Needs and Recommendations listed above.

C. FACILITIES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES			
#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
C1.	<p>Need: A new jail that is:</p> <ul style="list-style-type: none"> • Correctly sized, based on a fair analysis of population growth, along with strategic investments to avoid unnecessary incarcerations. • Sized and operated to assure booking restrictions in the county and its cities will not occur. • Designed to reflect best practices for safety, efficiency, and technology. • Safe for incarcerated individuals and those who work and visit there. • Designed with spaces & equipment to provide incarcerated individuals with dignity and needed services (e.g., dedicated, confidential behavioral health treatment space; visitation spaces; medical care, provider/staff workspace; education & 	<p>Rec 1: Build a new jail that meets as many of the specified criteria as possible.</p>	A new jail that meets as many of the specified criteria as possible.
		<p>Rec 2: Calculate comparative cost estimates for possible facility locations before a specific site is chosen.</p>	Fiscally responsible decision about jail site.
		<p>Rec. 3: Select a location for the jail with due consideration of the comparative importance assigned to proximity to various resources and services.</p>	A new jail located in proximity to key resources and services.

C. FACILITIES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
	<p>vocational training; outside spaces).</p> <ul style="list-style-type: none"> • Versatile to accommodate changes in the population. • Built to last. • Easy to maintain. • Feasible to fund and build. • Located near adjacent land to purchase/develop if needed. • Located in proximity to resources incarcerated individuals need (e.g., criminal legal resources, public transportation). • Easily accessible by all jurisdictions served. 		
C2.	<p>Need: Facilities to enable increased community mental health and substance use disorder treatment capacity (in-patient & out-patient) to prevent and reduce incarceration and re-incarceration.</p>	<p>Rec 1: Explore development of 24/7 Behavioral Health Urgent Care capacity to provide short-term (23 hours or less) MH and SUD services.</p>	<p>↑ # of people who receive short-term behavioral health services rather than incarceration.</p>
		<p>Rec 2: Research feasibility and desirability of building a secure detox facility in the region for people with SUD who are considered a risk to public safety.</p>	<p>↑ Appropriate facilities for incarcerated individuals who need SUD treatment.</p>
		<p>Rec 3: Establish a location in close proximity to the jail from which re-entry specialists, behavioral health staff, system navigators, and peer support providers can offer re-entry support.</p>	<p>↑ # of individuals engaged in community behavioral health services upon release from jail.</p> <p>↓ # of individuals re-incarcerated.</p>

C. FACILITIES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

#	NEEDS	RECOMMENDATIONS	DESIRED OUTCOMES
		Rec 4: Work closely with criminal legal system stakeholders to select locations for facilities that will work for employees, incarcerated individuals, service providers, and families.	Well-located facilities, accessible to service providers, those who use services, and their families.
C3.	Need: Additional permanent supportive housing with on-site clinical support and intensive case management for people with severe and persistent mental illness who are involved, or at risk of involvement, with the criminal legal system.	Recommendation: Advocate for state, federal, and private funding to expand and improve permanent supportive housing with on-site clinical support and intensive case management for people with serious mental illness who are involved, or at risk of involvement with the criminal legal system.	<p>↑ Available permanent supportive housing.</p> <p>↑ Clinical support and quality of life for currently/previously incarcerated individuals and residents of permanent supportive housing who have serious mental illness.</p> <p>↓ Homelessness for people with serious mental illness.</p> <p>↓ Risk of incarceration/re-incarceration.</p>
C4.	Need: Safe, supportive housing for people engaged in diversion and therapeutic court programs (e.g., GRACE and LEAD, Drug Court, Mental Health Court).	Recommendation: Prevent unstable housing from being a barrier to successful engagement with diversion and therapeutic court programs.	<p>↑ Successful completion of diversion and therapeutic court programs.</p> <p>↓ Homelessness for people with MH &/or SUD.</p> <p>↓ Risk of incarceration/re-incarceration.</p>

Conclusion

Throughout this Needs Assessment, the SAC examined and made recommendations for the systems, services, and facility improvements currently needed to improve public health and safety within Whatcom County's criminal legal system. The Vision, Values, and Goals developed by the SAC complement this work. Together, they can inform future decision making.

In conducting its assessment, the SAC benefited from the expertise of subject matter experts and Incarceration Prevention and Reduction Task Force members. Its work was also informed by a public engagement process involving surveys of jail staff and incarcerated individuals, an online public survey, a Town Hall, and interviews and listening sessions with members of the immigrant, tribal, and previously incarcerated communities.

