















Justice Project Potential Implementation Projects – DRAFT 4.3.23


Disclaimer: This is an initial and incomplete draft that will be revised and refined over time with significant input from many sources. These implementation projects would be prioritized as various funding opportunities and other resources become available. The Incarceration Prevention and Reduction Task Force/Law & Justice Council will work with County administration and County Council over the next months to determine which of these projects should be included in a ballot initiative, which may be appropriate for state, federal, and philanthropic funding, and which could be prioritized under existing local funding sources.

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Increase Access to Behavioral Health Services

1.  **Build a 23-hour Crisis Relief Center** (C2, Rec 1. Also relates to: A5; B1 Recs 1, 3, 4, 5; C2 Recs 3, 4)¹

Current Status:

- In March, the County submitted a proposal to the state legislature to fund a 23-hour Crisis Relief Center which would provide immediate access to 24/7 crisis relief services in Whatcom County (to clarify, the Crisis Relief Center would be open 24/7, but legislation states individuals may only stay up to 23 hours under this type of licensure). Reducing any wait time for services is very important for heading off crisis, preventing crime, and reducing trauma. The proposal has advanced in the Senate capital budget (as of March 23, 2023). Final budget will be passed by end of session April 23, 2023.
- Tentative site selection: County property adjacent to Anne Deacon Center for Hope.

Short-term Next Steps:

- Status of state funding request should be known by April 23.
 - If funding comes through, move into planning phase to further define size, location, costs, etc.
 - If funding does not come through, identify alternative sources of funding.

1-3 Years:

- Secure capital funding
- Diverse community engagement
- Site selection
- Site preparation
- Design facility
- Begin construction
- Licensure
- Work on securing operational funding
- Secure operator

4-6 Years:

- Secure operational funding
- Complete construction
- Staff facility
- Begin operations

¹ Needs & Recommendations from the [Justice Project Needs Assessment](#) are referred to by number throughout this document. See Needs & Recommendations chart pgs. 16-19.

2.  **Establish a Behavioral Health Resource Center** *(Relates to A5; B1 Recs 2-4; C2 Rec 3)*

Current Status:

- The County submitted a proposal to the state for a downtown Behavioral Health Resource Center. It doesn't look like this is going to be included by legislature in the capital budget.
 - Potential locations: 1511 N. State St., or the current jail location
 - The Behavioral Health Resource Center would serve as a location for warm-handoff from jail to re-entry support in community *(C2 Rec 3)*.
 - This facility would serve a broader population than those who are justice involved.

1-3 Years:

- Identify general supports that are available for anyone who is involved with the criminal legal system, regardless of whether they meet criteria for a program like GRACE or LEAD. The intention is to have robust re-entry services that connect individuals to community services.
- Collaborate with community partners to envision facility.
 - Coordinate with Whatcom County Resource Information Collaborative.
- Secure capital funding.
- Diverse community engagement.
- Site selection.
- Site preparation.
- Design facility.
- Begin construction.
- Work on securing operational funding.
- Secure operator.

4-6 Years:

- Secure operational funding.
- Complete construction.
- Staff facility.
- Begin operations.

3. **Increase capacity of effective existing programs to divert people from incarceration**


(e.g., Alternative Response programs GRACE, LEAD, ART, Co-responder Program, MCOT, MH Court, Recovery Court). (B2. Also relates to B1 Recs 1, 3, 5; B3 Recs 1, 2; C2 Recs 1-4; C3; C4)

Current Status:

- Existing programs are close to capacity.
- Some community providers continue to struggle with workforce shortages and ability to fill vacant positions.
- GRACE, LEAD, MH Court, & Recovery Court have eligibility criteria that orient services to those who are high-acuity, high-need individuals.
- Continued efforts are being made to increase coordination across systems for referrals, care coordination, and collaboration among providers.
- Efforts continue to:
 - Identify the intercept points when diversion services can be most effective in preventing and reducing incarceration.
 - 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).

