DECLARATION OF NICHOLAS WILLIAMSON

EXHIBIT 1 (QUARTERLY STATUS REPORT)

Trueblood Quarterly Implementation Status Report
June 2022

PURSUANT TO THE *TRUEBLOOD V. DSHS* 2ND REVISED AGREEMENT

Submitted jointly by the Parties | June 16, 2022

I. Introduction

On December 11, 2018, the Court approved the Amended Settlement Agreement submitted by the Parties. During that proceeding, Judge Pechman directed the parties to submit reports on the implementation beginning in April of 2019.

II. COVID-19 Impacts to Evaluation and Restoration

1. Continued COVID-19 Precautions Related to Inpatient Forensic Admissions and Treatment

While the state hospitals have had stretches of no COVID-19 infection, both ESH and WSH have continued to experience periodic introduction of COVID-19 into the staff and patient population. The most significant of these outbreaks occurred in early 2022 with the introduction of the Omicron wave. The Department has taken action to contain those outbreaks. These actions include the continued use of isolation wards, as well as the use of "ward holds" whenever a possible COVID-19 exposure is identified. The largest impacts on admission are seen when the designated quarantine-admission wards experience a ward hold, or a residential treatment facility pauses admissions to stop the introduction or spread of COVID-19 into the facilities. During the winter of 2021-2022, WSH was forced to return to a limited phase of re-opening due to a high number of COVID-19 exposures and multiple active outbreaks. While this greatly impacted many hospital operations, WSH ensured that class member admissions continued during this time. As of June 13, 2022, WSH had at least 520 confirmed patient cases of COVID-19 and 774 confirmed staff cases. ESH has had 148 patient cases, and 374 confirmed staff cases. The majority of these infections occurred during the Omicron wave in early 2022. The Department has implemented the CDC's new shortened quarantine periods for healthcare staff in order to lessen the impact of infections among facility staff. Any positive cases or possible exposures require WSH, ESH, and the RTFs to implement ward hold procedures while positive cases are identified and isolated.

The Department has continued to use adjusted policies that were changed based on evolving science, including reducing ward holds from 14 days to 10 days and allowing fully vaccinated patients to enter the general patient population more quickly without the need for an initial quarantine. Ongoing adjustments are being made to the policies and documentation that guide the State's facilities in managing COVID-19.

After interruptions during the Omicron wave, treatment at WSH in the treatment mall is again open to all patients regardless of vaccination status, but the facility continues to avoid intermingling of wards. For those who are not able go to the treatment mall, programming is continuing on each ward to deliver treatment to all patients. The occasional need to place forensic wards on "hold" while COVID-19 testing can impact the hospitals' ability to provide certain programming, but programming is resumed as quickly as possible following the lifting of ward holds.

The following chart shows the ward status for WSH and FSCRP as of June 14, 2022:

Forensic		CIVIL	
E2	Off	W1S	6/24
E3	Off	W1N	6/24
E4	6/21	C1	Off
E5	6/27	C2	Off
F1	6/21	C3	Off
F2	Off	C4	Off
F3	Off	C5	Off
F4	Off	C6	Off
F5	6/23	C7	Off
F6	6/20	C8	6/21
F7	6/17	E6	Off
F8	Off	S1 Star	Off
S5	6/27	S2 Step up	Off
S10	6/23	S3	6/21
The date reflects the end of the restriction for that specific color		S4	OPEN
		S7	6/23
		S9	6/27
		FSCRP	

Ward Risk Level	Operational Status and Precautions
Green	No patients or staff under COVID-19 evaluation
Yellow	Patient or staff tested positive **or** are being tested due to symptoms no positive patients are isolating on ward
Red	Extensive transmission that meets outbreak criteria [2] **or** COVID-19 positive patients isolating on ward
COVID-19 Isolation Ward	All patients are COVID-19 positive

2. National Staffing Crisis and Pandemic Staff Burnout

A new challenge is emerging in the Department's efforts to operate restoration beds, and to open new restoration capacity that is currently nearing completion of construction. The nation as a whole is facing an acute staffing crisis in healthcare. This crisis was summarized in a press release by the U.S. Surgeon General on May 23, 2022 regarding a recent Surgeon General Advisory on the healthcare worker crisis:

> Today, United States Surgeon General Dr. Vivek Murthy issued a new Surgeon General's Advisory highlighting the urgent need to address the health worker burnout crisis across the country. Health workers, including physicians, nurses, community and public health

> workers, nurse aides, among others, have long faced systemic challenges in the health care system even before the COVID-19 pandemic, leading to crisis levels of burnout. The pandemic further exacerbated burnout for health workers, with many risking and sacrificing their own lives in the service of others while responding to a public health crisis.[1]

Washington State, and the facilities run by the Department, are not immune to these challenges. The facilities providing restoration services are currently facing acute staffing shortages. The ability to maintain current restoration capacity is at risk, and staffing new physical capacity is expected to be extremely challenging.

In order to address this, the Department is using engaged in several approaches: including

1. Implemented hiring and retention incentives to keep current staff, and attract new staff. The Department has engaged in all of steps necessary to deploy the funds, and the incentives are now being offered. While this is an important tool in addressing this crisis, other organizations in the private and public sphere are also using similar tactics, leading to an "arms race" in competing for the extremely limited pool of available people to hire. Additional pay raises that were previously funded also take effect on July 1, 2022.
2. The Department is using contract staff to fill critical vacancies and keep current capacity operating. While this is a short-term solution, the extreme cost of the contracted staff means that contract staff are not a sustainable long-term solution.
3. The Department is also pursuing contract staff for vacant forensic evaluator positions. This is anticipated to increase capacity for in-jail evaluations, as well as assist with completion of inpatient competency evaluations. The department also plans to request increased evaluation staff in the next legislative session.
4. The Department has diversified staffing for certain functions, in order to utilize different types of credentials and staff to complete necessary work. For example, at WSH PhDs who are not licensed in Washington are working under a Washington regulatory scheme that allows them to work under supervision as an "agency affiliated counselor" to complete work within the civil center (not for class members).

However, even with these efforts in place, there are simply not enough people in the nationwide employment pool. With healthcare providers across the industry facing critical shortages, those providers are engaged in similar mitigations and attempts to recruit from a limited pool of staff. Attracting new staff to Department facilities often means that these staff are moving from other important mental health programs, which results in a "rob Peter to pay Paul" situation that leaves programs

[1] https://www.hhs.gov/about/news/2022/05/23/new-surgeon-general-advisory-sounds-alarm-on-health-worker-burnout-and-resignation.html

across the mental health system understaffed. This potentially includes and affects staffing for other contempt settlement agreement programs.

The Department will continue with these efforts with the goal of ensuring that existing restoration capacity can be operated, and that new capacity can be opened. But the gravity of the current situation cannot be understated: if available staffing does not improve, the Department will not be able to keep existing beds open.

3. In-Jail Evaluation Impacts

While evaluation completion rates were heavily impacted in the early months of the pandemic, DSHS has since been able to mitigate many COVID-associated delays through the rapid deployment of additional telehealth capacity and working to secure slots in the no contact booths. During the Omicron variant outbreak, delays occurred at the highest rate to date due to individual jails or class members experiencing outbreaks of COVID or positive COVID test results. Under those circumstances, which occurred across all regions in the winter of 2021-2022, the restrictions on internal movement implemented by jails prohibits access to defendants via telehealth or in-person evaluations. Despite the ongoing challenges, DSHS is completing evaluations within 14-days for the majority of all cases.

From August 2018 through April 2022, court orders have authorized 4,687 telehealth evaluations. Seventy-six of those were refused by either the client or the client's attorney, resulting in 4,611 completed telehealth evaluations. For the last twelve months, May 2021 through April 2022, telehealth evaluations have averaged more than 200 per month.

OFMHS continues to communicate with and offer assistance to jails who previously stated they were not interested or were not able to accommodate telehealth, and also to provide ongoing support to existing sites. Additionally, OFMHS continues to work on educating attorneys and judges on the benefits of telehealth for completing jail-based evaluations in a timely manner.

III. Remaining Phase 1 Implementation Projects

Only one Phase 1 project remains in an implementation status: ongoing training of officers in the Phase 1 region in Crisis Intervention Training, which the State obtained an extension of time to facilitate given impacts of COVID-19. All other Phase 1 implementation milestones are complete, and the programs remain in ongoing operation.

D.1. Crisis Intervention Training – Time Extended

The State is continuing to conduct 40-hour Crisis Intervention Trainings in the Phase 1 regions to achieve the goal of training 25% of peace officers in each law enforcement organization. This is being done under the one-year time extension granted by the Court in April of 2021, where the Court recognized the effects of the pandemic on these trainings (Dkt. No. 825).

As previously reported, the CJTC's 8-hour course, and another 2-hour CIT, are available in an online format to all peace officers, tribal officers, and reserve officers.

As of May 31, 2022, over 40% of all law enforcement officers across Phase 1 region have received the 40-hour CIT course. Under the agreement the State seeks to ensure that every law enforcement organization has trained at least 25% of their officers, and as of the end of May 2022only eleven individual organizations are not yet over the 25% threshold. This represents only 25 officers out of the overall goal to train over 1,606 officers in the Phase 1 region. This quarter the CJTC continued to ramp up in-person trainings and completed five 40-hour trainings in Phase 1 region(s). In order to ensure that a minimum of 25% of officers at each law enforcement organization, the CJTC must train a total of 25 additional officers. All 25 officers are scheduled for upcoming classes that will complete before June 30, 2022. The State expects to have all the necessary officers trained by the end of the time extensions provided by the court. With 1,581 officers already trained, and 25 officers to be trained in upcoming classes, the Phase 1 goal is now substantially complete.

IV. Phase 2 Implementation

On June 24, 2021, the parties filed with the court a Final Implementation Plan for Phase 2 of the Contempt Settlement Agreement. Dkt. No. 838-1. Below is information about the Phase 2 implementation status of each of the fifteen discreet sections captured within the Final Implementation Plan and any milestones completed since the last report to the Court. To see all completed actions, please refer to prior reports.

A.1. Additional Forensic Evaluators – On track

During Phase 2, data will be reviewed as part of the semi-annual report to determine if referrals are outpacing current staffing levels. Because demand for evaluations has continued to increase at high rate, including new record high referral months in 2022, the Department is preparing decision packages to request additional funding in the next legislative session.

B.2. Community Outpatient Restoration Services – Delayed

HCA is currently in contract negotiations with a King County behavioral health agency, and this was the subject of discussion at a recent hearing before this Court. This agency already

contracts with HCA for provision of FPATH services, all indications are that they will soon be able to provide OCRP services as well. The provider had concerns about hiring staff, and HCA has worked with the provider to identify alternative staff-types that could be used to launch the OCRP program. Signing of the final contract was delayed in order to accommodate these requested changed. However, despite the absence of a final signed contract, the provider is already hiring the staff necessary to provide services and is preparing to provide OCRP services in King County.

In the meantime, the Outpatient Competency Restoration Program (OCRP) Administrator has been providing technical assistance and support to the contracted providers in the Phase 1 regions, in relation to legislative changes and program/process changes. Continued technical assistance and support with be provided as the program continues to develop and the growth of OCRP into Phase 2 occurs.

As a result of the Value Stream Mapping (VSM) event exercise done last spring, HCA and OFMHS are working together on quality improvement activities. The State is continuing to work to amend conditions of release orders with language that is specific to the Forensic Navigator Program and OCRP, as well as developing a standardized OCRP referral form. HCA is also working with OFMHS to update the Breaking Barriers competency Restoration Program Manual to a community-centric focus. In addition, HCA and OFMHS have developed a process to reassess individuals with a 2nd restoration order for suitability for OCRP, which would allow the individual to transition from inpatient restoration at a Residential Treatment Facility (RTF) to OCRP. This process is slated to go live in July of 2022, with the specific start date still being determined. DSHS expects that for the first month, 2-3 clients could be transferred under this new process, with more transfers possible in the future as the process becomes more mature. HCA and OFMHS have been working together to meet with treatment team staff at the Residential Treatment Facilities to discuss and answer questions related to the Outpatient Competency Restoration and Forensic Navigator Programs. HCA and OFMHS will also be providing specific training to the RTF treatment team staff, Forensic Navigators, and OCRP staff related to this new process.

With the passage of 2SSB 5664, new legislation that directly impacts forensic competency and the OCRP became effective on June 9, 2022. HCA is working with the OCR providers on how to implement these changes. Additionally, changes will need to be made to Washington Administrative Code (WAC) 388-878 as 2SSB 5664 requires updates to definitions and guidance around removal processes.

As of May 31, the following two task items were due, but not yet completed:

- Contracts will be finalized by November 30, 2021.
- OCRP providers will recruit, hire and train staff with HCA support and technical assistance within four months of contract execution, with services expected to be provided by March 31, 2022.

B.3. Forensic Navigator – Completed

The Forensic Navigator Program continues to operate in all three Phase 1 regions and is now fully operating in King County for Phase 2. The program is now fully staffed in all Trueblood regions, which includes nine navigators in Phase 1 and 2 regions with two supervisors. This allows the program to extend its advocacy with local courts despite COVID-19 restrictions that continue to affect all areas. In Phase 1 regions we are able to actively engage the clients being assigned to them by local courts. For the period of July 1, 2020, through May 3rd, 2021, there were approximately 2949 clients who were assigned to a forensic navigator caseload. As of May 3rd, 2022, the forensic navigator team had a total of 409 active clients, with the average navigator caseload at 22.72. The program staff in all regions has occasionally experienced caseloads over the target of 25 cases per navigator, with the highest caseload to date being a peak of 31 cases. Phase 2 navigators began taking cases in January 2022. The Phase 2 region has a caseload average of 24.5 cases per navigator.

B.5. Closure of Maple Lane – On schedule

Maple Lane is slated to close in Phase 3, unless monitored data triggers an earlier closure. That trigger is regularly monitored and reported to the General and Executive Advisory Committees. The State has taken efforts to mitigate the risk of that an early unexpected closure will occur, as it did at the Yakima competency restoration center.

C.1. Crisis Triage and Diversion Capacity – One Facility on Schedule, Second Facility Seeking Proposals for Suitable Provider

Addition of Two, 16-Bed Crisis Facilities in the King Region:

The Phase 2 implementation plan contains obligations of the State to facilitate funding for construction of two 16 bed crisis stabilization facilities in King County More specifically: (1) HCA was to work with Commerce to issue an RFP for disbursement of capital funds already provided by the legislature, by January 31, 2022; (2) HCA was to work with Commerce to review RFP responses, by February 28, 2022; and then (3) Commerce was tasked with issuing capital funding for this increase in crisis triage or stabilization facilities, by April 30, 2022, with contracts to be executed by June 30, 2022.

HCA requested funds from the Legislature for construction and operation of two crisis and stabilization facilities in King County and then worked with Commerce to develop a "Request for Proposal" process shortly after grant of the funds by the Legislature. Despite the State's extensive outreach and marketing of this substantial funding opportunity, only two applications were received by the close of the RFP window. One application, from Recovery International, was ultimately deemed suitable. Their proposal for a facility in South King County is on track and proceeding as planned and contemplated by the Phase 2 Implementation Plan – they were given notice of their award on April 5, contracting is set to be completed prior to June 30, and construction is expected to begin before the end of

the year. However, the second application received did not stand up to heightened review and scrutiny. Reviewers raised concerns about an apparent reluctance to accommodate voluntary crisis service treatment, as opposed to receiving individuals subject to involuntary holds, and there were questions about the facility's ability or willingness to prioritize individuals with multiple recent crisis facility admissions, and the facility's plan to allow individuals to discharge to homelessness, rather than take advantage of any temporary housing supports available. The State could not support funding of this second application, given these concerns.

HCA and the Department of Commerce have already begun preparing for a new round of RFP, to again attempt to attract a qualified bidder for a second Trueblood-specific crisis stabilization facility in King County. A "Notice of Funding Opportunity" has already been shared on Commerce's website, and by email blast. HCA and Commerce have also worked to identify additional funds available for "startup costs" which can be used to support additional costs a provider may encounter in creating the new facility, and to better clarify expectations under the RFP, which HCA hopes will improve the chances that more suitable bidders come forward. The process currently unfolding should result in public announcement of an awardee during September of 2022, with contracts to be finalized by end of the year, and construction to begin by June of 2023.

