Civil Rights & Judiciary Committee Trueblood Update



Washington State
Health Care Authority



December 5, 2023

Competency Evaluation/Restoration Pathway Decompensate Jail Competent? Competency Evaluation Yes **Court Order** Trial **Charges Filed** and competency No to stand trial **Time Limit** is in question · State Hospital, 7 days · Jail, within 14 days Either: · Community, 21-day target Jail 1. Inpatient Competency Community Restoration Multiple competency Competency Charges Or: periods may be imposed **Restored?** Dropped No 2. Outpatient (Community Based) Competency possible Restoration Washington State Health Care Authority Transforming lives Legal Authority: Revised Code of Washington 10.77.

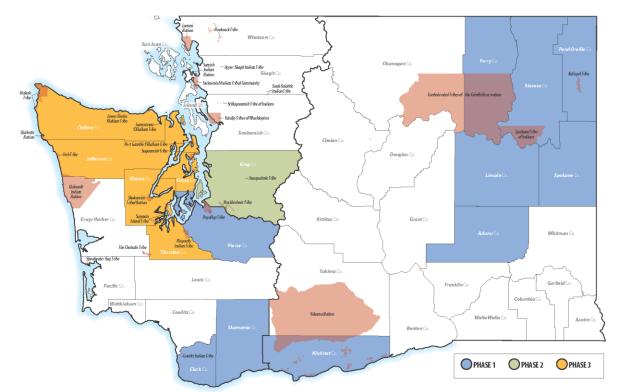
Phase 3

- 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: 2021-2023King region (King county – Washington's most populous)

- Phase 3: 2023-2025
 Thurston/Mason region (Thurston and Mason counties)
 Salish region (Kitsap, Jefferson, and Clallam)

Trueblood Settlement Agreement Regions



HCA Trueblood Programs

- Forensic PATH (FPATH)
- Forensic HARPS (FHARPS)
 - Crisis Housing Vouchers
- Outpatient Competency Restoration (OCRP)
- Enhanced Peer Support

- Crisis Enhancement Funds
- Increased Crisis Bed Capacity
- Misdemeanor Diversion Funds
- Trueblood Diversion Programs
- Global (Master) Leasing

HCA Trueblood Programs Served:

Forensic PATH programs have enrolled and served almost 400 participants.

Forensic HARPS programs have enrolled and housed more than 800 participants.

Crisis Housing Vouchers have provided temporary housing to more than 300 people who experienced a behavioral health crisis and were experiencing homelessness.

OCRP has enrolled and provided out-of-custody restoration services for **99 people**.

As of 2022, Washington's OCRP was in line with national averages for the number of people served in a new out-of-custody restoration program.

Community Behavioral Health Investments

- Strengthening the crisis response system
- Strong community-based outpatient services

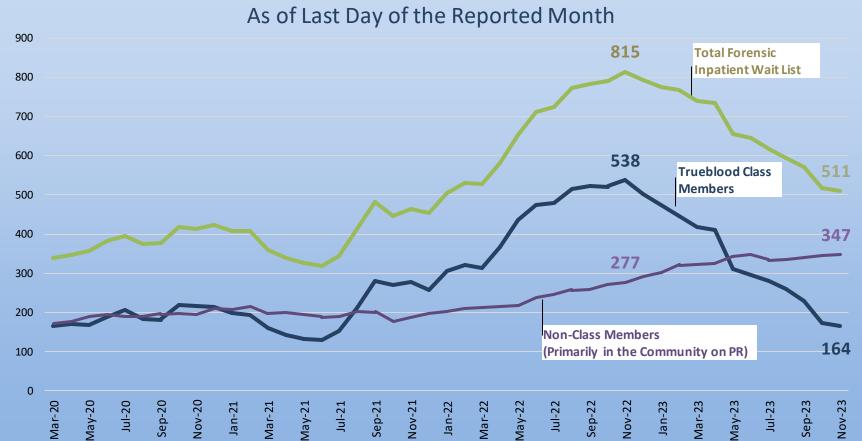
A community behavioral health system that is well connected between crisis system and outpatient services, supports peoples needs early, and effectively manages crisis.