1-3 Years:

- Empower and educate all potential referring entities to diversion programs (e.g., law enforcement, prosecutors, courts, homeless service providers, BH providers) that they can make referrals, how to do so, and eligibility criteria for each program.
- Increase community infrastructure in concert with efforts to expand diversion program capacity (e.g., housing, case management, in-patient treatment, out-patient treatment, clinical wrap-around services like PACT).
- Engage an independent contractor to conduct a formal survey of providers' current capacity and interest in expansion of services. Learn what their existing capacity is, which providers want to expand, and the challenges they face in expanding.
- Identify areas of growth for diversion programs and pursue needed funding.

4.  **Address workforce shortages and expand capacity of behavioral health services for people involved, or at risk of involvement, with the criminal legal system.** (B1 Recs 1-4; B2; B3 Recs 1, 2; B4 Recs 1, 2; B5; C3; C4)

Current Status:


- There is a local, statewide, and national shortage of Mental Health Professionals (MHPs), Psychiatric Prescribers, and Substance Abuse Disorder Professionals (SUDPs).
- A recent amendment to the Whatcom County Health & Community Services (WCHCS) contract with Lifeline Connections brought the total number of jail-based behavioral healthcare providers to 4 MHPs, 3 Re-entry Specialists, and 1 Supervisor. This will help but is still not enough.

1-3 Years:

- Hire an independent contractor to conduct a formal survey of providers' current capacity and interest in expansion of services. Learn what their existing capacity is, which providers want to expand, and the challenges they face in expanding.
- Engage with providers to identify and prioritize strategies to fill existing workforce shortages and seek funding accordingly.

Examples of Strategies:

- Develop coordinated staff recruitment across agencies. Several ideas:
 - Explore forming a Mental Health (MH) Cooperative (like in Nashville).
 - Develop a clinical staffing agency able to fill positions needed within the county.
 - Develop collaborative partnerships between Behavioral Health (BH) organizations to pool resources and share staff across agencies.
- Attract additional licensed and certified community-based provider groups to this area (offer relocation fees, other incentives).
- Encourage providers to set salaries comparable to areas that are similar in size and assets to Whatcom County.
- Create a workforce pipeline from colleges/training programs to local agencies.
 - Encourage local educational entities to create/expand courses for both SUD and MH professionals.
 - Provide student internships at local agencies and ensure students have jobs when they graduate.
 - Cultivate providers who are well-trained and comfortable working with a population that has co-occurring issues involving mental illness, addiction, medical issues, cognitive impairment, trauma influence, etc.
 - Develop community workshops for training peer/recovery coaches, critical incident debriefing, and other supports for behavioral health care providers to increase staff retention.
- Demonstrate in practice that a high value is placed on diversity, equity, and inclusion in the workplace.
- Add additional types of positions to increase capacity and relieve workload of SUD/MH providers.
 - Peer/recovery coaches
 - Community health worker training program
 - Technician level positions

5.  **Explore and develop outpatient competency restoration services** – An Outpatient Competency Restoration Program (OCRCP) and/or Prosecutorial Diversion Program (PDP). *(A1 Rec 2. Also relates to A1 Rec 1; A3 Rec 1, 2; B1 Recs 1, 5; C2 Rec 4; C4)*

Current Status:

- The Competency Restoration Workgroup is meeting monthly to gain further understanding of OCRCP and PDP models as ways to reduce the number of individuals in the jail in need of competency restoration services.
- Some incarcerated individuals evaluated as needing competency restoration may be able to have needs met in an outpatient setting depending on legal charges.

1-3 Years:

- Evaluate needs and capacity for a local Outpatient Competency Restoration Program (OCRCP)
- Evaluate needs and capacity for a local Prosecutorial Diversion Program (similar to the King County [LINC](#) program).
- Lay foundation for OCRCP and/or PDP if one or both are feasible.
 - Secure funding to implement services.
 - Expand required services to support an OCRCP or PDP.
 - BH service providers *(Relates to B1 & B2)*
 - Psychiatric Prescriber services
 - Facilities *(Relates to C2)*
 - Transitional housing *(Relates to C4)*

Advocate with Regional & State Partners for Increased Behavioral Health Services

6. **Advocate for a state waiver to allow use of Medicaid funds to pay for jail-based medical and behavioral health services** *(Relates to B1, Recs 1-3; C1; C2 Rec 2)*

Current Status:

- 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 BH funds, General Funds, and sales taxes. Waiving the Medicaid inmate exclusion policy would ensure greater access to care for individuals while incarcerated, and continuity of care upon re-entry to the community, and would save the county money.
- Washington State Association of Counties (WSAC) would like a 90-day waiver like California's.
- Legislation passed for a 30-day pre-release waiver and a 30-day post-release waiver.
- County Exec's office is tracking progress.

