

Spokane Region Trueblood Phase I Settlement Implementation

Local Priorities – DRAFT updated 6/25/19

State and Spokane Region Concept Alignment

The *Trueblood v. DSHS* (Trueblood) settlement seeks to establish long term remedies to unconstitutional delays in competency evaluation and restoration services for individuals detained within City and County jails across Washington State.

The Settlement will be rolled out in three phases. The Spokane¹, Pierce, and Southwest Regions have been identified for Phase I of the settlement's implementation.

The Trueblood Settlement, entered in December 2018 outlines three priority categories areas for the Phase I implementation: **Crisis Triage and Diversion Support**, **Education and Training** and **Workforce Development**². The Spokane Region has several local efforts already in place that align with the Trueblood priority categories. The six counties of the Spokane Region desire to work with the Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) within the Settlement's framework to meet the critical needs unique to this service area, leverage the existing local network already engaged in efforts to address concerns related to Trueblood class members, and enhance diversion efforts of eligible individuals with mental health issues from the criminal justice system into more appropriate processes and services

The below efforts and associated funding requests support the individual and collective needs of all counties within the Spokane Region.

Settlement Priority Category: Crisis Triage and Diversion Support

1. The Phase I Settlement identified funding in the Spokane Region for a sixteen (16) bed crisis facility. Spokane has been in the process of developing a Mental Health Crisis Stabilization Facility (MHCSF) since 2015 – years before the Settlement was entered. The facility, designated for Law Enforcement as a pre-booking diversion option, will offer medical clearance, sobering, withdrawal management, and mental health stabilization services, along with short term diversion beds for individuals waiting for ongoing case management resources. Spokane County is now in the process of contracting with the provider after a rigorous Request For Proposal (RFP) process³, and the Spokane Board of County Commissioners anticipate the MHCSF will be operational by June 2020. If bed space and funding allows, this facility is planned to be a resource available to the entire Spokane Regional Service Area (RSA) for law enforcement purposes. *Requested Settlement Funds \$10 Million (operational costs)*
2. Frontier Behavioral Health (FBH) and the Spokane Police Department (SPD) currently operate a pilot diversion program consisting of four co-deployed teams funded by a Trueblood Grant from accrued contempt fines. A separate pilot between FBH and the Spokane County Sheriff's Office (SCSO) has one co-deployed team funded by a grant through the Washington Association of Sheriff and Police Chiefs (WASPC). The co-deployed teams are comprised of Bachelors and Masters level clinical staff and law enforcement officers (LEO) who provide emergency response diversion services. The Spokane Region desires to use Phase I Settlement funds to establish a Spokane Diversion Unit (SDU) which will require hiring law enforcement officers, mental health professionals and support staff. The dedicated unit will expand the current mobile crisis and co-responder pilots in which police and mental health service providers work together across all areas of Spokane County. The initial impact metrics indicate that the current model diverts roughly 70% of contacts away from jail and the emergency department³. The long-term goal of the SDU is to work towards expanding the SDU's services to a region-wide unit, which would have the capacity to provide these diversion services in all six of the Spokane Region counties⁴. This approach would enable our region to leverage existing resources for maximum impact. *Requested Settlement Funds \$3.5 Million - includes expansion throughout Spokane*

1 Spokane Region is composed of six counties: Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens. The demographic base is a mix of urban and rural communities.

2 www.dshs.wa.gov Trueblood overview pamphlet

3 See Attachment A for additional details on co-deployed units, metrics and roadmap to establish a long term team

4 See Attachment B for additional details related to rural transport needs.

County only. Additional funds are desired and would be needed to further expand the Spokane Diversion Unit to include all six counties in the Spokane Regional Service Area.

3. The Spokane Region has a critical need for additional transport services in rural areas where current law enforcement, private security and/or ambulance service manpower cannot meet the demand for individuals needing mental health crisis transport to services⁴. *Requested Settlement Funds \$1 Million*
4. The Spokane Regional Service Area (RSA) has a need to provide residential support and case management services for individuals involved in these systems, both pre- and post- charge, to assist with connecting them to outpatient treatment. We desire funding to be made available to all six counties for this purpose. *Requested Settlement Funds \$800,000.*
5. Expand and enhance pre-trial case management resources and services for class members.

Settlement Priority Category: **Education and Training**

1. Expand Crisis Intervention Training and Enhanced Crisis Intervention Training (CIT/ECIT) to law enforcement, dispatch and detention services staff for all six counties within the Spokane Regional Service Area (RSA) through expansion of the current training program within the new Spokane Diversion Unit (SDU). Funding will allow for trainee salary, overtime coverage and travel expenses to attend CIT/ECIT training. Consideration is also requested for indirect expenses for the SDU to host the training sessions. *Requested Settlement Funds \$1.6 Million*

Settlement Priority Category: **Workforce Development**

1. The Spokane Regional Service Area (RSA) desires to retain, recruit, and enhance the workforce serving mental health systems (e.g. master level clinicians, case managers, peer support specialists, etc.), especially in the rural counties' jails for being able to complete more evaluations. There is need for training, certification and degrees scholarships in partnership with college programs to increase the workforce potential.

