

**JUSTICE PROJECT
NEEDS ASSESSMENT
IMPLEMENTATION PLAN**

June 2023

Acknowledgements

- **Incarceration Prevention & Reduction Task Force / Law & Justice Council**
- **Additional Workshop Participants – Subject Matter Experts**
- **Whatcom County Council Committee of the Whole**
- **Justice Project Leadership Team**
- **Justice Project Planning Team**
- **Project Support Team**

The many people who participated in focus groups, surveys, interviews, and listening sessions. Your support has been invaluable to this work.

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Executive Summary

In 2022, a diverse group of Whatcom County residents, people working in public agencies and non-profit organizations, and elected officials came together as the [Stakeholder Advisory Committee](#) (SAC) to conduct a community-driven Needs Assessment. Their task was to understand the problems with our behavioral health and criminal legal systems. The SAC determined priority needs and gaps and made recommendations for change.

After a year of learning about the system, the SAC came to agreement on a final [Justice Project Needs Assessment Report](#).

The Needs Assessment reflects an analysis of data, and input from communities of color, people incarcerated or working in the Whatcom County Jail, and a community survey of 1,704 respondents. The SAC openly discussed differences to find common ground, and ultimately created a shared statement of Vision, Values, and long-term Goals (see **Appendix A**). Through that process, it became clear that to create a safer, healthier community, **Whatcom County needs to make significant investments in systems, services, and facilities**. Most importantly, the SAC concluded that we need a balanced approach – **moving away from “either-or” thinking to working together towards “both-and” solutions**.

On February 21, 2023, the Whatcom County Council approved [Resolution 2023-006](#), accepting the SAC’s Justice Project Needs Assessment Report and identifying the next steps to create a [Justice Project Implementation Plan](#) which would include:

- Analysis of potential facilities concepts, including location options and planning level costs;
- Identification of a site and concept for the main jail and service facilities in the community;
- Proposed services and systems efforts and their costs;
- Identification of county departments, community leaders and organizations to lead implementation of the recommendations; and
- A funding approach including, but not limited to, elements to be funded through a proposed ballot measure.

The Justice Project Needs Assessment provides important information about our behavioral health and criminal legal systems. It reflects the Stakeholder Advisory Committee’s work to find common ground around community values, goals, and a vision for the future (see Appendix A) and includes 16 priority needs and 32 recommendations (see Appendix B).

The Implementation Plan was created in early 2023 through a series of workshops hosted by the Incarceration Prevention & Reduction Task Force. Additional community engagement included:

- Focus groups
- Surveys and interviews of people with lived experience and BIPOC communities
- A Town Hall Listening

The Justice Project Needs Assessment Implementation Plan provides a road map for meaningful action, articulating steps to take in the next one to three years. It identifies 15 projects in five categories to make changes in systems, services, and facilities. Many of the projects will require significant investments of local, state, and federal funding, including grants and a proposed sales and use tax. In addition to strengthening and expanding support services and programs, the Implementation Plan proposes new facilities to enable this expansion. These include facilities for crisis intervention, mental

health and substance use disorder treatment, supportive housing, and a new jail and behavioral health treatment center.

There is a general sense of urgency that our community's approach to safety, health, and justice needs to change. In most areas, there is common ground on how to proceed. However, public engagement reveals very different viewpoints on the topic of incarceration. This Implementation Plan may not resolve these differences but aims to offer a balanced approach that includes accountability, rehabilitation, and prevention.

For this effort to be successful, the Plan must be carefully monitored and regularly updated. The Whatcom County Executive has been charged with responsibility for working with the Incarceration Prevention and Reduction Task Force, in its role as the Law and Justice Council (IPRTF/LJC), to monitor progress on the plan as a whole. The Executive shall also establish a new Finance Advisory Board to ensure that tax dollars and other funds are spent fairly and transparently. The purpose of this Implementation Plan is to serve as a useful tool for coordinating and focusing community efforts towards greater health, safety, and justice in Whatcom County.




SUMMARY OF IMPLEMENTATION PLAN STRATEGIES & PROJECTS

STRATEGIES




- I. **Ensure Oversight, Accountability, and Transparency**
- II. **Increase Access to Behavioral Health Services**
- III. **Build Facilities Needed to Promote Public Health, Safety, and Justice**
- IV. **Expand the Capacity of Programs to Reduce Incarceration/Re-incarceration**
- V. **Make Systems Changes with Local, Regional, State, and Federal Partners**

PROJECTS




I. **Ensure Oversight, Accountability, and Transparency**

1.  **Establish a Justice Project Oversight & Planning (JPOP) Committee within the IPRTF/LJC**, including a balanced membership ensuring fair representation of Black, Indigenous, and People of Color (BIPOC) communities, service providers, and people with lived experience, to monitor progress and recommend updates on this Implementation Plan.
2.  **Establish a Justice Project Finance Advisory Board** to oversee financial performance of the Public Health, Safety, and Justice Tax fund and associated programs.
3.  **Collect data to measure progress toward desired outcomes and develop a data dashboard** for criminal legal system organizations to share data with one another and the public.




II. **Increase Access to Behavioral Health Services** for people involved, or at risk of involvement, with the criminal legal system

4.  **Address workforce shortages in behavioral health services**, including recruitment and retention strategies and fair pay, to ensure an inclusive, well-trained, and supported workforce that can provide services designed to minimize interactions with the criminal legal and crisis systems (e.g., intensive case management, mental health and substance use disorder treatment, housing, and re-entry support).
5.  **Build systems to facilitate communication and coordination between organizations** providing services for a seamless continuum of care.
6.  **Increase the capacity of effective existing programs to divert people from incarceration** in tandem with community-based treatment and support services to enable people with behavioral health issues to successfully complete diversion programs.




III. Build Facilities Needed to Promote Public Health, Safety, and Justice

7.  **Build a 23-hour Crisis Relief Center** (Behavioral Health Urgent Care open all hours, seven days per week; individuals can stay for up to 23 hours and 59 minutes) to enable prompt and appropriate intervention when a person is having a behavioral health crisis to reduce use of the hospital Emergency Department and prevent incarceration.
8.  **Build a new jail and behavioral health treatment center** to provide secure detention and an array of rehabilitation services and diversion options, including facilities for people who pose a significant threat to public safety, and alternatives for lower-risk offenders (e.g., work release). Additional facility space will be dedicated to a behavioral health treatment center that offers inpatient mental health and substance use disorder treatment as an alternative to incarceration.
9.  **Identify what additional facilities are needed to support people with behavioral health and substance use disorder issues at risk of incarceration** and bring people with lived experience and experts together to design solutions and propose new and expanded facilities.

IV. Expand the Capacity of Programs to Reduce Incarceration/Re-incarceration

10.  **Ensure people leaving detention and treatment facilities have transportation to a safe destination** to avoid relapse and re-incarceration.
11.  **Bolster re-entry support services**, including establishing locations where people can receive coordinated re-entry support services such as case management, peer support, and assistance with housing, employment, healthcare, etc.
12.  **Maintain and expand supportive housing programs for people with behavioral health issues and a history of incarceration** (e.g., additional housing facilities, well-trained on-site clinical support, and housing case management services).

V. Make Systems Changes with Local, Regional, State, and Federal Partners

13.  **Continue to make changes in court systems** to reduce the number of people who are incarcerated, decrease the length of time they are detained before trial, and explore options in lieu of bail.
14.  **Expedite access to competency restoration services** through advocacy at the state level and exploration and development of outpatient alternatives (e.g., Prosecutorial Diversion Program, Assisted Outpatient Treatment).
15.  **Advocate for a state waiver to allow use of Medicaid funds to pay for medical and behavioral health services for incarcerated individuals.** Obtaining a waiver would ensure greater access to care for individuals while incarcerated, and continuity of care upon re-entry to the community.

Some of the implementation projects are already in process or well-along in planning, while others are dependent on the will of voters and successful applications for state and federal funding. Project descriptions presented in the Implementation Plan include cost estimates and appropriate funding sources that are currently available or that will be pursued. The Whatcom County Executive will update funding estimates over time, consistent with policy direction from the Whatcom County Council. With an Implementation Plan in hand, Whatcom County is well-positioned to respond quickly when new state and federal requests for proposals are released.

Given existing funding sources, anticipated actions starting Year One are:



- Put a sales tax initiative before voters in November 2023 to help pay for the projects in this plan, along with funds from other local, state, and federal sources.
- Establish a Justice Project Oversight and Planning (JPOP) Committee (Project 1).
- Establish a Justice Project Finance Advisory Board (Project 2).
- Hire a Criminal Justice Informatics Specialist and an Application Administrator for data collection and dashboard (Project 3).
- Address workforce shortages in behavioral health services (Project 4).
- Build systems to facilitate communication and coordination between organizations (Project 5).
- Provide staff support for Mental Health Sentencing Alternatives and an expanded mental health court (Project 6).
- Increase capacity of existing diversion programs (Project 6).
- Design a Crisis Relief Center (Project 7).
- Hire a construction project manager. Start construction of a Crisis Relief Center (Project 7).
- Identify additional behavioral health and substance use disorder treatment facilities that are needed (Project 9).
- Increase transportation services for people leaving jail/treatment (Project 10).
- Bolster re-entry services by hiring additional Re-entry Specialists (Project 11).
- Assess supportive housing needs, gaps, and necessary funding supports, including outreach to Nooksack Tribe and Lummi Nation (Project 12).
- Release Request for Proposals for small recovery/supportive housing capital projects (Project 12).
- Identify and assess surplus public property that can be made available for supportive housing (Project 12)
- Continue to make changes in court systems to promote timely resolution of court cases and reduce the number of people held in detention pretrial and the length of time they are held (Project 13).
- Advocate for state funding and policy for supportive housing, diversion, behavioral health, substance use disorder treatment, and pathways for competency restoration (Projects 4, 6, 9, 12, 14).
- Advocate for submission and funding of a state Medicaid waiver for jail-based health services (Project 15).

Some of the Implementation Plan projects are already underway, and some will take many years to accomplish. Some are relatively straightforward, and some will be more difficult. This Implementation Plan will continue to evolve as it is used, but it reflects the best thinking to date for how to address critical problems facing our community.

**—CONDITIONS—
INCREASING:**
 ↑ POPULATION ↑ MENTAL HEALTH ISSUES
 ↑ HOUSING PRICES ↑ HOMELESSNESS
 ↑ SUBSTANCE ABUSE ↑ CRIME

WHATCOM COUNTY JUSTICE PROJECT

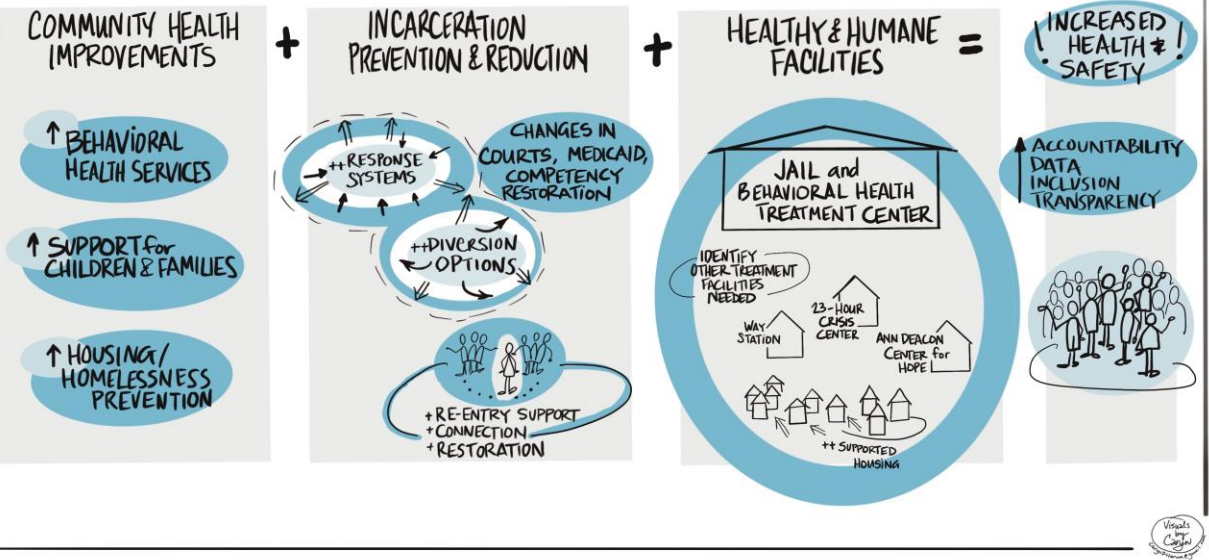
HISTORY OF THE JAIL

| | | | |
|---|---------------------|---|-------------------------------------|
|  | POPULATION GROWTH → |  | → UNSAFE → EXPENSIVE TO MAINTAIN |
| ONE PER CELL PLUS SERVICES | | 3-4 PER CELL NO ROOM FOR SERVICES | |

Whatcom County JUSTICE PROJECT NEEDS ASSESSMENT

IMPLEMENTATION PLAN

CONTINUE COUNTY INVESTMENTS IN...



Introduction

This Justice Project Needs Assessment Implementation Plan is designed to provide guidance to public agencies, organizations, and individuals working to address issues in the criminal legal system and behavioral health services, as described in the Whatcom County [Justice Project Needs Assessment Report](#).

The Implementation Plan describes **action steps towards priority projects that have been vetted by the community**. It identifies the responsible parties and offers initial estimates of costs and potential funding sources. It is anticipated that the Plan will be reviewed annually by both a committee of the Incarceration Prevention and Reduction Task Force (IPRTF) and an advisory board to the County Executive, charged with oversight (see Implementation Projects 1 and 2 below). It will continue to be refined as new information and opportunities become available, and a full review and **update of the Implementation Plan will occur no less than every five years**.

Background

For decades, Whatcom County has struggled to strike a balance between prevention and incarceration in its approach to public safety, including reducing the number of people with behavioral health and/or substance use disorders who are incarcerated. On August 7, 2019, the Whatcom County Council approved [Resolution 2019-036](#), adopting a statement of public health, safety, and justice facility planning principles for Whatcom County. The resolution established a commitment to community-based preventative services, successful re-entry, reducing incarceration and re-incarceration, and investing in behavioral health services. The resolution also expressed the Council's intent to develop a potential ballot initiative to replace the aging Whatcom County jail with a facility that would provide a safer and healthier environment for those who are incarcerated and staff who work there.

With the support of the [Incarceration Prevention and Reduction Task Force](#), a diverse 38-member [Stakeholder Advisory Committee](#) (SAC) convened in 2022 to create a needs assessment to identify the path forward. The SAC met 10 times over the course of the year with professional facilitation and subject matter experts. All the materials and meetings of the SAC are posted on the [County's website](#). Input on the Needs Assessment was gathered through:

- Repeated polls of the SAC and IPRTF.
- An online public survey with a total of 1,704 valid responses from individuals across Whatcom County.
- A survey of 109 incarcerated individuals and 28 Whatcom County Jail staff.
- 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.
- A Town Hall Listening Session (hybrid meeting) with about 120 people in attendance.
- [Public comments](#) submitted throughout the needs assessment process.

In early 2023, a [Justice Project Needs Assessment Report](#) was completed. This report:

- Establishes a vision, values, and goals, for the criminal legal system in Whatcom County (see **Appendix A**);

- Examines data related to incarceration rates;
- Identifies gaps in the current community response to health and public safety needs, both inside and outside Whatcom County's jail facilities;
- Considers what it would take to fill those gaps in order to improve health and public safety; and
- Makes recommendations to address the community's public health, safety, and justice concerns (see **Appendix B**).

On February 21, 2023, the Whatcom County Council approved [Resolution 2023-006](#), accepting the SAC's Justice Project Needs Assessment Report and identifying the next steps to create a [Justice Project Implementation Plan](#) which would include:

- Analysis of potential facilities concepts, including location options and planning level costs;
- Identification of a site and concept for the main jail and service facilities in the community;
- Proposed services and systems efforts and their costs;
- Identification of County departments, community leaders and organizations to lead implementation of the recommendations; and
- A funding approach including, but not limited to, elements to be funded through a proposed ballot measure.

The Process to Develop the Implementation Plan

The [Incarceration Prevention and Reduction Task Force](#) acting as the Law and Justice Council (IPRTF/LJC) for Whatcom County was asked to guide the development of the Implementation Plan being led by the County Executive. The process was coordinated by a Planning Team consisting of County Councilmember Barry Buchanan, IPRTF/LJC Co-chairs Stephen Gockley and Jack Hovenier, and Whatcom County Deputy Executive Tyler Schroeder, with support from County staff and a local facilitation team, Crossroads Consulting.

To identify priority projects, five workshops (2.5 hours each) were held virtually via Zoom in the Spring of 2023 as special meetings of the IPRTF/LJC, with additional key stakeholder participants. (All workshop presentations and summaries are available on the [IPRTF webpage](#). See [March 9, 17, 23, 30](#) and [April 12 meeting dates](#).) Workshops focused on the core elements of the Needs Assessment (systems, services, and facilities), plus funding. Participants also contributed information about existing programs, perceived priorities for action, and needed resources.

A list of priority projects, focusing on what should be initiated in the next one to three years was drafted and then tested with an on-line poll. Workshop participants and members of the SAC who responded to the poll gave their feedback on how important and how feasible they believed the proposed projects were and offered additional suggestions. The project list was revised based on the feedback from IPRTF workshop participants and the SAC.

In April, seven focus groups and a survey were conducted with people who had been incarcerated previously, friends or family members of people who had been incarcerated, and BIPOC communities to gather input on their priorities. Participants in the focus groups and the accompanying survey were self-selected (not randomly selected). Focus groups lasted 90 minutes, and people were compensated for their time. Sixty people completed both the survey and participated in a focus group, and an additional 14 people did only the survey because the focus groups were full. Additionally, a key informant interview was conducted with the Nooksack Chief of Police and a Deputy. The implementation project

list was revised yet again based on the feedback from these focus groups, surveys, and interview (see **Appendix C**).