1-3 Years:

- Work with WSAC, Health Care Authority (HCA), and state legislators to make Medicaid reimbursement possible for people receiving medical and BH services in the jail.
- Make improvements to current system to provide advanced notice to the jail re-entry personnel prior to a person's release so they have time to make sure Medicaid is set up for eligible individuals.

7. **Increase access to inpatient competency restoration services in partnership with regional organizations.** *(A1 Rec 1. Also relates to ; A1 Rec 2, A2, C2)*

Current Status:


- Competency Restoration Workgroup is meeting monthly.
- As of 3/30/23, there are 40 people in jail waiting for in-patient competency restoration (CR) services and the wait time is up to a year to get them into Western State Hospital.
 - Orders are 45-90 days. Even if more beds become available, it will take a couple of years to clear the backlog.

Short-term Next Steps:

- Track [SB 5440](#)
- Continue Competency Restoration Workgroup discussions.
- Discuss concept of regional inpatient competency restoration facility with North Sound Behavioral Health Administrative Services Organization (NS BH-ASO) and other counties in North Sound Region.

1-3 Years:

- Track [Trueblood Implementation](#) and funding opportunities.
- Determine if a new regional inpatient competency restoration facility is needed.
- If so, work with regional and state partners to plan and fund a regional inpatient facility.

8.  **Research feasibility and desirability of building a secure detox facility in the region for people with SUD or co-occurring MH & SUD who are considered a risk to public safety.** (C2 Rec 2. Also relates to B1 Recs 1, 2, 5; C2 Rec 4)


Current Status:

- There is one facility in the state used for involuntary treatment of SUD.
- TouchStone Behavioral Health in Blaine received a grant to build an intensive youth outpatient treatment, crisis stabilization, and triage facility.
- Co-occurring MH and SUD is common among the population involved with the criminal legal system. A facility that can respond to both MH & SUD needs with staff who are cross-trained, is critical for breaking down the silos between MH & SUD treatment.

1-3 Years:

- Discuss with NS BH-ASO.
- Identify individuals/organizations to be involved in regional conversations.

Address Housing Needs

9.  **Ensure existing supportive housing programs are adequately staffed and equipped (e.g., on-site clinical support and intensive case management services) to serve people who are involved, or at risk of involvement, with the criminal legal system (e.g., people with serious mental illness, people involved in therapeutic court programs).** (C3 & C4 Recs. Also relates to A3 Rec 1; B1 Rec 5; B2; B3 Recs 1, 2)

Current Status:


- 60-80% of individuals served by GRACE & justice-involved services have housing insecurity (approximately 120 people).
- Currently there are 100 enrolled LEAD clients and 80 of them are homeless.
- As of February 2023, the "Housing Pool" list of people experiencing homelessness and waiting for housing placements, included:
 - 447 households self-reporting a mental health disability
 - 81 households self-reporting one or more felonies on their record
 - 45 households with four or more misdemeanors on their record
 - 118 households with open cases or warrants for their arrest
 - 7 households that included a registered sex offender
 - 52 households that have been convicted of a violent criminal act
- Many supportive housing programs lack sufficient on-site clinical support and intensive case management services which are shown to increase housing stability, reduce involvement with the criminal legal system, and decrease use of emergency medical services.
- Clinical staffing funded through WCHCS in 2023
 - One position funded and filled at City Gate
 - One position funded (but still vacant) at Francis Place
 - One position newly funded at 22 North (still vacant)
 - One position budgeted and pending Council approval for Lydia Place (still vacant)

The extent to which these positions can address existing need is unknown at this time. The positions have been difficult to fill, and it is unclear what kind of case load each clinician can carry. Individuals are not required to engage with the clinicians through these contracts.

