

DRAFT

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**JUSTICE PROJECT
IMPLEMENTATION PLAN**

June 2023

Acknowledgements

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- **Justice Project Leadership Team**
- **Justice Project Planning Team**
- **Project Support Team**

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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. 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.**

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](#))

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.

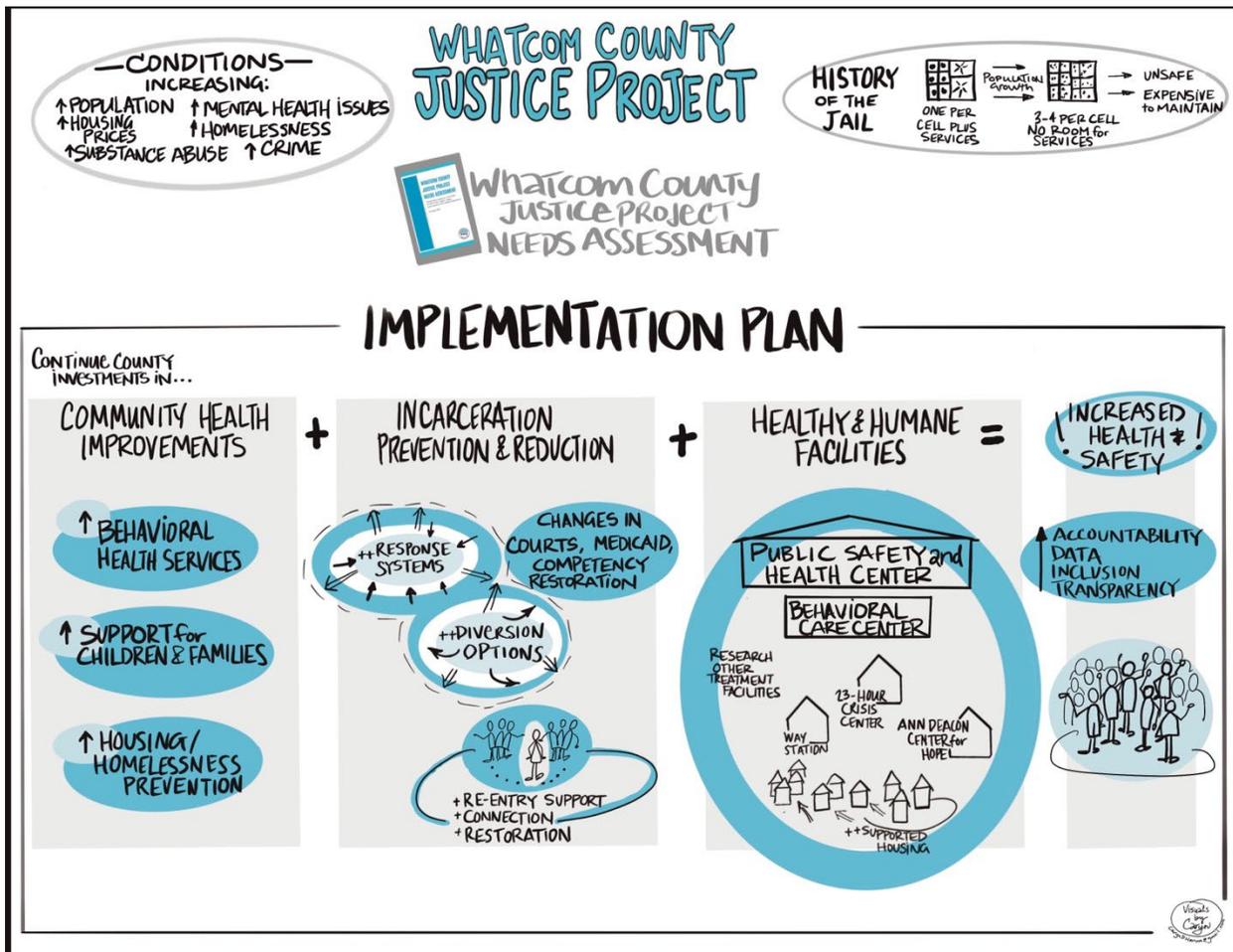
The Implementation Plan was created in early 2023 through a series of workshops hosted by the Incarceration Prevention & Reduction Task Force. Additional community engagement included: focus groups, surveys and interviews of people with lived experience and BIPOC communities, and a Town Hall Listening Session.