On May 24th, a [Town Hall Listening Session](#) provided another opportunity to gather input on strategies to implement improvements to Whatcom County’s criminal legal system. This hybrid event was widely publicized and open to anyone who wanted to participate in-

| Implementation Plan Focus Groups | # Participants |
|---|-----------------------|
| Lived experience in criminal legal system (personal or friend/family) | 26 (in 2 groups) |
| Lummi Nation | 9 |
| BIPOC (Black, Indigenous, People of Color) | 8 (met twice) |
| Latinx/Hispanic | 9 |
| Other – Mostly service providers | 8 |
| Key Informant Interview | # Participants |
| Nooksack Tribal Police Chief & Deputy | 2 |
| Surveys | # Participants |
| Focus group participants | 60 |
| Survey-only participants | 14 |

person in the Council Chambers (in the Courthouse in downtown Bellingham), or virtually. Approximately 200 people attended the Town Hall, about 120 online and approximately 80 in-person. They included members of the public, IPRTF/LJC, the Stakeholder Advisory Committee, and the County Council. The session began with a 40-minute [presentation](#) to provide background information and review the proposed implementation projects and discuss three county-owned properties for proposed facilities. The remainder of the time was open for public comment. Time for comments was extended to 95 minutes to accommodate all who wanted to speak.

Following the Town Hall, additional changes were made to the implementation project list. The Planning Team, Executive’s Office, and consultants then gathered information on project costs and potential funding sources. From April through June, additional input on elements of the implementation plan was gathered in biweekly workshops with the County Council ([AB2023-304](#)) and monthly meetings with the IPRTF/LJC.

This Justice Project Implementation Plan evolved over time through the iterative process described above. **Appendix D** presents a high-level summary of how civic engagement shaped this plan as changes were made to each version of the implementation projects. What this summary does not capture are the ways input from all of the different sources have continued to shape the plan over the months of its development. Questions arose throughout the process and the answers and decisions were made through reflection on the input received, soliciting additional input, and countless hours of discussion by the Planning Team.

The Implementation Plan represents current consensus on the best course of action as of the date of this writing, but definitely not unanimous agreement. Our community holds a very wide range of beliefs about what is needed to improve Whatcom County’s criminal legal system, as a cursory glance through the public comments illustrates. While all perspectives have been considered and are respected, there is no feasible way to incorporate all of them and create a coherent plan.

The Planning Team relied on the vision, values, goals, and recommendations put forth in the SAC Needs Assessment to guide the way and has worked to find a middle path between the many disparate views. The resulting plan laid out in the following pages is a compilation of all of the input of hundreds of people who contributed to planning the most important next steps to increase public health, safety, and justice in Whatcom County.

Implementation Projects

To advance the changes recommended in the Needs Assessment Report, five strategies and 15 implementation projects were developed by the IPRTF/LJC with subject matter experts and informed by public input. The strategies and projects are described below with assigned responsibilities and an estimated budget and funding source. The Needs Assessment values and goals that are reflected in each of the five strategies are noted at the top of each section, and **Appendix E** presents the Needs Assessment Recommendations addressed by each of the Implementation Projects.

The Five Implementation Strategies are:

- I. Ensure Oversight, Accountability, and Transparency
- II. Increase Access to Behavioral Health Services
- III. Build Facilities Needed to Promote Public Health, Safety, and Justice
- IV. Expand the Capacity of Programs to Reduce Incarceration/Re-incarceration
- V. Make Systems Changes with Local, Regional, State, and Federal Partners

Funding estimates used in this document focus on local funding needed to accomplish projects, with the assumption that state and federal funding may also be necessary for many projects. The financial projections are based on current data and understanding and are subject to ongoing refinement and adjustment as circumstances change. Many costs are dependent on the availability of state and/or federal funding and the needs of facility and program operators. The investments into the projects are in addition to what the County is already spending on the services in our community. The Whatcom County Executive will update funding estimates over time, consistent with policy direction from the Whatcom County Council.

As mentioned above, this Implementation Plan will be a living document and will continue to be updated to respond to what is learned and emerging needs and opportunities.

Strategy I: Ensure Oversight, Accountability, and Transparency

The success of this Implementation Plan will be dependent upon the cooperation of leaders from many organizations, agencies, and communities. There is a need for better data and reporting to monitor progress toward the desired outcomes. Ongoing communication between partners and the community will be essential, along with inclusive participation to ensure that issues of racial inequity and discrimination are openly and actively addressed.

Alignment with the Needs Assessment

Values:

1. Practice wise stewardship of public resources by using evidence-based decision-making, and evaluating if current programs, intervention, and processes are working as intended.
2. Facilitate public engagement in transparent decision-making processes that reflect community priorities.
3. Ensure systems, services, and facilities are adaptable to changing circumstances and needs.
4. Openly and actively address inequities and discrimination.

| | |
|--|--|
| <p>Project 1: Establish a Justice Project Oversight and Planning (JPOP) Committee, within the IPRTF/LJC, including a balanced membership ensuring fair representation of BIPOC communities, service providers, and people with lived experience, to monitor progress and recommend updates on this Implementation Plan.</p> | |
| <p>Description</p> | <p>Establish a new standing committee of the IPRTF/LJC to help track progress on the Implementation Plan. The committee will help ensure the Plan is updated as needed, and that public engagement and communications are robust. Participants will include members of BIPOC communities and people with lived experience.</p> |
| <p>Lead Organization</p> | <p>IPRTF/LJC</p> |
| <p>Essential Collaborators</p> | <p>Members of BIPOC communities and people with lived experience Whatcom County Staff Justice Project Finance Advisory Board Service providers Criminal legal system representatives</p> |
| <p>Key Next Steps (1-3 years)</p> | <ul style="list-style-type: none"> • Create a new Justice Project Oversight and Planning (JPOP) Committee through the IPRTF/LJC to assist with oversight and make recommendations for updating the strategies and projects outlined in this Implementation Plan. • Recruit committee members, starting with outreach to those people who participated in the Implementation Plan Focus Groups and expressed interest in ongoing involvement. • Launch the committee with strong administration and coordination to support success. • Participate in the development of an evaluation plan to measure progress and results. • Prepare an annual report to be included as part of the IPRTF/LJC annual report. Make report accessible to the public. |

| | | |
|---|---|---|
| | <ul style="list-style-type: none"> • Select and recruit Advisory Board members, to include: <ul style="list-style-type: none"> • the Whatcom County Executive, • one Whatcom County Councilmember, • the Whatcom County Sheriff, • the Mayor of Bellingham, • one Bellingham City Councilmember, • one public defender, • one elected representative from the remaining cities within Whatcom County, • at least one representative from each federally recognized tribe within Whatcom County, • two criminal legal system utilizers with preference for formerly incarcerated and BIPOC individuals, • one community-based behavioral health provider, • one community-based treatment provider, • one reentry specialist, • one paramedic from EMS, • one recovery subject matter expert, • one youth representative such as from teen court programs, • one supportive housing subject matter expert, • one representative from the Racial Equity Commission, • and the chairs of the IPRTF/LJC | |
| Cost Estimate / Sources of Funding | Total: \$24,000/yr. | Stipends for community volunteer members, and facilitation – General Fund |

| | | |
|--|---|--------------|
| Project 2: Establish a Justice Project Finance Advisory Board to oversee financial performance of the Public Health, Safety, and Justice Tax fund and associated programs | | |
| Description | <p>The Finance Advisory Board shall monitor the spending of the Public Health, Safety, and Justice Tax and provide a written and oral report no less than annually to the IPRTF/LJC and Whatcom County Council on the financial performance of the fund and associated programs. This report shall detail:</p> <ul style="list-style-type: none"> • Fund revenue; • Expenditures by project; • Resources beyond the sales and use tax invested in Implementation Plan projects; • Additional resources needed to further meet goals; and • Recommendations for any updates to the Implementation Plan and/or Spending Plan. | |
| Lead Organization | County Executive’s Office | |
| Essential Collaborators | IPRTF/LJC, with support of the JPOP Committee Agencies/Jurisdictions with representatives on the Advisory Board (see below) | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Draft charter for a new Justice Project Finance Advisory Board. • Select and recruit Advisory Board members, to include representation from: <ul style="list-style-type: none"> • The Whatcom County Executive; • One Whatcom County Councilmember; • The Whatcom County Sheriff; • The Mayor of Bellingham; • One Bellingham City Councilmember; • One elected representative from the remaining cities within Whatcom County; • Two elected representatives from federally recognized tribes within Whatcom County; • One municipal law enforcement representative; • The chair(s) of the IPRTF/LJC; • One individual with lived experience in the criminal justice system; and • One representative of the behavioral health system. • Convene and facilitate the Advisory Board with strong administration and coordination to support success. • Report annually to the County Council and essential collaborators. Make report accessible to the public. | |
| Cost Estimate / Sources of Funding | Total: In-kind | General Fund |

| Project 3: Collect data to measure progress toward desired outcomes and develop a data dashboard | | |
|---|---|---------------------------|
| Rationale/Description | Data are essential to measuring progress, improving coordination, and ensuring that systems, services, and facilities can adapt to changing circumstances and needs. To make the data accessible, an on-line “data dashboard” will help providers and the public be well-informed. | |
| Lead Organizations | County Executive’s Office | |
| Essential Collaborators | Administrative Office of the Courts Sheriff’s Records Medical Records Whatcom County Health and Community Services (GRACE/LEAD/ART/Mental Health Court) Prosecuting Attorney’s Office Public Defender’s Office County Information Technology IPRTF/LJC JPOP Committee Justice Project Finance Advisory Board | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Hire a Criminal Justice Informatics Specialist and a Senior Applications Administrator. • Develop an evaluation plan to measure progress on all implementation projects. <ul style="list-style-type: none"> ○ Determine which data are most important to collect and monitor; ○ Identify resources, existing systems, and expertise (e.g. universities and regional associations) to ensure data integrity; and ○ Determine appropriate tool(s) for analyzing the data. • Provide regular reports to the IPRTF/LJC, JPOP, Justice Project Finance Advisory Board • Build a web-based data dashboard. <ul style="list-style-type: none"> ○ Select initial indicators to report on the data dashboard. ○ Update the dashboard on a quarterly basis. ○ Publicize the dashboard and update the public about the findings on a regular basis. | |
| Cost Estimate / Sources of Funding | Total: \$340,000/yr. | General Fund (in process) |

Strategy II: Increase Access to Behavioral Health Services

Individuals with mental illness and/or substance use disorders are at a higher risk for involvement with the criminal legal system for many reasons. The [Sequential Intercept Model Update 2022](#) created for the Needs Assessment presented a detailed analysis of existing services for people with behavioral health disorders, looking at each intercept, or point in the system, where individuals may interact with the criminal legal system. While Whatcom County has a substantial number of organizations and programs at each intercept, most are small, and the Needs Assessment identified the need to increase the capacity of many types of behavioral health services in order to prevent incarceration and re-incarceration. Stable housing with onsite support and case management is in short supply and is essential to preventing incarceration/re-incarceration. In addition, communication and coordination between organizations can be a challenge, as individuals may use many services simultaneously or sequentially. The following projects are intended to address these issues.

Alignment with the Needs Assessment:

Systems Goals:

2. Low-risk offenders are safely and effectively diverted from a Whatcom County Jail sentence and provided with support to help them succeed.
4. Sufficient funding, staffing, and resources ensure adequate service capacity at all points of contact in the criminal legal system.

Services Goals:

6. 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.
7. People released from jail have immediate access to behavioral health and medical care, housing, employment, and support systems to avoid re-incarceration.
8. Community and jail-based services (e.g., treatment for mental health and substance use disorders, affordable supported housing) support healing, and make measurable differences in reducing crimes of poverty and repeat offenses.

| Project 4: Address workforce shortages in behavioral health services | |
|---|--|
| Description | Workforce shortages in the behavioral health field are a problem across the United States. The work can be extremely stressful, and the pay is often inadequate to retain quality staff. Training and support are essential. Linking more behavioral health services to peer support and mentorship networks can help create a larger network of care. |
| Lead Organization | Whatcom County Health and Community Services (WCHCS) |
| Essential Collaborators | Community-based provider organizations Local higher education partners (e.g., BTC, WCC, WWU) Whatcom Racial Equity Commission Whatcom Dispute Resolution Center (resource for training) Washington State Health Care Authority North Sound Behavioral Health Administrative Services Organization (BH-ASO) |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Engage with provider organizations to identify and prioritize strategies to fill existing workforce shortages. • Work with state legislators and relevant agency staff to determine state budget and policy priorities to address the barriers and challenges resulting in workforce shortages. |

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| | <ul style="list-style-type: none"> • Work with local governments to remedy inadequate pay scales for behavioral health care providers in contracts and funding awards. • Identify opportunities for expanding and deepening the network of peer support, coaching, and mentoring within the community. • Determine priorities for training that can be offered as soon as possible to providers, volunteers, and organizational partners. • Partner with local education and training programs to align curricula with workforce needs. | |
| Cost Estimate / Sources of Funding | Total: \$150,000/yr. | State funding through North Sound BH-ASO Behavioral Health Fund (BH Fund) Washington State Health Care Authority |

| Project 5: Build systems to facilitate communication and coordination between organizations | | |
|--|--|---------|
| Description | Whatcom County has numerous organizations providing behavioral health services and interfacing with the criminal legal system. Methods are needed to work across agencies to more closely track individuals' utilization of various services and their movement into and out of treatment facilities, housing, and incarceration to create a more seamless continuum of care. Methods include increased inter-personal communication and sharing information electronically through improved online communication/coordination systems. | |
| Lead Organization | Whatcom County Health and Community Services | |
| Essential Collaborators | Community-based provider organizations Re-entry specialists People with lived experience in the criminal legal system Criminal legal system departments | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Create or participate in a forum with relevant partners (e.g., providers serving people involved with the criminal legal system, people with lived experience) to facilitate improved coordination of client-focused service delivery. • Establish no-wrong-door practices so individuals can be referred into community programs at any intercept point in their interaction with the criminal legal system (e.g., by law enforcement, a prosecutor, a provider). • Identify and implement software that allows for improved information sharing and coordination. • Explore forming a Mental Health Cooperative (like in Nashville, Tennessee). | |
| Cost Estimate / Sources of Funding | \$50,000 start-up + \$105,000/yr. | BH Fund |

| Project 6: Increase the capacity of effective existing programs to divert people from incarceration | |
|--|--|
| Description | Increase participation in programs that divert eligible individuals from incarceration to behavioral health services (e.g., GRACE, LEAD, ART, Police Co-responders, MCOT, therapeutic courts, Anne Deacon Center for Hope). It is important to clarify that many of these diversion programs are designed to link people with appropriate treatment services. Therefore, it is essential to increase the capacity of treatment services and community infrastructure (e.g., housing, in-patient treatment capacity, out-patient treatment capacity, clinical wrap-around services like the Program for Assertive Community Treatment) <i>in tandem with</i> efforts to expand diversion program capacity (see Implementation Projects 4, 5, 9, 10, 11, 12). |
| Lead Organization | Whatcom County Health and Community Services (WCHCS) |
| Essential Collaborators | Organizations providing community-based treatment Whatcom County and Bellingham courts Prosecutor’s & Public Defender’s offices Cities’ Police Departments Sheriff’s Office County Executive’s Office PeaceHealth What-comm (911 Dispatch) Emergency Medical Services (EMS) |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Provide staff support for Mental Health Sentencing Alternative (MHSA) and expanded mental health court. • Expand capacity of therapeutic courts (e.g., Mental Health and Recovery Courts). • Expand GRACE throughout the county. • Expand Community Paramedic program. Increase diversion program capacity, given adequate funding from local sales tax measures (Behavioral Health Fund, proposed new sales tax), state, and federal sources: <ul style="list-style-type: none"> ○ Embed a Substance Use Disorder (SUD) Professional in the Response Division at WCHCS. ○ Add BH officers to city police departments and Whatcom County Sheriff’s Office to respond to people in crisis. ○ Work with PeaceHealth to refer individuals in need of intensive case management to GRACE services to avoid behaviors that result in charges and bookings. ○ Expand the Co-responder Program to provide social workers to support small cities’ law enforcement response to people in crisis. • Expand the Alternative Response Team to divert people from the small cities who are in crisis from the Emergency Department or potentially incarceration. <ul style="list-style-type: none"> ○ Expand LEAD (pending assessment of current gaps) to divert high utilizers of the criminal legal system. |

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| | <ul style="list-style-type: none"> ○ Increase access to re-entry, diversion, and recovery housing for people involved, or at risk of involvement with the criminal legal system. | |
| Cost Estimate / Sources of Funding | Total: \$2.6 million/yr. | BH Fund Proposed new sales tax State and federal grants PeaceHealth EMS Levy |

Strategy III: Build Facilities Needed to Promote Public Health, Safety, and Justice

When increasing the capacity of services and filling gaps in the continuum of care, appropriate facilities to house those services are needed as well. This strategy focuses on capital projects and includes the largest of the Implementation Plan projects, a jail and behavioral health treatment center. These facilities are envisioned to have secure detention of those who are a danger to public safety in a facility that promotes health and rehabilitation, coordinated with a treatment center that offers a diversion option for eligible individuals who can benefit from inpatient behavioral health services.

Alignment with the Needs Assessment:

Value 1: Protect and promote public health and safety.

Systems Goal 2: Low-risk offenders are safely and effectively diverted from a Whatcom County Jail sentence and provided with support to help them succeed.

Services Goal 6: 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.

Facilities Goals:

9. Facilities are designed and operated to meet the health, safety, and welfare needs of those incarcerated and the people who work and visit there.
10. Facilities are designed to be versatile to adapt to changing needs.
11. Incarceration facilities balance compassion with accountability to promote safety, health, rehabilitation, and recovery.
12. Facilities adequately serve the whole county, including cities and tribal jurisdictions.