It has become clear through the SAC process that there are high levels of agreement, both among SAC members and community members, in many areas. These include the desire to:

<p>1</p> <p>Protect public health, safety and rights.</p>	<p>2</p> <p>Have a jail facility that is:</p> <ul style="list-style-type: none">• Structurally sound.• Well-designed to ensure the safety of incarcerated people, staff, and visitors.• Large enough to meet community public safety needs and to accommodate needed services.	<p>3</p> <p>Improve service capacity and availability, particularly in the areas of mental health and substance use treatment.</p>
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The SAC has not set a priority order for addressing the needs and recommendations identified through this Needs Assessment. **Some of the needs and recommendations are urgent, but they all need to be addressed over time.** As funding opportunities arise, priority needs can be addressed. (See Appendix N, which includes an initial list of potential funding opportunities.)

In the coming months, the Whatcom County Council and Executive will consider the work of the SAC, consult with experts in service design and delivery and facility planning, consider financing mechanisms, and identify next steps for implementation.

The members of the SAC hope that the results of its work will be useful to the Whatcom County Council, local officials, and the public as next steps in improving Whatcom County's criminal legal system are considered and implemented. The County Council and Executive Office will lead the next steps, including identifying an implementation plan for the SAC's recommendations.

**Many thanks to everyone who gave so generously
of their time and expertise to develop this Needs Assessment.**

Acronyms

The acronyms used in the Needs Assessment Report are listed below. See the Glossary for definitions and descriptions of these and other key terms used in the report.

AA: Alcoholics Anonymous

ACA: Affordable Care Act

ACEs: Adverse Childhood Experiences

ADA: Americans with Disabilities Act

ART: Alternative Response Team

BHGAT: Behavioral Health Gap Analysis Team

BIPOC: Black, Indigenous and People of Color

CAD: Computer Aided Dispatch

DCR: Designated Crisis Responder

DUI: Driving Under the Influence

EHD: Electronic Home Detention

EMS: Emergency Medical Services

EMT: Emergency Medical Technicians

GARE: Government Alliance on Race and Equity

GED: General Educational Development Test

GRACE: Ground-level Response and Coordinated Engagement Program

HARPS: Housing and Recovery through Peer Services

HIPAA: Health Insurance Portability and Accountability Act

HOT: Homeless Outreach Team

INDEX: Information Needs and Data Exchange

IPRTF: Incarceration Prevention and Reduction Task Force

LEAD: Law Enforcement Assisted Diversion Program

MCOT: Mobile Crisis Outreach Team

MH: Mental Health

MHPs: Mental Health Professionals

NA: Narcotics Anonymous

PACT: Program for Assertive Community Treatment

PPWG: Pretrial Processes Work Group

PTSD: Post-traumatic Stress Disorder

SAC: Stakeholder Advisory Committee

SIM: Sequential Intercept Model

SUD: Substance Use Disorder

TVA: The Vida Agency

Glossary

9-8-8 system: A universal phone number people can call when they or a loved one experience a behavioral health crisis.

12-Step Programs: The 12 steps were created by the founders of Alcoholics Anonymous as guidelines to help people overcome addiction to alcohol. A basic principle of the 12-Step model is that people can help one another achieve and maintain abstinence from substances or behaviors to which they are addicted.

Alcoholics Anonymous (AA): A 12-Step program designed to help people overcome addiction to alcohol.

ADA accessibility: Refers to compliance with the Americans with Disabilities Act (ADA) standards for ensuring that a site, facility, work environment, service, or program is easy to approach, enter, operate, participate in, and/or use safely and with dignity by a person with a disability.

Adverse Childhood Experiences (ACEs): Potentially traumatic events that occur in childhood (ages 0-17). ACEs can interfere with a person's health, opportunities, and stability in adulthood. The greater the number of ACEs, the greater the risk for negative outcomes.

Affordable Care Act (ACA): The 2010 comprehensive health care reform law and its amendments. The law addresses health insurance coverage, health care costs, and preventive care.

Affordable housing: Housing that costs 30% or less of an occupant's gross income, including utilities.

Alternative Response Team (ART): Two-person teams of a behavioral health specialist and public health nurse or EMT who work closely with What-Comm 911 dispatch and the Mobile Crisis Outreach Team to respond to non-violent mental health calls that do not need emergency medical services or law enforcement.

Americans with Disabilities Act (ADA): A federal civil rights law passed in 1990 that prohibits discrimination against people with disabilities in everyday activities.

Anne Deacon Center for Hope: A 32-bed crisis stabilization center serving adults in Whatcom County and the North Sound Region. The Center provides short-term inpatient mental health and

substance use disorder services. It is named after a former Whatcom County Health Department manager, Anne Deacon, who was instrumental in the Center's development.

Arrest: Seize someone by legal authority and take into custody.

Bail: The deposit of a sum of money, the posting of a bond for such a sum, or the obligation of a financial asset for such a sum, provided as a condition of a court order that authorizes temporary release from custody of a person charged with a crime.