Settlement Priority Category: **Competency Restoration**

1. Spokane County Behavioral Health Agencies may be interested in providing community-based competency restoration services with more information on the model and requirements for doing so, as well as funding.

Settlement Priority Category: **Engagement and Outreach**

1. Spokane County Behavioral Health Agencies may be interested in providing intensive case management services if they had more information on the requirements for doing so, as well as the level of funding available.

Attachment A

Spokane Diversion Unit (SDU) and CIT/ECIT Training Program Expansion

Crisis Triage and Diversion Support

Expand mobile crisis and co-responder program in which police and mental health service providers work together (high local priority-law and MH patrol unit pilots).

Frontier Behavioral Health (FBH) and the Spokane Police Department (SPD) currently operates four co-deployed teams funded by the Phase 2 Trueblood contempt fines. These co-deployed teams are comprised of BA and MA clinical staff and law enforcement officers (LEO) who provide diversion services from 6 a.m. to 2 a.m., Monday through Friday. In addition to the SPD/FBH co-deployed teams, the Spokane County Sheriff's Office (SCSO) has one co-deployed team funded by a grant through the Washington Association of Sheriff and Police Chiefs (WASPC). This team operates from 2 p.m. to midnight, Wednesday through Saturday.

Currently, the SPD and SCSO co-deployed teams are dispatched to all calls. Funding received from the Trueblood contempt fines and the WASPC grant support the FBH clinical staff with no funds allocated to pay for LEOs. Consequently, co-deployed teams must respond to any call which decreases their ability to focus on Trueblood class members or those who could potentially become Trueblood class members.

Although funded by different grants, both co-deployed teams are operationally very similar using the Sequential Intercept Model (SIM) to respond to individuals experiencing a behavioral health crisis. Other similarities include:

- a. Focus on diverting individuals from jail, admission to emergency departments and inpatient psychiatric treatment;
- b. All co-deployed teams are trained in Crisis Intervention Team (CIT) training;
- c. Co-deployed teams receive Enhanced Crisis Intervention Team (ECIT) training which includes Motivational Interviewing (MI), to help individuals elicit behavior change by helping the individual explore and resolve their ambivalence;
- d. CIT training provided to Dispatch staff for early identification of behavioral health concerns and referral to co-deployed teams.
- e. Training received on suicide risk assessment;
- f. Attention is paid to Trueblood class members as well as identifying individuals who, if are unserved, could become Trueblood class members;
- g. 24/7 access to housing resources such as the House of Charity, Truth Ministries, and sobering and withdrawal management beds at Spokane Treatment and Recovery Services (STARS);
- h. Access to an immediate intake, Monday through Friday, at FBH for outpatient behavioral health services;
- i. Access to FBH's Mobile Community Assertive Team (MCAT) for continued stabilization and follow-up services;
- j. Access to FBH's Stabilization Unit and Evaluation and Treatment facilities;
- k. Assistance to secure Medicaid funding as appropriate;
- l. Maintain required data for Trueblood grant.

Although the primary responsibility of the co-deployed teams is to respond to call for service and not just on mental health calls, as of 7/1/18 through May 31, 2019, the SPD/FBH co-deployed teams have realized the following results:

- 973 contacts
- 685 diverted from jail, emergency department and inpatient psychiatric treatment (70% diversion rate)

- 110 Trueblood class members served (113 required by contract)
- 121 incarcerated (12%; note: individuals had a warrant for their arrest or committed a crime at the time of contact by the co-deployed team)
- 167 transported to an emergency department (17% admitted)
- 31 admitted to an inpatient psychiatric facility (3% admitted)

In partnership with SPD and SCSO, FBH is proposing the following from funds available under the category of Crisis Intervention Training (CIT) where \$4 million is allocated to CJTC to fund the WASPC co-responders. We would strongly recommend the use of these funds to create a Spokane Diversion Unit (SDU) that includes the hiring of LEOs. Individuals with behavioral health concerns do not subscribe to boundaries and in fact travel throughout Spokane County. By having a regional unit, LEOs from SPD or SCSO would be able to respond wherever the need is regardless of current boundaries that separate the city from the county. This boundary-less approach would incorporate the three largest jurisdictions in Spokane County to include the city of Spokane, Spokane Valley and unincorporated and incorporated communities in Spokane County. This approach will enable realized cost efficiencies and greater access to services and assistance provided by the SDU. Assuming the Spokane region may receive 40% of the funds available, we are requesting funding for 7 FTE LEOs and 1 FTE supervisor who is a Sergeant. Co-deployed teams would work 4-10-hour shifts from 0800-1900, Monday through Friday.