Note: supportive housing and facilities for re-entry support are discussed below under Strategy IV.

| Project 7: Build a 23-hour Crisis Relief Center | | |
|--|--|---|
| Description | Build a 23-hour Crisis Relief Center (a Behavioral Health Urgent Care open all hours, seven days per week; individuals can stay for up to 23 hours and 59 minutes) to enable prompt and appropriate intervention when a person is having a behavioral health crisis. This Center will divert people from the Emergency Department and prevent unnecessary incarceration. | |
| | <ul style="list-style-type: none"> • \$9 million in State funding has been secured toward capital expenses. • A Special Projects Manager has been hired. | |
| Lead Organization | Whatcom County Health and Community Services | |
| Essential Collaborators | County Executive’s Office Contracted service provider agency | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Select site. • Design facility. Ensure diverse community engagement in facility design. • Build facility. • Secure operating funding and provider. • Work with state legislature to ensure adequate Medicaid reimbursement for operations of Crisis Relief Center. | |
| Cost Estimate / Sources of Funding | Total: \$12 million capital expense plus \$500,000 - \$1 million/yr. estimated local share of operating costs | State (\$9 million received) BH Fund Proposed new sales tax |

| Project 8: Build a new jail and behavioral health treatment center | | |
|---|--|------------------------|
| Description | Build a right-sized new jail and behavioral health treatment center to provide secure detention and an array of rehabilitation services and diversion options, including facilities for people who pose a significant threat to public safety, and alternatives for lower-risk offenders (e.g., work release). A co-located facility will be dedicated to behavioral health treatment that offers inpatient mental health and substance use disorder treatment as an alternative to incarceration. | |
| Lead Organization | Whatcom County Executive’s Office | |
| Essential Collaborators | County Facilities Department Sheriff’s Office – Corrections Whatcom County Health and Community Services Whatcom County Courts Prosecutor’s and Public Defender’s Office Local jurisdictions Tribal nations Behavioral healthcare partner agencies | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Conduct additional research and analysis in partnership with essential collaborators to determine the best model for a behavioral health treatment center coordinated with the courts, Corrections, WCHCS, and behavioral health partner agencies. Establish conditions under which someone could be admitted to the behavioral health treatment center and have charges dropped. • Select site and confirm size for facilities. • Design facilities which promote a culture of dignity and respect. • Ensure diverse community engagement in facility design. • Build facilities. | |
| Cost Estimate / Sources of Funding | Total: \$8 million - \$10 million/yr. capital expense for jail \$8 million capital expenses for behavioral health treatment center plus operational costs TBD | Proposed new sales tax |

| Project 9: Identify what additional facilities are needed to support people with behavioral health and substance use disorder issues at risk of incarceration | | |
|--|--|------------|
| Description | <p>People with mental illness and/or SUD are at risk of criminal legal system involvement. In the midst of a behavioral health crisis, an individual may present a risk to themselves and public safety. Our region lacks adequate facilities for voluntary and involuntary treatment of mental health and/or SUD. There is one facility in the state used for involuntary treatment of SUD, and there are long delays for a bed at the state inpatient psychiatric hospitals.</p> <p>Work with local and regional partners to assess the desirability and feasibility of building facilities for voluntary and involuntary treatment of people with serious mental illness and/or SUD, and develop proposals for new and expanded facilities.</p> | |
| Lead Organization | Whatcom County Health and Community Services | |
| Essential Collaborators | County Executive’s Office North Sound BH-ASO Washington State Department of Commerce Washington State Health Care Authority State legislature Local and Regional partners Whatcom Racial Equity Commission | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Discuss with North Sound BH-ASO. • Identify individuals/organizations to be involved in regional conversations, including local BIPOC communities and people with lived experience and their families. • Participate in conversations and planning of next steps. • Develop proposals for new and expanded facilities. • Respond to appropriate requests for proposals for state and federal funding. • Update the Implementation Plan and funding priorities accordingly. | |
| Cost Estimate / Sources of Funding | Total: In-kind | In process |

Strategy IV: Expand the Capacity of Programs to Reduce Incarceration/Re-incarceration

Most people in the current Whatcom County Jail have been there before, some too many times to count. Disrupting the cycle of re-incarceration is the challenge that many of the projects in this Implementation Plan are designed to address. The goal is to ensure people leaving detention facilities are provided resources they need for a “soft landing” in the community, and ongoing supports that can lead to greater health and lower likelihood of criminal behavior in the future. For many, housing is the key ingredient, and for those with behavioral health issues, supportive housing with on-site clinical and case management providers is needed to help them live successfully in the community.

Alignment with the Needs Assessment:

Services Goals:

6. 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.
7. People released from jail have immediate access to behavioral health and medical care, housing, employment, and support systems to avoid re-incarceration.
8. Community and jail-based services (e.g., treatment for mental health and substance use disorders, affordable supported housing) support healing, and make measurable differences in reducing crimes of poverty and repeat offenses.

| Project 10: Ensure people leaving detention and treatment facilities have transportation to a safe destination | | | |
|---|--|-------------------------|-------------|
| Description | <p>During a period of incarceration, or time in a crisis stabilization or treatment facility, people may achieve sobriety and/or become open to pursuing longer-term recovery services. However, if people leaving these facilities lack transportation directly to a safe place to stay, or are picked up from detention or treatment facilities by people who are still using drugs/alcohol, they often quickly fall back into using substances. Those who live outside of Bellingham in rural Whatcom County have the added challenge of limited public transportation options, especially at certain times of the day/week.</p> <p>A relatively simple but essential factor in successful re-entry to the community is ensuring that there is sufficient access to transportation so everyone released from detention or treatment facilities has a ride directly to a safe place to stay, or perhaps a longer-term treatment program, supportive housing, or a Resource Center with re-entry support where they can be linked with needed services.</p> | | |
| Lead Organization | Sheriff’s Office – Corrections | | |
| Essential Collaborators | Whatcom Transportation Authority Whatcom County Health and Community Services | | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Add drivers and vehicles to existing transportation services, as needed, to ensure reliable transportation is available for those being released from detention or treatment facilities. • Collaborate with Whatcom Transportation Authority (WTA) to ensure that public transportation is available to key facilities in the continuum of care, and to help people move between these facilities. | | |
| Cost Estimate / Sources of Funding | \$140,000/yr. | Transportation services | State funds |
| | Total: \$140,000/yr. | | |

| Project 11: Bolster re-entry support services | | |
|--|---|--|
| Description | Individuals leaving detention, and especially those who are unhoused upon leaving an involuntary detention, need many resources to ensure a soft landing in the community, and to prevent a return to behaviors that increase risk of re-incarceration. Ensuring support services are available to help people begin making re-entry plans as soon as they are detained, with seamless continuity to re-entry services throughout the community, has been identified as a critical need. | |
| Lead Organization | Sheriff's Office – Corrections Whatcom County Health and Community Services | |
| Essential Collaborators | Re-entry specialists Community-based provider organizations Housing Advisory Committee of Whatcom County County Executive's Office (for capital project) | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Add three BH/re-entry specialists to coordinate re-entry services and link people with a community of support. • Clarify the locations, services, staff, and peer support systems within various communities where people can link seamlessly with re-entry support services, such as case management, peer support, and assistance with housing, employment, healthcare, etc. • Work with partners to develop the concept and budget for one or more Re-entry and Resource Center(s), possibly co-located with supportive housing. | |
| Cost Estimate / Sources of Funding | Total: \$6 million one-time capital expense plus \$300,000/yr. Re-entry Specialists \$500,000/yr. Resource Center operations | Proposed new sales tax State funds BH Fund |

| Project 12: Maintain and expand supportive housing programs for people with behavioral health issues and a history of incarceration | | |
|--|---|---|
| Description | A lack of adequate housing for people with behavioral health issues is a serious problem in our community. There is a need for more supportive housing programs that have on-site clinical support and intensive case management services, which has been shown to increase housing stability, reduce involvement with the criminal legal system, and decrease use of emergency medical services. The priority is to maintain and expand supportive housing programs - including voluntary and involuntary facilities - for people with behavioral health issues and a history of incarceration. | |
| Lead Organization | Whatcom County Health and Community Services | |
| Essential Collaborators | County Executive's Office (for capital projects) Supportive housing providers Housing Advisory Committee of Whatcom County Community-based BH providers | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Assess supportive housing needs, gaps, and necessary funding supports. • Assess County-owned properties for suitability for housing projects. • Learn more about how the Nooksack and Lummi communities are providing supportive housing and services. Replicate and add support to the Lummi and Nooksack efforts as appropriate. • Ensure existing supportive housing facilities throughout Whatcom County are fully staffed and equipped. • Identify opportunities to integrate Program for Assertive Community Treatment (PACT) services into existing supportive housing. • Provide capital and operating funding for small recovery/supportive housing and shelters through a Request for Proposals process. • Provide capital and operating funding for large re-entry supportive housing through a Request for Proposals process. | |
| Cost Estimate / Sources of Funding | Total: \$4,050,000 one-time costs plus \$2,250,000/yr. estimated local share of operating costs | Local housing funds BH Fund American Rescue Plan Act funds Federal HOME funds LEAD grant State funds |

Strategy V: Make Systems Changes with Local, Regional, State, and Federal Partners

Some of the changes that are needed to improve the criminal legal system are systemic and involve addressing ways individuals can become stuck in legal and governmental systems that are difficult to understand and navigate. The following projects aim to remove some of the obstacles that prolong time in the criminal legal system, or hamper access to services. These projects involve trying to affect change in systems that are mostly outside of local control and will require acting in partnership with our regional and state allies.

Alignment with the Needs Assessment:

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. Sufficient funding, staffing, and resources ensure adequate service capacity at all points of contact in the criminal legal system.

| Project 13: Continue to make changes in court systems | |
|--|--|
| Description | <p>Continue to make changes in court systems to reduce the number of people who are incarcerated and the length of time they are detained before trial.</p> <p>Another change that has been requested by the public is to evaluate the bail system, which is seen as unfair for lower-income people who cannot afford bail. Although the bail system is established in the state constitution, options to reduce or replace elements of the bail system can be evaluated.</p> |
| Lead Organization | Courts |
| Essential Collaborators | <p>Prosecutor’s Office Public Defender’s Office Courts of: Whatcom County (District, Superior) City of Bellingham Nooksack Tribe Lummi Nation IPRTF Pretrial Processes Workgroup Whatcom County Information Technology</p> |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Identify who will champion and coordinate various change efforts. • Promote timely resolution of cases to reduce the number of people held in detention pretrial and the length of time they are held. • Assess local, state, and federal actions that can be taken to reduce and expedite cases through the criminal legal and court systems. • Regularly monitor relevant performance measures and make data available to stakeholders and the public (see Implementation Project 3). • Continue regular tracking of data by the IPRTF Pretrial Processes Workgroup and consider adjustments to the Pretrial Risk Assessment scoring and |

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| | <p>consequences imposed by the judicial officers using the assessment, if needed.</p> <ul style="list-style-type: none"> • Encourage lower-level courts to adopt the assessment and monitoring approach if the Pretrial Risk Assessment is used effectively and applied in a race-neutral manner in determining which individuals can be monitored safely outside of detention while awaiting trial/case resolution. • Increase use of diversion programs when appropriate, as capacity of these programs increases (see Implementation Project 6). | |
| Cost Estimate / Sources of Funding | Total: In-kind | In process |

| Project 14: Expedite access to competency restoration services | | |
|---|--|---|
| Description | When people charged with a crime are struggling with severe mental health issues, they may not be competent to stand trial. They may be incarcerated for months before there is space at Western State Hospital to provide competency restoration services. Expediting access to competency restoration services involves advocacy at the state level and exploration and development of outpatient alternatives locally (e.g., Prosecutorial Diversion Program, Assisted Outpatient Treatment). | |
| Lead Organization | Whatcom County Health and Community Services County Executive's Office | |
| Essential Collaborators | Competency Restoration Workgroup Prosecutor's Office Public Defender's Office Corrections State and regional partners | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Continue to convene the Competency Restoration Workgroup to discuss options for expediting access to inpatient and outpatient competency restoration. • Hire a contractor to develop a prosecutorial diversion and/or competency restoration pilot project. • Advocate for state funding and policy that supports prosecutorial diversion and alternative pathways for competency restoration. | |
| Cost Estimate / Sources of Funding | Total: \$50,000 | General Fund |
| | In-Kind | In process – Competency Restoration Workgroup and Advocacy for state funding and policy |

| Project 15: Advocate for a state waiver to allow use of Medicaid funds to pay for medical and behavioral health services for incarcerated individuals | | |
|--|--|------------|
| Description | Current federal rules prohibit Medicaid from paying for services provided during incarceration. Behavioral health services provided in the jail for those who are eligible for Medicaid currently are funded with Behavioral Health Funds, General Funds, and sales tax revenue. The State is currently applying for a waiver for the Medicaid inmate exclusion policy, which would ensure greater access to care for individuals while incarcerated, and continuity of care upon re-entry to the community. It is estimated this waiver would save the County approximately \$3 million per year. | |
| Lead Organization | County Executive's Office | |
| Essential Collaborators | Whatcom County Health and Community Services IPRTF Washington State Association of Counties (WSAC) Health Care Authority (HCA) Advocacy groups State congressional members and staff | |
| Key Next Steps (1-3 years) | <ul style="list-style-type: none"> • Await the announcement of Medicaid waiver application status, expected by June 30, 2023. • Determine next steps based on outcome. • Continue to track the Health Care Authority's application to renew and expand an existing 30-day waiver to 90 days. • Maintain contact with state partners regarding state advocacy efforts needed. | |
| Cost Estimate / Sources of Funding | Total: In-kind | In process |

Projects That Can Start in Year One

Some of the implementation projects are already in process or well-along in planning, while others are dependent on the will of voters and successful applications for state and federal funding. Progress can be made on many of the projects starting year one using existing funding sources.

Given existing funding sources, anticipated actions starting Year One are:

- Put a sales tax initiative before voters in November 2023 to help pay for the projects in this plan, along with funds from other local, state, and federal sources.
- Establish a Justice Project Oversight and Planning (JPOP) Committee (Project 1).
- Establish a Justice Project Finance Advisory Board (Project 2).
- Hire a Criminal Justice Informatics Specialist and an Application Administrator for data collection and dashboard (Project 3).
- Address workforce shortages in behavioral health services (Project 4).
- Build systems to facilitate communication and coordination between organizations (Project 5).
- Provide staff support for Mental Health Sentencing Alternatives and an expanded mental health court (Project 6).
- Increase capacity of existing diversion programs (Project 6).
- Design a Crisis Relief Center (Project 7).
- Hire a construction project manager. Start construction of a Crisis Relief Center (Project 7).
- Identify additional behavioral health and substance use disorder treatment facilities that are needed (Project 9).
- Increase transportation services for people leaving jail/treatment (Project 10).
- Bolster re-entry services by hiring additional Re-entry Specialists (Project 11).
- Assess supportive housing needs, gaps, and necessary funding supports, including outreach to Nooksack Tribe and Lummi Nation (Project 12).
- Release Request for Proposals for small recovery/supportive housing capital projects (Project 12).
- Identify and assess surplus public property that can be made available for supportive housing (Project 12)
- Continue to make changes in court systems to promote timely resolution of court cases and reduce the number of people held in detention pretrial and the length of time they are held (Project 13).
- Advocate for state funding and policy for supportive housing, diversion, behavioral health, substance use disorder treatment, and pathways for competency restoration (Projects 4, 6, 9, 12, 14).
- Advocate for submission and funding of a state Medicaid waiver for jail-based health services (Project 15).

The following sections present material to inform decisions about new facilities and funding the other Implementation Plan projects that require additional sources of revenue to accomplish.

Facilities Projects and Alternatives

Five different types of facilities are proposed as projects in this Implementation Plan. They are briefly described below.

- 23-hour Crisis Relief Center
- Supportive Housing
- Re-entry & Resource Center(s)
- Additional facilities for voluntary and involuntary behavioral health treatment
- A new jail and behavioral health treatment center with secure detention facilities and an array of rehabilitation services and diversion options

◆ 23-hour Crisis Relief Center

While this Implementation Plan was being developed, Whatcom County was granted state funding to build a new 23-hour Crisis Relief Center. The center will be a licensed community-based facility open 24 hours a day, seven days a week, and will offer adults access to mental health and substance use care for short-term stays (up to 23 hours, 59 minutes). The facility will accept all behavioral health crisis walk-ins, drop-offs from first responders, and individuals referred through the 988 system regardless of behavioral health acuity and without a requirement for medical clearance.

Coordination protocol between crisis relief center staff and the Crisis Stabilization Center staff will be developed to enhance a care transfer pathway for individuals needing longer term withdrawal management or mental health stabilization services. Comprehensive suicide and violence risk assessments and planning would be administered as a component of the crisis relief center intake process when clinically indicated. The facility will also provide onsite coordination services for stabilization in the community, including appointments for outpatient services, enrollment in Medicaid or other insurance, medication transition to a community-based provider, housing case management, and other services as needed.

◆ Supportive Housing

There is a clear need for more 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. Supportive housing is also critical for people engaged in diversion and therapeutic court programs, and for those who are being released from jail or prison to get the services and supports they need to avoid recidivism. Three examples of supportive housing programs in Whatcom County are [City Gate Apartments](#) and the [Sun House](#) in Bellingham, and [Eagle Haven Cottage Village](#), on the Lummi Reservation. Top priorities for Year One include assessing supportive housing needs, gaps, and necessary funding supports, with outreach to Nooksack Tribe and Lummi Nation. The County also plans to release a Request for Proposals for small recovery/supportive housing capital projects.

◆ Re-entry & Resource Center(s)

Individuals leaving a jail, prison, or other detention facility need many resources to ensure a soft landing back in the community. Initial concepts for one or more Re-entry and Resource Center(s), possibly co-located with supportive housing, have been discussed by Whatcom County Health and Community Services and other partners. The first step is to clarify the potential locations, services, staff, and peer support systems within various communities where people can link seamlessly with re-entry support

services, such as case management, system navigators, peer support, and assistance with housing, employment, healthcare, etc. Resource Centers may serve a broader population than those involved in the criminal legal system (e.g., people who are homeless, people with behavioral health issues), but would include services for the re-entry/post-incarceration populations.

◆ **Additional facilities for voluntary and involuntary behavioral health treatment**

One of the top priorities identified by people in the Implementation Planning focus groups was the need for additional facilities for voluntary and involuntary behavioral health treatment. Deeper investigation is needed to assess the resources and gaps, and develop a plan for more facilities.

◆ **A new jail and behavioral health treatment center with secure detention facilities and an array of rehabilitation services and diversion options**

People involved in the Needs Assessment and Implementation Planning process, through the SAC, Town Halls, IPRTF Workshops, surveys and focus groups mostly agreed that the current jail is unhealthy, unsafe, and unacceptable, but when considering a new jail, a wide variety of opinions emerged. Some people are opposed to incarceration of any kind. Others feel strongly that a new jail should have been built years ago and are concerned that the process is not moving faster. Overall, most people appeared to support an investment in replacing the jail, with the understanding that it would be of modest size and very different than the current facility.