This connection helps to keep people out of the criminal legal system.

DSHS Trueblood Programming

- Forensic Navigators In 11 counties, expanding to 5 more in April 2024; hiring and onboarding now with 15 staff hired since July 1.
- Technical Assistance Provides training and information to all jails; monthly online training; jail telehealth evaluations
- Workforce Development Participate in work teams; gap analysis
- Currently, there are five fine-funded programs focused on housing and residential supports.

Monthly Trend in Forensic Inpatient Wait List by Trueblood Class Member Status



NOTE: Due to data processing lags, the last measurement point is November 29th 2023. SOURCE: DSHS Research and Data Analysis.

DSHS Current Bed Capacity

Facility	Civil	Forensic³	Total
ESH	192	175	367
OHBH1,2	72	-	72
WSH	287	428	715
RTFs4	16	60	76
Total⁵	567	663	1,230

¹Bed counts represent funded bed capacity, except for OHBH which is not funded in the current operating budget. Operational bed capacity may be lower than funded bed capacity due to construction, single-bed use, etc.

²OHBH is staffed to operate 72 beds as of January 1, 2024.

³Forensic Beds include Trueblood Competency Restoration and NGRI beds

⁴RTFs include Fort Steilacoom, Maple Lane - Oak, and Maple Lane – Cascade

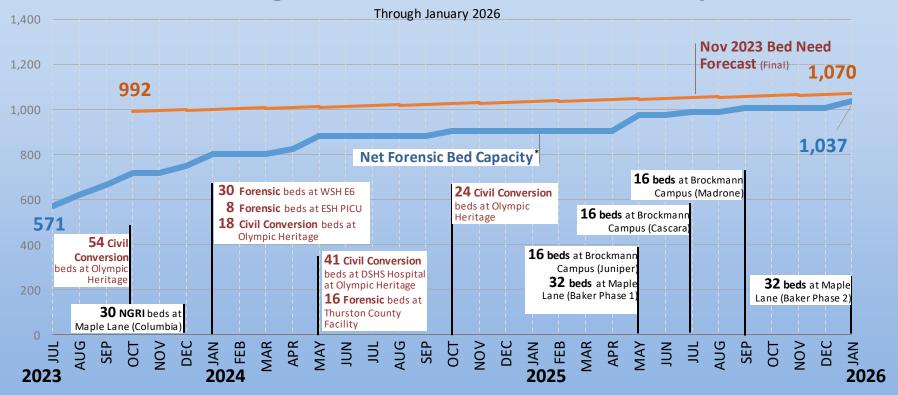
⁵Excludes bed capacity for CSTC and SCC

Forensic Bed Need Forecast Comparisons



Forensic bed need forecasts are based on projected newforensic episodes, patient mix, average lengths of stay, and capacityutilization. The forecast presented above does not include the time-limited bed capacity required to clear existing wait lists. Forecasts are produced three times per year on a February, June, and November cadence as directed by the Legislature. An "interim" September 2023 forecast was produced to inform agency budget development. SOURCE: DSHS Research and Data Analysis Division, prepared November 14, 2023

Closing the Forensic Bed Gap



Black Lettering indicates funded capital projects

Orange Lettering indicates unfunded projects

^{*} Net of projected civil conversion patients in forensic beds. Net capacity in July 2023 of 571 reflects 92 civil conversion patients residing among the 663 available forensic beds as of July 24, 2023. Modeling assumes that additional civil capacity in community settings would allow civil capacity at WSH to be converted to forensic capacity when the census of civil conversion patients in forensic beds declines to zero. Bed need forecasts are produced three times per year on a February, June, and November cadence as directed by the Legislature. An "interim" September 2023 forecast was produced to inform agency budget development.