Bail reform: Policy changes to reduce the use of bail and pretrial detention for misdemeanors and nonviolent felonies. Bail reform efforts aim to address the disproportionate impacts of bail systems on people of color and people who are poor.

Behavioral health/health care: Treatment for mental health and/or substance use disorders (alcohol or other drug addiction).

Behavioral Health Gap Analysis Team (BHGAT): A team of behavioral health subject matter experts, mostly from the Whatcom County Health Department, who played a significant role in the Justice Project by updating the Sequential Intercept Model (SIM) and using it to identify gaps in current behavioral health services for people involved with the criminal legal system.

Best practice model: A method or technique that has been shown through research to produce the best results.

Black, Indigenous and People of Color (BIPOC): This term is used to acknowledge that not all people of color face equal levels of injustice. BIPOC recognizes that black and Indigenous people are severely impacted by systemic racial injustices.

Book/booking/booked: The process where information about a criminal suspect is entered into the system of a police station or jail after that person's arrest.

Booking restrictions: A practice to control the jail population by booking and releasing people, except for those who represent a serious threat to public safety (e.g., people suspected of offenses involving violence, harassment, stalking, or a violation of a protection order). In recent years in Whatcom County, booking restrictions have been used to control the spread of COVID and to reduce jail overcrowding.

Capital improvements: Permanent structural alteration or repair to a property that improves it substantially, thereby increasing its overall value.

Case processing: Includes the movement of a lawsuit or legal action through the legal system.

Charge/charges/charged: A formal accusation of criminal activity.

Community re-entry: An incarcerated person leaves prison or jail and goes back into the community.

Community Paramedic Program: Community paramedics provide support for people who frequently call 911 to connect them with services that can better meet their needs.

Competency evaluation: Washington State law requires that defendants must be mentally competent to stand trial and be able to assist in their own defense. If competence is questioned, a specialized competency evaluation is conducted, usually in jail or a state hospital.

Competency hearings: A hearing before a judge at which a court-appointed mental health professional provides their professional opinion on whether an individual is competent to stand trial.

Competency restoration process: Services to prepare defendants with symptoms of mental illness to be able to defend themselves in court. This usually includes psychiatric evaluation, medication monitoring, and training about court proceedings, and typically requires a stay at a psychiatric facility (e.g., Eastern or Western State Hospital) that can extend to 12-18 weeks.

Computer Aided Dispatch (CAD): Computer systems utilized by dispatchers (e.g., 911 operators) to prioritize and record incident calls, identify the status and location of a responder, and dispatch responders.

Conviction: A formal declaration by the verdict of a jury, or the decision of a judge in a court of law, that someone is guilty of a criminal offense.

Co-occurring disorders: May include any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

Correctional facility: The building used to detain offenders. These facilities may hold accused people prior to trial, convicted criminals, juvenile offenders, and other types of individuals. Some correctional facilities are intended to reform or otherwise prepare offenders for a successful reintegration into society, while others simply detain criminals until they can be released. Types of correctional facilities include jails, prisons, and juvenile detention centers.

Court backlogs: An accumulation of pending court cases that are uncompleted for longer than the period prescribed.

Criminal legal system: The U.S. system of policing, prosecution, courts, and corrections. “Criminal legal system” is preferred language to “criminal justice system” given that these systems have a long and ongoing history of racial bias and injustice. Acknowledging this by using the preferred language is a small step toward creating systems that deliver justice for all.

Criminogenic factors/thinking/behavior: Characteristics, traits, problems, or behaviors an individual exhibits that may be predictive of future criminal behavior. These include: a criminal history; anti-social behavior patterns, thinking, and attitudes; associating with others with a criminal history; and isolation from pro-social peers.

Crisis intervention services: Immediate, short-term counseling (talking with a professional counselor) to address a mental health emergency (e.g., attempted suicide, drug overdose), stabilize the individual in crisis, and create and implement a plan for next steps and future treatment.

Crisis stabilization: Direct services that assist with de-escalating the severity of a person's level of distress and/or need for urgent care associated with a substance use or mental health disorder.

Crisis stabilization center: A facility that provides services to adults who are experiencing a mental health crisis or who are in need of substance withdrawal management services to help them restore and stabilize their health. In Whatcom County, the Anne Deacon Center for Hope is a 32-bed Crisis Stabilization Center.

Decompensate: To lose the ability to maintain normal or appropriate psychological defenses, sometimes resulting in depression, anxiety, or delusions.

Designated Crisis Responder (DCR): A provider who makes a legal assessment of whether an individual is gravely disabled and/or a danger to self or others as a result of a mental health or substance use disorder for possible involuntary detention to a behavioral health facility (see “Involuntary Treatment Act”).