One event that informed the discussion around jail facilities occurred on March 13, 2023, when a group of Whatcom County representatives visited Davidson County in Nashville, Tennessee to learn about their corrections facilities. The group returned with new ideas for how detention facilities in Whatcom County could be shaped in a way that aligned with the Justice Project Needs Assessment's vision, values, and goals. In particular, the group was inspired by the Davidson County Behavioral Care Center (BCC) that operates in conjunction with the County jail and is designed and operated to promote recovery and rehabilitation. At the time of booking, the BCC facility serves as an alternative to the jail for qualified people with mental illness and/or substance use disorders who are arrested. Each resident receives an individualized treatment plan upon arrival at the BCC, and criminal charges are dropped for those who successfully complete the program. Community members may volunteer to help at the facility and become certified as peer recovery specialists.

After much discussion and input, agreement was reached that the project to be set forth in the Implementation Plan would be: *a new jail and behavioral health treatment center with secure detention facilities and an array of rehabilitation services and diversion options.*

Two key decisions then needed to be made by Whatcom County Council:

Facility Location and Design: The County is in the fortunate position of already owning three properties within 10-15 minutes' drive from each other and the County Courthouse. The three properties are known as Civic Center, Irongate, and LaBounty. Choosing a facility location is closely related to the choice between a horizontal or a vertical facility design.

Facility Size: The initial size of facilities (number of beds), and ways to establish the appropriate responses and controls to growth.

The following sections describe the factors that are important to consider in these decisions. Conceptual cost estimates and pros/cons are provided for consideration.

Desired Features of the Facilities

The Needs Assessment report and the Implementation Planning process helped identify the desired features of a new jail and behavioral health treatment center. These include:

- Correctly sized, based on a fair analysis of population growth, along with strategic investments to avoid unnecessary incarcerations.
- Sized and operated to ensure 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 and equipment integrated throughout facilities to provide incarcerated individuals with dignity and needed services (e.g., dedicated, confidential behavioral health treatment space; visitation spaces; medical and dental care treatment space; provider/staff workspace; education and vocational training; outside spaces for recreation, gardens, natural light, and fresh air).
- 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.
- Convenient, accessible transportation for all who use or visit the facility.
- A physical environment that contributes to improved mental health (e.g., natural light, use of color, natural beauty, spatial layout).
- A centralized booking area from which one can resolve cases and gain access to a range of incarceration and diversion options.
- Co-location of a jail and behavioral health treatment center.
- Space for individuals to call their own (e.g., separate rooms, dividers).

Facility Design

Preliminary work has focused on designing a facility that is safe for incarcerated individuals and those who work and visit there, with appropriate space and equipment to provide incarcerated individuals with dignity and needed services, and versatility to accommodate changes in the population. The type of design determines the size of the property needed to accommodate the facilities. The jail and behavioral health treatment center could be built as vertical or horizontal structures.

Advantages of a horizontal design are:

- Versatile to accommodate changing needs, programs, and populations.
- Less expensive to build, operate, and maintain.
- Safer and more efficient for staff to manage.
- Horizontal design allows for more natural light.

Disadvantages of a horizontal design are:

- Requires more developable land, so the LaBounty property is the only one of the three County properties with enough space.

Advantages of a vertical design are:

- Less land required; a 5-7 multi-story building could be built on one of the properties in Bellingham.

Disadvantages of a vertical design are:

- Facility dimensions are permanently set, making future building expansions infeasible.
- Less versatility, harder to repurpose spaces.
- More expensive to build, operate, and maintain.
- More challenging for staff to monitor and maintain safety.

Other factors were considered in developing a conceptual design:

The Stakeholder Advisory Committee (SAC) discussed a list of components that could be included in a correctional facility design concept. The Justice Project Needs Assessment Implementation Plan includes the following desired features of a new jail facility:

- 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 integrated throughout facilities to provide incarcerated individuals with dignity and needed services (e.g., dedicated, confidential behavioral health treatment space; visitation spaces; medical and dental care treatment space; provider/staff workspace; education & vocational training; outside spaces for recreation, gardens, natural light, and fresh air).
- Versatile to accommodate changes in the population.
- A physical environment that contributes to improved mental health (e.g., natural light, use of color, natural beauty, spatial layout).
- A centralized booking area from which one can resolve cases and gain access to a range of incarceration and diversion options.
- Co-location of a jail and behavioral health treatment center.
- Space for individuals to call their own (e.g., separate rooms, dividers).

Another design features list, including a detailed inventory of facilities needs, was compiled by Whatcom County Corrections, in consultation with behavioral health and medical staff and informal discussion with individuals incarcerated at the Whatcom County jail. Initial design features list includes:

- Intake and Release
 - Dedicated open concept intake
 - Dedicated release
 - Inmate property storage
 - Intake and release supervisor office
 - 5+ office spaces for administration and contractors
- Facility Operations
 - Scalable or large kitchen
 - Garbage and recycling center accessible by vendor
 - Dedicated laundry separate from the kitchen
 - Telecom expandability
 - Sophisticated technology to allow virtual psychiatric, psychological, and other behavioral health services to be provided
 - Controls for air, water, and electrical for each unit and cell so each unit can be operated separately

- Programming space for specific functions such as culinary arts, technical certification, horticulture and gardening, and GED/college
- Design features for all housing options (including medical unit)
 - Natural lighting, use of texture, natural beauty and color
 - Prefabricated individual cells for each person (bed, sink/toilet, desk, chair)
 - Estimate 32 cells per unit
 - Large day rooms
 - Rec space and exercise equipment
 - Library, TV and other media, library storage
 - Laundry, laundry and uniform storage in unit
 - Classroom and activity space for programs
 - Video visiting and video court
 - Safety cell
 - Chalk board
 - Attorney and other professional booths
 - Restrooms and showers, restrictive housing shower
- Medical Unit
 - Medical exam rooms
 - Office space for practitioners
 - X-Ray equipment
 - Mental health and medical close watch housing including safety cells
 - Dental suite including x-ray
 - Recreation area
 - Nurses station
 - Office space for 28 medical staff members
 - Pass through from main hallways with bathrooms
 - Restrooms for staff and inmates
 - Employee break room
 - Mother's lactation rooms
 - Employee locker room
 - Mental health room
 - Dental/vision room
 - Psychiatric evaluation and observation housing
 - Safety cells
 - All doors large enough for hospital beds
 - Restraint system storage
 - Classroom and activity space for programs
 - Attorney and other professional booths
 - Video courts
 - Showers
 - Negative pressure cell(s)
 - Library
 - TV and other media
 - Tablet charging location
 - Chalkboard
- Behavioral health wing
 - Offices or bullpen for 16+ people
 - If using a bullpen, 1 confidential pass-through room for every two staff

- 1 space to hold psychiatric clinics
- 2 group rooms scheduled by mental health with capacity for 18 people per room
- Storage space for re-entry gear and supplies
- Space for working with involuntary commitments and people refusing medications
- 2-3 additional confidential spaces for other community partners
- Staff areas
 - Separate and secure entrance
 - Briefing room Conference rooms
 - Classrooms for training
 - Computer lab for tech related training
 - Tactical training space
 - Mock scene cells
 - Records storage
 - Sleeping quarters, locker rooms, break room, workout room, lactation room
 - Offices in hub for approximately 26 people
 - Control booth with 2 redundant stations
 - Dedicated parking for staff and contractors
 - Space for childcare
 - Designed to reflect best practices for safety, efficiency, and technology.

Whatcom County expects discussion with Council, the IPRTF, and the Finance Advisory Board to further develop and modify this list prior to construction.

Cost Estimates

The Needs Assessment recommended that comparative cost estimates should be calculated for possible facility locations before a specific site is chosen. Preliminary conceptual cost estimates for the type of facilities which had the desired qualities built at the different locations were completed just in time for the May 23rd County Council Committee of the Whole workshop ([AB2023-304](#)) and the May 24th [Town Hall Listening Session](#). The primary purpose of these preliminary cost estimates was to identify the magnitude of difference between horizontal and vertical facility designs. The cost estimates took into account the design components identified by the Stakeholder Advisory Committee as well as the list compiled by Whatcom County Corrections in consultation with behavioral health and medical staff and incarcerated individuals. These estimates are conceptual and calculated by a cost estimator using a “design block format” to show the flow of the facility and approximate square footage. The estimates will be refined in the future when site, capacity and design criteria are identified.

The basis of the size used for the cost estimate was a percent increase in existing capacity. A facility size of 430 cells each with one bed was used for the purposes of estimating the costs of building a facility using either a vertical or horizontal design at each of the three properties owned by the County. The bed estimate was based on the current jail and Interim Work Center population plus a 20% peaking buffer (a cushion of additional beds for days with above average needs). This number does not, however, account for population growth, the end of booking restrictions, or the commitment to building a behavioral health treatment center with 60-75 beds as a core strategy to reduce incarceration of people with behavioral health disorders. The analysis did, however, provide the information needed to compare the feasibility of developing a facility at the three location options.

| JAIL & BEHAVIORAL HEALTH TREATMENT CENTER LOCATION | CIVIC CENTER (near Courthouse, parking lot across from current jail) | IRONGATE (Division St.) | LABOUNTY (off Slater Rd. & I-5) |
|--|--|----------------------------------|----------------------------------|
| SIZE | 1.3 acres developable | 10.6+ acres, 5 acres developable | 39+ acres, 16+ acres developable |
| DESIGN | Vertical (~7 stories) | Vertical (~5 stories) | Horizontal (1-2 stories) |
| DISTANCE FROM COURTHOUSE | Adjacent | 9-12 minutes | 12-15 minutes |
| CONCEPTUAL COST ESTIMATE (for jail only) | \$207 million | \$170 million | \$137 million |

The conceptual cost estimates show that a horizontal design is 66% of the cost estimate for a 7-story vertical design, and 80% of the cost of a 5-story vertical design.

Location, Location, Location

By the end of the Needs Assessment process, the Civic Center site was the least favored by the SAC for a new jail facility, and this sentiment continued throughout the implementation planning process, even without the cost estimates. Once cost estimates were available, the cost to build at Civic Center, combined with the limitations imposed by the small size of the available property to build upon, suggested that Civic Center was not ideal, despite the desire for proximity to the Courthouse.

Thus, the Irongate and LaBounty locations were the two preferred locations of the three properties available. However, there was no consensus about which of these two properties was best, as both have desired qualities and drawbacks.

Key reasons for preferring the Irongate location:

- Closer to downtown Bellingham services and the Courthouse.
- Co-location with the Anne Deacon Center for Hope (Crisis Stabilization Center).
- Addresses concerns expressed about previous ballot measures that building a facility on a larger property will lead to building a larger jail, and that will lead to incarcerating more people.

Key reasons for preferring the LaBounty location:

- Lower construction and operating costs.
- Ability to co-locate other facilities on the property to create a campus (e.g., behavioral health services, human services, housing).
- Large buildable acreage is adaptable to changing needs and best practices over time.

Making Decisions

As mentioned above, the key decisions to be made by Whatcom County Council regarding a new jail and behavioral health treatment center are:

1. **Location:** Where should the facility be located?
2. **Size:** What should the initial size of this facility be (how many beds)?

Deciding upon location: On June 13, 2023, the County Council Committee of the Whole met for a special three-hour workshop to provide feedback on the draft Implementation Plan and discuss these key decisions. They agreed that they had enough information from the input gathered to date to conclude that a horizontal design for a new jail and behavioral health treatment center is preferred and a location could be selected. Points of discussion favored the LaBounty site:

- A horizontal facility is less expensive to build and operate, and operational costs are the biggest expense over time.
- Adequate space to expand jail beds and add different kinds of services over time.
- Ability to expand/retract beds used for incarceration.
- Adequate capacity to reduce booking restrictions.
- Things have changed since the last ballot initiative to fund a new jail and since the pandemic (e.g., greater use of video for meetings/hearings, costs of repairs to jail elevators, increasing seriousness of crimes committed by people held in the jail), and people may see things differently now.
- Appeal of a campus approach with behavioral health facilities, transitional housing, etc.

A motion to select LaBounty for the location of a new correctional facility passed 6-0 with one abstention. Decisions about the best sites for the other proposed facilities will be made with public engagement and consideration of the best utilization of existing County-owned properties.

Determining Facility Size and Expansion Criteria

The main jail was originally built in 1984 for 148 people. It became extremely overcrowded in the 1990's with populations over 260. The Interim Work Center, which opened in 2006, has capacity for 150 low-risk individuals, which increased the total number of available beds to 359 and helped reduce some jail overcrowding. The average daily population between the two facilities hit highs of over 400 between 2007-2014, prior to many diversion programs being implemented. As of May 2023, with booking restrictions in place, the average daily population of the two facilities was 325.

The current [Whatcom County Comprehensive Plan](#) (Aug. 2016) includes guidance with regard to the number of jail beds in Policy 4D-2 which states:

Maintain Sheriff's Office adult corrections facilities and headquarters to provide a safe environment for the community, staff and inmates. The number of jail beds in adult corrections facilities will be determined after review of multiple factors, including projected population growth, State sentencing laws, alternative programs, treatment diversion programs, early release programs, the need to separate violent inmates, the need to separate inmates by gender, the need to separate inmates by other classification considerations, average length of stay, peak inmate populations and available funding. Existing facilities may be expanded, remodeled and/or new facilities developed in response to changing need.

Size estimates for a new jail and behavioral health treatment center ultimately need to strike a balance between two stated criteria:

- Correctly sized, based on a fair analysis of population growth, along with strategic investments to avoid unnecessary incarcerations, and
- Sized and operated to ensure booking restrictions in the county and its cities will not occur.

The number of beds to plan for in a jail facility is informed by consideration of multiple factors, which need to be weighted during review, including:

- Jail Usage Variables – Admission rates, average length of stay, average daily population, average bookings
- Reduction of Booking Restrictions – In each municipality, Department of Corrections, and Tribal agencies
- Active Outstanding Warrants
- Adjustment Factors: Peaking factor, operational capacity (85%), and “classification factor” (additional beds to enable accommodation of individuals with different security classifications)
- Incarceration Prevention Reduction targets
- Crisis Relief Center intake and other behavioral health facilities’ intake
- Utilization of Alternative Programs – Out-of-custody work release, electronic home detention, etc.
- Population Growth

From these factors, a formula will be agreed upon for determining the base size for a new jail and behavioral treatment center. A formula for determining if/when expansion of the facility is needed has been recommended by the Small City Caucus and City of Bellingham, broadly stated as follows: To authorize facility expansion to provide for additional bed capacity when and if it reaches 85% operational capacity for a specified period of time (e.g., eight of the past twelve months).

At the June 13, 2023, special County Council Committee of the Whole workshop, a **second motion that the equation for the number of beds that will be proposed initially, and the equation that will trigger expansion be clearly defined as soon as possible, carried by a vote of 7-0.**

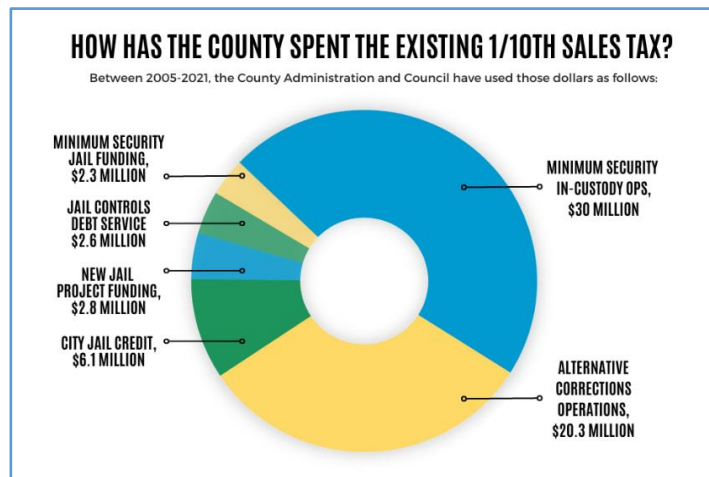
Any plans for expansion shall include a robust and inclusive community engagement process and be approved by the County Council.

Funding Implementation Plan Projects Now and Into the Future

Existing Funding Sources

Funding the services, facilities, and oversight projects in the Implementation Plan will require matching each project with the applicable types of funding. For example, the BH Fund is an excellent fit for many of the proposed services as a stated goal is for these funds to support diversion programs to prevent incarceration. This includes therapeutic court programs (e.g., Mental Health Court, Recovery Court), housing support services, re-entry support services, and the Response Systems Division which, in 2023, has added 25 behavioral health positions for GRACE, LEAD, ART, and Co-responder Programs. While services to prevent incarceration or re-incarceration are a component of the BH Fund, it is important to note that the fund also supports programs for youth behavioral health in schools and other settings as well as other prevention programs. Providing services along the continuum is an important value of the fund, especially for prevention in areas that no other funding source can support.

Another source of funding is the 0.1% sales tax passed in 2004. This graphic illustrates how the 2004 tax dollars have been spent between 2005-2021, with most funds going toward to the operations of the Work Center and other alternatives to incarceration (e.g., Electronic Home Detention). In 2023, \$6.6 million will go to support operating costs for the jail and Work Center, and in 2024 the amount for operations will be \$6.9 million.