In order to support the SDU, all LEOs, regardless if they are with the SPD or SCSO, will dress in the same attire. Separate and distinguished from LEOs, mental health professionals would be dressed in attire that is different than LEOs but promotes the cohesiveness among team members and the boundary-less concept. LEOs would drive plain marked vehicles that are equipped with patrol and transport capabilities. There would be no markings and rear tinted windows to reduce anxiety of social stigma when an individual is transported. This branding would raise community awareness and identify the team as subject matter experts with a skill set that is focused on individuals with behavioral health needs. Co-deployed teams would be interchangeable due to the removal of limitations caused by current boundaries.

The creation of the SDU would be advantageous for the following reasons:

1. The SDU would be dedicated to respond to Trueblood class members or individuals who could benefit from diversion services due to their current or potential future involvement with law enforcement. The team would be dedicated to having every contact result in diversion from jail, emergency departments, and inpatient psychiatric treatment. With this singular focus, we would anticipate increased contact with individuals resulting in serving individuals within our community.
2. Co-deployed teams would be trained together on topics related to behavioral health, reduction of stigma, threat assessment, resources, de-escalation, self-care, safety, operations, policies, cultural diversity, and wellness.
3. One patrol resource guide containing policies and procedures, and decision-making matrixes, would be maintained and followed by all co-deployed teams.
4. Additional in-service training would occur quarterly on topics such as diversion resources, Sheena's law, extreme risk protection orders, involuntary treatment services, substances, etc.
5. All co-deployed teams would be trained in ECIT.
6. An ECIT Review Panel would be incorporated to review LEO's interactions with individuals to further practices with the population served.
7. LEOs would focus on the reduction of use of force by utilizing motivational interviewing and other techniques for de-escalation.

8. A single database would be used to capture all contacts and performance measures. Included in the database would also be information such as the individual's Trueblood status, information related to competency evaluation/restoration, current Less Restrictive Alternative court orders for involuntary treatment, and identifying information to alert LEOs to possible triggers in order to avoid use of force and safer interactions.

9. Ability to return patrol officers to the field by transitioning individuals with behavioral health concerns to the co-deployed teams.

10. Ability to assist the individual when obtaining outpatient behavioral health services, admission to an evaluation and treatment facility, stabilization unit, sobering or withdrawal management resources, and hospitalization for medical or psychiatric reasons.

11. Unified training in suicide and homicide risk assessment for consistency when triaging, assessing, and managing at individuals who are at risk. Utilize historical information as a predictor of future at risk behavior.

12. LEOs would be supervised by one Sergeant under the appropriate command structure eliminating the need for separate supervision based on the hiring law enforcement department.

13. Coordinate the transition of care by enlisting the services of the SPD LEO currently assigned to Eastern State Hospital whose role is to identify patients who have been involved with LEOs and engage, educate, and provide contact prior to and following the patient's discharge to the community. The goal is to increase the individual's comfort level with LEOs and establish a relationship where the officer and SDU can become a part of the individual's support network.

14. Provide follow-up services for the following:

- a. Individuals with criminal cases that include a behavioral health component to divert from prosecution when mental health resources would be more appropriate;
- b. Receive notifications from inpatient psychiatric facilities related to Less Restrictive Alternative involuntary treatment court orders;
- c. Determine if requirements have been met for weapons seizure and compliance;
- d. Intervene on incidents related to a threat that includes a behavioral health component;
- e. Provide assistance on nuisance property incidents by working with Neighborhood Resource Officers where behavioral health intervention may be beneficial. Advocate for the individual with the prosecutor and court personnel.
- f. Respond to assistance for involuntary treatment evaluations by FBH's Crisis Response Services to relieve patrol officers by keeping them in the field and impacting department response times.
- g. Coordinate and collaborate with schools related to threat assessments to relieve patrol officers by keeping them in the field and impacting department response times.
- h. Coordinate with Community Court to identify Trueblood class members or potential future class members and provide resources and follow-up services. Actively outreach and engage with individuals who do not attend court to provide assistance and advocacy with the court as appropriate.
- i. Provide outreach and follow-up services to individuals involved in competency restoration when they do not attend their required sessions or if they need additional contact after-hours.

15. Community Relations and Outreach

- a. Maintain relationship with community partners to troubleshoot any concerns and to refine current processes to improve access to resources.
- b. Partner with NAMI to provide information and education about the SDU and address concerns related to interactions between LEOs and individuals with a mental illness.