Detain: To keep someone in official custody, typically for questioning about a crime or; to officially seize and hold goods.

Detox (detoxification): A process, period of time, or facility in which one abstains from or rids the body of toxic or unhealthy substances.

Discovery Specialist: A trained individual serving as part of a legal team on either side of a matter, whose responsibility is to identify ("discover") potential evidence that could be used in a legal proceeding. In a criminal proceeding, such potential evidence may affect whether a criminal charge is made, how the charge is prosecuted or defended against, and/or how a person is sentenced in the matter.

Discrimination: The unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or gender.

Disparity(ies)/Racial disparities: Unequal treatment or outcomes of different (racial/ethnic) groups in the same circumstance, which may or may not be related to discrimination.

Disproportionate(ly): The overrepresentation or underrepresentation of a (racial/ethnic) group compared with its percentage in the total population.

Diversion/Diversion programs: Programs that offer people involved, or at risk of involvement with the criminal legal system, an alternative to arrest, prosecution, and incarceration.

Driving Under the Influence (DUI): The crime, or a person arrested or convicted for the crime, of driving a vehicle while affected by drugs or alcohol

Drug Court: See "Recovery Court."

Early intervention: Identifying and providing effective early support to children and young people who are at risk of poor health and/or socioeconomic outcomes.

Electronic Home Detention (EHD)/Electronic monitoring/Electronic home monitoring: Involves the use of either radio frequency or Global Positioning System (GPS) units, often on an ankle bracelet, to monitor the location of defendants who are in pretrial or post-conviction status for misdemeanor and gross misdemeanor violations of law, and who the court has allowed to serve their incarceration or await trial in an electronic home detention and monitoring program.

Emergency Medical Services (EMS): Medical treatment and care which may be rendered at the scene of any medical emergency, or while transporting any patient in an ambulance to an appropriate medical facility. EMS can be provided by such entities as fire departments and ambulance services.

Emergency Medical Technician (EMT): Emergency Medical Technicians provide out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services system.

Emergency response systems: City and County emergency management systems and response teams that respond to emergency situations.

Emergency shelter: A place for people to live temporarily when they cannot live in their previous residence; similar to homeless shelters.

Exposed medical area: Open area for medical practices, without legally-required privacy for the patient.

Extradite: Handing over a person accused or convicted of a crime to the country or state in which the crime was committed.

Family Treatment Court: An alternative to incarceration for selected families facing allegations of child abuse/neglect in which parental substance abuse is a primary factor. Parents are provided multi-disciplinary support and treatment services for substance use disorders, and children are provided a safe and stable environment. (See also “Therapeutic court programs.”)

Felony: A serious crime, often involving violence, that is usually punishable by imprisonment for more than a year.

Fiscal responsibility: The act of creating, optimizing, and maintaining a balanced budget.

Fugitive: A person who has intentionally fled from one state (known as the “Demanding State,” “Home State,” or “Requesting State”) or country to another jurisdiction (or the “Asylum State”) to avoid prosecution, arrest, or punishment for a crime they committed.

Fugitive warrant: An arrest warrant issued against a fugitive.

GED preparation: Assistance for preparing to take the General Educational Development Test (four subject tests). Receiving a GED is equivalent to a high school diploma.

Government Alliance on Race and Equity (GARE): A national network of government working to achieve racial equity and advance opportunities for all. GARE has developed a Racial Equity Toolkit that can help to integrate racial equity in decisions, policies, practices, programs, and budgets.

Ground-level Response and Coordinated Engagement (GRACE) Program: The GRACE program provides intensive, coordinated services to people who are high utilizers of emergency medical services, law enforcement, hospital emergency department, and the Whatcom County jail.

Gross misdemeanor offense: A crime more serious than a regular misdemeanor, but not as serious as a felony. Examples include petty theft, simple assault, or driving under the influence of drugs/alcohol. Maximum sentence is 364 days in jail and/or a \$5000 fine.

Health Insurance Portability and Accountability Act (HIPAA): A 1996 federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

Holds: Legally authorized measures by which an individual is detained involuntarily while an issue is evaluated, investigated, or decided.

Homeless Outreach Team (HOT): A program of the Opportunity Council that provides support to people who are experiencing homelessness and the broader community they interact with (e.g., technical assistance to businesses).

House arrest: Someone who has been arrested is confined to their residence by authorities, rather than incarcerated in a jail/prison.

Housing and Recovery through Peer Services (HARPS) program: Provides supportive housing services to those with mental health and/or substance use disorders, or who are experiencing or at risk of homelessness.

Incarceration: The state of being confined in jail/prison; imprisonment.