- WCHCS has provided bonuses and pay raises for frontline housing staff and will be studying staff recruitment and retention strategies this year.
- [Apple Health & Homes Act](#) signed March 30, 2022, provides capital funding, operating and maintenance funding to expand capacity of supportive housing for people with MH/SUD disorders who are chronically homeless. Opportunity Council is involved in state advocacy calls about this and other state services/operations funding sources.

1-3 Years:

- Advocate for state, federal, and private operational funding to ensure existing supportive housing facilities are fully staffed and equipped.
- Continue efforts to build supportive housing workforce.
- Identify opportunities to integrate Program for Assertive Community Treatment (PACT) services into existing supportive housing.
- Identify opportunities to leverage Apple Health and Homes funding into existing supportive housing.

10.  **Expand the number of permanent supportive housing options for people who are involved, or at risk of involvement, with the criminal legal system (e.g., people with serious mental illness, people involved in therapeutic court programs).** (C3 & C4 Recs. Also relates to A3 Rec 1; A5; B1 Rec 5; B2; B3 Recs 1, 2)

Current Status:


- Sun House and City Gate offer models to replicate. These are effective programs but very expensive to operate.
- [Apple Health & Homes Act](#) signed March 30, 2022, provides capital funding, operating and maintenance funding to expand capacity of supportive housing for people with MH/SUD disorders who are chronically homeless. Opportunity Council is involved in state advocacy calls about this and other state services/operations funding sources.

1-3 Years:

- Ensure agencies providing services to people involved, or at risk of involvement, in the criminal legal system are actively participating in groups focused on increasing local supportive housing options and coordinated entry system design (e.g., Housing Advisory Committee of Whatcom County).
- In partnership:
 - Advocate with the state legislature, Dept. of Commerce, and HCA to ensure Whatcom County's ability to leverage capital and operations funding and Medicaid funding for supportive housing services this county feels are important.
 - Advocate for state, federal, local, and private operational, services and capital funding to expand the number of supportive housing options.
 - Identify opportunities to leverage Apple Health and Homes funding.
 - Diverse community engagement.
 - Identify sites for new supportive housing facilities.
 - Recruit agencies ready and willing to develop and operate supportive housing for justice-involved individuals.
 - Purchase sites for new supportive housing facilities as funding and opportunities become available.
 - Design facilities.

4-6 Years:

- Construction
- Licensure
- Staffing

11.  **Advocate to address “the 90-day rule”.** This federal policy considers people with a qualifying disability who are chronically homeless when they enter jail as no longer chronically homeless if they spend more than 90 days in jail. This change in status limits their admission to housing programs upon re-entry until after they spend a night on the street or in a shelter. This return to homelessness after an extended institutional stay presents a significant risk for relapse after substance use abstinence while in the jail. *(C3 & C4 Recs. Also relates to A5; B1 Rec 5; B2; B3 Recs 1, 2)*

Current Status:

- Housing and Urban Development at the federal level, and WA State Dept. of Commerce at the state level, both use this definition of homelessness and apply the 90-day rule.
- Limited local funding is available to serve people who fall under the 90-day rule.

1-3 Years:

- Advocate to change the 90-day rule at the federal level.
- Advocate to the Washington State Department of Commerce to allow flexibility from the 90-day rule for state-originated funding sources, where it does not impact the State’s ability to leverage HUD dollars.

Build a New Jail and Accessory Services

12. **Build a New Jail** (C1, Recs 1-3. Also relates to A5; B1 Recs 1-5; B4 1, 2; B5 Rec)

Current Status:

- The SAC reached a high level of agreement on criteria for what was important in a jail facility, as captured in C1 Rec 1. During the recent Facilities Workshop #4 (on March 30), additional recommendations were made regarding trauma-informed design features, such as the importance of individual cells (rather than shared cells), natural light, and medical and behavioral health services integrated throughout the facility.
- A comprehensive list of facilities needs has been developed and vetted.
- A size range will be chosen for number of beds/cells based on population forecasts and accounting for incarceration prevention and reduction efforts.
- The overall square footage of a facility will be estimated based on the number of beds, space needs for services and operations, and additional functional features for the building(s).
- Discussion is underway about possible locations for a jail and accessory facilities.
- The County will hire a construction cost-estimator to develop estimates for facilities at proposed locations.