In the meantime, HCA has communicated these developments to both Plaintiffs' counsel and the Court Monitor. Further, and to mitigate against any potential impact to class members, HCA has continued its work with the King BHASO, to contract for the enhancement of crisis services for individuals, region wide. HCA has also worked to provide enhancement support in the King region for the Mobile Crisis Response teams, for their intervention and support of individuals presenting with behavioral health crisis, and efforts to reduce hospitalization and to divert from arrest. Finally, HCA also extended its funding for emergency housing supports, to better assist individuals presenting with housing insecurities.

Crisis Enhancements in King Region – On track:

HCA worked closely with the King BHASO to develop a plan to enhance crisis services within the King County region. King BHASO collaborated with their community partners in the development of their crisis enhancement plan. This plan was agreed upon between HCA and King BHASO.

C.2. Residential Supports

Based on requests in Governor Inslee's proposed supplemental budget, during the 2022 session the Legislature appropriated a massive injection of funding into the housing and homeless system in Washington. One of these efforts is specific to Trueblood class-members (the master leasing initiative), and others mirror commitments made in the Contempt Settlement Agreement (the crisis stabilization facilities). While the investment in the overall system is expected to benefit the same populations targeted by the contempt settlement agreement, HCA cannot guarantee class member access to the programs and services created by the investment. Some of the highlighted investments include:

Goal	Program	Operating	Capital
Secure/Preserve more permanent housing and shelter facilities – CAPITAL	Commerce - Housing Trust Fund		$ 113,000,000
	Commerce - Rapid Capital Acquisition (includes $60m capital for Apple Health and Homes)		$ 300,000,000
	Commerce - Crisis Stabilization Facilities (Competitive, King Co., and Lynwood)	Operations funded in outlook	$ 60,000,000
	Homeless Youth Facilities projects		$ 14,895,000
	Local Gov't - affordable housing connections		$ 3,300,000
	Rapid Response Community Preservation Pilot Program		$ 2,000,000
	Permanent Supportive Housing Remediation		$ 200,000
	Commerce - Habitat for Humanity affordable housing		$ -

Goal	Program	Operating	Capital
Expand supportive behavioral health services	Commerce/HCA - Apple Health and Homes	$ 12,783,000	
	HCA - Expand housing first opportunities (housing teams, rent subsidies, and client flex funds)	$ 8,036,000	
	Commerce - Glidepath supported employment (income disregard)	$ 3,240,000	
	HCA - Glidepath supported employment (case management and flex funds)	$ 2,387,000	
	HCA - Medical respite	$ 1,574,000	
	HCA - Crisis Response in Permanent Supportive Housing	$ 818,000	
	HCA - Reduce Discharge to Homelessness (rent subsidies)	$ 775,000	
	HCA - Master Leasing (technical assistance and staffing to create program).	$ 490,000	
	HCA - Expand housing and employment access	$ 410,000	

Funds for the master leasing project were specifically earmarked to support the Trueblood contempt settlement elements.

Crisis Short-Term Vouchers – On track:

Without licensed crisis stabilization facilities located in King County, HCA and the King BHASO identified an alternate solution to make short-term vouchers available to organizations who provide crisis stabilization services in King County. Short-term vouchers will be utilized by individuals who are experiencing a behavioral health crisis but may not have been admitted to a crisis triage and stabilization facility. While the short-term vouchers were not distributed in King County by February 1, 2022, the HCA did provide significant technical assistance to King County BHASO to ensure these vouchers are distributed in the region.

King County BHASO has hired a Behavioral Health Housing Specialist and HCA is working with this position to begin distributing vouchers to hourly crisis staff in the community who engage unhoused and unstably housed individuals experiencing behavioral health crises. Distribution of the vouchers is expected to begin by the end of this month. HCA also provided training for this position on Crisis Short-Term voucher data submission process and expectations within the first week of their employment.

Because hourly crisis staff meet with an increased number of people who are unhoused and experiencing behavioral health crises, HCA added a criterion of eligibility that includes likelihood for victimization in an individual's current circumstance, if no voucher is utilized. The contract with King County also stipulates that these hourly crisis teams will refer eligible individuals to FHARPS when those individuals meet FHARPS criteria. Hourly crisis staff must make a referral to some longer-term behavioral health or housing provider when a Crisis Short-Term voucher is utilized for an individual who does not meet FHARPS eligibility criteria.

Two of the three crisis stabilization facilities in the Phase 1 regions continue to utilize crisis housing vouchers at a steady rate. One of the crisis stabilization facilities (Lifeline Connections in the southwest region) requested more crisis short-term vouchers and HCA provided an additional $30,000 in housing voucher dollars to this facility.

In Pierce County the use of crisis short-term vouchers has not been as robust as intended. This is due in part to the temporary closure of the Recovery International's Recovery Response Center in Fife (which has reopened as of June 13, 2022). While vouchers remained available at Recovery International's Parkland location, HCA has begun to look at a hybrid of crisis short-term voucher distribution that includes both crisis stabilization facilities and hourly crisis staff in the Pierce region. This approach is similar to that described above for Phase 2. HCA met with the Designated Crisis Responder and Mobile Crisis Outreach Team (MOCT) supervisor at MultiCare, the program lead and director of Jail Transition Services (JTS), and the Trueblood Diversion Program at Greater Lakes Mental Health to discuss their teams utilizing crisis short-term vouchers. HCA also met with the Pierce BHASO to discuss the possibility of moving some crisis short-term vouchers to the outpatient behavioral health system providers. Due to the historically low utilization of these vouchers in Pierce

County, HCA is working with all of the above entities to make an informed decision on where crisis short-term vouchers will benefit people the most in fiscal year 2023.

As of May 31, one task item was completed early, and one was delayed but HCA ensured that the required technical assistance was provided during that delay:

- HCA will identify regional providers who offer crisis stabilization services in King County.
- The proposed contracts will require that the BHASO deploy the vouchers within four months from the date of contract execution. Assuming contracts are approved by the expected timeline vouchers would be deployed by February 1, 2022. If the BHASO is unable to deploy the vouchers within that timeline, HCA will provide technical assistance, and continue reasonable efforts to support the BHASO in fully deploying the vouchers.

Forensic HARPS - Completed:

Three of the four Forensic HARPS providers in the Phase 1 regions continue to engage in master leasing projects or have agreements in place with local housing providers to provide dedicated housing to FHARPS participants. HCA continues to provide ongoing technical assistance to the only provider not currently utilizing master leasing as a housing option. The largest number of dedicated master leased units available to FHARPS participants exists in Pierce County and these units have provided a low barrier solution to moving people out of hotels and motels and into transitional supported housing. FHARPS providers continue to receive more referrals than there are master leasing units available and continue to need shelter-based housing placements. Additional funds that become available on July 1, 2022, are expected to be utilized to increase the availability of master leasing, including for the FHARPS teams in the Phase 1 region. However, when a unit becomes available previously unhoused individuals who were placed in hotels and motels are quickly able to move-in.

HCA analyzed the information received from FHARPS providers about the amount of direct, face-to-face contact participants were receiving once enrolled in the program and compared the information to COVID-19 cases in the State over a six-month period. FHARPS teams reported that less face-to-face services were provided when COVID-19 cases were the highest in their region and reported increased face-to-face services as the number of COVID cases decreased.

HCA believes sustained face-to-face service provision and increased accessibility for participants in master leasing and other transitional supported housing projects is a viable solution to help decrease the number of participants who are lost to contact. To encourage sustained direct service provision, even despite possible COVID-19 case surges, HCA is amending Phase 1 FHARPS provider contracts to include a new deliverable that sets a minimum number of face-to-face hours FHARPS teams must provide to enrolled

participants. As services continue to be provided in Phase 2, HCA will be working to determine a minimum number of service hours for those teams.

After slight delay, FHARPS services began in Phase 2 on April 12th, 2022. Many of the FHARPS team members have worked in case management and community-based services in the King region and some had already become familiar with the process of requesting and obtaining jail access. The FHARPS teams participated in their first Trueblood Regional Coordination Call on April 25th and are collaborating with FPATH providers as well as Forensic Navigators in the region, with at least one warm hand off from forensic navigators to FPATH and FHARPS teams occurring at the local jail.

As of May 31, the following task item was completed, albeit two weeks later than first anticipated:

- Forensic HARPS providers will recruit, hire, and train staff with HCA support and technical assistance within four months of contract execution, with services expected to be provided by March 31, 2022.

C.3. Mobile Crisis and Co-responder Programs – Ahead of schedule

Mobile Crisis:

King BHASO, in collaboration with its community partners, submitted to the HCA a plan to enhance mobile crisis services in King County. Enhancements to the mobile crisis response teams are designed to reduce the response time(s) for individuals experiencing a behavioral health crisis. Diverting individuals experiencing a behavioral health crisis from hospitalization and/or arrest is the ultimate goal.

As of May 31, the following task items were due and completed on time or early:

- BHASO response to request for plans received by December 31, 2021.
- HCA, DSHS, and WASPC delegates review request for plans by January 31, 2022.
- BHASOs receive feedback and submit changes by February 28, 2022.
- HCA will negotiate enhancements to MCR contract language with BHASOs and execute contracts by April 30, 2022.

Co-Responder Grants (WASPC):

The State continues to meet regularly with WASPC and has engaged them in multiple activities including membership in the General Advisory Committee and various project workgroups. WASPC sought and received funds from the legislature to continue their mental health field response team (co-responder) grants in the King and other regions of the state. Selected grantees began receiving funds July 1, 2021.

C.4. Forensic PATH (Intensive Case Management) – Completed

Forensic PATH teams continue their outreach efforts to people eligible for services. Teams have been balancing their efforts to outreach and engage people and provide ongoing case management services to those enrolled. Phase 1 teams have been meeting informally with the Phase 2 teams to talk about lessons they have learned, as well as things they might want to try as they set up their programs in the King region.

On March 17th, 2022, Forensic PATH teams met for the first FPATH Annual Meeting. The meeting was held virtually and provided teams with an opportunity to reflect on the successes of the first 2 years of the program, as well as created time for Phase 1 and 2 teams to connect and discuss the work they do. Also included in the meeting was a presentation by Chris Carney, who spoke about the origins of the Trueblood lawsuit, which provided the FPATH teams a better foundation for the work they are doing with participants. A huge take away from the meeting was the desire from the teams to connect outside of monthly FPATH administrative calls, meetings, and trainings. Starting in April, HCA began to facilitate two learning collaboratives per month, one for certified peer counselors, outreach workers and case managers, and another meeting for FPATH supervisors. These informal meetings are a semi-structured time in which team members from across the state can learn from one another.

Forensic PATH teams continue to participate several times a month in regional collaboration calls with the other Trueblood elements to coordinate services for mutual participants. Calls are facilitated by both HCA staff, as well as staff from the Accountable Communities of Health (ACH). In April, HCA started convening collaboration calls in the King region that includes, team members from FPATH, FHARPS and forensic navigators. HCA will be working with the teams in the region on having them take over the facilitation of these meetings in the future.

The FPATH program administrator was able to resume site visits in March 2022. Each of the site visits followed a similar format that allowed for a time in which the agency shared how they have structured their FPATH programs, to observe program staff in the field, as well as an informal time in which teams could ask questions. The site visits have been a great way to see how things are going, what support each team needs, as well as what key connections should be made amongst the teams.

In early April 2022, Comprehensive Life Resources, in Pierce County, informed HCA that they do not plan to renew their contract at the end of this contracting period. HCA is actively looking for a new provider in the region, as well as talking with Greater Lakes Mental Health about expanding their existing team. With the three months remaining on their contract, HCA is working with the provider to make sure there are no disruptions in services for participants.

As of May 31, the following task item was delayed for two weeks beyond the expected completion date, but is now completed. HCA provided technical assistance during that short delay:

- FPATH providers will recruit, hire, and train staff with HCA support and technical assistance within four months of contract execution, with services expected to be provided by March 31, 2022.

D.1. Crisis Intervention Training – Ahead of schedule

The data reports show approximately 3,178 certified peace officers are currently employed in the Phase 2 Region. Of those officers, 1,413 have received the 40-hour CIT training. Seventeen of the 27 agencies in King County meet the 25% requirement.

Reporting for corrections agencies shows a total of 775 corrections officers in the Phase 2 region with 177 having completed the 8-hour training.

CJTC tracks training from the 911 operator agencies in the Phase 2 region, this inquiry showed of the 415 operators 317 or 76% have completed the Trueblood training requirements.

D.2. Technical Assistance to Jails – On track

DSHS continues to provide monthly Jail Technical Assistance trainings that are open to all city, county, and tribal jails statewide. Recent topics have included the following:

- Characteristics of the People Served: December 21, 2021
- Crisis De-escalation Training in a Jail Setting: January 25, 2022
- Behavioral Navigator Makes an Impact: Presentation with Q&A: February 22, 2022
- Certified Peer Counselor Panel: March 29, 2022
- Involuntary Medication in Jails: Considerations and Guidelines: April 26, 2022

JTA Jail Visits

With the easing of COVID-19 restrictions, DSHS has resumed in-person visits to jails. A total of eighteen jails were visited by JTA staff between January and April. Each visit included a semi-structured interview along with a tour of the jail. The interview included questions about policies and practices related to four core areas of mental health work:

- Initial Screening
- Mental Health Assessments
- Treatment
- Continuity of Care/Release Planning

In addition, other questions sought information on staffing, impacts of COVID-19, and interviewee perspectives on overall strengths and challenges with their mental health work.

The goal of these visits is to increase DSHS' understanding of the current status of mental health work across Washington jails and to use this knowledge to continuously sharpen the focus of the JTA trainings. Visits will continue as DSHS hopes to conduct in-person visits to as many jails as possible. Jails visited January through April include:

- SCORE: January 5, 2022 (virtual)
- Aberdeen City Jail January 2, 2022
- Hoquiam City Jail: January 28, 2022
- King County Adult Detention, downtown: March 7, 2022
- Maleng Regional Justice Center: March 7, 2022
- Cowlitz County Jail: March 9, 2022
- Lewis County Jail: March 16, 2022
- Chehalis Tribal Jail: March 17, 2022
- Olympia City Jail: March 21, 2022
- Mason County Jail: March 23, 2022
- Kitsap County Jail: March 30, 2022
- Grays Harbor County Jail: March 31, 2022
- Wahkiakum County Jail: April 6, 2022
- Pierce County Jail: April 11, 2022
- Clark County Jail: April 13, 2022
- Skamania County Jail: April 13, 2022
- Pacific County Jail: April 18, 2022
- Snohomish County Jail: April 27, 2022

Collaboration with King County Jail

As reported previously, OFMHS Workforce Development is working with health services leadership at the King County Jail on the development of a training series that will pilot with KCJ staff, then be made available more widely.

E.1. Enhanced Peer Support – Ahead of schedule

The virtual versions of "The Intersection of Behavioral Health and the Law" (IBHL) and the "Enhancing Your Cultural Intelligence," Diversity, Equity, and Inclusion training for Certified Peer Counselors (CPC) working on Trueblood program teams is live and available to learners. Additionally, a train the trainer event was hosted for WA State approved trainers to learn to facilitate the "Enhancing Your Cultural Intelligence" in person when the opportunity to do so becomes available.

The Enhanced Peer Support Program Administrator continues to provide technical assistance to partners in Trueblood Contempt Settlement Agreement work; including, but not limited to, review of DSHS Jail Technical Assistance online training for King County Corrections, participating in regional Trueblood collaboration calls, and facilitating specialized trainings. The Enhanced Peer Support Program worked with the Office of Forensic Mental Health Services Jail Technical Assistance program to facilitate a panel of Certified Peer Counselors working on Trueblood program teams and court-funded diversion program teams. The panel spoke about their work on these teams and addressed questions from the webinar participants.

The Enhanced Peer Support Program Administrator continues to facilitate a quarterly Trueblood Learning Community for all certified peer counselors working on the Trueblood funded programs as well as certified peer counselors who are working on court-funded diversion programs. Peers from across the state (including King County) participate in this learning community. The focus of this group is to provide opportunities for CPCs to receive training and/or technical assistance, to begin to operationalize peer support in forensic environments, to resource with other CPCs, and networking. Additionally, the Enhanced Peer Support Program is now offering a monthly learning community of the approved trainers of "Enhancing Your Cultural Intelligence." This learning community brings together trainers to review the training content and to strategize around how to best facilitate learning.