The Implementation Plan provides a road map for meaningful action, articulating steps to take in the next 1-3 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 treatment, and supportive housing. The largest facility would be a new Public Safety and Health Center, which would replace the failing jail, and have integrated medical and behavioral health services for the restoration and rehabilitation of incarcerated people.

Some projects are already underway, and some will take many years to accomplish. Some are relatively straightforward, and some will be more difficult. Altogether, the projects represent our community's desired approach to change. 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. Equally important, the County has also been investing more in the foundations of public health and housing, to prevent crime and homelessness and create a healthier, more resilient community.

The section below provides a snapshot of the Implementation Plan Strategies and Projects prioritized for action, to begin work in the next 1-3 years. It is anticipated that the Plan will be updated often, with a full update in 4-6 years. Community engagement in these projects, and in the planning, will be critical to success.



SUMMARY OF IMPLEMENTATION PLAN STRATEGIES & PROJECTS

STRATEGIES

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

PROJECTS

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

1.  **Establish a Justice Project Oversight & Planning (JPOP) Committee** including members of BIPOC communities and people with lived experience, to monitor progress and recommend updates on this Implementation Plan.
2.  **Establish a Finance and Operations Justice Project Advisory Board** with leaders from various jurisdictions in Whatcom County, to provide oversight of the funds collected for the construction and operations of the Whatcom County Public Safety and Health Center and associated services.
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 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 support services to enable people with behavioral health issues to successfully complete diversion programs.

III. Build the Array of Facilities Needed to Promote Public Safety and Health

7.  **Build a 23-hour Crisis Relief Center** (Behavioral Health Urgent Care open all hours, seven days per week) 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 Public Safety and Health 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), coordinated with a Behavioral Care Center that offers inpatient mental health and substance use disorder treatment as an alternative to incarceration.
9.  **Assess what additional facilities are needed to support people with behavioral health issues at risk of incarceration** and bring people with lived experience and experts together to design solutions.

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 Partners

13.  **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, and to 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.

Introduction

This 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 continue to be refined as new information and opportunities become available, and that a full review and **update of the Implementation Plan will occur within 4-6 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 \(IPRTF\)](#), 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:

- 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: Needs & Recommendations**)

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 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 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 1-3 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.

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

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 Findings from Focus Groups & Survey.](#))

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-person in the Council Chambers (in the Courthouse in downtown Bellingham), or virtually. Approximately 160 people attended the Town Hall, half online and half 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 is the compilation of all this information and 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 C** presents the Needs Assessment Recommendations addressed by each of the Implementation Projects.

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.

The five Implementation Strategies are:

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

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.

Project 1: Establish a Justice Project Oversight & Planning (JPOP) Committee , including members of BIPOC communities and people with lived experience, to monitor progress and recommend updates on this Implementation Plan.		
Description	Establish a new standing committee of the Incarceration Prevention and Reduction Task Force serving as the Law and Justice Council (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.	
Lead Organization	IPRTF/LJC	
Essential Collaborators	Members of BIPOC communities and people with lived experience Whatcom County Staff Racial Equity Commission Public Health Advisory Board and/or Behavioral Health Advisory Committee Finance and Operations Justice Project Advisory Board	
Key Next Steps (1-3 years)	<ul style="list-style-type: none"> • IPRTF/LJC to create a new Justice Project Oversight & Planning (JPOP) Committee, 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. • Meet quarterly to monitor progress and advise on Plan updates. 	
Cost Estimate / Sources of Funding	Total: \$24,000	Stipends for community volunteer members, and facilitation – General Fund