Incarceration Prevention and Reduction Task Force (IPRTF): A Whatcom County Task Force formed to continually review the County's criminal legal and behavioral health programs and make recommendations to effectively reduce incarceration of individuals with mental health and substance use disorders, and pretrial defendants who can safely be released. The IPRTF also serves as the Law and Justice Council.

Inequity: Lack of fairness or justice.

Information Needs and Data Exchange (INDEX): A subcommittee of the IPRTF that is working to develop a data collection and reporting system that can accurately inform policymakers of changes necessary to minimize jail use and improve efficiency in the criminal legal system.

In-state warrant (also called a bench warrant): A state judge may grant a state arrest warrant against an individual, which allows law enforcement to arrest that person if they are being charged with a state crime or are being investigated for involvement in a state crime.

Intensive case management: An array of support services to provide long-term care for people with severe mental illness to help them live successfully in the community.

Interim Work Center: A minimum-security facility that offers alternative incarceration programs for low-risk offenders. These include in-custody and out-of-custody work crews and work release programs.

Involuntary Treatment Act: The state law (RCW 71.05.153) providing a framework for civil investigation, evaluation, detention, and commitment of an individual demonstrating acute symptoms of a mental health or substance use disorder who may present an imminent likelihood of serious harm, or is in imminent danger because of being gravely disabled.

Jail: A local detainment facility holding those newly arrested, those serving sentences of up to a year for less serious offenses, or those awaiting trial or sentencing who are deemed a public safety risk. In Whatcom County there are two jail facilities – the Interim Work Center, a minimum-security facility in Irongate, and the main jail in the Civic Center of Bellingham.

Jail alternatives: Any kind of punishment other than time in jail that can be given to a person who commits a crime.

Jurisdiction: The territory or sphere of activity over which the legal authority of a court or other institution extends.

Justice System: See “Criminal legal system” above.

Law and Justice Council: State law (RCW 72.09.300) requires each county’s legislative body to create a local law and justice council, with specified members to include elected officials and representatives of public agencies within the criminal legal system. A local law and justice council may maximize efficient use of local resources in its criminal legal system, offer advice on management of the county jail, promote mechanisms for communication of information in the system, and coordinate with the state Dept. of Corrections on supervision of offenders. Given the similarities in required membership, the Whatcom County Council designated the IPRTF to serve additionally as the local Law and Justice Council (Ordinance 2019-009, WCC 2.46).

Law Enforcement Assisted Diversion (LEAD) Program: Services for people with multiple low-level criminal offences who are experiencing mental illness, substance use disorders, and/or extreme poverty, to lead them out of the criminal legal system and into intensive case management.

Legal system: A procedure or process for interpreting, administering, and enforcing the law.

Legislative and policy tools: The techniques through which governments generate, evaluate, and implement policy options.

Low-risk offender: A criminal offender who has been assessed to be unlikely to re-offend and is of minimal risk to the community.

Maximum security: A correctional facility designed for housing prisoners regarded as being very dangerous to society.

Mental Health Court: (See “Therapeutic court programs.”)

Mental Health Professionals (MHPs): Different types of licensed providers (e.g., psychologists, marriage and family therapists, social workers) who can help people with psychological problems

Minimum- to medium-security beds: Areas of a correctional facility with the lowest level of security barriers. Minimum-security housing usually holds lower-risk offenders, typically in dormitory settings, and may or may not have security technology and staff monitoring the facility grounds.

Misdemeanant: A person convicted of a misdemeanor or guilty of misconduct.

Misdemeanor: A type of offense less serious than a felony that is typically punishable by a fine or less than 12 months imprisonment.

Mobile Crisis Outreach Team (MCOT): A team of behavioral health professionals, operated by Compass Health, that serves adults, adolescents, and children who are experiencing a mental health and/or substance use crisis in the community. MCOT offers short-term crisis intervention and prevention services.

Narcotics Anonymous (NA): A 12-Step program designed to help people overcome addiction to drugs.

Navigation/Navigator: The function or role of helping people navigate a complex system and connecting them with services.

Needs Assessment: A process for identifying and determining how to fill the needs and gaps between the system’s current and desired state.

North Sound Behavioral Health Administrative Services Organization: Administers state and federal funds for mental health and substance use disorders services for the five-county region, including Whatcom County.

PACT: See “Program for Assertive Community Treatment.”

Patient privacy requirements: Patient privacy encompasses a number of aspects, including personal space (physical privacy), personal data (informational privacy), personal choices including cultural and religious affiliations (decisional privacy), and personal relationships with family members and other intimates (associational privacy).

Peer Services/Peer Support: Services provided by people who have lived experience with the same issues as the people they are helping (e.g., recovery from substance use disorder, community re-entry following incarceration).