As of May 31, the following task items were due and completed on time or early:

- Train the trainer for additional continuing education module by February 28, 2022.
- Add additional continuing education modules to the curriculum focusing on diversity and equity by February 28, 2022.

E.2. Workforce Development – On track

As mentioned above, DSHS/OFMHS Workforce Development is working with health services leadership at the King County Jail on the development of a training series. During the initial consultation phase of this effort, KCJ staff indicated that they would like training that provides greater understanding of how their work fits into the broader picture of

Washington's forensic mental health system, to include competency to stand trial, the Trueblood lawsuit, and the Settlement of Contempt Agreement efforts.

This led to WFD staff creating the "Overview of Washington State's Adult Forensic Mental Health System" online training series which consists of the following five modules:

- Trueblood Overview
- Diversion
- Competency to Stand Trial and Competency Evaluation
- Competency Restoration
- Continuity of Care and Transition Planning

Workforce Development is on track to pilot this training series with KCJ in mid-May 2022. DSHS greatly appreciates the partnership with King County Jail in developing this training series.

This effort also aligns very well with the WFD team's stated goal in the 2021 Forensic Workforce Report to "increase basic forensic literacy" per a recommendation from Groundswell Consulting Services. Once the training described above is finalized, this online training series will be available at no cost to all jails statewide. The training series will also be available to all partners in the Settlement of Contempt Agreement, as well as any interested institutions of higher learning, to increase understanding of the competency system, the Trueblood lawsuit, the intent of the Contempt Settlement Agreement, and specific career opportunities within the field of forensic mental health. Workforce Development is engaging institutions of higher learning to encourage them to use these curricula within their nursing, psychology, and social work educational programs.

Workforce Development staff have assisted in making a five module online training series on Trauma Informed Approaches available to state employed staff, and any other interested parties, online at no cost, through a partnership between DSHS and HCA.

Additionally, workforce development staff lead the trauma informed care workforce development subcommittee in an intensive effort to embed trauma informed principles into all DSHS forensic mental health facilities.

Over the past three years, WFD staff played a central role in introducing and providing technical assistance so that competency to stand trial (CST) evaluations can be completed with persons in jail via video teleconferencing. Prior to 2019 this capacity did not exist. Every CST evaluation done within a jail had to be completed in person, with the forensic evaluator travelling to the jail to conduct the interview. And, not uncommonly, the patient's defense attorney would also need to be included in person. This created scheduling challenges and slowed down the speed at which CST evaluations in jail could be effectively completed.

However, as a direct result of the leadership and effort of WFD staff, more than 150 CST evaluations each month are completed in jails via the use of Video teleconferencing. This has made a significant contribution to the key OFMHS goal of quickening the pace at which the evaluations are completed.

Continuing to develop strategic relationships with partners in the legal system. During FY22 WFD staff created a survey to learn more about the perspectives of prosecutors, defense counsel, and judges regarding the continuing increase in demand for pretrial competency services. A total of 279 individuals completed and returned the survey. Collectively, they provided 737 unique comments. 50 respondents responded affirmatively to the question that they would be willing to participle in follow up discussions with DSHS staff and provided their contact information to enable us to invite them to future conversations. Among other things, results from this survey identified opportunities for DSHS to help address important training needs for our legal partners. At the time of this writing, WFD staff have analyzed the results and are preparing to present the survey results and proposed next steps to the executive leadership team of the DSHS Behavioral Health Administration.

V. Stakeholder and Partner Engagements

A. Statewide Informational Webinars

The Statewide Implementation team conducts quarterly implementation update webinars that are open to everyone, but primarily geared to partners and stakeholders in the Phase 1 and 2 regions. Future webinars are scheduled each quarter and are advertised using the *Trueblood* listserv.

VI. Court-Funded Diversion Projects

Phases 1, 2, and 3 of the Trueblood Diversion Program includes nine providers statewide operating twelve different projects. These projects are operating under grant agreements with the Seattle Foundation with oversight provided by the Court Monitor's team through June 30, 2022. Most of the providers have secured sustainability funding from the state to continue operations after June 30th.

The 2022 state budget includes funding to continue operations for the following Trueblood Diversion Program providers from July 1, 2022 through June 30, 2023: Community Integrated Health Services, Comprehensive Health, Frontier Behavioral Health, King County, Kitsap Mental Health, and Pierce County. Catholic Charities is currently negotiating being added to this list. The Health Care Authority is administering these funds and is directed to make additional funding recommendations to the Legislature. Thurston-Mason BHO is not receiving this state funding, but has its own sustainability plan in place. Lourdes is the only Trueblood diversion provider that will not continue operating after June 30th.

All of these providers report that they will have unspent grant funds after June 30th due largely to reductions in operations during the COVID pandemic and challenges maintaining full staffing levels. Grant agreements require providers to return unspent grant funds to the Seattle Foundation. Given that there may be delay in distribution of state funds, the Court Monitor, Plaintiff counsel, and Seattle Foundation staff are considering whether and how to allow providers to keep some reasonable amount of unspent grant funds to fund operations for a short period after June 30th. The rest of the unspent funds would be returned. This plan is contingent on Court approval.

Trueblood Diversion Program Phase 4 represents a $22 million housing investment for Trueblood class members. The five Phase 4 providers will be submitting their first data reports in July. The Court Monitor's team is planning initial site visits to these providers in August. Data reporting and site visits will occur on a biannual basis moving forward.

VII. Executive Committee

Since the last quarterly status hearing, the Executive Committee has met twice. The minutes from those Executive Committee meeting are attached, Attachments A and B.

The Research and Data Analysis Office continues to provide the Executive Committee with monthly data on the number of misdemeanor restoration orders entered since the law change. The most recent data is in Attachment C.

VIII. General Advisory Committee

The General Advisory Committee continues to meet quarterly. Since the last status hearing, the GAC has met once. Members were provided an agenda and multiple handouts and presentations, which are attached as Attachments D, E and-F (materials discussed during the meeting but previously submitted to the Court are excluded to avoid unnecessary duplication). The next scheduled meeting of the General Advisory Committee is August 15, 2022.

Quarterly Implementation Status Report – June 2022

ATTACHMENT A

Executive Committee Meeting

January 13, 2022; 1:00 p.m. – 4:00 p.m.

Attendees: Michael Brown (HCA), Keri Waterland (HCA), Teesha Kirschbaum (HCA), Tom Kinlen (DSHS/BHA), Aura MacArthur (DSHS/BHA), Christopher Carney (CGI), Kim Mosolf (DRW), David Carlson (DRW), Darya Farivar (DRW), Nick Williamson (ATG), Marko Pavela (ATG), Jes Erickson (ATG), and Michelle Forken

New Members

Welcome to new members Michelle Forken and Teesha Kirschbaum!

HCA Quick Updates

Status of King County RFP for Crisis Facilities

Applications submission date was pushed out to 1/10/22. Department of Commerce received two proposals which are now under review. The subject matter expert review starts in February of 2022 with the notice of award hopefully going out in March or April of 2022. The application debrief period is two weeks post award announcement. Construction is estimated to begin in December of 2022.

The current grants must be expended by June 30, 2023. HCA is already anticipating the potential for timelines to slide depending on continued supply chain impacts and workforce impacts as a result of the current situation.

The original intent was to have a crisis facility in Seattle and one in south King County, but it is currently not known if the two proposals submitted follow that intent.

BHASO Enhancement Plans

HCA has received the enhancement proposal. They have some meetings scheduled to conduct a review and then will provide feedback to the BHASO. They are still in a back-and-forth phase, but once have a final plan will share it.

Action Item: HCA will share the resulting enhancement plan with Executive Committee once it is finalized.

FHARPS Update

For Phase 1, FHARPS has used master leasing agreements for 34 units, 30 of which are dedicated to class members. The Governor's budget currently includes $490,000 for master leasing with focus on TB class members in Phase 1 regions and to aid in acquisition in Phase 2. This may include contracting with an organization to provide technical assistance in how HCA can broaden master leasing activities. There is also funding to give incentives to landlords entering into master leasing and to providers using master leasing.

Since the previous GAC meeting, HCA has established monthly check-ins with all P1 FHARPS providers to talk about the level of direct service they are providing. One FHARPS provider had an employee pass away from COVID. COVID restrictions do end up decreasing direct services. HCA will continue having monthly conversations with providers on this topic, encouraging them to use safety measures and still provide direct

services whenever possible. Conversations are meant to foster idea exchange and help them walk that line. Providers are on the ground doing face-to-face interactions.

Michelle has been in an outpatient community-based treatment team since beginning of COVID. For first four to six weeks of the pandemic she had no in-person engagement. Then moved to outdoor activities and set other parameters like not transporting clients in her car since they would be unable to maintain social distancing. She has ordered an Uber to get someone to a hotel, for example. Everyone wears masks, even inside hotel rooms, and sits six feet apart. If the client has any symptoms at all the engagement is cancelled. Recently Michelle bought someone a gift card for food instead of taking them to the store to buy food like she would have under non-COVID circumstances.

Lifeline has purchased a tablet for every OCRP participant and set it up with email and zoom to facilitate communication. Those involved with FHARPS could utilize those same avenues, since already set up.

Teesha shared that per the FHARPS programs, they are doing all of the same things that Michelle just described. HCA continues to have conversations with them to help them share ideas and talk through how to keep engagement levels high within this environment.

That's what DRW was hoping to learn today – can HCA collect data on what providers are doing similar to what Michelle just described? When providers report contact, do they report if it is in-person versus phone? Unclear.

Action Item: Teesha will check on whether data reported differentiates between in-person or virtual contacts.

Crisis Voucher Utilization

HCA has been doing some work with the Recovery Response Center in Fife. They had multiple virtual meetings July through October of 2021, followed by an in-person site visit on December 14, 2021. Their goal was to collect data about underutilization and find ways to increase utilization. Following that site visit they had another virtual meeting. Unfortunately RRC has not used a single voucher since June 2021 and is in the process of returning unused funds to HCA. Both HCA and RRC agree the vouchers are very necessary. RRC is working to develop a better process to communicate with RCC discharge staff about available vouchers and to consistently submit data to HCA (monthly, as required). HCA has made it clear that they need to increase their use of vouchers before any contract renewal. In addition, HCA is exploring other providers for voucher distribution in Pierce County.

The HCA team requested additional site visits in SW and Spokane regions, but not authorized right now due to COVID situation. If virtual meetings are not able to produce results, they will revisit.

OCRP Update – CONFIDENTIAL; DO NOT SHARE

Despite elevating contract negotiations within the HCA legal teams, negotiations with Liberty have fallen through. HCA is unable to move forward with this provider and will be notifying them of this later today. HCA is now focusing their efforts on their second tract – local King County providers. Two meetings have been/will be scheduled with two current providers (Community House – already contracted for FPATH; Telecare – already contracted for FPATH and FHARPS) in King County and HCA would like DRW to participate in those meetings.

DRW has a good relationship with King County providers and BHASO and HCA hopes that they can support the conversations needed to get OCRP providers lined up. Also would love any suggestions DRW might have for other providers. Kim mentioned the REACH program.

Action Item: HCA will reach out to DRW to coordinate participation.

Note: Will need to communicate with the court once the 2nd tract gels together, especially as it relates to the March 31 deadline for OCRP service delivery.

Action Items: AAGs will send notice to Dr. Mauch about the status of the Liberty negotiations.

COVID-19 Updates

Unfortunately, the rate of infection is high. WSH has 75 positive patients and 35 staff. Every day the rates of infection seem to increase. Outbreak status at Maple Lane and Ft Steilacoom. ESH has positive cases. As soon as wards are able to come open, they are. Amazing the ease with which people are catching omicron, even though vaccinated. Despite all of this, evaluators are still getting evaluations done. Telehealth is key. Some jails are having outbreaks.

Facilities continue to admit, including to non-admission wards, admitting vaccinated folks, etc. DSHS is working with DOH on changing quarantine time from 10 days to 5 given CDC updates. Currently they are testing on day five and if negative they can bring staff back quicker. There is some debate about whether five days is appropriate for healthcare settings. Boosters are offered to everybody, including staff.

Plaintiffs asked if there is a way for OFMHS to request expedited clarification/decision on a change to five days? Tom shared that DSHS incident command is working with DOH on daily basis but unsure if we are able to request an expedited response.

Action Item: Tom will check on our ability to get an expedited response.

Committee members discussed DSHS' ability to pre-vaccinate people who are coming to a DSHS facility. It could be considered for faster admission, could include additional patient outreach or jail staff outreach.

Action Item: Tom will follow-up on developing a more formal process so that all jails/jail staff know about the impact of vaccination on admittance.

Misdemeanor Restoration Orders

Executive Committee has tried to identify courts that are the most disproportionately ordering misdemeanor restoration orders. Consistently has been Kent Municipal. There have been numerous outreach attempts. AAGs have been talking with the prosecutors there, DRW met with the courts and prosecutors, etc. A presentation was given that Kent Municipal attended at a judges' conference. Despite all of those efforts, doesn't appear to have had the intended effect of reducing orders.

Local practice drives number of orders. For example defense practice, prosecutor practice, new judges and commissioners, different understanding of what is "compelling state interest", etc. Discussion of what other interventions might have an impact. Is there another judge or person that might have sway?

Action Item: Chris has a meeting with Judge Gregory with Seattle Municipal Court and will talk to him to see if he could reach out to Kent.

Action Item: Tom offered to reach out and offer competency training to Kent.

Tom had previously shared via email information on what other states are doing. (Reshared during this meeting by Kim – thank you!).

Action Item: Members should refresh on the email before the next Executive Committee Meeting.

Discussion around additional changes to the law and the historical debate to the original law change which was around the impact to OCRP if misdemeanor restorations are disallowed.

Discussion about using therapeutic courts, however a finding of not competent prevents that person from entering into the agreements needed to participate in therapeutic court.

Telehealth Evaluations

DSHS has a telehealth committee that helped expand services during the onset of the pandemic. Group has taken the lead in establishing connections across the state. Dr. Angie Sailey, Forensic Evaluator, is the lead. Biggest hot spot is King, Clark and Pierce are also challenging. Part of it is identifying the specific reasons each jail is struggling. Thirty-two jails are fully online, four to five are in active outreach to get systems set up. The team is also working with all jails to incorporating Teams as the new platform.

Tom proposes that we expand the telehealth committee to add an AAG and DRW member to collaborate, even beyond addressing King County jails. He would like executive participation/oversight to help move this work forward.

Chris shared that he believes all Sell Hearings and 2nd 90s should remain remote 100% of time, there is no need to bring people back to jail for those in his mind.

Action Item: Tom will reach out to Jess, Chris and Kim to engage them in the telehealth committee.

Participating members will manage this work offline from the Executive Committee but will ask Aura for agenda time if they have anything they need to bring forward.

Upcoming Legislative Bills

Plaintiffs asked if the state is aware of any bills that directly impact class members or their services. Two were discussed. SB 5664 – an act relating to forensic competency restoration programs and SB 5665 – an act relating to making state hospitals available for short-term detention and involuntary commitment. Both sponsored by Senator Dhingra.

SB 5664 has some elements of what DSHS hoped to enact but other components that DRW finds concerning. For example, it contains some significant changes to OCRP. Those in outpatient who must move to inpatient would have their entire restoration time period start over once they move. That could disincentivize people from wanting to participate in the program. It also seems to prioritize OCRP participants which could be

problematic. While DRW supports parts of this bill they oppose it as it stands and plan to testify tomorrow during the hearing. HCA shared that they ae weighing in as neutral. DSHS continues to work with Senator Dhingra on how best to move forward. OFMHS staff are not currently scheduled to testify on 5664.

DRW is also opposing bill SB 5655.

Action Item: Kim will share the DRW written testimony with everyone.

Chris asked if either agency has done any modeling of the bed impact of restarting OCRP terms? It seems like it could be potentially hundreds of bed days per year. HCA will likely have OCRP impact in the fiscal note as would DSHS.

Phase 3 Planning

Plaintiffs believe Phase 3 should focus on shoring up programs in Phase 1 and 2. They would suggest a stakeholder engagement process with existing providers to identify what it would take for them to scale up what they are doing. Targeted and efficient, maybe get through that process in March. Then schedule some meetings, similar to initial negotiations, take feedback and data and work through what should be included in the Phase 3 plan during the summer so that we are lined up to submit DPs in advance of the necessary legislative session. The state should anticipate that they have on their list items like more supportive housing, assertive outreach, case management, etc.