Project 2: Establish a Finance and Operations Justice Project Advisory Board		
Description	The Whatcom County Executive will develop a long-term agreement with elected leaders from various jurisdictions in Whatcom County, to provide oversight of the funds collected for the construction and operations of the Whatcom County Public Safety and Health Center and associated services. An Advisory Board will be established to ensure fair cost sharing and public transparency. Reporting to the County Council and the public shall be done in cooperation with the IPRTF/LJC and informed by the JPOP Committee.	
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 Finance and Operations Justice Project Advisory Board. • Select and recruit Advisory Board members, to include: <ul style="list-style-type: none"> ○ Whatcom County Sheriff ○ Mayor of Bellingham ○ One Bellingham City Councilmember ○ Two elected representatives from the small cities ○ Whatcom County Health and Community Services ○ Bellingham Chief of Police ○ Lummi Nation Chief of Police ○ Nooksack Chief of Police ○ One law enforcement representative from the small cities ○ Co-chairs of the IPRTF/LJC • Convene and facilitate the Advisory Board with strong administration and coordination to support success. 	
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 INDEX Committee JPOP Committee Finance & Operations Justice Project 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. • Identify resources, existing systems, and expertise (e.g. universities and regional associations). • Determine which data are most important to collect and monitor. 	
Cost Estimate / Sources of Funding	Total: \$290,000	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. In addition, communication and coordination between organizations can be a challenge, as individuals may use many services simultaneously or sequentially.

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)
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. • 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 & training programs to align curricula with workforce needs

Cost Estimate / Sources of Funding	Total: \$90,000/yr.	State funding through North Sound BH-ASO Behavioral Health Fund Washington State Health Care Authority
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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 (MH) Cooperative (like in Nashville). 	
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	<p>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).</p> <p>As noted above in Project 4, addressing behavioral health workforce shortages is a precursor to expanding diversion and other behavioral health services. Additionally, it is essential to increase community infrastructure (e.g., housing, in-patient treatment capacity, out-patient treatment capacity, clinical wrap-around services like PACT) in tandem with efforts to expand diversion program capacity (see Implementation Projects 4, 5, 9, 10, 11, 12).</p>	
Lead Organization	Whatcom County Health and Community Services	
Essential Collaborators	<p>Community-based provider organizations</p> <p>Whatcom County and Bellingham courts</p> <p>Criminal legal system departments</p> <p>Cities' Police Departments</p> <p>Sheriff's Office</p> <p>County Executive's Office</p> <p>PeaceHealth</p> <p>What-comm (911 Dispatch)</p>	
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 (Mental Health & Recovery Courts). • Expand GRACE throughout the county. • Given adequate funding from local sales tax measures (Behavioral Health Fund, proposed Justice Sales Tax), state, and federal sources, additional expansion of diversion programs would include: <ul style="list-style-type: none"> ○ Embedding an SUD Professional in the Response Division at WCHCS. ○ Add BH officers to city police departments 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 Co-responder Program to provide social workers to support small cities' law enforcement response to people in crisis. ○ Expand the Alternative Response Team (ART) to divert people from the small cities who are in crisis from the Emergency Dept. or potentially incarceration. ○ Expand LEAD (pending assessment of current gaps) to divert high utilizers of the criminal legal system. 	
Cost Estimate / Sources of Funding	Total: \$1,900,000/yr.	<p>BH Fund</p> <p>Proposed Justice Sales Tax (JST)</p> <p>State & federal grants</p> <p>PeaceHealth</p>

Strategy III: Build the Array of Facilities Needed to Promote Public Safety and Health

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 Public Safety and Health Center. The Center is 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 Behavioral Care 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.