In addition to these local funds, and pursuing state and federal funding opportunities, it is recommended that a new 0.2% sales tax (20 cents for every \$100) be put before voters to pay for a 30-year bond to build a new jail and behavioral health treatment center. While identified available resources can be used for funding services, the sales tax and bond is the only feasible funding vehicle available to pay for a capital project the size of the jail and behavioral health treatment center. (See following section for details.)

| Funding Source | How It Can Be Spent |
|-----------------------------------|---|
| Proposed new sales tax | 1/3 must go to Criminal Justice, 2/3 for anything, including the proposed implementation plan |
| State funds | Behavioral Health and Housing facility capital costs (crisis relief and stabilization centers) |
| County Behavioral Health Fund | Any BH purpose, including Therapeutic Courts, school prevention, community behavioral health services, psychiatric services in the jail, GRACE program. |
| Medicaid | Healthcare, including BH services, outside the jail (reimbursement rates are limited) |
| North Sound Behavioral Health ASO | State and Federal funding for regional behavioral health facilities and services, crisis services, involuntary commitment, co-responder program |

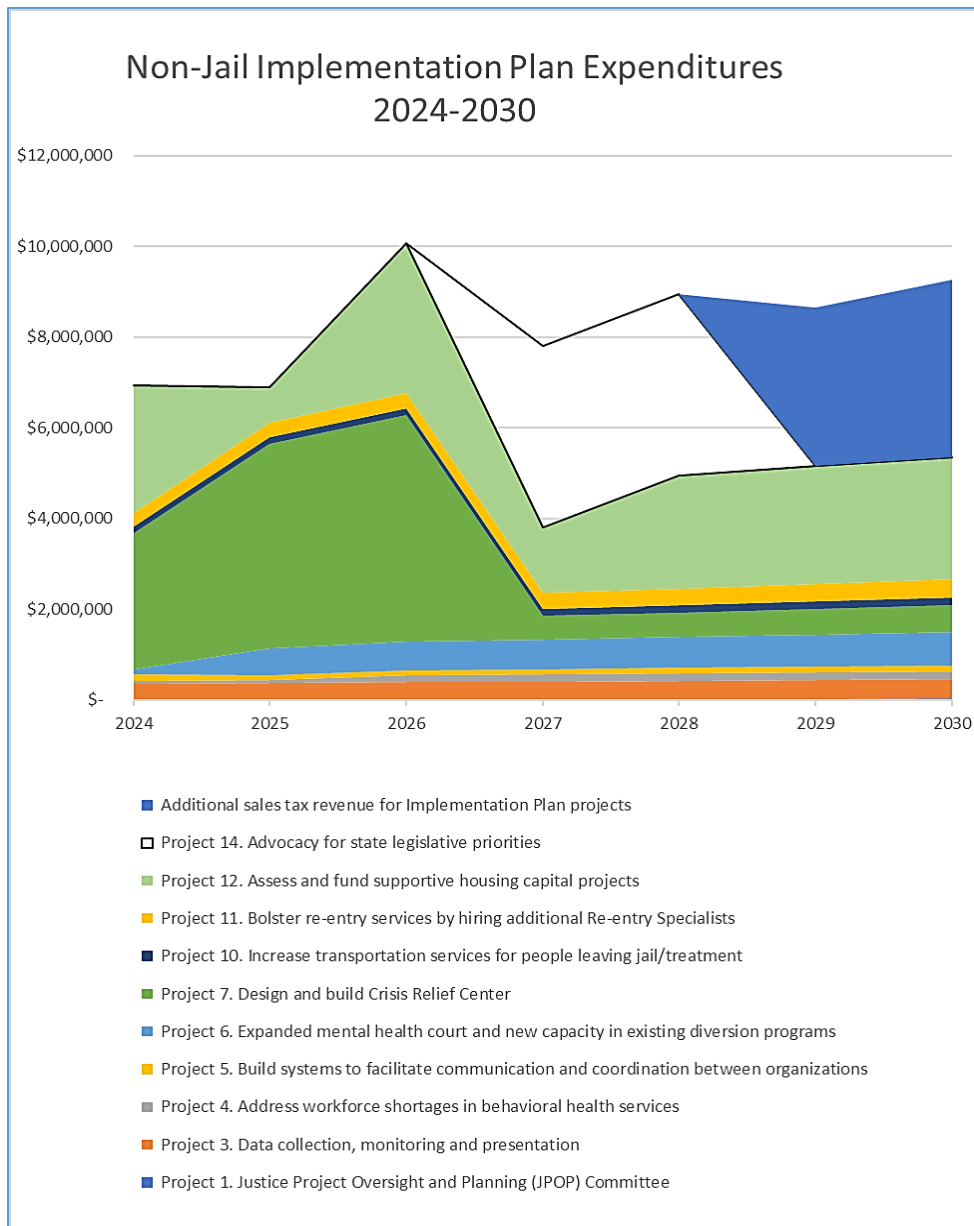
| | |
|-------------------------------------|---|
| Local housing funds | Affordable housing, rental assistance, shelter and related services |
| General Fund and existing sales tax | Supports operating costs for existing jail and Work Center |

In the recent state legislative session, \$957 million in behavioral health investments were made, including improvements to crisis prevention, funding to establish short-term crisis relief centers, and actions to address the behavioral health workforce shortage. Federal and state funding flow to the counties through the Washington State Health Care Authority and North Sound BH-ASO. With an Implementation Plan in hand, Whatcom County is well-positioned to respond quickly when new requests for proposals are released.

Potential Use of Proposed New Sales Tax

The proposed new sales tax is anticipated to provide the funds needed for the Implementation Plan projects. There are other sources of local, state and federal funding which have been secured and more will be sought. If a ballot measure is placed on the November 2023 ballot and approved by a majority of voters, it will generate approximately \$13.5 million in the first full year of collected revenue. As indicated above, there are existing and potential resources that can be used for funding services, but the proposed sales tax and bond is the only feasible funding mechanism to generate the revenue needed to pay for a capital project the size of the jail and behavioral health treatment center.

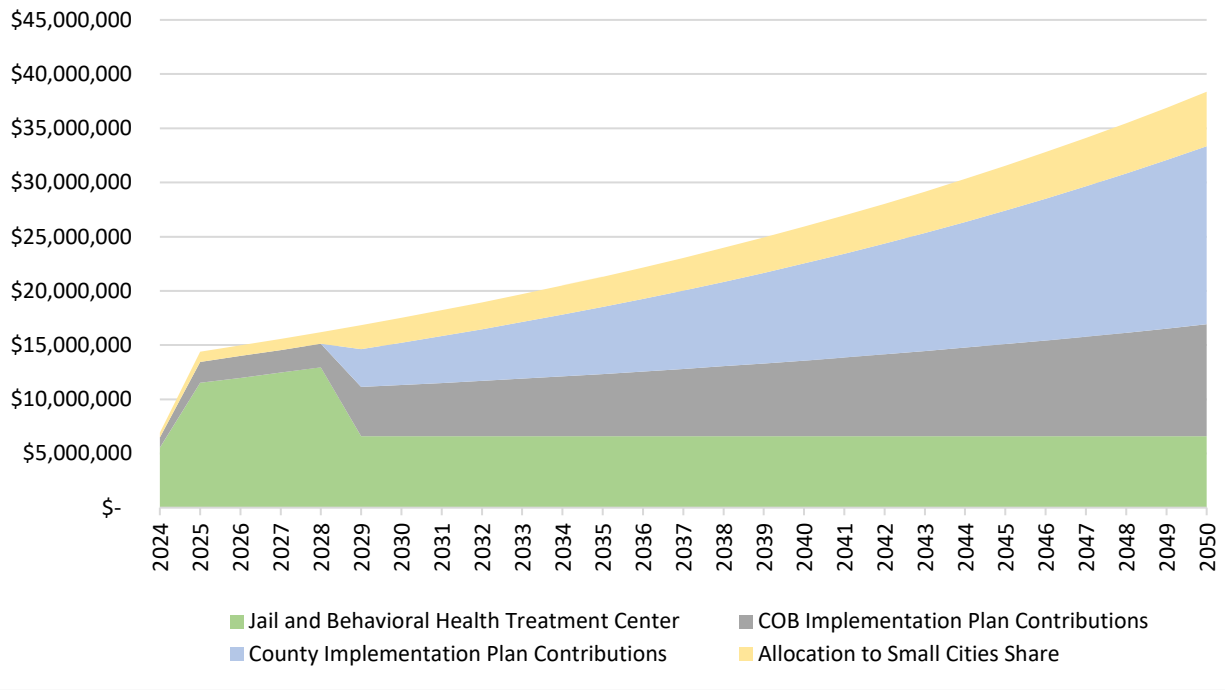
Whatcom County will make initial investments in Justice Project Implementation Plan projects that increase access to behavioral health services, substance use disorder treatment, re-entry services, supportive housing, diversion, and other incarceration reduction programs, using a combination of proceeds from the proposed sales and use tax and other local, state, and federal funds. Investments will begin in 2023 and occur concurrently with the planning and construction of a new jail facility and behavioral health treatment center. The following graph shows initial non-jail projected spending, including spending from the proposed tax and other local, state, and federal funds.



The County and cities will work towards a fair and equitable distribution of the proposed new sales tax to accomplish the construction of a new jail and behavioral health treatment center, and to maximize utilization of the remainder of the revenue that is generated. Ideally, an agreement between the County and cities would apply the first 4-6 years of the proposed new sales tax revenue to pay down the bond so that in subsequent years a minimum of 50% of the ongoing county-wide sales tax revenue will be used for projects as prioritized in this Justice Project Implementation Plan.

This funding model recognizes the need for flexibility in spending from year to year, so the emphasis can shift as programs and projects are developed and implemented over time, and as local and state funds can be leveraged. The following graph of the funding model illustrates the proportional allocation of the proposed new sales tax.

Anticipated Expenditure Allocations for 0.2% Sales and Use Tax



Summary Charts: Funding for Implementation Projects

The following charts present a summary of the Implementation Plan projects that require funding, what the funds would be spent on, cost estimates, probable sources of funding, and project status. Funding estimates focus on local funding needed to accomplish projects, with the assumption that state and federal funding may also be necessary for many projects. The financial projections included here are based on current data and understanding and are subject to ongoing refinement and adjustment as circumstances change, consistent with policy direction from the Whatcom County Council.

The actualization of each project depends on multiple factors including funding, ability to hire needed staff, organizational capacity, and external forces including competing community needs. The project status is a representation of the Administration's certainty of being able to initiate the project in the next one to three years given the balance of these factors.

Chart: Funding Available and Needed by Project Expense

| Implementation Plan Projects | Expense | Cost Estimate | Sources of Funding | Project Status |
|---|--|------------------------|--|----------------|
| 1. Establish IPRTF/LJC Justice Project Oversight and Planning Committee | Stipends for community volunteer members | \$4,000/yr. | General Fund | Likely |
| | JPOP meeting facilitation, training, reporting | \$20,000/yr. | General Fund | Likely |
| 3. Collect data to measure progress toward desired outcomes and develop a data dashboard | Data Informatics Specialist, Senior Applications Administrator, and consultant services for program evaluation and reporting | \$340,000/yr. | General Fund | In process |
| 4. Address workforce shortages in behavioral health services | Paid internship program for mental health students in participating partner settings | \$20,000/yr. | State funding through North Sound BH-ASO BH Fund | Very likely |
| | Free continuing education and training for BH staff | \$20,000/yr. | North Sound BH-ASO BH Fund HCA | Very likely |
| | Expanding peer support, coaching, and mentoring | \$20,000/yr. | North Sound BH-ASO BH Fund | Very likely |
| | Low/no-cost clinical supervision for students pursuing licensure | \$50,000/yr. | North Sound BH-ASO BH Fund | Likely |
| | Additional strategies for addressing workforce shortages | \$40,000/yr. | North Sound BH-ASO BH Fund | Likely |
| 5. Build systems to facilitate communication and coordination between organizations | Software and system management | \$50,000 + \$5,000/yr. | BH Fund | Very likely |
| | Community provider referral networks and pathways | \$100,000/yr. | BH Fund | Very likely |
| 6. Increase the capacity of effective existing programs to divert people from incarceration | Staff support for MHSA and expanded Mental Health Court | \$100,000/yr. | BH Fund | In process |
| | Expand therapeutic courts | \$300,000/yr. | BH Fund | Very likely |
| | Expand GRACE to County | \$200,000/yr. | BH Fund | Likely |

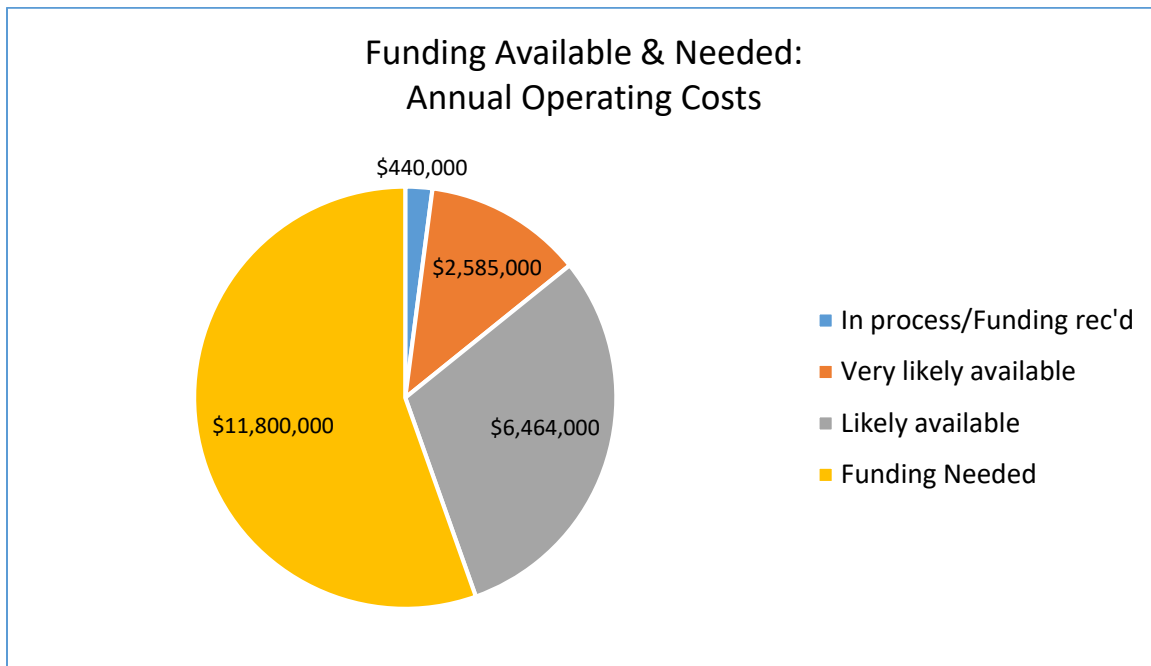
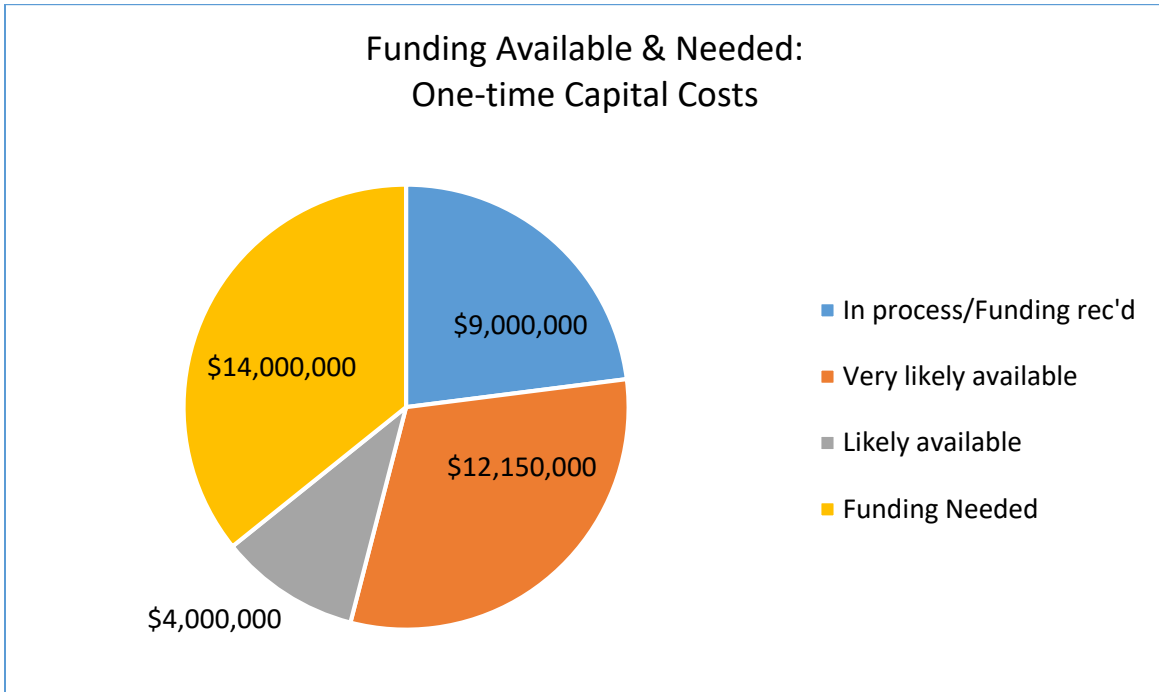
| Implementation Plan Projects | Expense | Cost Estimate | Sources of Funding | Project Status |
|---|--|-----------------------------|--|---|
| | | | Proposed new sales tax | |
| | SUD Professional in Response Division | \$100,000/yr. | BH Fund | Funding needed |
| | Additional BH officers for Sheriff's Office and city police departments | \$500,000/yr. | Proposed new sales tax | Funding needed |
| | Expand GRACE to PeaceHealth ED | \$100,000/yr. | State, federal, PeaceHealth | Funding needed |
| | Expand co-responder program to small cities | \$200,000/yr. | Proposed new sales tax | Funding needed |
| | Expand ART to small cities | \$200,000/yr. | Proposed new sales tax | Funding needed |
| | Expand LEAD | \$200,000/yr. | State and federal grants | Funding needed |
| | Expand Community Paramedic Program | \$500,000-\$750,000/yr. | EMS Levy | Very Likely |
| 7. Build a 23-hour Crisis Relief Center | Capital funding | \$12 million | State - \$9 million received Remaining \$3 million - Proposed new sales tax | Partial funding received Remainder dependent on passing proposed new sales tax |
| | Estimated local share of operational costs – Crisis Relief Center | \$500,000 – \$1 million/yr. | BH Fund Proposed new sales tax | Very likely |
| 8. Build a jail and behavioral health treatment center | Capital expenses – Detention for low-high risk + space for services | \$8 - \$10 million/yr. | Proposed new sales tax | Funding needed |
| | Capital expenses – behavioral health treatment center | \$8 million | Proposed new sales tax | Funding needed |
| | Operational costs – behavioral health treatment center | TBD | Proposed new sales tax | Funding needed |
| 9. Identify what additional facilities are needed to support people with BH and SUD issues at risk of incarceration | Coordinate with relevant organizations Plan next steps Develop proposals for new and expanded facilities | TBD | In-kind Local/State funding | In process |

| Implementation Plan Projects | Expense | Cost Estimate | Sources of Funding | Project Status |
|---|---|-----------------|--|----------------|
| 10. Ensure people leaving jail have transportation to a safe destination | Transportation services | \$140,000/yr. | State funds Proposed new sales tax | Very likely |
| 11. Bolster re-entry support services | 3 BH/re-entry specialists | \$300,000/yr. | State funds Proposed new sales tax | Very likely |
| | Capital funding for Resource Center | \$6 million | State funds Proposed new sales tax | Funding needed |
| | Operational costs – Resource Center | \$500,000/yr. | BH Fund Proposed new sales tax | Funding needed |
| 12. Maintain and expand supportive housing programs for people with behavioral health issues and a history of incarceration | Consultant to conduct assessment | \$50,000 | Local housing funds | Very likely |
| | Fill gaps in funding, staffing, equipment | \$750,000/yr. | BH Fund Local housing funds | Likely |
| | Capital project – small recovery/supportive housing | \$2 million | American Rescue Plan Act (ARPA) BH Fund Local housing funds Federal HOME funds (to match state funds when possible) | Likely |
| | Operational costs – small recovery/supportive housing | \$500,000/yr. | BH Fund Local housing funds LEAD grant State funds | Likely |
| | Capital project – large re-entry supportive housing | \$2 million | BH Fund Local housing funds (to match \$20 million+ in state and federal funds) | Likely |
| | Operating costs – large re-entry supportive housing | \$1 million/yr. | State funds Federal funds | Likely |

| Implementation Plan Projects | Expense | Cost Estimate | Sources of Funding | Project Status |
|--|-------------------------------------|---------------|--------------------|----------------|
| 14. Expedite access to competency restoration services | Contractor to develop pilot project | \$50,000 | General Fund | Very likely |

Charts: Summary of Funding Available and Funding Needed

The following graphics provide a summary of the chart above, presenting total funding available and total funding needed for one-time capital expenses and for ongoing annual operations.