AAGs have been working on a communication back to DRW on this topic. State was getting ready to propose a similar timeline, minus the stakeholder engagement. Parties agree on refocusing on Phase 1 and 2.

Part of the communication back will address plaintiff's linkage between Phase 3 negotiating and the fine forgiveness motion. The state may not be able to wait the amount of time needed for the Phase 3 process.

Action Item: AAGs will respond to initial email next week.

Next GAC Meeting

Committee confirmed FPATH as next topic and confirmed approval for 2nd WASPC member.

Action Item: Aura will reach out and provide GAC onboarding.

Quarterly Implementation Status Report – June 2022

ATTACHMENT B

Executive Committee Meeting

April 21, 2022; 1:00 p.m. – 4:00 p.m.

Attendees: Keri Waterland (HCA), Teesha Kirschbaum (HCA), Tom Kinlen (DSHS/BHA), Aura MacArthur (DSHS/BHA), Kim Mosolf (DRW), Beth Leonard (DRW), David Carlson (DRW), Darya Farivar (DRW), Nick Williamson (ATG), Jes Erickson (ATG), and Tony Vaupel

Quick Updates

Status of King County RFP for Crisis Facilities

HCA previously provided information via email about the selection of only one applicant, Recovery Innovations, following the 16-bed RFP in King County. Since that communication, the legislature has allocated additional funds for HCA to use as start-up funds for organizations that apply and are awarded the RFP. This is not typical, as usually organizations will seek a loan. These new funds should make the rereleased RFP more attractive. Commerce has identified the following anticipated timeline for the second RFP release:

- September 2022 – announcement of award following RFP process
- December 31, 2022 – executed contract
- June 30, 2022 – start of construction

In discussing why the Department of Commerce didn't get more respondents, there was speculation that the proviso language requiring a location in Seattle might have been a barrier. Other ideas were around workforce or siting issues, but no definitive answer.

DRW would like to support the marketing of the newest RFP.

Action Item: Teesha will check with the Department of Commerce to see if there is a way DRW can provide support in marketing the RFP.

Phase 2 Services Going Live in King Region

HCA also provided information about the go live in King region via email. They have not contested any of the asks from the potential provider, so are not expecting any issues. However, the provider has not been in communication over the last week or two. HCA continues to do outreach to other licensed community behavioral health providers in the King region. They are scheduling a meeting with Pioneer Human Services and DRW is welcome to join those meetings. DRW is interested in doing so.

Action Item: HCA will coordinate DRW's attendance at the meeting with Pioneer Human Services.

Community House provided FPATH services by 3/31/22. Telecare began providing FPATH and FHARPS services on 4/12/22. There was a miscommunication between the provider and the Department of Health. Once HCA was aware of the issue, they were able to quickly step in and support a quick resolution. Moving forward, they have a process in place to expedite licensure processes for Trueblood-related programs.

Per Michael Donovan, Telecare is pursuing master leasing and local staff on the ground in the King region are excited and conducting outreach. They are working to share that excitement with their corporate offices. Michael is providing technical assistance in that effort.

Competency Services; Other States – Follow-up

Tom joined the executive team of NASMHPD and has been able to hear more about what is happening in other states. Following a recent conversation where three states were highlighted - Maine, Texas, and California, Tom has started reaching out to his counterparts in those states to learn more. Tom will share what he learns as those conversations continue.

COVID-19 Updates

For jail-based and inpatient services the good news is that there are fewer cases and outbreaks. December and January were difficult with the variant that came through. Now that cases are reduced, they are starting to see courts work through their backlogged cases. Unfortunately DSHS is approaching record levels of referrals for competency. Thurston, Snohomish, and Pierce are going up. Tom believes the courts are getting caught up on cases that were on hold. Reports are going to look like DSHS is doing worse but that needs to be tempered with the understanding that courts are processing all of their backlogs. And of course workforce impacts are being felt everywhere with every position.

DRW asked if there is a way to track which cases are backlogged cases versus new filings. Darya shared in chat the following link to a story about one such backlog.

https://publicola.com/2022/04/19/city-attorney-davisons-plan-to-clear-case-backlog-includes-dismissing-nearly-2000-low-level-misdemeanors/

Action Item: Tom will check to see if there is a way to get data from FDS that shows backlog versus new filings.

Kim posed the question - is there someone who can bring pressure to bear on courts with backlogs? There may not be an answer today but would like to plant a seed for the committee to consider. Who is a good messenger that the courts might hear and listen to?

OFMHS completed an outreach survey to judges, defense attorneys, and prosecuting attorneys. The results seemed to indicate a lack of awareness of diversion opportunities in each area. OFMHS staff and Jessica (ATG) have planned educational outreach in mid-May. Discussion on whether that could include DRW to address backlog issues.

Action Item: Jessica and Kim will connect to discuss how they might partner in outreach.

GAC Topics Proposal

The Committee was in favor of planning topics in advance and landed on the below schedule:

5/16/22	8/15/22	11/14/22	2/6/23	5/15/23
Peer Services: Intersection of BH and the Law	Co-Responder presentation (WASPC)	OCRP	Jail Technical Assistance	Crisis Intervention Training; Model Transition – BH/MH primary response

On the topic of the Peer presentation, HCA was encouraged to engage peers in the breakout rooms. Members are excited to hear more about the learning community and what is coming out of those interactions. Would

also like to see how the breakout rooms can help them address issues they are experiencing like access to jails, licensure, etc.

For OCRP, part of the conversation might be centered around how we create longitudinal memory for people in the positions to support utilization of that service (judges, prosecutors, defense attorneys) so that as there is turnover the outreach is not back at ground zero.

For May 2023, the Committee talked about partnering CIT information with discussion around how to move towards a model where it is mental health alone as opposed to only mental health when partnered with law enforcement. Understand that a model like that requires behavioral health providers to step up into those roles. There is room to grow!

P2 FIP Mitigation Tasks

Two tasks were written into the Phase 2 FIP that were not needed as contracting went as hoped. They are:

8.5.e. FHAPRS: If HCA conducts an RFI and no providers are identified for contracting, HCA will consult with the Executive Committee on how the implementation should be adjusted to implement the HARPS element.

11.5.d. FPATH: If HCA conducts an RFI and no providers are identified for contracting, HCA will consult with the Executive Committee on how the implementation should be adjusted to implement the FPATH element.
Both of these items will be voided from future counts (neither one time/early or late).

Evaluation Data Presentation

Dr. Alice Huber presented the initial data evaluation findings on Trueblood implementation to the Committee. In short, there has been a:

- Decrease in rate of orders for competency evaluations in Phase One regions
- Small increase in rate of orders for competency restorations overall in Phase One regions
- No significant program impacts on orders for inpatient restorations
- Substantial compliance with timeliness requirements:
- The majority of in-jail evaluations completed on time
- No improvement in wait-times for inpatient admissions
- Increase in Behavioral Health Treatment Rates in Phase One regions compared to Balance of State

RDA does not yet have a definitive why on the increase in restoration orders in P1 regions.

They have not been able to get arrest data since May of 2021. It is supposed to resume around July 2022 and they are hopeful that will be the case.

The Committee discussed a variety of ideas on why restoration orders might increase. Are regional courts doing a better job of referring for competency evaluation and therefore are better or more effectively identifying those that need restoration? It should be noted that the quantity of restoration orders is higher, not just the percentage. Could adding OCRP have increased demand or removed an artificial barrier in courts' minds about the clogged up inpatient system?

Could the system be better about identifying those who will be found competent or would/could be diverted? Who is in our diversion programs that would have otherwise been ordered for competency services? Members acknowledged that at the start of the Trueblood trial, evaluation results were roughly 50/50 (competent/not competent). Has that number/ratio changed?

RDA will continue to grow this evaluation and as more data is available either from more programmatic participants (more n's) or through newly available data (like arrest data). Individual program evaluation will occur later, with FHARPS and FPATH likely to be done first because of the number of participants.

Action Item: Aura will attach the draft presentation with the minutes for this meeting, but they should not be shared outside immediate work team.

Aura will support RDA in moving this presentation through the communication review process. Once a finalized version is ready, that will be sent to all members to replace this draft version. Once that is sent it will be able to be shared more broadly.

Later in the meeting, members discussed their concern that taken by itself, the slide show could be misunderstood, especially with the complex data terms, etc. In discussing how the presentation might be updated or adjusted so that when it is shared (in paper form) without a presenter the readers will still understand the content. Several ideas were discussed including putting it in a video, doing a PDF showing each slide and the notes pages with the notes page containing a very detailed explanation, etc.

Action Item: Aura will work with Alice and the Communication team to improve the delivery format so that it reduces misunderstanding for those receiving without the accompanying personal presentation.

March 2022 SAR Questions

Following the publication of the March 2022 SAR, DRW had requested follow-up to some questions on the contents via email. Some answers and additional information were provided during this meeting. The remainder will be provided in writing once it has been collected.

Action Item: AAGs will send a written response to SAR questions not answered during today's meeting.

Additional Evaluators

The data shows that Thurston, Pierce, and Snohomish have increased demand. OFMHS was recently authorized three additional evaluators. They are placing one in King, Pierce, and the last in the south area which includes Thurston. OFMHS just submitted concept papers, which is the start of the state budget process, to add additional evaluators on the westside. Looking to add more along the I-5 corridor. The largest request is for evaluators to serve the personal recognizance group as they not only work with those orders but serve as a relief valve for Trueblood.

OCRP

Solomon, FN Administrator, and Aleesia, OCRP Administrator, have partnered with Susan Copeland on the idea of transitioning people in the RTF who are up for a second or third period of restoration into OCRP. The process has been outlined. Based on the data they have reviewed from the start of 2022, had this program

been operations there would have been 20 people eligible for transition into OCRP. Start date for this new process is May 2, 2022.

On the concerns around trying to increase enrollment in OCRP, there has been additional outreach with stakeholders in the Phase 1 regions. Just recently one navigator in Pierce County had four people on his caseload in OCRP. Clark County had a case where person was passed over for OCRP and ordered into inpatient. Fortunately, the state was able to revisit this particular decision. The FN did a quick meeting and assessment and was able to get them into OCRP. As was mentioned in the earlier discussion about the planned education program, there is hope that will also have an impact. The state believes there will also be opportunity for more discussion during our Phase 3 negotiations next week.

Keri shared that the teams are still participating in conversations, meetings, presentations, etc. to build engagement. HCA keeps discussing how to increase engagement but would love ideas from Executive Committee members that might help build further engagement. Tom has asked forensic navigators to look at those individuals that were "close" but were ultimately not recommend for outpatient. He would like to see if there is there a way to revisit those decisions and, with support if a barrier is addressable (like medication management) support a different outcome. This could tie in well with the new legislation around check-ins for those waiting for 21 days or more.

For the King County prosecutors that are still uncomfortable with the housing supports, members discussed the idea of tours of housing options so they can see what services are available. If they are saying someone is "too acute for OCRP' then it implies they think the services are not sufficient to address acuity. Members acknowledged an ongoing issue with judges, prosecutors, and defense attorney's turnover and impact that has on longitudinal memory within the system.

Forensic Navigators

Members had a meeting together earlier this week that addressed many of the questions previously posed. Navigators create a Recommended Services Plan that contains diversion information. RSPs are uploaded as a document into the system. However, the current database system does not capture that data independently in a way that allows for extraction by RDA. The FN program is working with IT to add data fields so that they can pull that type of data. Goal is to have those fields up and running in six to eight weeks, then they could start collecting data after that.

The State is asking for additional navigators in King County and has submitted a concept paper. The King region FNs are already at an average caseload of 24.5 each.

FPATH

The State confirmed that providers receive the full FPATH list and the prioritized list and there is no prohibition in using full list.

FPATH guidelines are near final and once completed will go for a Communications review. HCA expects to have them to share around the end of May.

While FPATH is modeled after traditional PATH, the requirements and clients served are not the same. As a result you cannot compare one to the other, it is not apples to apples. This was also discussed at the meeting

earlier in the week. Are there programs they can compare it to? Or perhaps a service target or expected number of contacts, etc.? What the data is showing seems low to DRW.

Action Item: Teesha will see what HCA can identify as service targets or averages for FPATH.

FPATH providers have set up services differently. Some assign a person to a single caseworker while others have a shared caseload across the team, as one example. Those different models also create some difficulty in determining benchmarks. HCA continues to have these conversations internally.

In thinking about new interventions to improve enrollment numbers, HCA staff and providers are having conversations community by community because the situations are very different and therefore the interventions need to be individualized. HCA hopes to be able to come back with more detail about the individualized interventions following those conversations.

Members discuss the data for Pierce. Despite a conversation at the last Executive Committee meeting, those numbers have not changed. Keri shared that there are limitations with the data tracker currently in use and they are working to find ways to track both the amount of effort and time teams are expending in trying to locate and enroll people in services. The hope is to add data elements that respond with that level of detail about the work being done.

Jail Technical Assistance

Two main things being done to increase utilization. First, OFMHS has a JTA team member going physically to jails to build relationships and talk to them about what types of training or technical assistance they would value. So far, they have gone to SCORE and another jail.

Second, they are looking at different ways to present the material. They are moving away from a speaker with a PowerPoint and now developing panel presentations where they share what they do in their area. So peer to peer (jail to jail) versus DSHS presenter to jail. Looking at different modalities to be more engaging.

They are also going to WASPC and other conferences to share information and meet with jail staff.

DRW would like to know what the common requests are for training?

Action Item: Tom will find out what the common training requests are and provide that information in the written response that is still coming.

Do those direct communication lines exist for Pierce and King County jails?

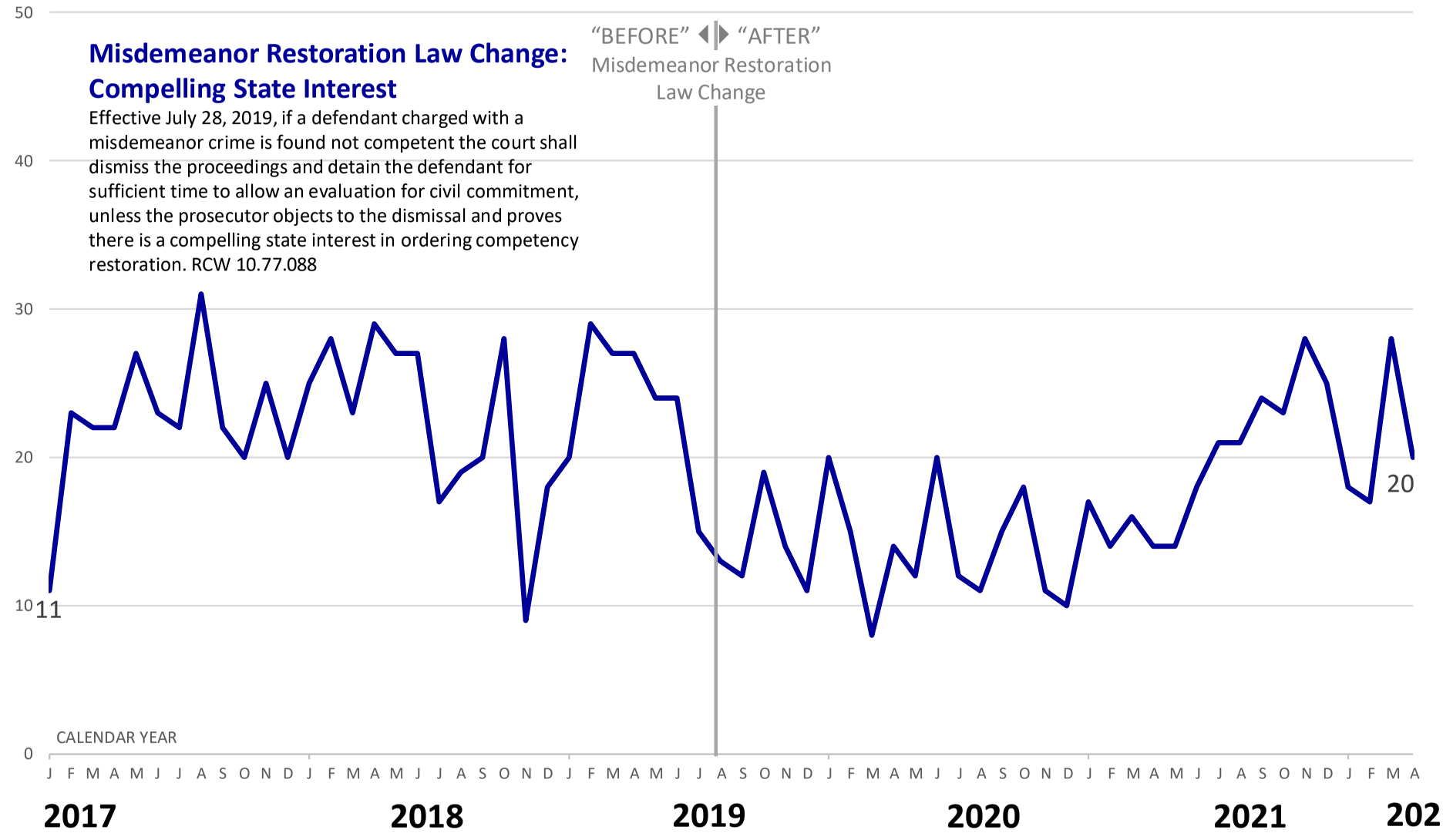
Action Item: Tom will ask if there are direct communication lines with Pierce and King County jails.