Permanent Supportive Housing: Long-term (permanent) subsidized housing with services such as case management and clinical behavioral health services for people with chronic health conditions or disability, severe and persistent mental illness, and/or substance use disorders.

Post-traumatic Stress Disorder (PTSD): A psychiatric disorder that may occur in people who have experienced or witnessed traumatic events, resulting in intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended.

Pre-conviction: Existing or occurring before a conviction.

Pretrial: Refers to the status of a person who has been charged with a crime but whose case is still in a preliminary stage without having reached a resolution.

Pre-sentence investigation report: A legal document that presents the findings of an investigation conducted by a probation officer into the legal and social background of a person convicted of a crime to determine if there are extenuating circumstances which should influence their sentence.

Pretrial Processes Work Group (PPWG): A subgroup of the IPRTF’s Legal & Justice Committee that is focused on developing a pretrial release assessment tool and monitoring unit.

Pretrial risk assessment: An objective assessment tool used by courts to assess defendants’ risks of failing to appear at future court hearings, and to determine whether individuals can be safely released and monitored in the community until their trial.

Pretrial Services Unit: A Whatcom County Superior Court program to provide pretrial monitoring to Superior Court defendants. Services are intended to be provided in tandem with a pretrial risk assessment tool to guide judicial officers in assigning an appropriate level of monitoring.

Prevention: Approaches that aim to address social determinants of health and reduce the likelihood of poor outcomes.

Prison: A state or federal detention facility holding those found guilty of more serious crimes or serving longer sentences, generally more than a year.

Probation: An alternative to incarceration that allows individuals to serve their time without being in jail/prison. These people have to follow specific rules in order to complete probation, and they are supervised by a probation officer who ensures they follow those rules.

Probation reform: Reimagining the probation system to reduce incarceration and increase positive outcomes. This may include reducing the length of probation and changing how violations of probation are handled.

Program for Assertive Community Treatment (PACT): An effective, evidence-based, recovery-oriented mental health service for individuals with severe and persistent mental illnesses, often with co-occurring substance use disorder. The program is run by Lake Whatcom Center and uses a multidisciplinary team of professionals to provide intensive services to individuals who experience difficulties with daily functioning.

Psychotropic medications: Medications used to treat mental health disorders.

Public Safety Assessment: A validated pretrial risk assessment tool used to inform decisions about whether an individual can safely be released pretrial. The Public Safety Assessment has been used in Whatcom County Superior Court. (See “Pretrial risk assessment” and “Pretrial Services Unit.”)

Public safety systems: A communication system to provide emergency police, fire, medical, and other first responder services.

Recidivism: The tendency of a convicted criminal to re-offend and be re-incarcerated.

Recovery Court (also known as Drug Court): Recovery Court identifies and provides treatment programs rather than simple incarceration for individuals involved with the criminal legal system who need assistance with substance use disorders. The overall aim of Recovery Court is to reduce substance abuse and drug-related crimes within our community.

Re-entry: The transition from life in jail to life in the community.

Rehabilitation/Rehabilitation programs: Programs focusing on helping offenders understand their wrongs, address underlying behavioral health issues, restore health, develop skills, and prepare to re-enter society.

Re-incarceration: A second or subsequent incarceration.

Restorative Justice: An alternative, usually less legally-oriented, process of responding to a crime through interactions that address the needs and losses of a victim while promoting personal accountability and reconciliation.

Secure detox facility: (Also called a “secure withdrawal management and stabilization facility.”) A facility that provides involuntary treatment for substance use disorders under the supervision of a physician for people over 13 years old who present a likelihood of serious harm to themselves or others, other’s property, or who are gravely disabled due to a substance use disorder.

Seismically unsound: Structures that do not comply with current seismic codes and have potential to be unsafe during an earthquake or other seismic activity.

Sentence: The punishment assigned to a defendant found guilty by a court, or fixed by law, for a particular offense.

Sentencing Reform Act of 1981: Replaced a system of indeterminate sentencing with release dates determined by a parole board, to a system of determinate sentencing, where formulas and matrices determine a set sentence length. It also explicitly rejected rehabilitation as the goal of incarceration, instead embracing a philosophy of punishment.

Sequential Intercept Model (SIM): A conceptual model that details how individuals with mental health and/or substance use disorders come into contact with and move through the criminal legal system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans.

Sight lines: A hypothetical line from someone's eye to what is seen (used especially with reference to good or bad visibility).

Smoke evacuation system: Equipment designed to capture and neutralize smoke at the point of origin, before the smoke makes contact with the eyes or the respiratory tract of occupants in the room.

Sobering center: A facility or setting providing short-term recovery and recuperation from the effects of acute alcohol or other drug intoxication as an alternative to the emergency room or jail, and, where appropriate, providing linkage with recovery services.

