

## TRUEBLOOD OVERVIEW

### I. Case Background

In 2014 Disability Rights Washington and private counsel sued the Department of Social & Health Services (DSHS) for violating the United States Constitution by not evaluating the competency of criminal defendants with mental illness or giving them timely treatment to restore competency to stand trial. In April 2015, the Federal District Court found that the State violated the constitutional rights of class members and ordered the State to comply with the law (competency evaluation within 14 days; competency restoration services within 7 days). The State struggled to do so and was forced to pay over \$60 million dollars in contempt fines. In 2018, the parties entered into a settlement agreement. The settlement agreement was crafted after hours of listening sessions across the State with professional, individuals with mental illness, their loved ones, etc.

### II. Funding Sources

There are at least three funding sources relevant to the intersection of behavioral health and criminal justice, including:

- 1) The State General Fund
  - a. Funds prosecutorial diversion efforts, including 5177 Diversion
- 2) Trueblood Contempt Fines
  - a. Ordered by Court, dispersed via Trueblood Diversion Workgroup as grants.
  - b. Time limited
  - c. Includes Frontier Behavioral Health's Co-deployed team with Spokane Police Department
- 3) Trueblood Settlement
  - a. Funding must be provided through the state legislative budget process.

### III. Settlement Overview

The settlement agreement ends contempt and requires the state to approve a budget that prioritizes specific initiatives. The settlement will be rolled out in three phases across targeted ("phased") jurisdictions and will be overseen during the implementation phase by a general advisory committee, as well as a smaller executive committee.

#### 1) Priority funding areas

- a. Competency Evaluations
  - i. 18 additional forensic evaluators
- b. Restoration Services
  - i. Community outpatient restoration
  - ii. Residential supports
  - iii. Forensic navigators – assist class members in accessing services related to diversion and community outpatient restoration
  - iv. Additional Forensic Bed Capacity at Western State Hospital (42 beds) and Eastern State Hospital (50 beds)
- c. Crisis Triage and Diversion Supports
  1. Additional Capacity: *“the State will seek funding to increase overall capacity for crisis stabilization units and/or triage facilities by 16 beds in the Spokane Region. These beds will address both urban and rural needs.”* (Settlement, pg. 20)
  2. Residential Supports: short-term vouchers to be dispersed through stylization facilities, supportive housing services.
  3. Mobile Crisis and Co-Deployed Teams
  4. Mobile Crisis Response teams
  5. Intensive Case Management Program for High Utilizers

- d. Education and Training
    - i. CIT Training
    - ii. Technical Assistance to jails, development of best practices
  - e. Workforce Development
    - i. Peer Support Program, including specialized training in criminal justice
    - ii. Integrating Peers in intensive case management programs, outpatient restoration, supportive housing.
    - iii. Workforce development specialists
    - iv. New training certificates, etc.
- 2) **Phases of funding:** The funding will take effect in three phases. The specific regions were selected based on an evaluation of current efforts and the scale of impact on class members.
- a. Phase 1 (2019 -2021)
    - i. Spokane Region (Spokane, Pend Oreille, Ferry, Adams, Lincoln, and Stevens Counties)
    - ii. Pierce County
    - iii. Southwest Region (Skamania and Clark Counties)
  - b. Phase 2 (2021-2023)
    - i. King County
  - c. Phase 3 (2021-2023): Review Phase One and Two and
    - i. Expand or modify programs in phases 1 & 2, OR
    - ii. Identify and focus efforts in a new region, OR
    - iii. A combination of the above.
  - d. Post-Phase 3: Executive Committee determines whether the State should expand or modify programs in the phased regions until the termination of the Settlement Agreement.

#### **IV. Settlement Implementation**

The Settlement Agreement requires that a final implementation plan be completed within 60 days from the end of the 2019 legislative session. The implementation plan must include several details, including but not limited to: clear and accountable timelines, and describe the “communication and outreach activities to inform the community, stakeholders, and policy makers about the access to services and processes described in this Agreement.” The State is permitted to use contempt fines to begin implementing initiatives outlined in the settlement.

The State appears to have split responsibilities under the Settlement Agreement between DSHS and the Washington Health Care Authority (HCA). DSHS will hire project managers to oversee progress and compliance with implementation plans. According to the Settlement Agreement, the Trueblood project manager will create a project plan, manage General Executive Committee Meetings. Regional project managers will support implementation of this Agreement through Technical Assistance, outreach, trainings, summits, etc.

Meanwhile, the HCA is tasked with working in collaboration with the phased regions to identify priorities and establish implementation plans. The HCA has expressed interest in working closely with local communities to develop an implementation plan. There is no clear timeline or process, however, for the implementation planning. The HCA was waiting for final state budget before moving forward. HCA representatives believe the process will begin in earnest in the summer of 2019.