Quarterly Implementation Status Report – June 2022

ATTACHMENT C

STATUS
UPDATED
May 2022

Misdemeanor Restoration Orders Before and After the 2019 Session Law Requiring "Compelling State Interest" (RCW 10.77.088)



DATA SOURCE: Forensic Data System (FDS). Multiple competency orders for the same individual that overlap in time are counted once using the most serious offense.

Quarterly Implementation Status Report – June 2022

ATTACHMENT D

Trueblood

General Advisory Committee Agenda

May 16, 2022; 1:00 P.M. – 5:00 P.M.

ONLINE ONLY

Zoom

Call in: (253) 215-8782

Meeting ID: 889 6985 5174 **Passcode:** 049639

Executive Committee---
Kevin Bovenkamp (DSHS), Sjan Talbot (DSHS), Tom Kinlen (DSHS/OFMHS), Michael Brown (HCA), Keri Waterland (HCA), David Carlson (DRW), Kim Mosolf (DRW), Chris Carney (CGI), Darya Farivar (DRW), Beth Leonard (DRW), Michelle Forken (Peer), Michael Bradley (ATG), Marko Pavela (ATG), Jessica Erickson (ATG) and Nick Williamson (ATG)

General Advisory Committee--
Jamie Wiggins (BHT), Amber Leaders (GOV), Caitlin Safford (AWHP), Carol Mitchell (IBJ), Chris Cooley (Pierce Co.), Danna Mauch (Court Monitor), Tessa Clements (AOC), Anthony Gipe (Kent MC), Patrick Oishi (King SC), Inna Liu (Beacon), Jason Schwarz (Snohomish OPD), Jim Jensen (SWACH), John McGrath (WASPC), Steven Briggs (WASPC), John Nourse (Pierce Pros), Pete DeSanto (King Pros), Justin Johnson (Spokane BH-ASO), Katherine Seibel (NAMI), Leah Becknell (Beacon), Maggie Yates (SRLJC), Marilyn Roberts (NAMI), Melissa Hurt-Moran (Kalispel Tribe), Esther Lucero (Seattle IHB), Francesca Murnan (Seattle IHB), Michael Finkle (King District Court), Jeff Baker (Klickitat District Court), Ronni Batchelor (Peer), Andrea Kelley (PC), and Shanna Clinton (King County BH)

Project Leads/Special Guests---
John Harville (Peer), Gwendolyn Christensen (Peer), Bob Graham (CJTC), Solomon Wyatt (DSHS), Susan Copeland (DSHS), Craig Jacobson (HCA), Tim Hunter (DSHS), Alice Huber (DSHS), Paige Harrison (DSHS), Paula Henzel (DSHS), Suzie Ovel (DSHS), Tim Dyeson (HCA), Tracy Brown (HCA), Jessica Alves (DSHS), Lisa LaRue (DSHS), Charles Gilman (DSHS), Danielle VerHey (DSHS), Keith Lewis (HCA), Nicole Mims (HCA), Michael Donovan (HCA), Aleesia Morales (HCA), Rusty Horton (DSHS), and Kate Ireland (HCA)

Time	Duration	Topic	Notes / Detail
1:00-1:10 PM	10 min	Welcome and Roll Call	Meeting the Team • Who's participating today? • Reminder of Parking Lot
1:10-1:15 PM	5 min	Success Story	Steven Briggs • Mental Health Field Response Teams aka co-responders
1:15-1:25 PM	10 min	FPATH; Follow-up	Craig • Updating contract language with focus on accountability • Teams expanding footprints within communities • Continued monthly coordination with Trueblood element teams
1:25-1:40 PM	15 min	In-Custody CE/CR Waitlists	Tom Introduction on current wait times for services.

1:40-1:45 PM	5 min	Instructions for Breakout Sessions	Danielle
			Discussions occurring in breakout rooms (small group) will then lead to bigger discussion with all.
			• Rooms have already been built
			  ○ Each room will need a spokesperson/recorder
			  ○ Exec Committee members in each room
			  ○ SMEs available if needed
			• Same breakout rooms throughout meeting
			• People calling in via phone will need to switch to laptop/computer speakers
			• You may be automatically muted by system when entering and leaving breakout rooms

1:45-2:10 PM	25 min	Waitlist Discussion	Breakout rooms • Brief introductions/ice breaker "Growth" Please share something you learned recently. • Select spokesperson/recorder • Discuss questions

Time	Duration	Topic	Notes / Detail
2:10-2:30 PM	20 min	Waitlist Discussion	Report Out/Group Discussion
2:30-2:45 PM	15 min	Break	
2:45-4:15 PM	90 min	Enhanced Peer Program	Kate **05-16-22 Peer Presentation including training module*
4:15-4:50 PM	35 min	Enhanced Peer Program	Peer Panel Discussion
4:50-4:55 PM	5 min	Implementation Updates	Any questions on slide deck provided before meeting? *05-16-22 *Trueblood Implementation Status FINAL*
4:55-5:00 PM	5 min	Next Steps	Charlie • Review Action assignments • Review any Parking Lot items

Quarterly Implementation Status Report – June 2022

ATTACHMENT E

General Advisory Committee
May 16, 2022
Washington State Health Care Authority
Washington State Department of Social & Health Services
Transforming lives

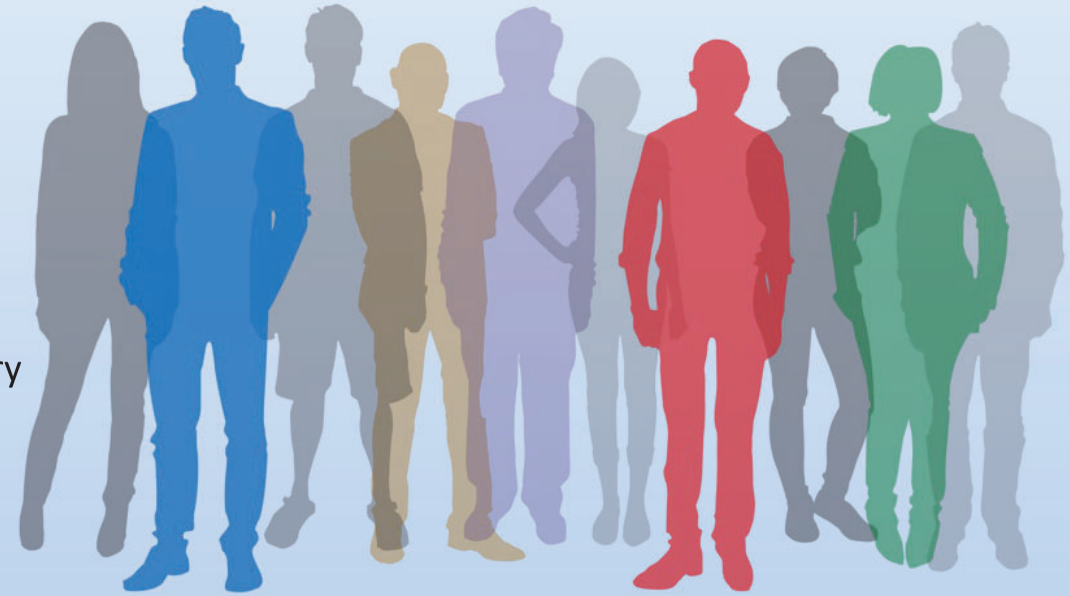
Land Acknowledgement

We acknowledge that we live and work on the ancestral lands of the indigenous peoples. We pay respects to the indigenous elders, past and present, and we acknowledge the history of violence, displacement, colonial settlement, and their legacies that bring us here today.

Enhanced Peer Support Program

The Enhanced Peer Support continuing education program provides training on the intersection between behavioral health and the criminal court system for Washington certified peer counselors.

The program offers peer support and recovery technical assistance to DSHS, HCA, Forensic PATH, Forensic HARPS, and Outpatient Competency Restoration teams.



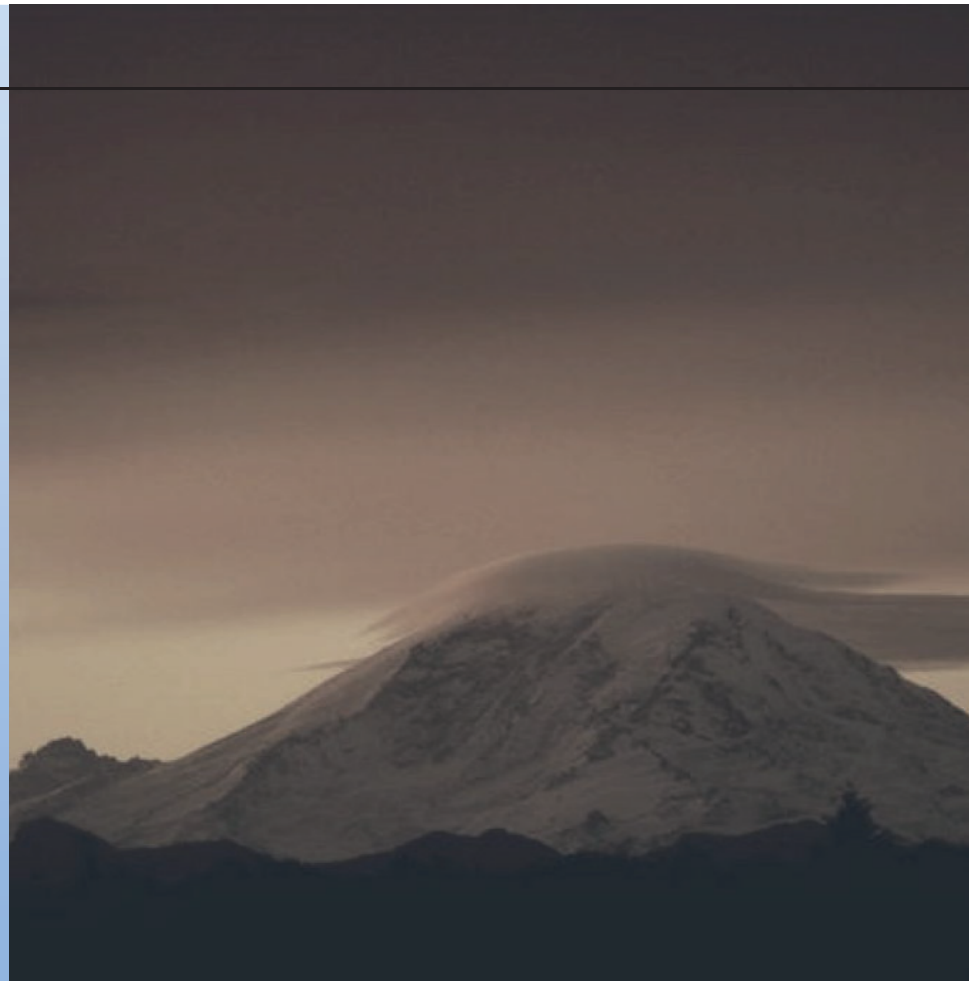
What is peer support?

- An evidence-based, non-clinical service provided by people who are grounded in their own recovery from behavioral health conditions.
- Certified peer counselors (CPCs) offer peer support services by drawing on their stories of recovery to connect, instill hope and model recovery.

CPCs in Washington

Washington began offering certified peer counselor trainings in 2005.

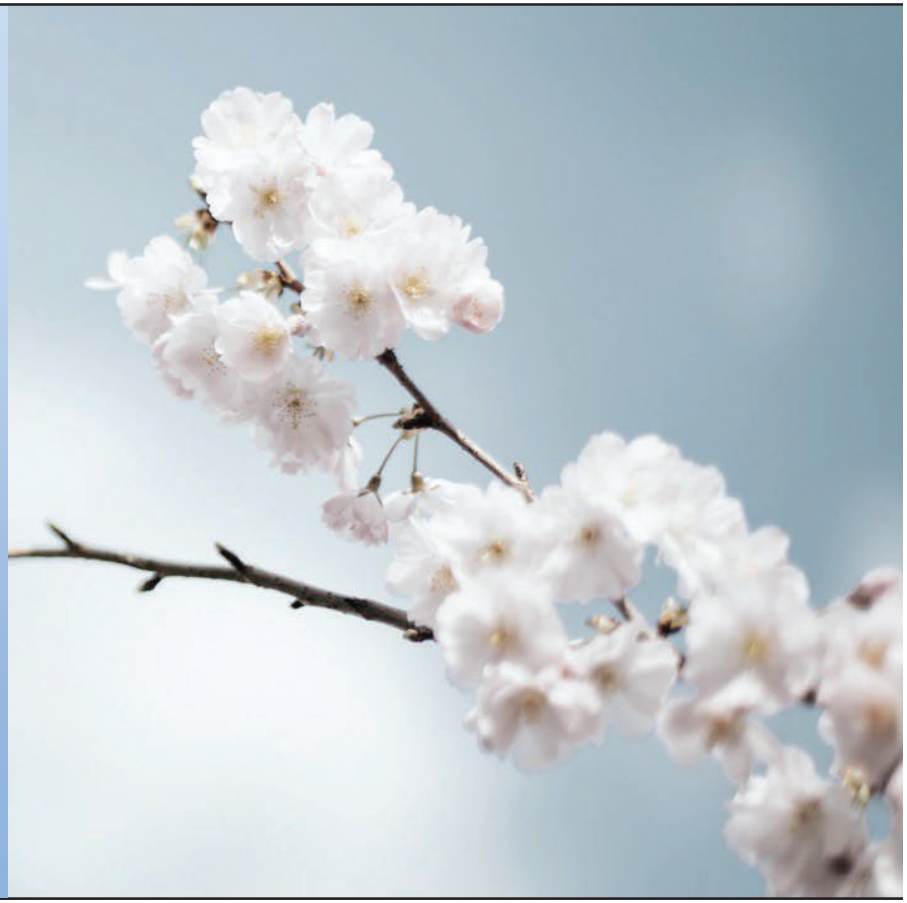
Since 2005, the state has trained more than 5,500 certified peer counselors.



The Power of Peer Support

Research shows that people receiving peer support services benefit in the following ways:

- Increased self esteem
- Increased sense of control and ability to bring about change in their lives
- Raised empowerment
- Increased sense that treatment is responsive and inclusive of needs
- Increased sense of inspiration and hope
- Increased empathy and acceptance
- Decreased symptoms
- Increased engagement with self-care and wellness
- Reduced hospital rates and longer community tenure
- Increased social support and social functioning
- Decreased substance use and depression



Certified Peer Counselors on Trueblood Teams

CPCs are integrated into Outpatient Competency Restoration Program, Forensic Housing and Recovery through Peer Services, and Forensic Projects for Assistance in Transition from Homelessness teams to provide peer support to peers who are forensically involved.