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) to enable prompt and appropriate intervention when a person is having a behavioral health crisis. This Center will divert people from the Emergency Dept. and prevent unnecessary incarceration. <ul style="list-style-type: none"> • \$9M 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"> • Site selection. • Design trauma-informed 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: \$12M capital expense + \$500,000 - \$1M/yr. estimated local share of operating costs	State (\$9M received) BH Fund JST

Project 8: Build a Public Safety and Health Center		
Description	Build a Public Safety and Health Center (PSHC) 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, alternatives for lower-risk offenders (e.g., work release), and an integrated Behavioral Care Center (BCC) 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 Sheriff’s Office – Corrections Whatcom County Health and Community Services Local jurisdictions Tribal nations Behavioral healthcare partner agencies	
Key Next Steps (1-3 years)	<ul style="list-style-type: none"> • Select site and confirm size. • Design trauma-informed facilities, which promote a culture of dignity and respect. • Ensure diverse community engagement in facility design. • Work with criminal legal system departments to establish conditions under which someone could be admitted to the BCC and have charges dropped. • Build Facilities (anticipated completion 2027-2028). 	
Cost Estimate / Sources of Funding	Total: \$8M - \$10M/yr. for construction bond + \$8M in one-time capital expense for BCC Operational costs for BCC depend on model pursued.	JST

Project 9: Assess what additional facilities are needed to support people with behavioral health issues at risk of incarceration			
Description	<p>People with mental health and/or substance use disorders (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 additional facilities for voluntary and involuntary treatment of people with serious mental illness and/or SUD.</p>		
Lead Organization	Whatcom County Health and Community Services		
Essential Collaborators	County Executive’s Office North Sound BH-ASO Washington State Dept. 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. 		
Cost Estimate / Sources of Funding	<table border="1"> <tr> <td>Total: In-kind</td> <td>In process</td> </tr> </table>	Total: In-kind	In process
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, from listening to people with lived experience, 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	JST
	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 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: \$6M one-time capital expense + \$300,000/yr. Re-entry Specialists \$500,000/yr. Resource Center operations	JST 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 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 + \$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 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, we can still evaluate options to reduce or replace elements of the bail system.</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"> • Ongoing implementation of strategies to promote timely resolution of cases to reduce the number of people held in detention pretrial and the length of time they are held. • Regularly monitor relevant performance measures and make data available to stakeholders and the public (see Implementation Project 3). • The IPRTF Pretrial Processes Workgroup will continue regular tracking of data and consider adjustments to the Pretrial Risk Assessment scoring and consequences imposed by the judicial officers using the assessment, if needed.

	<ul style="list-style-type: none"> • 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, then encourage lower-level courts to adopt the assessment and monitoring approach. • 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 & 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) Healthcare Authority Advocacy groups State legislators	
Key Next Steps (1-3 years)	<ul style="list-style-type: none"> • Announcement of Medicaid waiver application status 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

Facilities Alternatives

The County is in the fortunate position of already owning three properties within 10-15 minutes’ drive from each other and the County Courthouse which can be sites for facilities proposed in this Implementation Plan:

• 23–hr. Crisis Relief Center	Project 7
• Public Safety and Health Center (PSHC) with secure detention facilities and an array of rehabilitation services and diversion options	Project 8
• Behavioral Care Center (BCC) coordinated with the Public Safety & Health Center	Project 8
• Re-entry & Resource Center(s)	Project 11
• Supportive housing	Project 12
• Additional facilities for voluntary and involuntary behavioral health treatment	Project 9

These facilities’ size, design, proximity to other services, and cost to build all factor into decisions about location. Since the Public Safety and Health Center (PSHC) is the largest of the proposed facilities, choosing its location first is prudent, as the other facilities can be more flexibly located on remaining County properties.

Estimating Facility Size

The main jail was originally built in 1984 for 148 people. It became terribly 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 take some pressure off the jail. 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 assumption in any of the scenarios regarding building a PSHC is that the lower-risk population currently housed at the Work Center would be moved to the PSHC. The Work Center facility itself would be repurposed if the PSHC is at LaBounty, or replaced with the PSHC if the Center is located at Irongate.

In calculating the size for detention facilities, the National Institute of Corrections recommends approximately 20% of additional capacity to allow for operational factors such as “peaking” (a cushion of additional beds for days with above average needs) and “classification” (additional beds to enable accommodation of individuals with different security classifications). Adding the 20% peaking/classification factors to the 359 current available beds results in a total of 430 beds. This estimate assumes very little change in the average daily population of people detained (including likely continuation of booking restrictions) and builds in the recommended peaking/classification cushion to enable optimal use of the facility at current incarceration rates.