1-3 Years:

- Secure capital funding
- Diverse community engagement
- Site preparation
- Design facility
- Begin construction
- Licensure
- Develop transitional plan (i.e., where people who are incarcerated will be held)
- Work on securing operational funding

4-6 Years:

- Secure operational funding
- Complete construction
- Staff facility
- Begin operations

13.  **Build a Behavioral Care Center attached to new jail to provide secure, short-term behavioral health treatment as an alternative to jail.**

Current Status:

- Data from 2022 showed that 45% of those booked in Whatcom County Jail had a serious mental illness, and 80% had a substance use disorder. In April 2022, 50% of the jail's average daily population was prescribed a psychotropic medication.
- Current lack of space within the jail limits services that can be provided. There is not space for additional MH & SUD professionals to work, private meeting areas for confidential discussions, or areas for therapeutic groups.
- The Behavioral Care Center (BCC) in Nashville was designed as a misdemeanor decriminalization program. In this model program, the Prosecutor uses specific criteria to make a decision about whether to drop charges against an individual and divert them to the BCC. These individuals can be held in the BCC involuntarily up to 30 days. The decision about when someone is ready to be released is made by the clinical team, and not corrections staff.
- The BCC is similar to the LINC Prosecutorial Diversion Program (see #5 above).

1-3 Years:

- Work with courts, attorneys, law enforcement, and others to establish a solid legal foundation for who could be admitted to a BCC, for what length of time, and under what circumstances (e.g., voluntary, involuntary, impact on individual's charges if they accept care).
- Ideally, the BCC would be attached to the jail and funded, designed, and built as part of the same process as the rest of the jail (as described above).

Measure Progress Toward Desired Outcomes

14.  **Collect data to measure progress toward desired outcomes.** (A6 & A7. Also relates to A1-A4; B2; B3; and all parts of the Implementation Plan)

Current Status:

- County Departments are updating data systems from now through 2024 (e.g., Administrative Office of the Courts, Sheriff's Records, Medical Records, Prosecuting Attorney's Office, Public Defender's Office).

1-3 Years:

- As criminal legal data systems are updated, ensure they are collecting data that is needed for measuring Justice Project outcomes.
- Hire a Criminal Justice Data Analyst and Applications Administrator.

Some Desired Data:

- The number of people who would be booked into jail if not for the booking restrictions.
- Length of time individuals are incarcerated pretrial, per charge (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)*

15.  **Develop a data dashboard for criminal legal system organizations to share data with one another and the public.**

1-3 Years:

- Hire a Criminal Justice Data Analyst and Applications Administrator.
- Identify sources of data for tracking.
- Establish some uniformity of data while maintaining compliance with data field definitions supported by the Federal and State Justice systems.
- Determine appropriate tool(s) for analyzing the data.
- Select initial indicators to report on data dashboard.
- Build web-based data dashboard.

4-6 Years:

- Update dashboard on a quarterly basis.
- Publicize dashboard and update public about the findings on a regular basis.