Specialized Courts: See “Therapeutic Court Programs.”

Stakeholder: A person with an interest or concern in something.

Stand-alone offense: A single crime, not a continuing offense or multiple offenses.

Steering Committee: A committee that decides on the priorities or order of business of an organization and manages the general course of its operations.

Substance Use Disorder (SUD): The body’s physical or psychological dependency on a psychoactive (mind-altering) substance such as drugs or alcohol. “Substance use disorder” is the current term used in place of “chemical dependency.”

Therapeutic court programs: Qualified individuals whose behavioral health issues have brought them into the judicial system may be offered comprehensive support services (e.g., mental health and substance use disorder treatment, supervised housing, case management, family therapy) as an alternative to incarceration. Therapeutic court programs include Drug/Recovery Court, Mental Health Court, and Family Treatment Court.

Triage: A preliminary assessment in order to determine the urgency of a person’s need for treatment and the nature of treatment required.

Triage Center: The Whatcom County Triage Center became part of the Crisis Stabilization Center, which is now named the Anne Deacon Center for Hope. This Center serves as a diversion resource to decrease the use of the jail and the hospital emergency department. Compass Health is contracted to assist individuals having a behavioral health crisis to access needed services and supports.

Undocumented: Not having the appropriate legal document or license. Often refers to immigrants in the country without legal documentation or permission from the government.

The Vera Institute: A national organization that works to transform the criminal legal and immigration systems, through advocacy and conducting expert analysis and research. The Vera Institute did a thorough analysis of Whatcom County’s criminal legal system in 2017.

The Vida Agency (TVA): A multicultural communications company with offices in the greater Seattle area that works with diverse communities on behalf of private enterprise and public

agencies. TVA was contracted to conduct interviews, listening sessions, and a survey of the general public for the Justice Project Needs Assessment.

Vocational services: Services to help individuals prepare for, obtain, maintain, and advance employment goals.

Warrant: An official document, signed by a judge or other person in authority, that gives the police permission to search someone's home, arrest a person, or take some other action.

The Way Station: A new facility under development that will serve individuals experiencing homelessness who are in need of hygiene, medical and behavioral health services, and/or medical respite care to recuperate after a hospital stay.

Western State Hospital: A state psychiatric hospital with 800+ beds. It is located in Lakewood, WA and serves 20 Western Washington counties, including Whatcom. Services include evaluation and inpatient treatment for adults with serious mental illness. Patients may be referred for involuntary treatment through the criminal legal system.

Whatcom County Co-Responder Program: A new pilot program that is a partnership of the Whatcom County Health Department and Sheriff's Office. A behavioral health specialist will respond to calls with law enforcement, when appropriate.

Whatcom Homeless Services Center: A program of the Opportunity Council which provides a broad array of services for individuals experiencing homelessness, including housing services, landlord mediation, and services to meet basic needs.

Work release: A program that allows an incarcerated individual who is sufficiently trusted or supervised to leave jail during the day to work.

Wraparound Support: A comprehensive, holistic service delivery model for people with serious behavioral health challenges. This team approach involves a collaboration between providers, individuals, their families, and others to develop a tailored plan that reflects their values and preferences.

Appendix

Appendix A: SAC Meeting Minutes and Summaries

[SAC Meeting #1](#), January 20, 2022,

https://www.whatcomcounty.us/DocumentCenter/View/63294/SAC-Meeting-1---Jan-20-2022_MINUTES-draft?bidId=

[SAC Meeting #2](#), April 7, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/65992/Meeting-minutes---SAC-Mtg-2---4-7-2022>

[SAC Meeting #3](#), June 8, 2022, <https://www.whatcomcounty.us/DocumentCenter/View/67762/SAC-Mtg-3-Meeting-Summary---June-8-2022>

[SAC Meeting #4](#), July 14, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/68438/Meeting-Summary----SAC-Mtg-4---07-14-22>

[SAC Meeting #5](#), September 15, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/69455/SAC-Mtg-5--SUMMARY>

[SAC Meeting #6](#), October 13, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/70456/Summary-SAC-Mtg-6---10-13-22>

[SAC Meeting #7](#), November 17, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/71145/Summary----SAC-Mtg-7---Nov-17-2022>

[SAC Meeting #8](#), December 15, 2022,

https://www.whatcomcounty.us/DocumentCenter/View/71496/Summary_SAC-Mtg-8_121522

[SAC Meeting #9](#), January 19, 2023,

https://www.whatcomcounty.us/DocumentCenter/View/72573/Meeting-Summary---SAC-Mtg-9_011923.