Metrics and Evaluation Planning

To measure progress towards the community health, safety, and justice goals as they relate to each project in the Implementation Plan, the Whatcom County Executive will coordinate with the IPRTF/LJC, the Finance Advisory Board, Whatcom County Health and Community Services, and other agencies and individuals who can assist with developing and implementing a robust system for evaluation and communication of progress.

The first strategy of this plan describes the system to be created, to do effective evaluation:

I. Ensure Oversight, Accountability, and Transparency

-  **Establish a Justice Project Oversight and Planning (JPOP) Committee within the IPRTF/LJC** including a balanced membership ensuring fair representation of BIPOC communities, service providers, and people with lived experience, to monitor progress and recommend updates on this Implementation Plan.
-  **Establish a Justice Project Finance Advisory Board** to oversee financial performance of the Public Health, Safety, and Justice Tax fund and associated programs.
-  **Collect data to measure progress toward desired outcomes and develop a data dashboard** for criminal legal system organizations to share data with one another and the public.

Underlying Values for Plan Evaluation and Measurement

The evaluation plans to be developed and formalized over the course of the next year for this Implementation Plan will be based on the four values which were established in the Justice Project Needs Assessment:

- Practice wise stewardship of public resources by using evidence-based decision-making, and evaluating if current programs, intervention, and processes are working as intended.
- Facilitate public engagement in transparent decision-making processes that reflect community priorities.
- Ensure systems, services, and facilities are adaptable to changing circumstances and needs.
- Openly and actively address inequities and discrimination.

Results-Based Accountability Framework

The [Results-Based Accountability \(RBA\)](#) framework and methodology aligns with these underlying values and is utilized by Whatcom County Health and Community Services and community partners for related community health initiatives. RBA is a national model and provides a disciplined, data-driven decision-making process to help communities and organizations take action to solve complex problems (Clear Impact, 2022). RBA makes a distinction between **population accountability** through population indicators, which assess the well-being of a whole population, and **performance accountability** through performance measures, which assess the well-being of the people directly served by programs.

Creating Metrics

Desired outcomes were already identified in the Justice Project Needs Assessment for each need and recommendation (below) and these outcomes provide a solid foundation for development of the evaluation plan.

Before the end of 2023, the IPRTF/LJC will develop a charter for the Justice Project Oversight and Planning (JPOP) Committee, which should include a balanced membership ensuring fair representation of BIPOC communities, service providers, and people with lived experience. The JPOP Committee Charter will clarify the composition of the committee and how the group's work will be supported. Once the JPOP has been established, the process for selecting metrics (indicators) to measure progress towards desired outcomes (population accountability) will come first. Then the JPOP will begin identifying the metrics for performance accountability related to each of the projects. Developing metrics will be done in coordination with the County Executive's office, the Criminal Justice Informatics Specialist, the Senior Applications Administrator, Whatcom County Health and Community Services, and other people and institutions who can support that process (e.g., universities and regional associations). The final evaluation plan will be shared with the public and diverse community groups and presented to the IPRTF/LJC for review and endorsement.

Desired Data and Outcomes

Through the course of the Implementation Planning Process, desired data were flagged. This list provides a starting point for the Criminal Justice Informatics Specialist and others to consider for the evaluation plan and the data dashboard. The Needs Assessment need and recommendation reference is noted.

- Length of time individuals are incarcerated pretrial (*from A2*)
- Track timelines based on type and complexity of the case (*from A2*)
- Number and duration of continuances (*from A2*)
- Factors affecting case resolution times (*from A2*)
- How many people are not being offered the opportunity for pretrial release and monitoring when it might be appropriate (*from A3, Rec 1*)
- Bail amounts (*from A3, Rec 1*)
- Data to determine if the Pretrial Risk Assessment that is being employed by Superior Court is effective and race neutral (*from A3, Rec 2*)
- Data to understand and quantify disproportionalities or disparities in incarceration of BIPOC individuals and root causes (*from A4, Rec 1*)
- Racial makeup of incarcerated population (*from A4, Rec 1-3*)
- Track individuals diverted from incarceration to measure outcomes (*from B2*)
- Track individuals who receive a warm handoff from jail to community services to measure outcomes (*from B1, Rec 4*)

In the Justice Project Needs Assessment Report, **desired outcomes** were identified for each recommendation (see **Appendix B**). Projects in the Implementation Plan were linked to these same recommendations (see **Appendix C**).

Progress Addressing 2017 Vera Report Recommendations

In 2017, the IPRTF contracted with the Vera Institute of Justice to conduct analysis of the criminal legal system and recommend strategies to reduce the jail population. Vera produced a [Report to Whatcom County Stakeholder on Jail Reduction Strategies](#) based on data available at that time, on-site observations, mapping the flow of cases and potential outcomes in the county's three court levels, and meetings with IPRTF members and elected officials.

The Vera Report made five recommendations and offered many responsive strategies that Whatcom County can undertake to reduce the number of people in its jail without compromising public safety.

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

The IPRTF did not officially adopt the Vera Report findings and recommendations but has used the report to inform their work to reduce and prevent incarceration. The IPRTF has implemented many of the recommended strategies over the years since the Vera Report, and has issued annual reports that include these developments (for reports, go to [IPRTF webpage](#)).

In the summer 2023, researchers from University of Washington will:

- Confirm accomplishments and progress relative to the five recommendations and strategies;
- Identify challenges and opportunities for additional progress on Vera report recommendations;
- Identify best practices and new research or trends since the 2017 Vera report;
- Provide detailed recommendations on how to make progress on unaddressed recommendations or strategies; and
- Identify any remaining efforts to be incorporated into the Justice Project Implementation Plan report.

Building Trust

As noted in **Appendix D**, numerous people who posted public comments to the Justice Project website expressed a lack of trust that the commitment to change was genuine, or that there would be follow-through. The process of developing a community-based Needs Assessment and this Implementation Plan were conducted in a way that aimed to start rebuilding trust. Now the real test begins.

When people have public information supported by data that is accurate, verifiable, and accessible, this can help to build trust. People may not agree on strategies, but the Needs Assessment indicates that there is a fair amount of common ground on the desired outcomes.

Building a system to ensure strong **Oversight, Accountability, and Transparency** became a top priority in this Implementation Plan. Reinforced by a County Ordinance, actions to ensure accountability and re-build trust include:

- Involving BIPOC communities and people with lived experience in monitoring and updating of the Implementation Plan through the JPOP and other channels.
- Having an independent third-party entity conduct an evaluation of the process and progress of the Implementation Plan, including an analysis of funds collected and spent, and collected data.
- Communicating with the diverse communities of Whatcom County about the Justice Project goals, intended outcomes, and progress made, no less than annually.

Conclusion

This Justice Project Needs Assessment Implementation Plan offers guidance for tangible steps to improve public safety and health within Whatcom County’s criminal legal system in the coming years.

Important steps have already been taken in the last decade to prevent and reduce incarceration, and there is much more work to be done. The Justice Project Needs Assessment Report provided a vision, values, and goals, and excellent information about the needs and gaps we are facing. The recommendations in the Needs Assessment Report were the foundation of the implementation planning effort.

This work was benefited by the expertise of subject matter experts, Incarceration Prevention and Reduction Task Force members, and those who were part of the Stakeholder Advisory Committee. The input from the Town Hall, and interviews, focus groups, and surveys with members of the BIPOC and tribal communities, and previously incarcerated individuals and their families had a significant impact on the shape of the final plan.

This is a living document that will be reviewed and updated regularly as projects are implemented and changes occur that impact the criminal legal system at the local, state, and national levels. As the system continues to evolve, the Implementation Plan will be a useful guide for the Whatcom County Council, local officials, service providers, volunteers, and the public at large, in taking the next steps together to improve public health, safety, and justice in Whatcom County.

Many thanks to everyone who gave so generously
of their time and expertise to develop this Implementation Plan

Appendices

Appendix A: Needs Assessment Vision, Values & Goals

Vision: *Presents the big picture of what we envision for our community. The vision is not limited by the scope of our work, nor what is currently true, but describes the ideal state toward which*

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, we will utilize a range of alternatives to incarceration for low-risk offenders that require personal accountability; and when incarceration is called for, we will operate facilities that are humane, well-equipped, well-maintained, and adequately staffed to promote health and safety.

Values: *The core principles that guide our decision-making and investments of time and resources.*

1. Protect and promote public health and safety.
2. Prioritize timely and early interventions.
3. Practice wise stewardship of public resources by using evidence-based decision-making, and evaluating if current programs, intervention, 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 achieve and how we will achieve it. They are divided into three categories: “Systems Goals,” which are policies and practices to ensure the system has sufficient capacity, is fair, and functions efficiently; “Services Goals,” which are the types of supports that need to be in place for people to prevent and reduce involvement with the criminal legal system; and “Facilities Goals,” which include a jail and a variety of residential & non-residential facilities and settings for legal and treatment services (e.g., half-way houses, facility for competency restoration, clinics).*

There are many goals regarding prevention of people’s involvement with the criminal legal system that are outside the scope of our work. Thankfully, there are many endeavors being undertaken by community organizations and our County to address early intervention and prevention efforts with children & families.

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. Sufficient funding, staffing, and resources ensure adequate service capacity at all points of contact in the criminal legal system.
5. People working within and alongside our criminal legal system (e.g., advocates, navigators, legal counsels, jail staff, providers) are valued, fairly paid, and representative of the members of our community.

Services Goals:

6. 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.
7. People released from jail have immediate access to behavioral health and medical care, housing, employment, and support systems to avoid re-incarceration.
8. Community and jail-based services (e.g., treatment for mental health and substance use disorders, affordable supported housing) support healing, and make measurable differences in reducing crimes of poverty and repeat offenses.

Facilities Goals:

9. Facilities are designed and operated to meet the health, safety, and welfare needs of those incarcerated and the people who work and visit there.
10. Facilities are designed to be versatile to adapt to changing needs.
11. Incarceration facilities balance compassion with accountability to promote safety, health, rehabilitation, and recovery.
12. Facilities adequately serve the whole county, including cities and tribal jurisdictions.

Appendix B: Needs, Recommendations, & Desired Outcomes

| 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). | <ul style="list-style-type: none"> ↓ # 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: <i>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.</i> | <ul style="list-style-type: none"> ↓ # 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 |
|---|-------|-----------------|------------------|
|---|-------|-----------------|------------------|

| | | | |
|-----|--|---|--|
| | | 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). | ↓ Racial disparities and disproportionalities in incarceration. |
| | | Rec. 4: Take prompt effective actions to correct disparities when they are identified. | ↓ Racial disparities and disproportionalities in incarceration. |
| 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. | ↑ Confidence that decisions about criminal legal system policies and practices are informed by those who are most affected. |
| 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. | ↑ Ability to track and coordinate service utilization and outcomes for individuals interacting with the criminal legal system and behavioral health services. ↑ Availability of data needed for policy work and funding requests. |

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 | 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. |

| | | | |
|--|---------------------------------|--|--|
| | prevention & reduction efforts. | | |
|--|---------------------------------|--|--|

| 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> |

B. SERVICES NEEDS, RECOMMENDATIONS, & DESIRED OUTCOMES

| # | NEEDS | RECOMMENDATIONS | DESIRED OUTCOMES |
|-----|---|--|--|
| B1. | | 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. | ↑ # of incarcerated individuals nearing release who receive care coordination planning & support. ↓ # of individuals re-incarcerated. |
| | | 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. | ↑ # of individuals engaged in community behavioral health services upon release from jail. ↓ # of individuals re-incarcerated. |
| | | Rec 5: <i>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.</i> | ↑ # of individuals engaged in community behavioral health services upon release from jail. ↓ # of individuals re-incarcerated. |
| 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. | ↑ # of people engaged in incarceration prevention programs. ↓ Incarceration of people with MH &/or SUD. |

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> |

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 & vocational training; outside spaces). | <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 |
|---|--|-----------------|------------------|
| | <ul style="list-style-type: none"> • Versatile to accommodate changes in the population. • Built to last. • Easy to maintain. | | |

| | | | |
|-----|--|--|--|
| | <ul style="list-style-type: none"> • 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 |
|-----|--|--|---|
| | | <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> | <p>Well-located facilities, accessible to service providers, those who use services, and their 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</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</p> | <p>↑ Available permanent supportive housing.</p> <p>↑ Clinical support and quality of life for currently/previously incarcerated individuals and residents of permanent</p> |

| | | | |
|-----|---|--|---|
| | involvement, with the criminal legal system. | involved, or at risk of involvement with the criminal legal system. | <p>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> |

Whatcom County Justice Project

Findings from Focus Groups & Survey

May 2023



Disclaimer

This report presents research conducted by Crossroads Consulting to gather input on potential projects for the Justice Project Implementation Plan.

Recruitment of participants prioritized people from communities that have been under-represented in the Justice Project, and whose input is essential (people with lived experience in the criminal legal system, Black, Indigenous, Latinx/Hispanic, and other people of color). People chose to participate in a focus group and survey and were paid for their time (a self-selected, non-random sample).

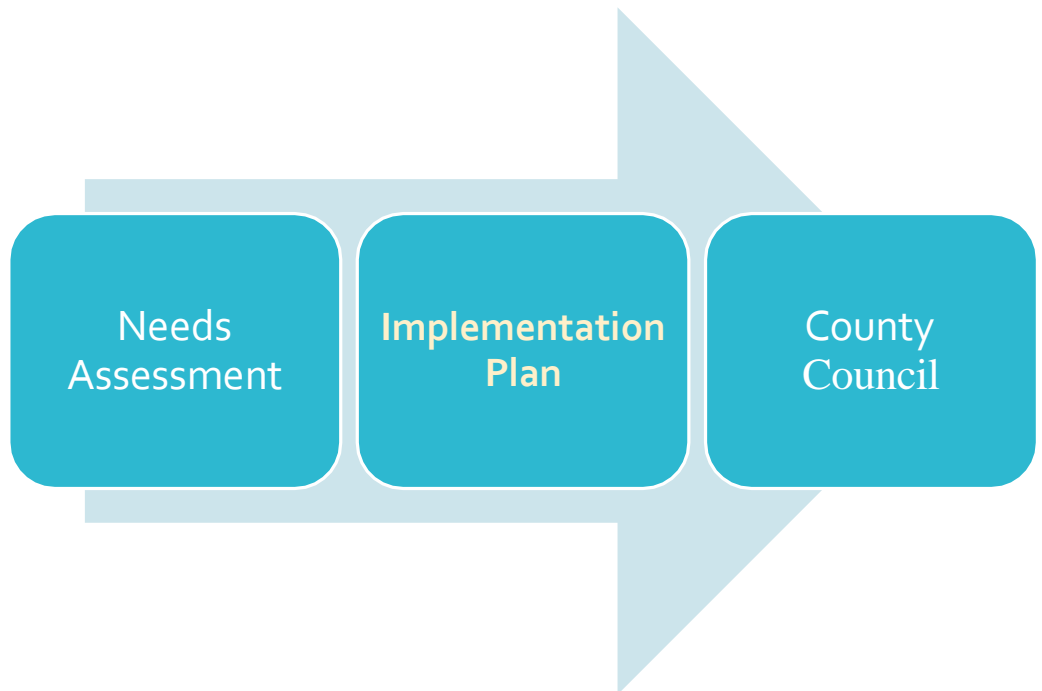
Focus groups are a type of qualitative research to assess the perspectives and feelings of the people who participated at a point in time. The survey questions were similarly designed to gather peoples' opinions using a quantitative and open-ended written format.

The analysis presented here attempts to fairly and accurately reflect people's viewpoints and does not necessarily reflect objective facts.

The Justice Project

The Justice Project is Whatcom County's effort to address public health, safety, and justice issues in a comprehensive way with a lot of input from the community and people working in the criminal legal system.

Focus Group and Survey Input were collected to help inform the **Implementation Plan** for the steps to take in the next 1-3 years



Focus groups April 24- May 3rd

Whatcom County Needs Your Voice!
Justice Project Implementation Plan

PARTICIPATE IN A FOCUS GROUP!
APRIL 24-28, 2023

Focus groups will discuss ways to improve services for people involved with the criminal legal system, including the jail.

Seeking focus group participants who identify as follows:

- Black, Indigenous, people of color (BIPOC)
- Lummi Nation or Nooksack Tribe
- Lived experience in the criminal legal system
- Immigrant
- Latino/Latina/Latino

Focus groups will be 90 minutes, online or in-person, and participants will be asked to review material in advance of the meeting. Participants will be paid **\$100**.