Justice Project Needs Assessment Needs & Recommendations

<i>A. Systems Needs & Recommendations</i>	
#	Needs & Recommendations
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>Rec 2: Explore and develop <u>outpatient</u> 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.
A3.	<p>Need: Reduce the <u>number of people</u> detained in jail before trial or other case resolution.</p>
	<p>Rec 1: Provide a range of pretrial release and monitoring options in lieu of bail (adhering to Court Rule CrR 3.2).</p> <p>Rec 2: Analyze as quickly as possible the Superior Court’s current use of an evidence-based, statistically valid pretrial risk assessment in making pretrial release decisions, with the goal of determining whether its use is effective in lessening pretrial incarceration and reducing or eliminating racial disparities while protecting public safety.</p>
A4.	<p>Need: Address the disproportionate incarceration of BIPOC individuals.</p>
	<p>Rec 1: Conduct analysis of root causes where disproportionality and disparities arise and develop targeted strategies to measurably improve proportionality of incarcerated BIPOC individuals.</p> <p>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.</p> <p>Rec 3: Include detailed data and analysis regarding racial makeup of incarcerated individuals in a standing system information report that is reviewed no less than quarterly by senior management, and made publicly available (without identifying information).</p> <p>Rec. 4: Take prompt effective actions to correct disparities when they are identified.</p>
A5.	<p>Need: More direct involvement of BIPOC communities, victims of crime, and people with lived experience with incarceration (personal or family member) in decision-making about policies and practices in the criminal legal system.</p>
	<p>Recommendation: Implement strategies to meaningfully include BIPOC communities, victims of crime, and people with lived experience in the development of plans and monitoring of progress.</p>
A6.	<p>Need: System for collecting consistent data from all intercept points in the criminal, legal, and behavioral health systems.</p>

	Recommendation: Build a data system for collecting consistent data from all intercept points.
A7.	Need: Data dashboard to track trends in criminal legal system, racial disparities in the system, and incarceration prevention & reduction efforts.
	Recommendation: Build a data dashboard to track and publicly present trends and outcomes of criminal legal system changes, efforts to address racial disparities in the system, and efficacy of incarceration prevention and reduction work.
B. Services Needs & Recommendations	
#	Needs & Recommendations
B1.	Need: Increased community mental health (MH) and substance use disorder (SUD) treatment capacity (in-patient & out-patient) to prevent and reduce incarceration and re-incarceration.
	<p>Rec 1: Support additional positions for MH and SUD professionals with 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>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>Rec 3: Create additional positions for jail re-entry specialists and navigators to facilitate care coordination and ensure a warm handoff to community service providers, healthcare/behavioral healthcare, peer support, housing, and vocational support.</p> <p>Rec 4: Increase the number of Mental Health Professionals and Intensive Case Managers contracted through community agencies to provide services in the jail and support re-entry staff in facilitating continuity of care when incarcerated individuals are released.</p> <p>Rec 5: Maximize coordination among Behavioral Health Specialists in the Public Defender’s Office, the jail, and the community, and provide adequate funding to ensure seamless services for individuals involved in the criminal legal system.</p>
B2.	Need: Increased capacity of effective existing programs to divert more people from incarceration (e.g., GRACE, LEAD, Mental Health Court, Drug Court).
	Recommendation: Ensure stable funding to enable expansion of programs that have proven to be effective in diverting people from incarceration.
B3.	Need: Increased capacity of Program for Assertive Community Treatment (PACT), an evidence-based program for people with severe and persistent mental illness who require intensive support services (e.g., medication, case management) to function in the community.
	<p>Rec 1: Expand access to PACT services in the community for people with severe and persistent mental illness and other mental disorders (e.g., PTSD, traumatic brain injuries) to prevent involvement with the criminal legal system.</p> <p>Rec 2: Increase PACT services dedicated to incarcerated individuals. Conduct evaluation for services prior to release and facilitate immediate entry into PACT services upon release.</p>
B4.	Need: Additional qualified, & racially/ethnically diverse jail staff.