Preliminary conceptual calculations of square footage for the PSHC were estimated using a “design block format”, which is a simple schematic showing the flow of buildings and their approximate square footages. The square footages account for an estimate of minimum to high security housing for 400-440 individuals, and do not include the Behavioral Care Center beds, estimated to serve 60-75 individuals.

The estimates of square footages presented in the chart here also include the main elements from a “Wish List for Correctional Facility Design” developed by Whatcom County Corrections and discussed in SAC and IPRTF/LJC workshops.

Conceptual Estimate of Total Sq. Ft. for Detention Facilities	157,180 Sq. Ft. (preliminary calculations)
Housing Pod (include medical/BH, recreation, classrooms, visitation, etc.)	93,500 (9,350 sq. ft./pod X 10)
Medical/BH	12,000
Booking	6,867
Kitchen Area	4,451
Facilities/Laundry	5,400
Sheriff’s Office Area/Lockers	10,227
Circulation/Chase	24,735

The Needs Assessment report and the Implementation Planning process helped identify the desired features of a **Public Safety and Health Center (PSHC)**, which include:

- A place that is designed and operated to treat people with dignity.
- 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 Behavioral Care Center with the PSHC.
- Dedicated space for medical and behavioral health services integrated throughout the facilities.
- Space for individuals to call their own (e.g., separate rooms, dividers).
- 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 & equipment integrated throughout facilities 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 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.

Facility Design

The type of design determines the size of the property needed to accommodate the facilities. The PSHC 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.

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 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 is to identify the magnitude of difference between horizontal and vertical facility designs. An estimated cost to build the BCC is not included in the following chart.

PSHC 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
PRELIMINARY COST ESTIMATE	\$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. These estimates will be refined when all site, capacity, and design criteria are identified.

Location, Location, Location

By the end of the Needs Assessment process, the Civic Center site was the *least* favored by the SAC, 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 are the two preferred locations of the three properties available. However, there was no consensus about which of these two properties is 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

Many people involved in the Needs Assessment and Implementation Planning process had strong feelings about jails and incarceration, and strong opinions about locations for facilities. There are some people who participated in the SAC, focus groups, surveys, and Town Halls who were opposed to incarceration on principle. They encouraged the County to invest in services, housing, and systems changes instead.

Most people involved in the SAC, Implementation Planning Workshops, focus groups, and Town Halls expressed dismay about the condition of the current jail and supported an investment in replacing the facility, with the understanding that it would be very different than the current facility. More preference was expressed for a small detention facility and greater investment in behavioral health services, housing, and diversion programs, though many expressed desire for facilities to be large enough to accommodate inevitable population growth into the future.

Size estimates for the PSHC presented in this document have aimed to strike a balance between the desired criteria that a new facility be:

- 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.

Booking restrictions are currently in place and it will be important for further discussion about facilities to consider the impacts if and when these restrictions are lifted.

Once the size, design, and location for a PSHC is selected by the Council, it will be important to communicate clearly with the public the reasons for choosing one location over another, and be able to successfully provide assurances regarding:

- Accessibility to court services.
- Adequate available transportation for staff, service providers, and visitors to access facilities.
- Investment of tax dollars as planned.
- Preserving all spaces built for services for that purpose.
- Proper maintenance of the facility to avoid deterioration in the future.
- Limits on expansion of the number of beds for incarceration if the LaBounty site is selected.
- A proposed course of action if the PSHC is built at Irongate and there is a need to accommodate more people in the future.

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 Behavioral Health Fund (BH Fund) is an excellent fit for many of the proposed services as it is explicitly intended 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.

In addition to these local funds, and pursuing state and federal funding opportunities, it is recommended that a new 0.2% sales tax will be put before voters to pay for a 30-year bond to build the proposed Public Safety & Health 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 PSHC.

Funding Source	How It Can Be Spent
Ballot measure for sales tax/bond	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 and 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.

Summary Charts: Funding for Implementation Projects

The following charts present a summary of the Implementation Plan projects that require funding, sources of funding, and status at this time. 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. Many costs are dependent on the availability of state and/or federal funding and the needs of facility and program operators. The Whatcom County Executive will update funding estimates over time, consistent with policy direction from the Whatcom County Council.