[SAC Meeting #10](#), January 26, 2023,

https://www.whatcomcounty.us/DocumentCenter/View/72620/Summary-SAC-Mtg-10_012623

Appendix B: SAC Group Discussions and Joint IPRTF Subcommittee Meetings

[Incarceration Prevention and Reduction Task Force: Joint Behavioral Health Committee and Legal and Justice Systems Committee Meeting Summary](#), March 15, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/65162/Summary-Joint-Committees-March-15-2022>

[SAC Group Discussion #1: Crisis Stabilization Center](#), March 30, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/66748/Meeting-Summary-SAC-Grp-Disc-1--March-30-2022>

[SAC Group Discussion #2: Legal and Justice System, April 4, 2022](#), April 4, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/67336/Meeting-Summary---SAC-Grp-Disc-2---April-4-2022>

[SAC Group Discussion #3: Behavioral Health](#), April 5, 2022,

https://www.whatcomcounty.us/DocumentCenter/View/67701/Meeting-Summary---Stakeholder-Advisory-Committee-Discussion-3_v1

[Incarceration Prevention and Reduction Task Force: Joint Meeting of the Behavioral Health Committee and the Legal and Justice Committee Meeting Summary](#), April 19, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/66295/Summary-Joint-Behav-Health-and-Legal-and-Justice-Committees-April-19-2022>

[SAC Group Discussion #4 – Behavioral Health](#), May 17, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/66741/Meeting-Summary---SAC-Group-Discussion-4---May-17-2022--Behav-health>

[SAC Group Discussion #5 – Behavioral Health](#), July 7, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/68437/Meeting-Summary---SAC-Group-Discussion-5---July-7-2022-final>

[SAC Group Discussion – Public Defender’s Office](#), September 9, 2022,

https://www.whatcomcounty.us/DocumentCenter/View/69367/Meeting-Summary---SAC-Group-Disc---Sept-9-2022_1

[SAC Group Discussion – Facilities](#), September 29, 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/70228/SAC-Group-Disc---Facilities-Work-Session-09-29-2022>

Appendix C: Surveys and Polls of SAC Members

[Stakeholder Advisory Committee Feedback on Preliminary Draft of Values and Goals](#), September 15, 2022, <https://www.whatcomcounty.us/DocumentCenter/View/69299/SAC-Feedback-on-Values-and-Goals->

[Agreement with Vision, Values, & Goals Statements](#), October 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/70990/Vision-Vals-Goals-Rpt>

[Priorities Regarding Jail Location](#), October 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/70991/Jail-Location-Poll-Rpt>

[Refining the Needs/Gaps & Recommendations](#), October 2022,

<https://www.whatcomcounty.us/DocumentCenter/View/70993/Needs-Recs-Report-w-Sugg>

[Poll Results: Determining Level of Support with Vision, Values, & Goals](#), January 2023,

<https://www.whatcomcounty.us/DocumentCenter/View/71949/Results-Vision-Values-Goals-Poll>

[Poll Results: Determining Level of Support with Needs & Recommendations](#), January, 2023,

<https://www.whatcomcounty.us/DocumentCenter/View/71950/Results-Needs-Recommendations-Poll>

Appendix D: A Collaborative Process

[Summary of the Stakeholder Advisory Committee Process](#), January 2023,

<https://www.whatcomcounty.us/DocumentCenter/View/71936/Summary-of-SAC-Process---January-2023>

Appendix E: Previous Studies List

[Previous Studies List](#), <https://www.whatcomcounty.us/DocumentCenter/View/46621/Previous-Studies-List>

Appendix F: Sequential Intercept Model Definitions

[Sequential Intercept Model Service Definitions](#),

<https://www.whatcomcounty.us/DocumentCenter/View/67213/6122-SIMS-Intercept-Service-Definitions>

Appendix G: Sequential Intercept Model (SIM) 2022 Update

[Sequential Intercept Model Update](#), January 2023,

<https://www.whatcomcounty.us/DocumentCenter/View/71753/Sequential-Intercept-Model-SIM-January-2023>

Appendix H: Surveys of Incarcerated People and Staff at the Whatcom County Jail and Work Center

[Surveys of Incarcerated Individuals and Staff at the Whatcom County Jail and Work Center: Results and Comparison, November 2022](#),

<https://www.whatcomcounty.us/DocumentCenter/View/71390/Incarcerated-People-and-Staff-Surveys-Rpt113022?bidId>

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[Public Engagement Plan](#), August 2022,

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Appendix K: Justice Project Comments

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Appendix L: Racial Equity Analysis

[Applying the Racial Equity Toolkit to the SAC's Work](https://www.whatcomcounty.us/DocumentCenter/View/71391/Racial-Equity-Toolkit-Mtg-Notes-112922), November 29, 2022,
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Appendix M: Whatcom County Jail Video

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Appendix N: Potential Funding Sources

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