	<p>Rec 1: Ensure that recruitment and employment practices in the jail advance diversity, equity, and inclusion.</p> <p>Rec 2: Offer wages and benefits that will attract qualified staff, representative of the community's diversity.</p>
B5.	<p>Need: Additional corrections officers to escort incarcerated individuals to services within and outside the jail.</p>
	<p>Recommendation: Add jail staff to increase incarcerated individuals' access to needed services within and outside the jail (e.g., MH/SUD services, medical care, lawyers, court, education, vocational training, peer support).</p>
C. Facilities Needs & Recommendations	
#	Needs & Recommendations
C1.	<p>Need: A new jail that is:</p> <ul style="list-style-type: none"> • Correctly sized, based on a fair analysis of population growth, along with strategic investments to avoid unnecessary incarcerations. • Sized and operated to assure booking restrictions in the county and its cities will not occur. • Designed to reflect best practices for safety, efficiency, and technology. • Safe for incarcerated individuals and those who work and visit there. • Designed with spaces & equipment to provide incarcerated individuals with dignity and needed services (e.g., dedicated, confidential behavioral health treatment space; visitation spaces; medical care, provider/staff workspace; education & vocational training; outside spaces). • Versatile to accommodate changes in the population. • Built to last. • Easy to maintain. • Feasible to fund and build. • Located near adjacent land to purchase/develop if needed. • Located in proximity to resources incarcerated individuals need (e.g., criminal legal resources, public transportation). • Easily accessible by all jurisdictions served.
	<p>Rec 1: Build a new jail that meets as many of the specified criteria as possible.</p> <p>Rec 2: Calculate comparative cost estimates for possible facility locations before a specific site is chosen.</p> <p>Rec. 3: Select a location for the jail with due consideration of the comparative importance assigned to proximity to various resources and services.</p>
C2.	<p>Need: Facilities to enable increased community mental health and substance use disorder treatment capacity (in-patient & out-patient) to prevent and reduce incarceration and re-incarceration.</p>
	<p>Rec 1: Explore development of 24/7 Behavioral Health Urgent Care capacity to provide short-term (23 hours or less) MH and SUD services.</p> <p>Rec 2: Research feasibility and desirability of building a secure detox facility in the region for people with SUD who are considered a risk to public safety.</p> <p>Rec 3: Establish a location in close proximity to the jail from which re-entry specialists, behavioral health staff, system navigators, and peer support providers can offer re-entry support.</p> <p>Rec 4: Work closely with criminal legal system stakeholders to select locations for facilities that will work for employees, incarcerated individuals, service providers, and families.</p>

C3.	Need: Additional permanent supportive housing with on-site clinical support and intensive case management for people with severe and persistent mental illness who are involved, or at risk of involvement, with the criminal legal system.
<i>C. Facilities Needs & Recommendations</i>	
#	Needs & Recommendations
	Recommendation: Advocate for state, federal, and private funding to expand and improve permanent supportive housing with on-site clinical support and intensive case management for people with serious mental illness who are involved, or at risk of involvement with the criminal legal system.
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.

Acronyms

AOC: Administrative Office of the Courts

ART: Alternative Response Team

BCC: Behavioral Care Center

BH: Behavioral Health

BIPOC: Black, Indigenous and People of Color

CR: Competency restoration

DSHS: Dept. of Social & Health Services

EMS: Emergency Medical Services

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

LINC: Legal Intervention and Care Network

MCO: Managed Care Organization

MCOT: Mobile Crisis Outreach Team

MH: Mental health

MHP: Mental Health Professional

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

OCRCP: Outpatient Competency Restoration Program

PA: Prosecuting Attorney's Office

PACT: Program for Assertive Community Treatment

PD: Public Defender's Office

PDP: Prosecutorial Diversion Program

PSH: Permanent Supportive Housing

SUD: Substance use disorder

SUDP: Substance Use Disorder Professional

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

WSAC: Washington State Association of Counties

Glossary

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

Dept. of Social & Health Services:

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

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

Managed Care Organizations (MCO): Health care providers that offer direct physical and behavioral health care services.

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

Outpatient Competency Restoration Program (OCRP):

Permanent Supportive Housing (PSH):

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

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

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

Pretrial Services Programs:

Prosecutorial Diversion Program:

Trueblood: A 2014 lawsuit brought by the Dept. of Social & Health Services against the State of Washington that challenged unconstitutional delays in competency evaluation and restoration services for people in jails. The state lost and has been ordered to provide competency evaluations within 14 days, and if the individual is not competent, they must receive inpatient competency restoration services within 7 days. The state is being fined for not meeting these standards.

Washington State Health Care Authority (HCA):

Can get some definitions from Glossary of Terms and Phrases Relating to Bail and the Pretrial Release or Detention Decision from: <https://www.courts.wa.gov/subsite/mjc/docs/GlossaryofTerms.pdf>