To participate, **fill out a brief survey** about your availability. Scan the QR code below or visit:
www.surveymonkey.com/r/13VD3WD



For more information on the Justice Project, please visit www.whatcomcounty.us/justice

Involving community members identifying as:

- BIPOC
- Nooksack/Lummi Members
- Latinx/Hispanic
- People with lived experience in the criminal legal system and their families

Methods of outreach:

- Emails & calls to individuals and groups
- Facebook posts
- Flyers in English and Spanish

Process

- 7 focus groups – all Whatcom County residents
- 6 groups in-person, 1 via Zoom
- 90-minute confidential sessions
- Participants also filled out a survey to supplement the discussion
- People were compensated for their time

Who was involved?

| Focus Groups | # Participants |
|---|---------------------|
| Lived experience in criminal legal system (personal or friend/family) | 26 (in 2 groups) |
| Lummi Nation | 9 |
| BIPOC (Black, Indigenous, People of Color) | 8 (met twice) |
| Latinx/Hispanic | 9 |
| Other – Mostly service providers | 8 |
| Key Informant Interview | # Participants |
| Nooksack Tribal Police Chief & Deputy | 2 |
| Surveys | # Participants |
| Focus group participants | 60 |
| Survey-only participants | 14 |

Questions for the focus groups & survey

People were asked...

- Which of the Proposed Projects seem like they will make the biggest difference and why?
- Where should the jail and other facilities be located?
- How can we ensure that the systems, facilities, and services really meet the needs of people in your community?

Potential
Implementation
Planning Projects

17 specific action
items in
6 categories

Increase Access to Behavioral Health Services

Bolster Re-entry Support Services

Make Systems Changes with Local, Regional, & State
Partners

Expand Supportive Housing for People At Risk of
Incarceration

Build a Safe & Humane Jail and Behavioral Health Facilities
with Services to Help People Stay Out of Jail

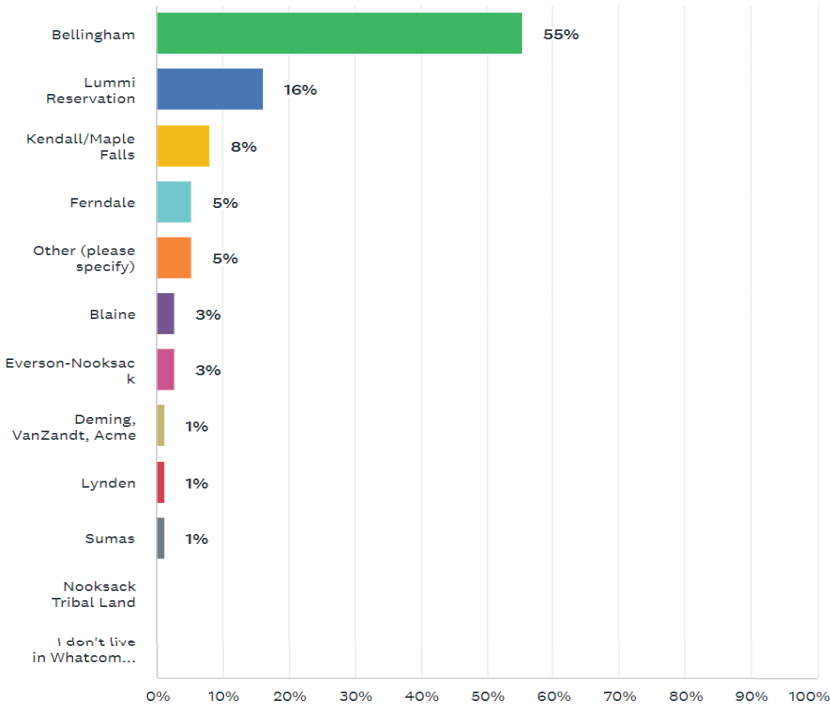
Measure and Share Progress for Accountability and
Transparency

About the Respondents

Geographic Distribution

Where in Whatcom County do you live?

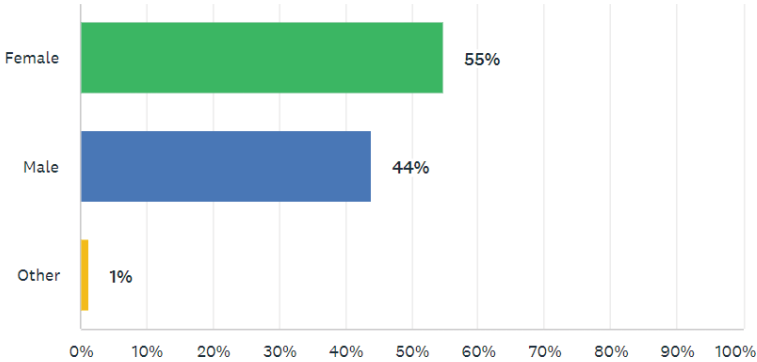
Answered: 74 Skipped: 0



Gender Identity

What is your gender identity?

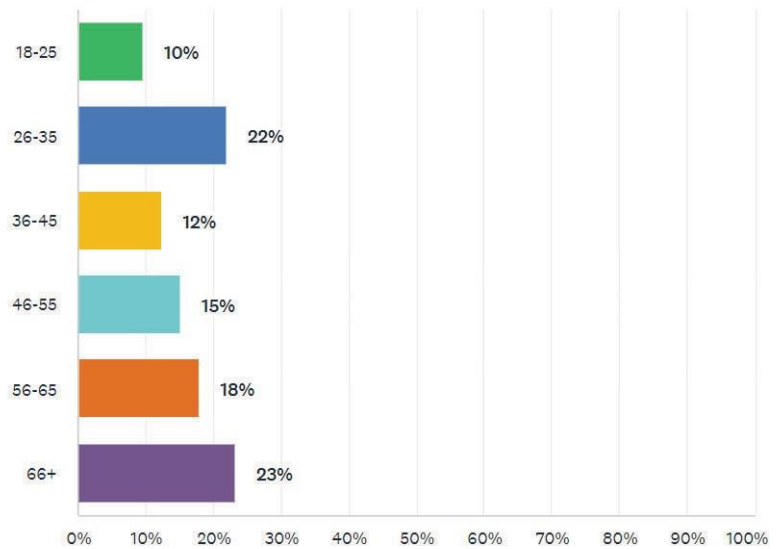
Answered: 73 Skipped: 1



Age Range

Your age range

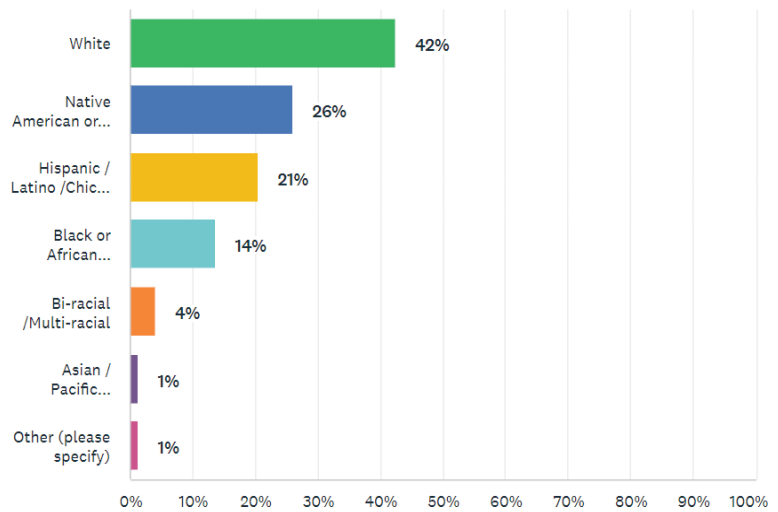
Answered: 73 Skipped: 1



Race / Ethnicity

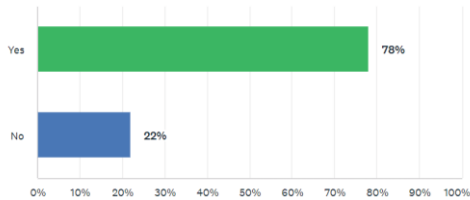
How would you describe your race/ethnicity? (check all that apply)

Answered: 73 Skipped: 1



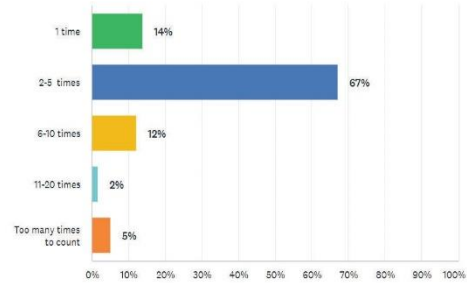
Have you ever been a victim of a crime?

Answered: 73 Skipped: 1



If yes, about how many times have you been a victim of crime? (if no, skip question)

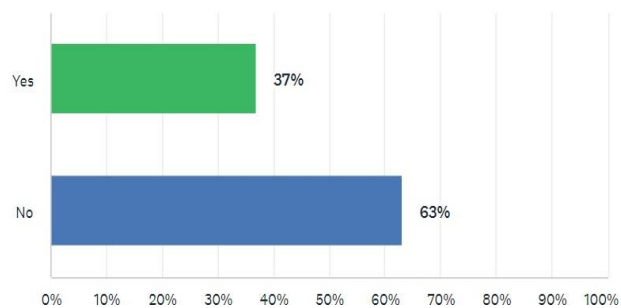
Answered: 58 Skipped: 16



Involvement with Criminal Legal System

Have you ever worked for pay or volunteered to provide any type of support services to people who are/were involved in the criminal legal system (e.g., work in the jail, work in a social service agency, volunteer to run a recovery group)?

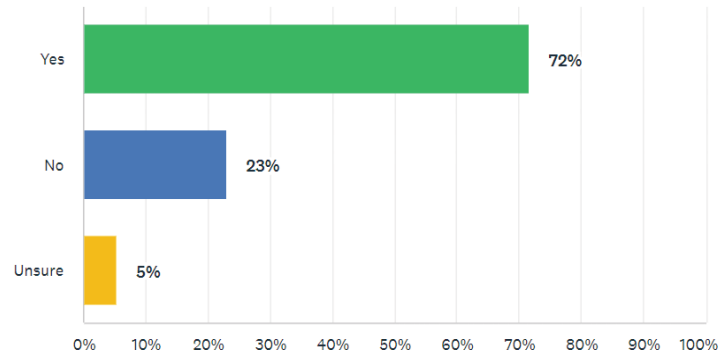
Answered: 73 Skipped: 1



Involvement with Criminal Legal System

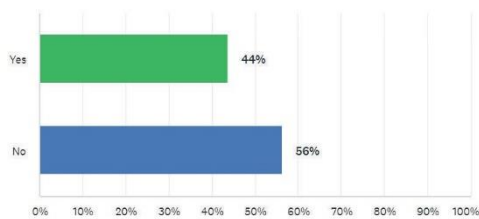
Apart from yourself, do you know people personally who have been incarcerated in the Whatcom County Jail in Bellingham?

Answered: 74 Skipped: 0



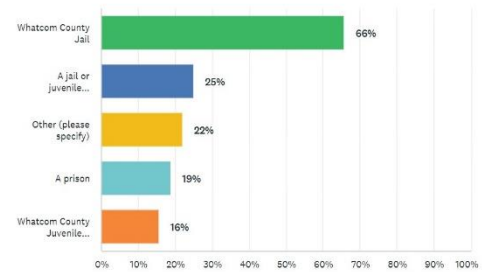
Have you ever been incarcerated?

Answered: 71 Skipped: 3



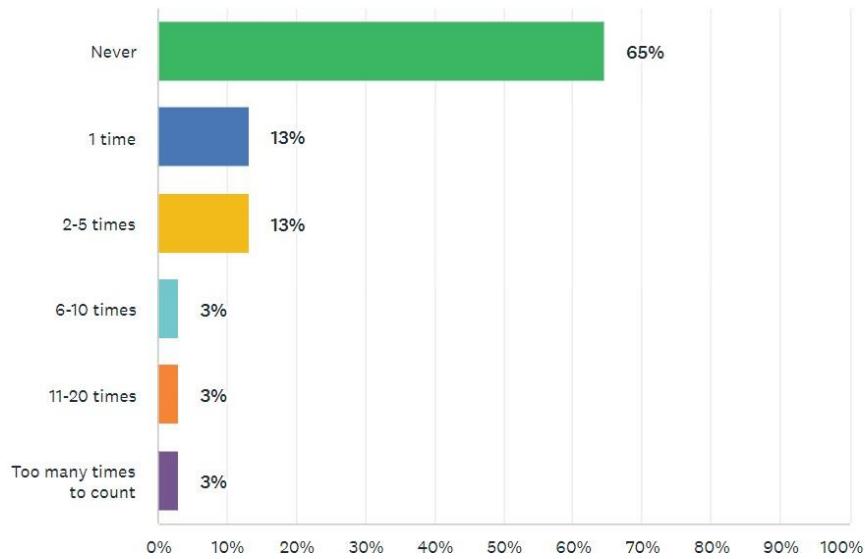
If yes, where were you incarcerated? (check as many as apply) If no, skip question.

Answered: 32 Skipped: 42



About how many times have you spent more than a day in Whatcom County Jail?

Answered: 68 Skipped: 6



Survey Results Regarding Potential Implementation Projects

How important is it to take each of these actions in next 1-3 years?

- Very important
- Important
- Somewhat imp.
- Not at all imp.
- Don't know

See Disclaimer, Slide 2

| Action | % very important / important |
|---|------------------------------|
| Ensure existing supportive housing programs are adequately staffed and equipped to serve people who are involved with the criminal legal system | 96% |
| Address shortages of BH service providers to expand service capacity | 92% |
| Increase communication & coordination between organizations providing services to people with BH challenges | 92% |
| Establish jail-based and community-based locations where people can receive coordinated re-entry support services | 92% |
| Build a Behavioral Care Center to provide secure, short-term behavioral health treatment as an alternative to jail. | 92% |
| Research feasibility & desirability of building a secure detox facility in the region | 92% |

How important is it to take each of these actions in next 1-3 years?

Continued

See Disclaimer, Slide 2

| Action | % very important / important |
|---|------------------------------|
| Increase capacity of existing programs to divert people from incarceration (GRACE, LEAD, etc.) | 91% |
| Advocate for a state waiver to allow use of Medicaid funds to pay for jail-based medical & BH services | 91% |
| Continue to make changes in court systems that reduce the # of people detained in jail before trial & provide options in lieu of bail | 89% |
| Increase access to inpatient competency restoration services in partnership with regional organizations | 88% |
| Expand the # of permanent supportive housing options for people who are involved w/ the criminal legal system | 88% |
| Ensure people leaving jail have transportation to a safe destination | 86% |

How important is it to take each of these actions in next 1-3 years?

Continued

| Action | % very important / important |
|---|------------------------------|
| Explore and develop outpatient competency restoration services | 85% |
| Build a 23-hour Crisis Relief Center – Open 24/7 to serve as a sobering center & address BH & physical health needs | 85% |
| Collect data to measure progress toward desired outcomes | 85% |
| Develop a data dashboard for criminal legal system organizations to share data with one another & the public. | 82% |
| Build a safe & humane jail that is right-sized, well-designed, and affordable to build & operate | 74% |

See Disclaimer, Slide 2

Summary of Focus Group Findings

Who is in the jail and why

- Impressions of who is in the jail strongly influence responses about what actions to take.
- People lack information about criminal charges related to incarceration.
- Perspective is that people with behavioral health issues fill the jail.
- Belief that increasing rates of drug use among youth, along with trauma and poverty, are contributing to involvement with the criminal legal system.
- Concern about the high percentage of people in jail pre-trial.

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Top priority across all groups:

Behavioral Health (BH) Services & Facilities

- People see a need for more BH services and facilities of all types
 - Detox facilities
 - Long-term treatment for substance use disorders
 - Supportive, drug-free, housing for people with BH issues
 - On-going case management
 - Peer support
- Concern about prevalence of substance use disorder and addicts cycling through services without long-term recovery.
- Increase diversion options (in lieu of bail) and increase capacity of diversion programs.
- Address BH workforce shortages.
- Increase communication & coordination between providers.

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Input on Other Potential Implementation Projects

- Strong support for re-entry and supportive housing services.
- Concerns about competency restoration and medication management in the jail.
 - Competency restoration is a complicated and problematic process for people to understand.
- Data collection and dashboard
 - Many value data and want it to guide program development.
 - Others distrust data, especially government-related.
 - Encouraged collaboration with academic institutions and statewide/national efforts.

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Diversity of opinions about the jail

- Most feel that the jail should be a rehabilitative environment.
- A few people feel that a jail (or *any* involuntary facility) is ultimately not the answer.
- Concern that Whatcom County Jail is a traumatic place to be.

“It’s horribly grim... I think it’s psychologically traumatizing and damaging to be especially in that jail. I have actually seen people deteriorate horribly while they are waiting for their trial.”

See Disclaimer, Slide 2

Diversity of opinions about the jail

See Disclaimer, Slide 2

- Acknowledgement that the jail is in bad shape.
- Perceived trade-off between BH services/facilities and a new jail.
- Preference is for BH services/facilities

“If it were just a choice between jail and behavioral services, rehabilitation services, all of those kinds of things, I'm definitely voting for the behavioral rehabilitation services. I mean, I get it that the building is crumbling. It's not good. I would like to have both, but if I can only have one, I'm having the behavioral services.”

Diversity of opinions about the jail

See Disclaimer, Slide 2

- Most believe a jail replacement should be relatively small.

“I think we should build a small jail because I think most people don't belong there. They belong in other settings, in other systems.”

- Concern that a bigger facility will lead to more people being incarcerated: “if they build it, they will fill it.”
- Many like idea of co-locating services (i.e., campus concept) so people can smoothly go from one service to another in a continuum of care.

Mixed Opinions about Locating a New Jail and Other Facilities

- Most like the idea of Behavioral Care Center co-located with the jail and favored expenditures here.
- Some like idea of jail-based services, others feel BH services should be community-based.
- Horizontal design generally preferred, however for people who strongly prefer Irongate or Civic Center, design was less important.
- Proximity to Ferndale and Lummi Nation land a concern for some, if facilities are built at LaBounty.
- Proximity to courthouse and other community resources was important, so transportation from Irongate or LaBounty will be essential if facilities are placed in either of these locations.