Chart: Funding Available and Needed by Project Expense

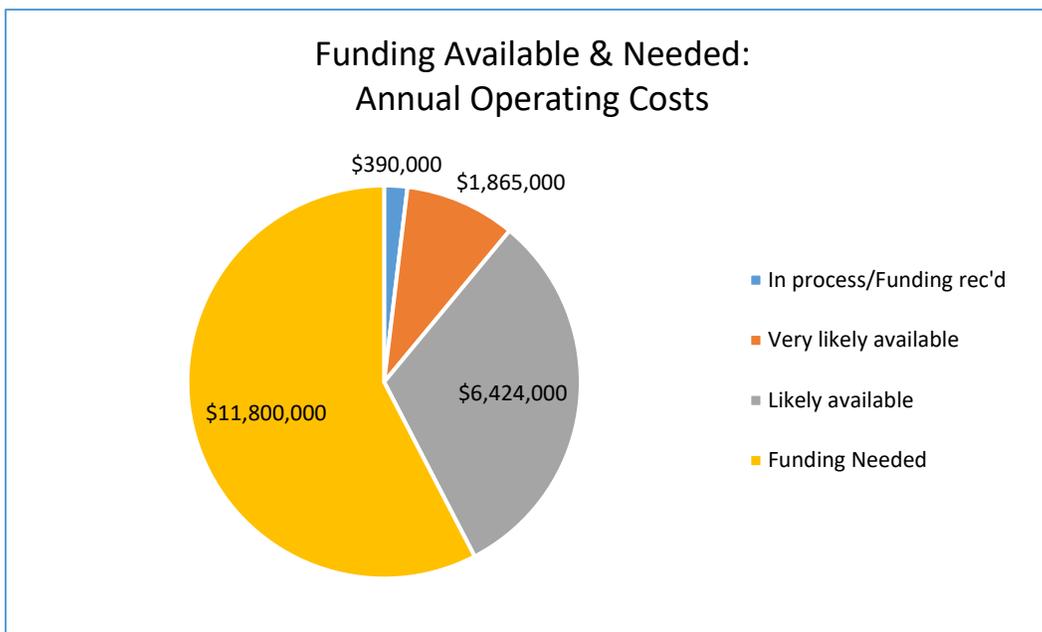
Implementation Plan Projects	Expense	Amount	Sources of Funding	Status of Funding
1. Establish IPRTF/LJC Justice Project Oversight & Planning Committee	Stipends for community volunteer members	\$4,000/yr.	General Fund	Likely
	JPOP meeting facilitation, training, reporting	\$20,000/yr.	General Fund	Likely
3. Collect data to measure progress toward desired outcomes and develop a data dashboard	Data Informatics Specialist and a Senior Applications Administrator positions	\$290,000/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 & training for BH staff	\$20,000/yr.	North Sound BH-ASO BH Fund HCA	Very likely
	Low/no-cost clinical supervision for students pursuing licensure	\$50,000/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 Proposed Justice Sales Tax (JST)	Likely
	SUD Professional in Response Division	\$100,000/yr.	BH Fund	Funding needed

Implementation Plan Projects	Expense	Amount	Sources of Funding	Status of Funding
	Additional BH officers for city police departments	\$500,000/yr.	JST	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.	JST	Funding needed
	Expand ART to small cities	\$200,000/yr.	JST	Funding needed
	Expand LEAD	\$200,000/yr.	State & federal grants	Funding needed
7. Build a 23-hour Crisis Relief Center	Capital funding	\$12M	State - \$9M received JST - remainder	Very likely In process
	Estimated local share of operational costs – Crisis Relief Center	\$500,000 - \$1M/yr.	BH Fund JST	Very likely
8. Build a Public Safety & Health Center	Capital expenses – Detention for low-high risk + space for services	\$8 - \$10M/yr.	JST	Funding needed
	Capital expenses – Behavioral Care Center	\$8M	JST	Funding needed
	Operational costs – BCC	TBD	JST	Funding needed
10. Ensure people leaving jail have transportation to a safe destination	Transportation services	\$140,000/yr.	JST	Very likely
11. Bolster Re-entry Support Services	3 BH/re-entry specialists	\$300,000/yr.	JST	Very likely
	Capital funding for Resource Center	\$6M	State funds JST	Funding needed
	Operational costs – Resource Center	\$500,000/yr.	BH Fund JST	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	\$2M	ARPA BH Fund Local housing funds	Likely