PHOTO: Kim Karu

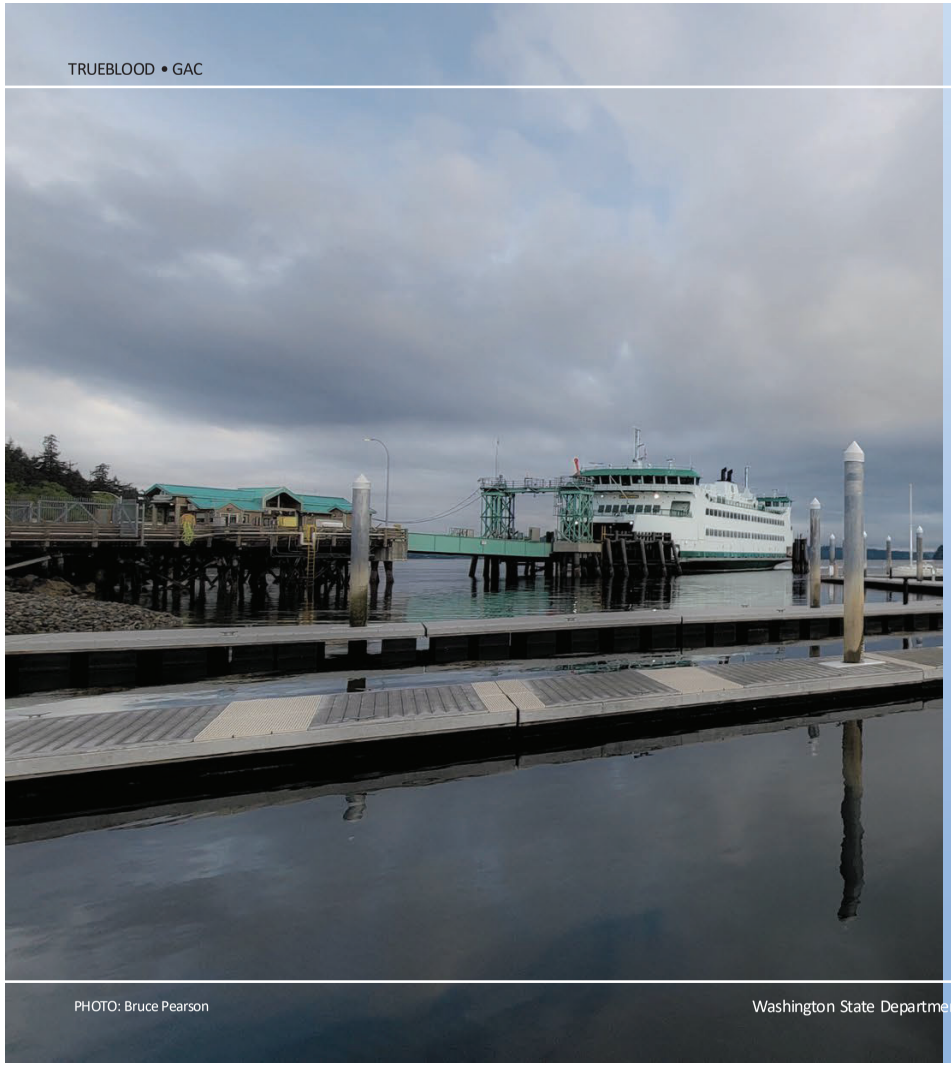


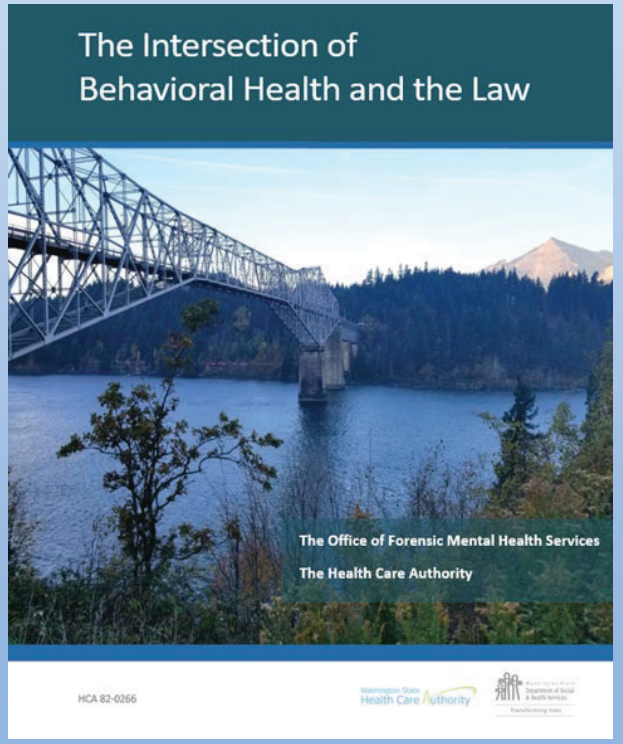
PHOTO: Bruce Pearson

Investing in Accessibility

Online trainings are hosted on a learning management system and built using advanced e-learning software, coordinating content narration, and ensuring accessibility for all users.

The Intersection of Behavioral Health and the Law

- The Settlement of Contempt Agreement required enhanced support for CPCs working on Trueblood program teams.
- Upon completion of the IBHL training, CPCs will have had specialized training in supporting people who are living with a behavioral health condition and are involved with the criminal court system with a lens and skills to address complex issues related to diversity, equity and inclusion.
- The manual was co-written by HCA, DSHS Office of Forensic Mental Health Services, and the WA Criminal Justice Training Commission.



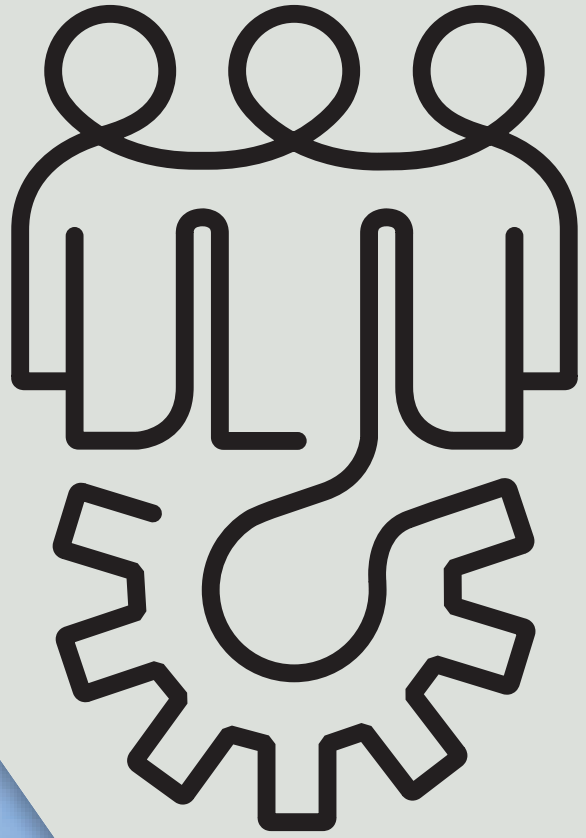
Enhancing Your Cultural Intelligence

Overview of content:

- Culturally safe and competent service delivery
- Achieving health equity through social justice
- Language matters: using culturally and linguistically appropriate communication and strategies
- Understanding disparities in historically marginalized communities
- Dimensions of diversity: beyond racial and ethnic identity

Providing Support Technical Assistance

Peer support and recovery technical assistance continues to be offered to DSHS/BHA, HCA, Forensic PATH, Forensic HARPS, and Outpatient Competency Restoration teams.



Continued Support
EPS Learning Communities

Quarterly learning community for CPCs who are working on Trueblood program teams and court-funded diversion program teams.

- Provide an opportunity for CPCs to come together to learn from one another, network, share successes, and troubleshoot struggles.

Monthly learning community for the approved trainers of *Enhancing Your Cultural Intelligence*.

- Brings trainers together to review the training content and to strategize around how to best facilitate learning.

Thank you!
Questions?
TRUEBLOOD • Questions
Washington State Department of Social and Health Services • Washington State Health Care Authority • Washington Criminal Justice Training Commission

Quarterly Implementation Status Report – June 2022

ATTACHMENT F


General Advisory Committee
Implementation Update
May 16, 2022
Washington State
Department of Social
& Health Services
Transforming lives
Washington State
Health Care Authority
CRIMINAL JUSTICE TRAINING COMMISSION
WASHINGTON

Trueblood Contempt Settlement

The Contempt Settlement Agreement outlines an array of services intended to better deliver the right care, at the right time, to the right people and reduce the number of people who become or remain class members.

The state is in Phase 2 of implementation, which covers the King region.

Phased Approach

Phase 1: 2019-2021

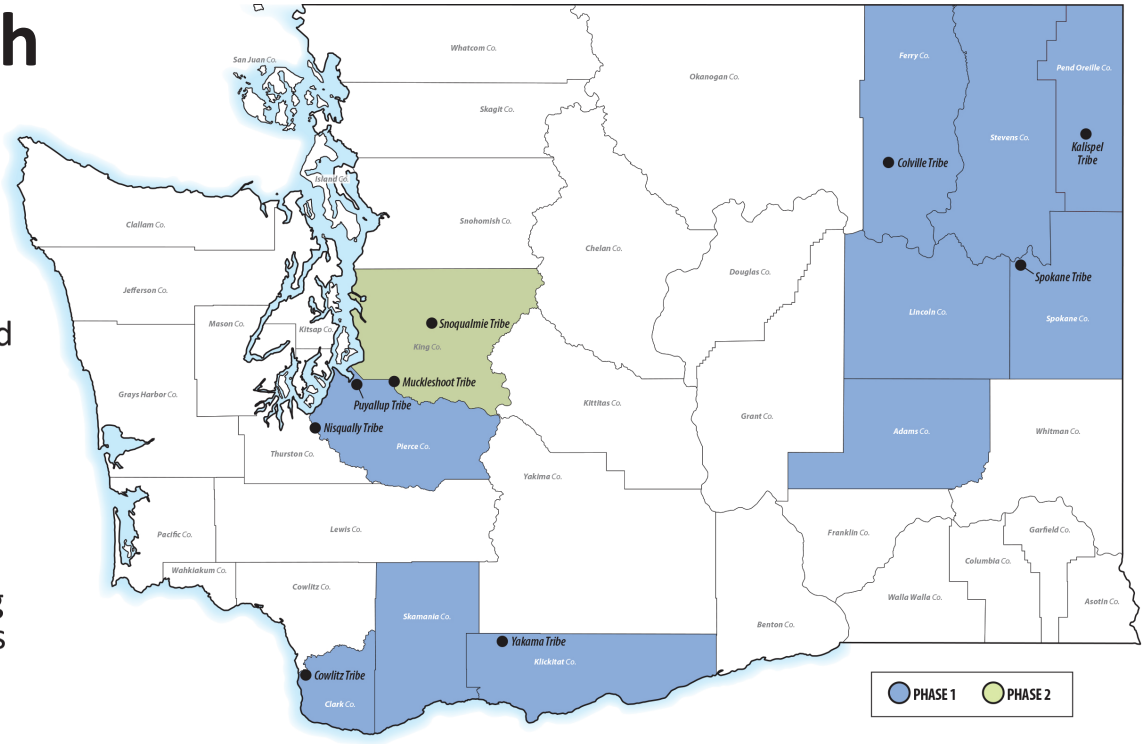
- Southwest region (Clark, Klickitat and Skamania counties)
- Pierce County
- Spokane region (Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens counties)

Phase 2: 2021-2023

- King County – Washington's most populous

Phase 3

- Review and either bolster existing services or expand to new regions



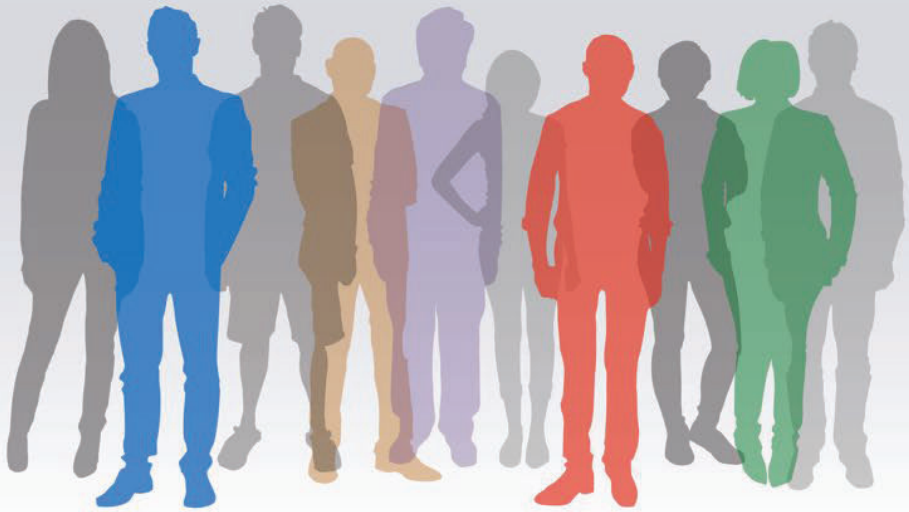
Forensic Mental Health System Overview

Forensic Navigators help guide, support and advocate for their participants as they undergo competency evaluations, competency restoration services and transition back into the community, offering coordinated transitions and warm handoffs to community resources.

Enhanced Peer Services are integrated into OCRP, FHARPS and FPATH to provide continuing education and specialized training to certified peer counselors who support peers who are forensically involved.

Forensic Housing and Recovery through Peer Services focus on helping participants overcome barriers to find and maintain housing. Staffed by people with lived behavioral health experiences, FHARPS teams foster engagement with participants who are referred by forensic navigators or FPATH.

Forensic Projects for Assistance in Transition from Homelessness offers targeted outreach and case management services for people who have been identified as likely to be referred to an additional competency evaluation in the next six months. The goal of the program is to connect people to behavioral health and mainstream community supports in hopes of preventing them from further involvement in the criminal court system.



The **Outpatient Competency Restoration Program** offers outpatient competency restoration when courts deem a person appropriate for community-based rather than inpatient services. OCRP is provided by contracted behavioral health agencies and includes psychoeducational interventions, assessments, medication management and requests for competency reevaluation.

Outpatient Competency Restoration

OCRP is a community-based competency restoration service that criminal courts can order as an alternative to facility-based competency restoration. OCRP includes assessment of barriers to competency, psychoeducational programming, medication management, competency evaluation and referral to other supports (i.e. behavioral health services, residential supports) as needed.

- DSHS and HCA completed a proposal to review OCRP orders for individuals in a residential treatment facility and receiving a second competency restoration order. Their suitability for OCRP services as an alternative to completing their entire restoration in a facility-based program would be assessed and could provide individuals with the opportunity to use community-based resources. The tentative start date is May or June of this year.

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Outpatient Competency Restoration Continued

- HCA is currently in contract negotiations with an OCRP provider in the King County region.
- Outreach and education to courts and other interested stakeholders in King County continues.
- HCA is developing strategies to increase OCRP referrals in Phase 1 regions.

Forensic Navigators

The primary goal of the program is to assist people who have been referred for competency evaluation. Forensic navigators help guide, support and advocate for their clients as they undergo competency services or transition into the community. Forensic navigators serve as officers of the courts, interim case managers, and community liaisons who help clients while they are involved with the criminal court system. They also offer coordinated transitions and warm handoffs to suitable community resources.

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Washington State Department of Social and Health Services • Washington State Health Care Authority • Washington Criminal Justice Training Commission

Forensic Navigators *Continued*

As of : 05/03/2022

Total cases worked: 2949
People discharged: 2521
People active: 409
Average caseloads:

- Overall: 22.72
- Pierce: 24
- Southwest: 26
- Spokane: 18.6
- **King: 24.5**

Highest caseload to date: 31

Note: People may be counted more than once. Numbers in this slide will not align with quarterly SAR data due to differences in timelines and may not de-duplicate individuals.