Transparency Accountability Inclusion

- People questioned likelihood of meaningful change and how their input would matter.
- People expressed enthusiasm for ongoing communication and participation in the Justice Project.
- People want to know how diverse communities and those with lived experience will be involved in planning and monitoring progress moving forward.

“Shout out to whoever made sure we got paid... A lot of times I get invited (I’m sure we all get invited) to these predominately white spaces to be traumatized for free.”

See Disclaimer, Slide 2

Helpful
information to
provide the
community

- Information about **who** is in the jail and **why** people are in the jail.
- Information of where money was spent from 2004 tax measure.
- Cost estimates for new facilities in different locations.
- Criteria for a right-sized jail.

Implementation
Planning
Process Next
Steps

- Present Potential Projects and Key Questions for:
 - County Council discussion, May 23
 - Town Hall, May 24
- Incorporate feedback then Poll
- Prepare Draft Implementation Plan
- Draft Plan to IPRTF/LJC & County Council for review
- Final **Justice Project Implementation Plan** submitted to County Council end of June

Appendix D: How Civic Engagement Shaped the Implementation Plan

Beginning the Process

Between March 9 – 30 of 2023, workshops were held with the IPRTF and subject matter experts to identify priority action steps to advance the recommendations in the Justice Project Needs Assessment. Worksheets were also used to gather input. After four workshops, a poll was sent to all workshop participants and SAC members. Twenty-eight people responded, and with this input, a revised list of Potential Implementation Projects was created to test with the community. Meetings with the IPRTF/LJC occurred throughout this iterative process, to incorporate feedback and refine drafts of the plan. County staff provided technical support to fill in missing information.

Input from Target Audiences

Between April 24 – May 3 of 2023, feedback from 76 people from targeted audiences helped shape the draft Implementation Plan Projects through focus groups, accompanying surveys, and interviews. One focus group was conducted bi-lingually, in Spanish and English.

| Focus Groups | # Participants |
|--|------------------|
| Lived experience in criminal legal system (personal or friend/family) | 26 (in 2 groups) |
| Lummi Nation | 9 |
| BIPOC (Black, Indigenous, People of Color) | 8 (met twice) |
| Latinx/Hispanic | 9 |
| Other – Mostly service providers | 8 |
| Key Informant Interview | # Participants |
| Nooksack Tribal Police Chief & Deputy | 2 |
| Surveys | # Participants |
| Focus group participants | 60 |
| Survey-only participants | 14 |
| Total surveys | 74 |
| Experience in Criminal Legal System – Percent of survey respondents who... | |
| Had been a victim of crime | 78% |
| Knew someone personally who had been incarcerated | 72% |
| Had been incarcerated at least once | 44% |
| Had worked or volunteered in jail, social services, or re-entry | 37% |

Questions asked of participants in focus groups, surveys, and key informant interviews:

- Which of the Proposed Projects seem like they will make the biggest difference and why?
- Where should the jail and other facilities be located?
- How can we ensure that the systems, facilities, and services really meet the needs of people in your community?

Overall support for the Implementation Plan Proposed Projects was high: On a four-point scale from “not at all important” to “very important”, projects were rated “very important” by 74% - 96% of respondents. The rating “not at all important” was given by 0-2 people for all projects except four (4) people rated a new jail as “not at all important,” and three (3) people rated outpatient competency restoration as “not at all important.”

| Changes made to Proposed Implementation Projects Based on input from BIPOC communities and people with lived experience | | |
|---|--|--|
| Draft Potential Project: April 21 version | Revised: May 17 version | Reasons |
| Increase capacity of effective existing programs to divert people from incarceration (GRACE, LEAD, Mental Health Court, etc.). | Increase the capacity of effective existing programs to divert people from incarceration in tandem with community support services to enable people with behavioral health issues to successfully complete diversion programs. | Expanding the capacity of diversion programs depends upon having community services with capacity to accept new participants, and this needed to be made explicit. People didn't know what the acronyms meant, or what those programs were. Goal is more than just “diverting” – want successful completion of programs. |
| Help people with mental illness avoid delays in getting a trial by exploring options for outpatient “competency restoration” services. There is a backlog of people with mental illness waiting in jail to receive services in a state hospital so they will be competent to stand trial. Work with state partners to address this problem. | Expedite access to competency restoration services through advocacy at the state level and exploration and development of outpatient alternatives (e.g., Prosecutorial Diversion Program, Assisted Outpatient Treatment). | Need for a more focused and specific project description. Concerns were raised about what kinds of medications were being prescribed by whom and for what purpose. Desire for more advocacy and more outpatient alternatives. |

| Draft Potential Project: April 21 version | Revised: May 17 version | Reasons |
|--|--|---|
| Increase communication and coordination between organizations providing services to people with behavioral health challenges. | Build systems to facilitate communication and coordination between organizations providing services for a seamless continuum of care. | Increasing communication and coordination was seen as important, but project should be measurable and purposeful (i.e., create a seamless continuum of care). |
| Address shortages of behavioral health service providers to expand service capacity. | Address workforce shortages in behavioral health services, including recruitment and retention strategies to ensure an inclusive, well-trained workforce. | Seen as critically important. Focus groups provided insight on what they felt was essential to expand capacity. |
| Establish jail-based and community-based locations where people can receive coordinated re-entry support services. | Establish jail-based and community-based locations where people can receive coordinated re-entry support services such as case management, peer support, and assistance with housing, employment, health insurance, etc. | Focus groups provided specifics on what was needed for successful re-entry support. |
| Build a safe and humane jail that is right-sized, well-designed, and affordable to build and operate. Build a Behavioral Care Center to provide secure, short-term behavioral health treatment as an alternative to jail. | Build a safe and humane jail, along with behavioral care facilities that can provide secure, short-term behavioral health treatment as an alternative to jail. | <p>Many liked the idea of a campus concept – combining the two, and even adding more facilities and services.</p> <p>Concern that a jail would be built before a Behavioral Care Center, and that either the Behavioral Care Center should be built first, or the two facilities be built together, at the same time.</p> |
| Research feasibility and desirability of building a secure detox facility in the region for people with substance use disorders or co-occurring disorders who are considered a risk to public safety. | Build facilities for voluntary and involuntary treatment of people with serious mental illness and/or substance use disorders. | <p>Not much interest in a regional detox center.</p> <p>Many felt that more facilities for both voluntary and involuntary behavioral health treatment were very much needed in our community.</p> |

| Draft Potential Project: April 21 version | Revised: May 17 version | Reasons |
|---|--|--|
| Overall strategy: Measure and share progress for accountability and transparency | <p>Overall strategy: Measure and Share Progress for Accountability and Transparency, and Plan for the Future</p> <p>Added specific project: Include BIPOC communities and people with lived experience in the oversight of progress and future planning efforts.</p> | <p>Add – planning for the future</p> <p>Need for more specific language for how BIPOC and people with lived experience will be included.</p> <p>Focus group participants with extensive experience and insight offered to continue helping the Justice Project Implementation Plan be successful and to share information and progress with their communities.</p> <p>Feedback about need for independent collection/review of data, involvement of academic institutions, and public access to data to build community trust.</p> |

Input from the Town Hall Listening Session

On May 24, 2023, about 200 people attended the Town Hall, with approximately 120 online, and about 80 in-person. Fifty (50) people spoke. To prepare for the event, the input from the focus groups was incorporated into the Project List, and information that the Focus Group participants felt was lacking was included in the presentation and handouts for the Town Hall.

Common themes and key differences that were heard in the Focus Groups were also heard in the Town Hall. More questions and insights were offered that were incorporated into the Draft Implementation Plan.

| Revisions to the Proposed Projects presented on May 17, and then incorporated into the May 31 DRAFT Implementation Plan |
|---|
| Change order of projects on the list to reflect people’s sense of priorities. |
| Add Finance and Operations Justice Project Advisory Board to address distrust of leadership (more emphasis on oversight, accountability, and transparency). |
| Add projects and describe more specific ways BIPOC communities and people with lived experience will be involved in implementation oversight and planning. |
| Tried new language (Public Safety and Health Center - PSHC) to convey the vision of coordinated, and ideally co-located, facilities for detention and behavioral health care. |
| Confirmed: Concern about poor condition of current jail; priority that funding should go to social and behavioral health services; and mixed opinions about building a new jail, and size and location of any new detention facilities. |

May 31 – First Draft of Full Implementation Plan Released

Copies of the 5/31/23 Draft Implementation Plan were sent to County Council, SAC members, all focus group participants, and those who had been invited to focus groups but could not attend. The Draft Plan was posted online with a press release to encourage public input. Twenty-seven (27) comments were received and posted online. Commenters included City of Bellingham, Small Cities Caucus, several advocacy groups, and individual residents.

Feedback from County Council Work Session on June 6

| |
|---|
| More straightforward language: “new jail and behavioral health treatment center” rather than Public Safety and Health Center. |
| Identify funding sources and describe funding model. |
| Explain calculation of jail facility size and cost estimates. |

Input from online public comments during the course of implementation planning – March 1 – June 11, 2023

Comments submitted online generally reflected themes in the focus groups and Town Hall.

- Diverse opinions expressed about the jail.
- The LaBounty site was generally preferred by those who wanted a new jail, with more associated services and facilities.
- Requests made that the new jail and BH treatment center be designed with capacity to provide healthy food, a garden, and vocational training.
- Concern voiced about LaBounty site’s proximity to the ICE office.
- Most people wanted more behavioral health services, and some felt strongly that the County should invest in root causes, prevention, and intervention before investing in a new jail.
- Others felt that the jail and behavioral treatment facilities were the highest priority, and services should be secondary.
- Many people spoke to the size of the jail, with some recommending a smaller size (170-350 beds) and others wanting a larger size (800-1000 beds).
- Some advocated for the old jail to be remodeled, rather than a new jail built.
- Some expressed concern that the current jail had been poorly maintained, and that future facilities would not be maintained.
- Several people spoke to their concerns about taxes, including requests for transparency in how 2004 tax dollars were spent.
- Some wanted protections for dollars to pay for the parts of the plan that were not the jail facility.
- Some opposed to a new jail suggested separating the facilities and services into two tax initiatives.
- Support was voiced for competency restoration, the elimination of bail, and importance of re-entry services, and housing.
- Requests were made for more detail in various parts of the plan.

Comments from the City of Bellingham and Small Cities Caucus largely influenced the development of the Ordinance that was to accompany the Implementation Plan, reflecting their strong priority for

building a right-sized jail to include the elimination of booking restrictions, and a behavioral health treatment center as soon as possible.

Response:

[FAQ](#) created and posted on Justice Project website to respond to questions.

Implementation Plan edits included:

- Explanation of how 2004 tax dollars were used was added.
- More information provided for how funding would be spent.
- Changes to Justice Project Finance Advisory Board composition and scope; expand scope beyond sales tax to all funding for all projects.
- Addition of a Metrics and Evaluation section to address concerns about transparency and accountability.
- Expanded discussion of facilities and funding.
- Adding the results of the Focus Group input into document appendix.

In general, public comments indicated common ground, with some strongly differing viewpoints on incarceration. This Implementation Plan may not resolve these differences but hopes to reflect a balanced approach with meaningful action steps that will lead to more safety, health, and justice in our community.

Appendix E: Recommendations Addressed by Each Proposed Implementation Project¹

| Proposed Projects | Recommendations | | | | | | | | | | | | | | | |
|--|---|----|-------------|----|----|----|----|------------------------|-----|--------------|--------------|-----|------------|-----------------------|-----|-----|
| | Systems | | | | | | | Services | | | | | Facilities | | | |
| | A1 | A2 | A3 | A4 | A5 | A6 | A7 | B1 | B2 | B3 | B4 | B5 | C1 | C2 | C3 | C4 |
| I. Ensure Oversight, Accountability, & Transparency | | | | | | | | | | | | | | | | |
| 1. Establish a Justice Project Oversight and Planning Committee | This proposed project relates to all the recommendations. | | | | | | | | | | | | | | | |
| 2. Establish a Justice Project Finance Advisory Board | This proposed project relates to all the recommendations. | | | | | | | | | | | | | | | |
| 3. Collect data to measure progress toward desired outcomes and develop a data dashboard | This proposed project relates to all the recommendations. | | | | | | | | | | | | | | | |
| II. Increase Access to Behavioral Health Services | | | | | | | | | | | | | | | | |
| 4. Address workforce shortages in behavioral health services | | | | | | | | Recs 1, 2, 3, 4 | Rec | Recs 1, 2 | Recs 1, 2 | Rec | | | Rec | Rec |
| 5. Build systems to facilitate communication and coordination between organizations | | | | | | | | Recs, 1, 2, 3, 4 | | Recs 1, 2 | | Rec | | Recs 1, 2, 3, 4 | | |
| 6. Increase capacity of effective existing programs to divert people from incarceration | | | Rec 1, 2 | | | | | Rec 1 | Rec | Recs 1, 2 | | | | Recs 1, 2, 4 | Rec | Rec |
| III. Build Facilities Needed to Promote Public Health, Safety, and Justice | | | | | | | | | | | | | | | | |

¹ See Justice Project Needs Assessment Needs and Recommendations **Appendix B**.
 June 26, 2023 – Justice Project Implementation Plan

| Proposed Projects | Recommendations | | | | | | | | | | | | | | | |
|---|-----------------|----|-------|----|-----|----|----|-----------------|-----|-----------|-----------|-----|--------------|--------------|-----------|-----|
| | Systems | | | | | | | Services | | | | | Facilities | | | |
| | A1 | A2 | A3 | A4 | A5 | A6 | A7 | B1 | B2 | B3 | B4 | B5 | C1 | C2 | C3 | C4 |
| 7. Build a 23-hr. Crisis Relief Center | | | | | Rec | | | Recs 1, 3, 4 | | | | | | | | |
| 8. Build a jail and behavioral health treatment center | | | | | Rec | | | Recs 1, 2, 3, 4 | | | Recs 1, 2 | Rec | Recs 1, 2, 3 | | | |
| 9. Identify what additional facilities are needed to support people with BH and SUD issues at risk of incarceration | Recs 1, 2 | | | | Rec | | | Recs 1, 3, 4 | Rec | | | | | Recs 1, 2, 4 | Rec | Rec |
| IV. Expand the Capacity of Programs to Reduce Incarceration/ Re-incarceration | | | | | | | | | | | | | | | | |
| 10. Ensure people leaving detention and treatment facilities have transportation to a safe destination | | | | | | | | Recs 2, 3, 4 | | | | | | Recs 1, 3 | Recs 3, 4 | |
| 11. Bolster re-entry support services | | | | | | | | Recs 1, 2, 3, 4 | | | | | | | Rec 3 | Rec |
| 12. Maintain and expand supportive housing programs for people with BH issues and a history of incarceration | | | Rec 1 | | Rec | | | | Rec | Recs 1, 2 | | | | | Rec | Rec |

| Proposed Projects | Recommendations | | | | | | | | | | | | | | | |
|---|-----------------|-----|-----------|-----------------|----|----|----|-----------------|----|----|----|----|--------------|-------|----|-----|
| | Systems | | | | | | | Services | | | | | Facilities | | | |
| | A1 | A2 | A3 | A4 | A5 | A6 | A7 | B1 | B2 | B3 | B4 | B5 | C1 | C2 | C3 | C4 |
| V. Make Systems Changes with Local, Regional, State, & Federal Partners | | | | | | | | | | | | | | | | |
| 13. Continue to make changes in court systems | | Rec | Recs 1, 2 | Recs 1, 2, 3, 4 | | | | | | | | | | | | Rec |
| 14. Expedite access to competency restoration services | Recs 1, 2 | | Recs 1, 2 | | | | | Recs 1, 4 | | | | | | Rec 4 | | |
| 15. Advocate for a state waiver to allow use of Medicaid funds to pay for medical and behavioral health services for incarcerated individuals | | | | | | | | Recs 1, 2, 3, 4 | | | | | Recs 1, 2, 3 | | | |

Appendix F: Acronyms

ART: Alternative Response Team

BH: Behavioral Health

BIPOC: Black, Indigenous and People of Color

CSC: Crisis Stabilization Center (Anne Deacon Center for Hope)

GRACE: Ground-level Response and Coordinated Engagement program

HCA: Washington State Health Care Authority

IPRTF: Incarceration Prevention & Reduction Task Force

LEAD: Law Enforcement Assisted Diversion program

LJC: Law and Justice Council

MCOT: Mobile Crisis Outreach Team

MH: Mental health

MHC: Mental Health Court

MHSA: Mental Health Sentencing Alternative

North Sound BH-ASO: North Sound Behavioral Health Administrative Services Organization

OCRCP: Outpatient Competency Restoration Program

PACT: Program for Assertive Community Treatment

PDP: Prosecutorial Diversion Program

SUD: Substance use disorder

WCHCS: Whatcom County Health and Community Services (formerly Whatcom County Health Dept.)

WSAC: Washington State Association of Counties

WTA: Whatcom Transportation Authority

Appendix G: Useful Resources

- [2022 Behavioral Health Workforce Assessment: A report of the Behavioral Health Workforce Advisory Committee](#), Washington Workforce Training & Education Coordinating Board.
- [A Home for Everyone: Strategic Plan to End Homelessness in Whatcom County](#), 2019 Local Plan Update, Whatcom County Health Department.
- [Community Justice Center Master Plan](#), Skagit County, 2005.
- [Jail Capacity Planning Guide: A Systems Approach](#), National Institute of Corrections, US Dept. of Justice, 2009.
- [Jail Crowding: Understanding Jail Population Dynamics](#), National Institute of Corrections, US Dept. of Justice, 2002.
- [Measures for Justice](#) provides lists of key data elements agencies should collect to assess performance (see [brief video](#) that addresses the importance of gathering consistent data).
- [North Sound BH-ASO Fall 2022 Assessment](#), Dec. 2022, includes inpatient bed need analysis and outpatient service analysis.
- [Spokane County Jail Population Projections](#), Spokane County, 2020.
- [Whatcom County Adult Corrections Facilities & Sheriff's Headquarters, Final Draft](#), DLR Group, Sept. 2013.
- [Whatcom County Behavioral Health Funds: Annual Report 2021](#).
- [Whatcom County 2023-2024 Budget](#)