Implementation Plan Projects	Expense	Amount	Sources of Funding	Status of Funding
			Federal HOME funds (to match state funds when possible)	
	Operational costs – small recovery/supportive housing	\$1M/yr.	BH Fund Local housing funds LEAD grant State funds	Likely
	Capital project – large re-entry supportive housing	\$2M	BH Fund Local housing funds (to match \$20M+ in state & federal funds)	Likely
	Operating costs – large re-entry supportive housing	\$500,000/yr.	State funds Federal funds	Likely
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.



Conclusion

This 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.

The Implementation Plan will be useful to the Whatcom County Council, local officials, service providers, volunteers, and the public at large, in taking the next steps together, to improve Whatcom County's criminal legal system.

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 and Recommendations

A. SYSTEMS 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 3.2¹).</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>

¹ Washington State Court Rules, Rule CrR 3.2, Release of Accused, https://www.courts.wa.gov/court_rules/pdf/CrR/SUP_CrR_03_02_00.pdf.

A. SYSTEMS NEEDS & RECOMMENDATIONS

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

B. SERVICES NEEDS & RECOMMENDATIONS

B1.	Need: Increased community mental health (MH) and substance use disorder (SUD) treatment capacity (in-patient & out-patient) to prevent and reduce incarceration and re-incarceration.
	<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>
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.

B. SERVICES NEEDS & RECOMMENDATIONS

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

C. FACILITIES NEEDS & RECOMMENDATIONS

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

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

Appendix C: Recommendations Addressed by Each Proposed Implementation Project²

Proposed Projects	Recommendations																
	Systems							Services					Facilities				
	A1	A2	A3	A4	A5	A6	A7	B1	B2	B3	B4	B5	C1	C2	C3	C4	
Ensure Oversight, Accountability, & Transparency																	
1. Establish a Justice Project Oversight & Planning Committee	This proposed project relates to all the recommendations																
2. Establish a Finance & Operations Justice Project 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																
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

² See Justice Project Needs Assessment Needs and Recommendations **Appendix B**.

Proposed Projects	Recommendations															
	Systems							Services					Facilities			
	A1	A2	A3	A4	A5	A6	A7	B1	B2	B3	B4	B5	C1	C2	C3	C4
Build the Array of Facilities Needed to Promote Public Safety and Health																
7. Build a 23-hr. Crisis Relief Center					Rec			Recs 1, 3, 4						Recs 1, 3, 4		
8. Build a Public Safety and Health Center					Rec			Recs 1, 2, 3, 4			Recs 1, 2	Rec	Recs 1, 2, 3			
9. Assess what additional facilities are needed to support people with BH issues at risk of incarceration	Recs 1, 2				Rec			Recs 1, 3, 4	Rec					Recs 1, 2, 4	Rec	Rec
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
Make Systems Changes with Local, Regional, & State 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 D: Acronyms

ART: Alternative Response Team

BCC: Behavioral Care Center

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

OCRPP: Outpatient Competency Restoration Program

PACT: Program for Assertive Community Treatment

PDP: Prosecutorial Diversion Program

PSHC: Public Safety and Health Center

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 E: 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.

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.

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:

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.

Prosecutorial Diversion Program:

Washington State Health Care Authority (HCA):

Appendix F: 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.
- [Jail Capacity Planning Guide: A Systems Approach](#), National Institute of Corrections, US Dept. of Justice, 2009
- [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.
- [Whatcom County Behavioral Health Funds: Annual Report 2021](#).
- [Whatcom County 2023-2024 Budget](#)