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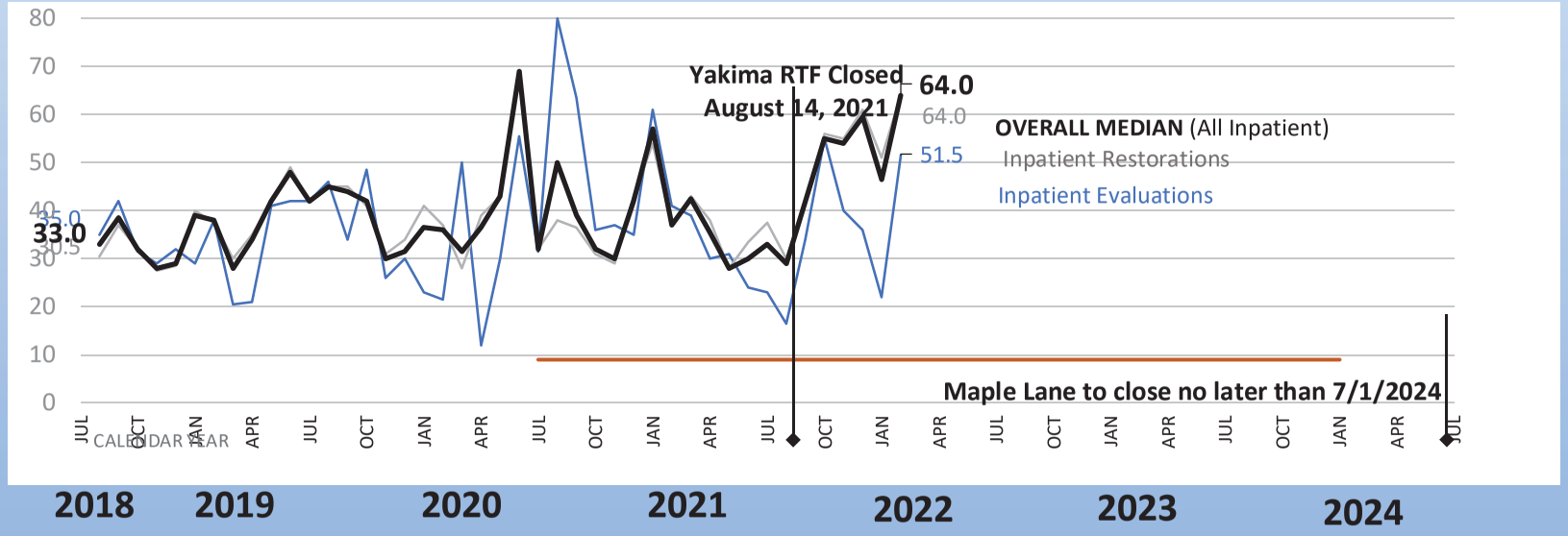
Ramp Down of Maple Lane

Maple Lane RTF will begin ramp down when class member wait times for inpatient competency services reaches a median of nine days or fewer for four consecutive months, based on mature data, or no later than July 1, 2024.

Median number of days from court order signature for inpatient competency services to hospital admission or order completion



DATA SOURCE: BHA Forensic Data System; August 2018 through February 2022.

MEASURE DEFINITION: The median wait time represents the number of days from the beginning of a period of waiting in jail for competency services to order completion among orders completed in the specified month. Includes all inpatient competency evaluation or restoration orders for individuals waiting for services in jail. The order is completed when the individual is admitted for inpatient services, or when the order is dismissed, withdrawn or when the individual is physically released from jail (e.g. on personal recognizance or work release). Includes admissions to WSH, ESH, Maple Lane and Yakima Residential Treatment Facilities (until 7/26/2021, when the last patient was discharged from Yakima, with final facility closure on 8/14/2021).

King Crisis Bed Capacity

The state will increase crisis stabilization/triage facilities in King County by adding two 16-bed facilities.

- Department of Commerce received two independent request for proposal (RFP) applications; however, only one applicant met approval to move forward for recommendation.
- Commerce, HCA and DSHS are collaborating on reissuing the RFP, including expanding agency outreach efforts, to maximize potential applicants of the second facility in the King region.
- HCA, DSHS and Commerce are working to expedite the RFP timeline for the second facility.

Crisis Enhancements

Funding was provided to enhance four facilities in the Phase 1 regions. Examples include physical/environment changes to accommodate a more acute population, additional workforce/salary, infrastructure improvements (technology/medical equipment), and programmatic supplies.

In March 2022, HCA received notification from Pierce Beacon BHASO that Recovery Innovations Fife would be diverting all crisis stabilization services to its Recovery Innovations Parkland site on a temporary basis.

HCA and King BHASO have come to an agreement on Phase 2 Enhancements of Crisis Stabilization Services. Implementation of these enhancements are in process.

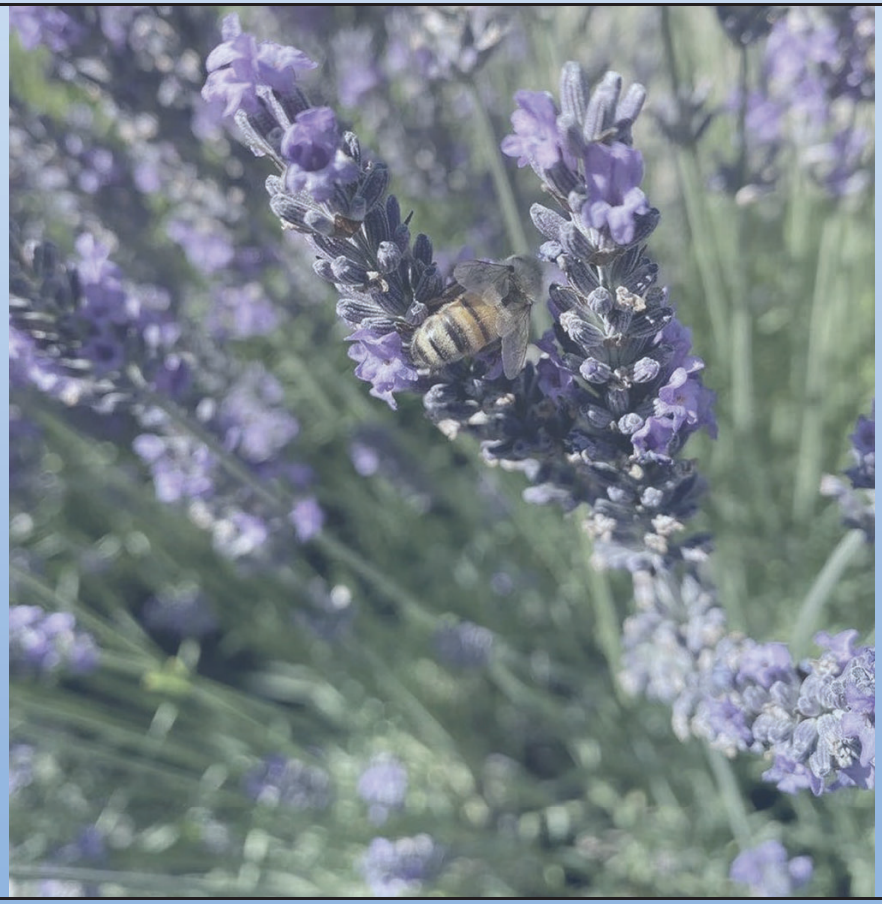


PHOTO: Yun Su

Forensic HARPS

Forensic Housing and Recovery through Peer Services teams provide supportive housing services and subsidies through the evidence-based Permanent Supportive Housing model. This model focuses on participant choice in housing and household composition. Teams are staffed with people who have lived experience with behavioral health challenges.

- Phase 1 teams have continued to expand and bolster previously obtained master leasing projects in their communities to support eligible individuals in transitioning from housing instability to stable housing.
- Phase 2 teams have begun providing FHARPS services in King County. Anecdotally, the teams are reporting a robust number of referrals since beginning services in April.

PHOTO: Kim Karu

Forensic HARPS Success Story

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This success story comes from a FHARPS provider in Pierce County.

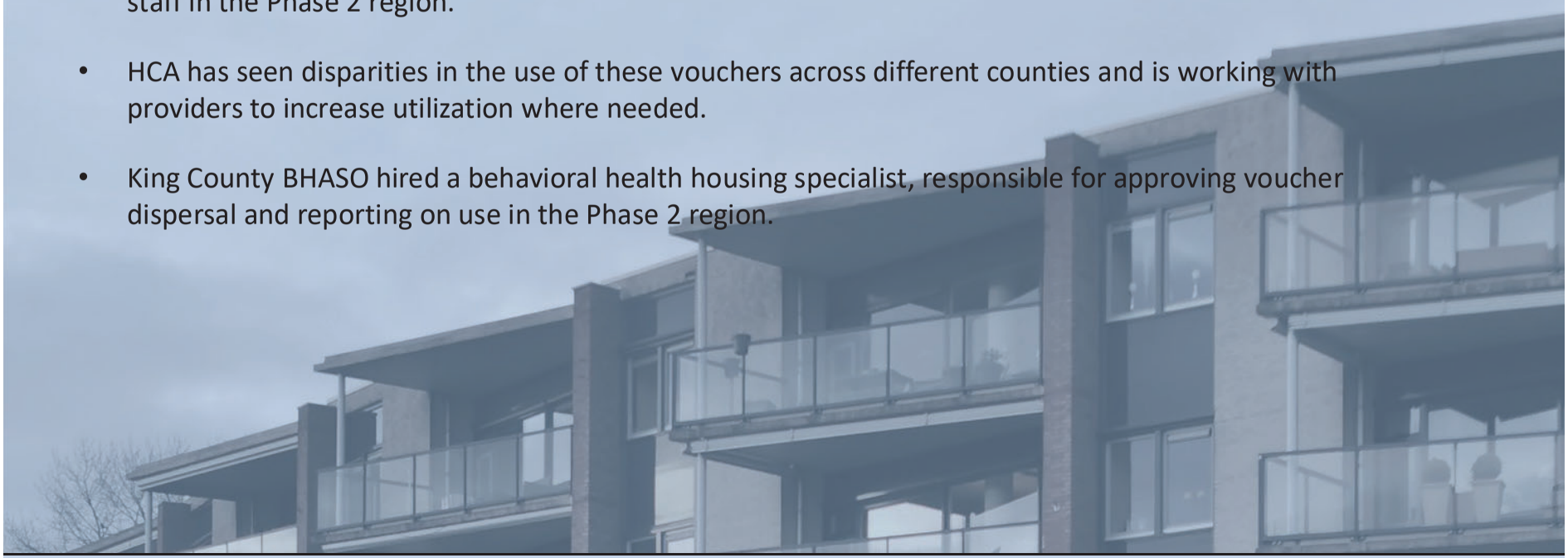
An individual who had been approved for an exception to policy, twice, after the initial six-month period, had been working with the FHARPS team for approximately 18 months. After he was initially housed at a local hotel, he was able to access temporary supported housing at one of the newer master leasing projects. In April 2022, he moved out of the FHARPS transitional supported housing and into his own apartment with the aid of a longer-term housing voucher.

PHOTO: Kim Karu

Crisis Emergency Vouchers

Law enforcement can choose to take people to crisis triage and stabilization facilities instead of taking people to jail.

- Crisis Housing Vouchers are provided to stabilization facilities in the Phase 1 regions and by hourly crisis staff in the Phase 2 region.
- HCA has seen disparities in the use of these vouchers across different counties and is working with providers to increase utilization where needed.
- King County BHASO hired a behavioral health housing specialist, responsible for approving voucher dispersal and reporting on use in the Phase 2 region.



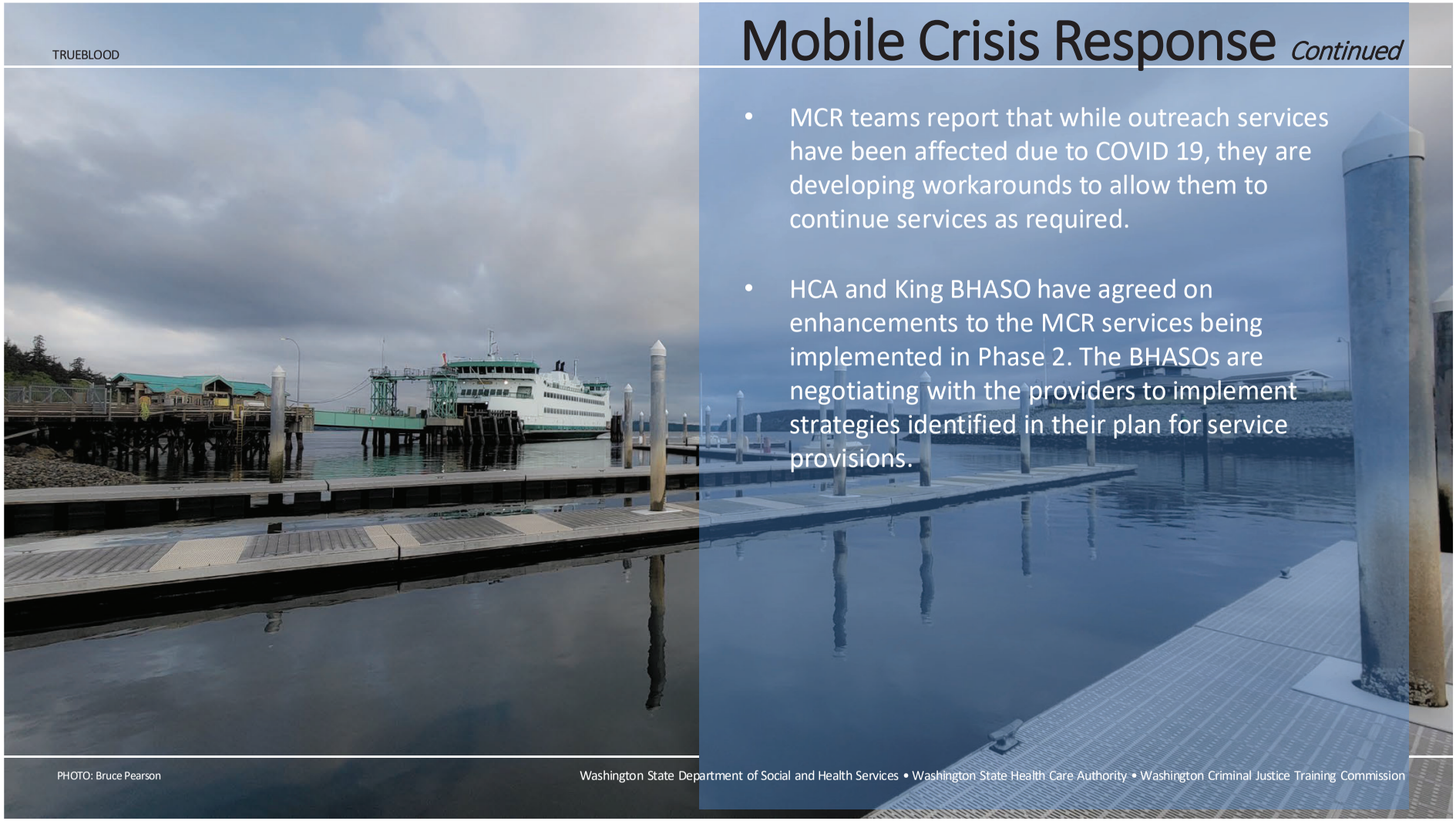
Mobile Crisis Response

Mobile Crisis Response teams provide community-based support and offer crisis stabilization services to people experiencing a behavioral health emergency.

- MCR teams have been enhanced in the Phase 1 regions including expanding services region wide and providing 24/7 coverage.
- MCR teams in all 10 regions of Washington State were proviso funded to add two (2) certified peer counselors to their staff. Providing each team with an individual with lived experience to greatly enrich their teams.
- Each contracted region reports outreach efforts that include open and continuous communication with regional law enforcement and other first responders through regularly scheduled meetings.

PHOTO: Bruce Pearson

Mobile Crisis Response *Continued*



- MCR teams report that while outreach services have been affected due to COVID 19, they are developing workarounds to allow them to continue services as required.
- HCA and King BHASO have agreed on enhancements to the MCR services being implemented in Phase 2. The BHASOs are negotiating with the providers to implement strategies identified in their plan for service provisions.