Civil Conversion Patients on Forensic Wards



SOURCE: DSHS Research and Data Analysis.

NOTES: Civil Census counts include in-residence patients. Excludes patients released on Authorized Leave or Medical Discharge. Civil Conversions are the number of in-residence civil patients who were converted from a forensic to a civil legal authority.

DSHS Planned Bed Capacity

(Fiscal Year 2024 - Fiscal Year 2026)

Date	Facility	Unit Name	Civil	Forensic
January-24	Maple Lane	Columbia		30
January-24	Olympic Heritage	2N	18	
January-24	Eastern State Hospital	3S1		8
January-24	Western State Hospital	E6		30
May-24	Olympic Heritage	3N	20	
May-24	Olympic Heritage	4W	21	
October-24	Olympic Heritage	3S	24	
December-24	Maple Lane	Baker	32	
May-25	Brockmann	Juniper	16	
July-25	Brockmann	Cascara	16	
September-25	Brockmann	Madrone	16	
February-26	Maple Lane	Chelan	32	
Planned State-Operated Bed Capacity			195	68
Current Bed Capacity (10/31/2023)			549	663
Total Planned Bed Capacity through Fiscal Year 2026			744	731
BED NEED FORECAST AT END OF SFY2026			834	1,085
V	-114	-354		

¹First patient admission date represents most current assumption from capital budget on actual opening date of units. ²Bed counts represent funded bed capacity, except for OHBH which is not funded in the current operating budget. Operational bed capacity may be lower than funded bed capacity due to construction, single-bed use, etc. ³Forensic Beds include Competency Restoration and NGRI beds

Legal Landscape

- One year ago, DSHS began triaging admission cases due to demand vastly exceeding bed availability.
- DRW filed a motion with the federal court in early 2023 alleging noncompliance with the settlement agreement.
- In June 2023, an evidentiary hearing was held before the federal court on DRW's motion.
- In July 2023, the federal court ruled on DRW's motion and, among other things, restricted civil admissions to the state hospitals and imposed a \$100.3m fine.

Legal Landscape

- In August 2023, the AG's Office filed a motion for clarification to address, among other things, timing for the imposition of the fine, calculation of legal interest on the fine, and restrictions on civil admissions.
- Multiple counties filed litigation against DSHS, seeking to require DSHS to admit all civil conversion cases rather than follow the federal court order restricting admissions.
- Sept. 2023, the counties case was briefly removed to federal court and then remanded back to Pierce County Superior Court, which ordered DSHS to accept all civil conversion patients.
- DSHS has appealed Court's July 7 and Aug. 14 orders and Good Cause Extension Order.
- In November, King County notified DSHS that the county would not be able to provide the court services and patient representation services for ITA cases at OHBH.

Legal Landscape

- Status hearing held on Nov. 9 and court continued to stress emergency nature of the constitutional deprivations and need for State resources.
- Parties entered into 9th Circuit mediation program with briefing due in early February.
- Notably, the court also asked what considerations are being made to convert civil wards at state hospitals so that they can be used to serve class members and clear the waitlist.
- Next status hearing in late January/early February for the purpose of monitoring types of legislative actions and resources are being brought to bear.

SB 5440 Implementation

- Collaboration with ALTSA/DDA on diversion for intellectual and developmental disabilities, dementia, TBIs, etc.
 - Programming "go live" occurred on Dec. 1, 2023. Established new referral process for ALTSA/DDA
- Personal Recognizance evaluation days
 - Held a large-scale event in Spokane under the new law in November
- Hiring forensic navigators for new diversion work, outreach, and program refinement

SB 5440 Implementation

- Working with jails on clinical intervention specialists and medication reimbursement
 - Have visited 9 jails in October and November to learn how they can benefit from a clinical intervention specialist
- SCORE program pilot
 - Went "live" end of October
 - Has four BHA staff (including two providers) and clinical intervention specialist focused on class members
 - Has already successfully diverted one person from inpatient to outpatient

Questions?

DSHS

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