- c. Raise the community's awareness about the SDU using various marketing tools and attending community events.
- d. Provide individuals and their support network with education on the appropriate use of 911 and what to expect when a call is made.

Currently, the Community Diversion Unit is unable to keep up with the demand of referrals due to LEOs having to respond to non-diversion incidents. If the funds allocated to WASPC cannot be used to hire and equip LEOs for the co-deployed teams, much of the above will need to be adjusted or eliminated. By creating the SDU, we believe we can develop a team with a specialized skill set to divert individuals from jail, emergency departments and inpatient psychiatric treatment. We believe we will be able to impact the recidivism rate and decrease the number of potential Trueblood class members with the SDU.

Crisis Services. Expanded mobile crisis services to divert individuals from potentially becoming class members. The information above related to the role of LEOs also applies to mental health clinicians at FBH.

Assuming approximately \$3.5 million would be used for operating costs for a crisis triage/crisis stabilization unit, FBH based the following requests on 40% of the remaining \$6.677 million:

- a. 9 FTE BA and MA mental health clinicians for the co-deployed teams. Two of the 9 FTEs would be used to ensure coverage for vacation, illness, and potential vacancies to ensure continuity of care.
- b. 1 FTE MA supervisor for the co-deployed teams
- c. 7 FTEs comprised of BA, MA, CDP clinicians and one peer to expand the services of the Mobile Community Assertive Team (MCAT) to provide mobile crisis services.
- d. 1 FTE MA supervisor for MCAT
- e. 4 FTE MA Designated Crisis Responders
- f. 1 FTE MA supervisor for Designated Crisis Responders
- g. 1 FTE MA Director (Director will cover SDU, MCAT, Competency Restoration, High Utilizer case management team)

Note: For the year 2020, our assumption is our current Trueblood grant will be extended for 18 months beginning January 1, 2020 and will continue to fund our current four co-deployed teams with SPD.

Provide residential support and case management services for select individuals involved in these systems (high local priority – Spokane Resource EnVision Center)

Attachment B

Trueblood for Rural Areas

Rural Need: Need for a holding area for patients that display mental health problems to get their assessment. Currently, we are in the process of constructing another restraint bed at the E&T facility at Mount Carmel. In addition, Mt. Carmel has a room for evaluations in the ER. The problem is that currently in both locations there is no security, so the deputy has to sit there and wait until the assessment is done. This can take several hours, leaving us without deputies in the field. (It is less time to drop them off at the jail.) Spokane has the ability to drop patients off at Sacred Heart without having to provide the security duties.

1. **Request:** If we had the ability to drop patients off at Sacred Heart in the same way Spokane does when we are in close proximity to Spokane (South Stevens, South Pend Oreille and Lincoln Counties.)
2. **Request:** If we could get dedicated security officers that would meet the needs of the hospital and E&T facility, we would have the ability to drop off and sign the patient/person over without committing many hours to our limited deputies. (This would help most/all of Stevens County and Ferry Counties and possibly others.)

Rural Need: Currently there is a requirement for awareness training for deputies and jailers. However, training is only occasionally and scattered all over the state. We can only send a person or few persons at a time, which creates overtime and is very expensive.

1. **Request:** If we could provide awareness training more often and closer of bring a trainer in a couple of times a year, we could do a better job of certifying deputies/jailers. So, providing resources (dollars and trainers) in the rural locations.

Rural Need: We have a very difficult time transporting mental health patients. Manpower is limited or not available, even if we offer overtime pay (folks can/will only work so many hours).

1. **Request:** Help with transportation of mental health patients. (Workforce)

Rural Need: Need for more evaluations done in the jail - i.e. CJTA.

1. **Request:** We need help with recruitment of employees – master level clinicians.

Rural Need: There is a gap between civil commitments and forensic commitments. We have several folks that end up in our jails because they do not meet either of these criterion. There is a gap in the middle that is putting a strain on the system because people end up in our jails, they clearly need mental health, but they can't qualify. There is a need for supervised outpatient treatment. Also most of these folks are non-Medicaid, or have lost their Medicaid due to charging (jail).

1. **Request:** We need case management / parole officers that can pre or post charge folks into outpatient treatment and follow up with consequences if the patients do not follow through with treatment. This would be a diversion program. To complete the process, we need non-Medicaid dollars to supply the treatment and help with personnel recruitment. Further, we have some outpatient facilities to start, but may need additional space to house folks temporarily. We may also need help in the case management arena with transportation to facilitate people getting to their treatment. (Or mobile treatment we can take to them.) This program would need the ability to be expanded as success dictates more outpatient jail diversions. Many of these diversions would help reduce the numbers of 10.77 forensic evaluations.