PHOTO: Bruce Pearson

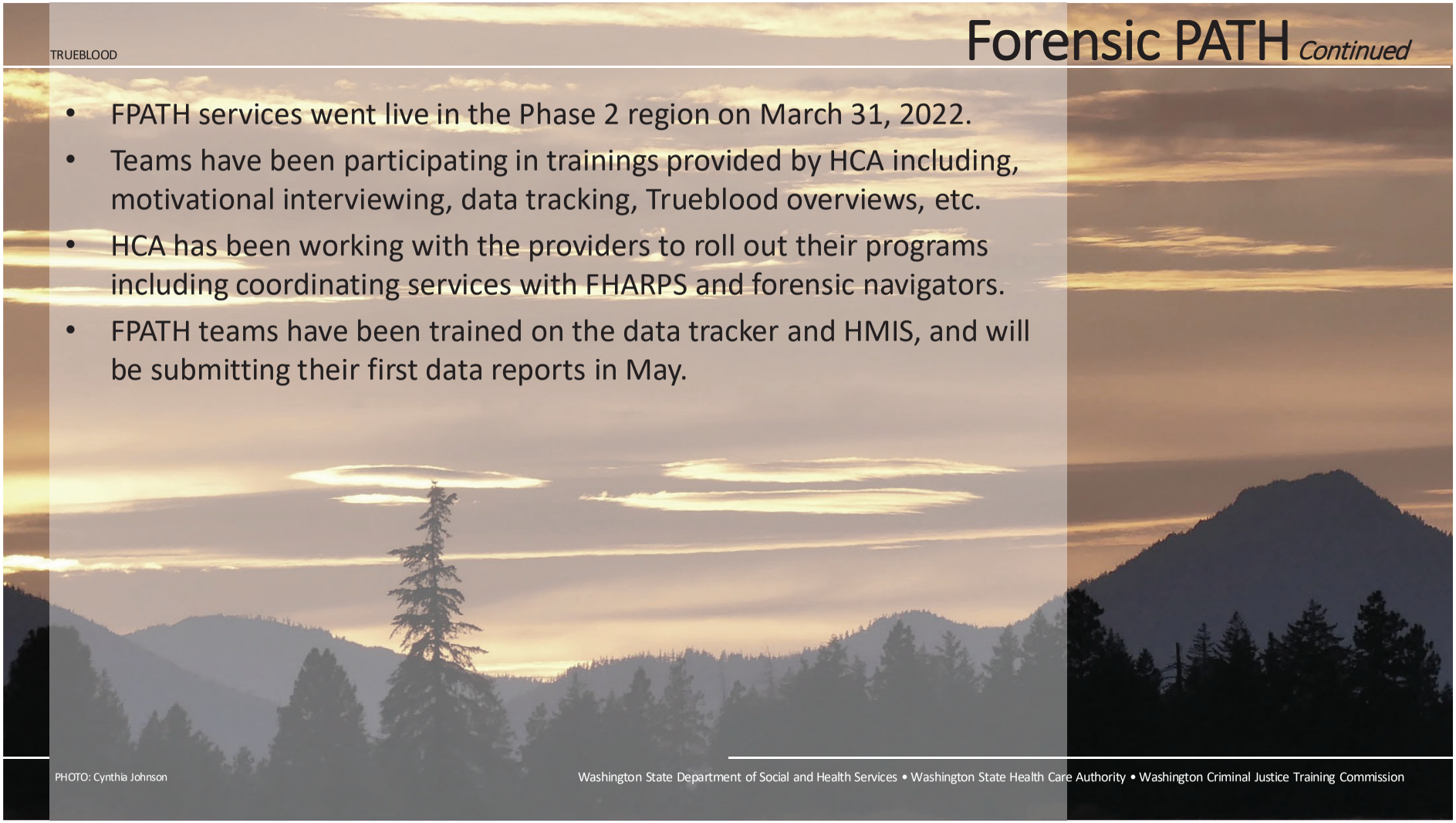
Forensic PATH

Forensic Projects for the Assistance in Transitions from Homelessness is a targeted outreach program that works to connect eligible people with community-based programs including behavioral health, substance use disorder treatment, medical, housing, and other relevant services. Eligible people have been referred to two or more criminal competency evaluations in the past 24 months. The program works with people who are experiencing homelessness, as well as those who are housed, in hopes of diverting them from the criminal court system.

- FPATH teams reviewed "best practices" at the FPATH Annual Meeting in March 2022 and have set up regular networking opportunities going forward.
- HCA has been able to complete in-person site visits with all Phase 1 teams. These visits have been a good opportunity to see how the teams are doing the work, what they are doing well, as well as places they may need additional technical assistance.
- In early April, Comprehensive Life Resources officials notified HCA that they are not planning on renewing their contract for the FPATH program. This will not impact service delivery in Pierce County. HCA is actively looking for a new provider, including talking with Greater Lakes Mental Health about expanding its existing FPATH program.

PHOTO: Cynthia Johnson

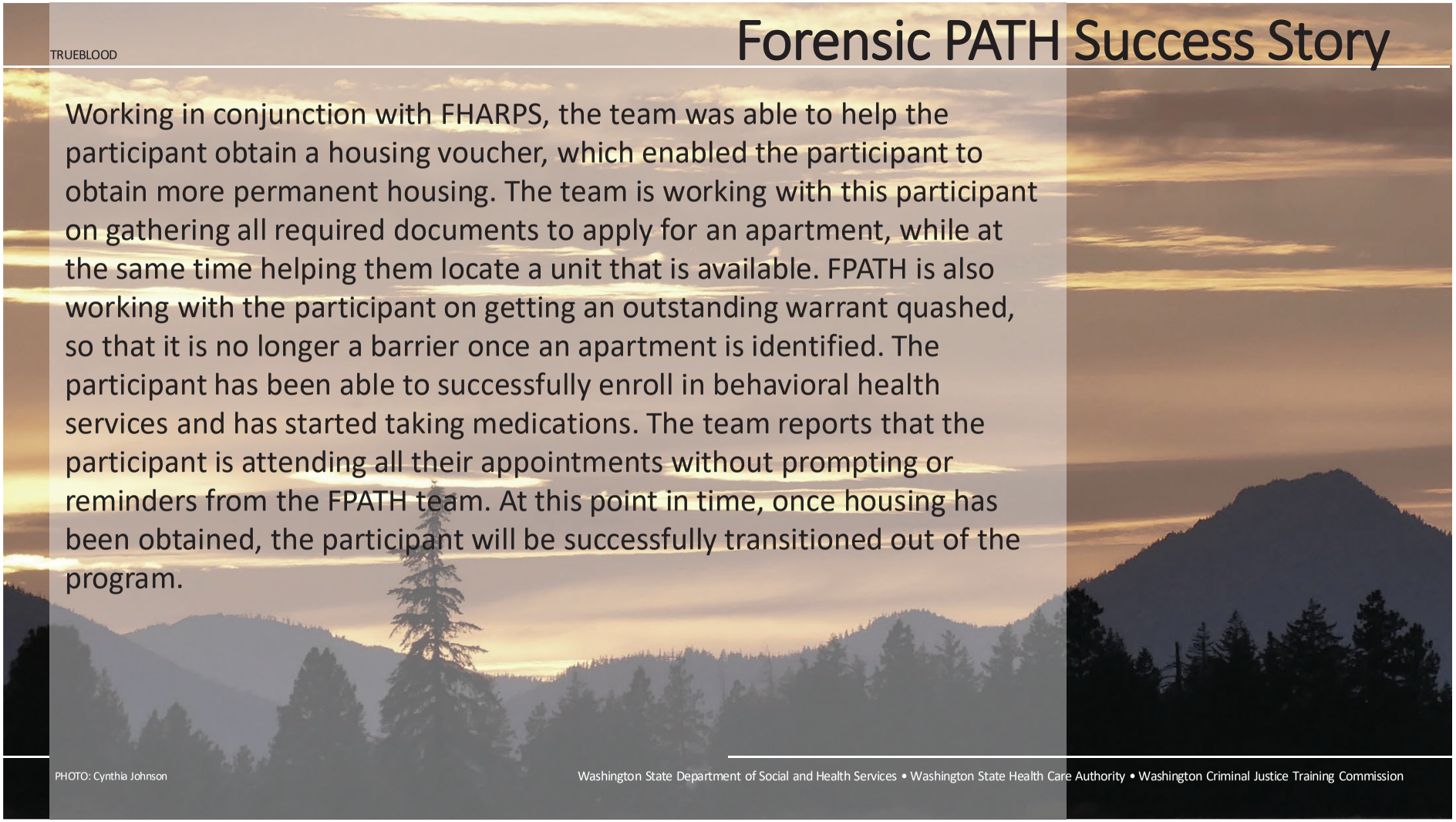
Forensic PATH *Continued*



- FPATH services went live in the Phase 2 region on March 31, 2022.
- Teams have been participating in trainings provided by HCA including, motivational interviewing, data tracking, Trueblood overviews, etc.
- HCA has been working with the providers to roll out their programs including coordinating services with FHARPS and forensic navigators.
- FPATH teams have been trained on the data tracker and HMIS, and will be submitting their first data reports in May.

PHOTO: Cynthia Johnson

Forensic PATH Success Story



Working in conjunction with FHARPS, the team was able to help the participant obtain a housing voucher, which enabled the participant to obtain more permanent housing. The team is working with this participant on gathering all required documents to apply for an apartment, while at the same time helping them locate a unit that is available. FPATH is also working with the participant on getting an outstanding warrant quashed, so that it is no longer a barrier once an apartment is identified. The participant has been able to successfully enroll in behavioral health services and has started taking medications. The team reports that the participant is attending all their appointments without prompting or reminders from the FPATH team. At this point in time, once housing has been obtained, the participant will be successfully transitioned out of the program.

PHOTO: Cynthia Johnson

Crisis Intervention Training

The Washington State Criminal Justice Training Commission has provided Crisis Intervention Training (CIT) for the Pierce, Southwest, and Spokane regions. The eight-hour CIT class for dispatchers was converted to a four-hour self-paced course and a four-hour live training. The eight-hour CIT class for corrections officers was converted to an online platform and made available to all corrections officers in the Phase 1 regions. CJTC continues to offer the 40-hour CIT course to 25% of peace officers for each agency in these regions.

- 40-hour CIT training for law enforcement officers is available.
  - Phase 1 areas have six trainings scheduled through June 30, 2022.
  - Trainings scheduled for the Phase 2 area have been suspended until July. Eight trainings are scheduled through calendar year 2022. Only 58 officers remain to be trained in this region.
- 8-hour CIT for corrections is available for corrections officers.
  - The CIT 8-hour correction course has 12 additional classes before June 30, 2022.
- 8-hour CIT for 911 dispatchers.
  - This hybrid online/webinar training is ongoing in all areas of the state.

Technical Assistance to Jails

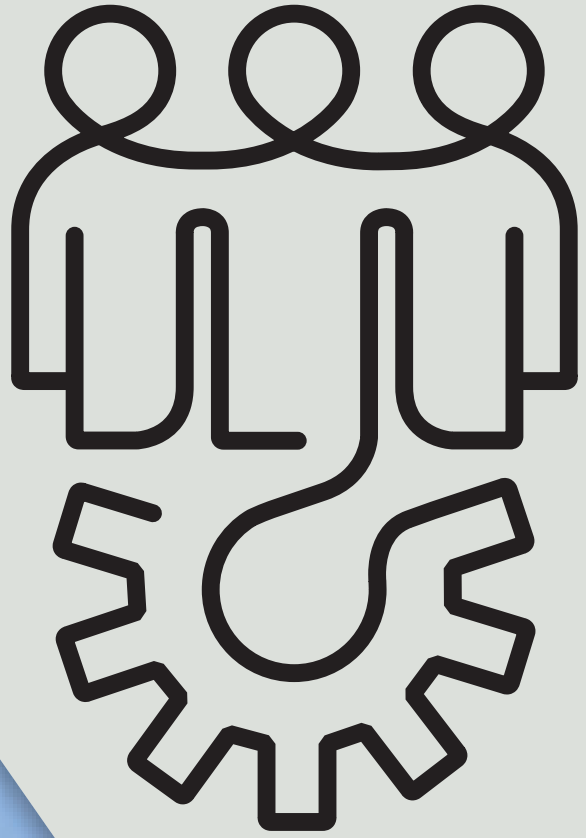
DSHS' Jail Technical Assistance program provides training and information to jails across the state to support jail staff in working effectively with persons who suffer from mental illness.

Services include:

- Monthly training webinars that are available to all city, county and tribal jails statewide.
- Inviting jail staff to submit questions or requests via our JTA mailbox at jailassistance@dshs.wa.gov
- Maintaining a website www.dshs.wa.gov/bha/office-forensic-mental-health-services/jail-technical-assistance-program with information and resources related to jail technical assistance, including past presentations.

DSHS continues to provide support for jail-based competency evaluations to be completed via video conferencing.

24 jails (including county, city and tribal jails) are now using video conferencing to complete an average of 150 competency evaluations per month. This contributes directly to improving the timeliness of jail-based competency evaluations.



Enhanced Peer Support

The Enhanced Peer Support continuing education program provides training on the intersection between behavioral health and the criminal court system for Washington certified peer counselors.

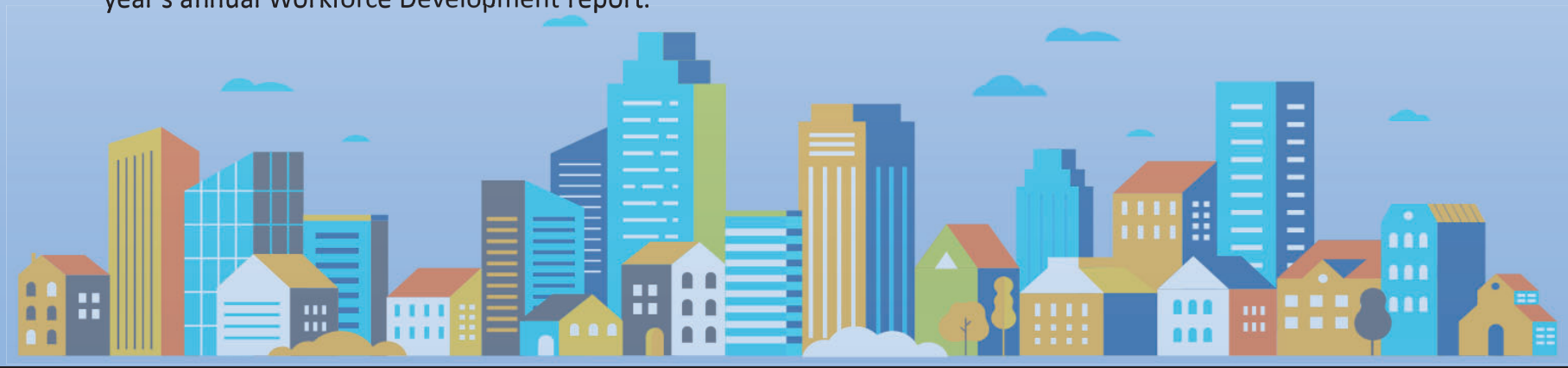
- Online trainings are hosted on a Learning Management System and built using advanced e-learning software, coordinating content narration, and ensuring accessibility for all users.
- "The Intersection of Behavioral Heath and the Law" curriculum has been converted into a virtual format and is now available to learners online.
- The Diversity, Equity, and Inclusion training, "Enhancing Your Cultural Intelligence," is now available as a virtual learning opportunity. There has also been a train-the trainer-event to prepare HCA approved trainers to present this content in person.
- Both the "The Intersection of Behavioral Heath and the Law" and "Enhancing Your Cultural Intelligence" trainings will be offered in person when physical distancing protocols allow.
- Peer support and recovery technical assistance continues to be offered to DSHS/BHA, HCA , Forensic PATH, Forensic HARPS, and Outpatient Competency Restoration teams.

Workforce Development

For the Trueblood Contempt Settlement Agreement to be successful, our state must cultivate a very specialized kind of workforce that includes social work, psychology, psychiatry, nursing, law enforcement, housing and other professionals to work together at what we call "The Intersection of Behavioral Health and the Law." DSHS' Workforce Development program is charged with studying the needs for this specialized workforce and helping to develop strategies that promote an adequate and skilled workforce.

During Phase 2 the Workforce Development team will:

- Pilot the collaboratively developed *Overview of Washington State's Adult Forensic Mental Health System* training series with the King County Jail, and then make that training available to all jails statewide.
- Continue to gather information from Phase 1 regions about workforce strengths and needs.
- Gather information from Phase 2 partners in King County to identify specific workforce strengths and challenges.
- Provide information regarding FY22 workforce development efforts, along with recommendations for the future, in this year's annual Workforce Development report.



More Information

For more information about Trueblood vs. DSHS, access to Court Monitor monthly reports, and one-pagers that describe the programs and services of Trueblood in more detail, please go to:

www.dshs.wa.gov/bha/trueblood-et-al-v-washington-state-dshs

To join the Trueblood listserv, please email truebloodtaskforce@dshs.wa.gov