

Trueblood Quarterly Implementation Status Report April 2019

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

Submitted jointly by the Parties | April 18, 2019

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 quarterly reports on the implementation beginning in April of 2019. This is the first of those reports.

II. Legislative Efforts

A. Statutory Changes

The Amended Agreement contemplates work by the State during the legislative session to accomplish the goals and requirements of the Agreement. The Agreement outlines two specific provisions directing the State to seek statutory changes, which are in addition to the State seeking funding during the legislative session to implement the Agreement. First, the Amended Agreement states:

“[d]uring the 2019 legislative session, the State will support and work to achieve legislative changes to reduce the number of people ordered into competency evaluation and restoration, and to use community based restoration services, which may include changes to Wash. Rev. Code § 10.31.110, Wash. Rev. Code § 10.77.086, and Wash. Rev. Code § 10.77.088. These efforts may include advancing requests for legislative changes through bill proposals or supporting legislation that has been proposed by others that further the goal of reducing the number of individuals ordered to receive competency evaluation and restoration services.”

Amended Agreement § III.B.1.a.

In addressing this provision of the Agreement, the State advanced Governor’s request legislation that included 1) forensic navigators; 2) law enforcement diversion; 3) outpatient competency restoration; and 4) misdemeanor restoration changes. As suggested by the Agreement, the request legislation made changes to Wash. Rev Code § 10.31.110, § 10.77.086, and § 10.77.088. Both the House and Senate supported these efforts to make statutory changes by advancing identical bills from both chambers (HB 1513 and SB 5444 respectively). As the two identical bills from the House and Senate progressed through the legislative process, the Senate bill (5444) became the primary bill.

During the legislative session, the Parties convened at least twice weekly to discuss the Governor's request legislation, any feedback from stakeholders, and meetings and input from legislators. Formal meetings were held between the Parties on Tuesdays and Thursdays, with many additional informal meetings held within the halls of the Legislature. These meetings between the Parties occurred in addition to numerous meetings both Parties had with other stakeholders, legislators, and legislative staff. The Parties collaborated to advance several amendments based on this work with key stakeholders such as prosecutors, defenders, judges, peers, class members, advocates, and the associations for cities and counties. The Parties also worked collaboratively with legislators, especially the primary sponsors of the bill, Senator Manka Dhingra and Representative Laurie Jinkins, to ensure the passage of statutory changes designed to reduce the number of class members moving through the competency process and to create legislation that not only reflects the requirements of the Agreement, but that creates good policy that promotes greater diversion of class members from the criminal justice system.

On March 7, 2019, Engrossed Second Substitute Senate Bill 5444 passed out of the Senate with a 48-0 unanimous bi-partisan vote of support. On April 15, 2019, it passed out of the House also with a 97-0 unanimous bi-partisan vote of support. The bill is now awaiting full passage by the Legislature and signature by the Governor. For the current status and text of the bill, see <https://app.leg.wa.gov/billssummary?BillNumber=5444&Year=2019&Initiative=false>

Specifically, the changes signed into law by the Governor detail the role of the forensic navigator in assisting class members to negotiate the criminal justice system, expand permissive diversion for law enforcement officers prior to arrest, explicitly create outpatient competency restoration services for individuals facing felony and misdemeanor charges, and alter the presumption for misdemeanor dismissal such that all misdemeanor cases where there is a finding of incompetency may be dismissed without a period of restoration unless the prosecutor demonstrates a compelling interest in proceeding with the criminal case. Each of these elements create greater diversion opportunities for class members and reduce the number of individuals ordered into competency evaluation and restoration services:

1. Forensic navigators will assist in connecting class members to outpatient restoration and other services when appropriate. These services not only provide for class members to potentially receive restoration services in the community rather than awaiting a bed at an inpatient facility, but will

also help to close the revolving door for class members who continually cycle through the criminal justice system

2. Prior law limited permissive law enforcement pre-arrest diversion to only nonserious misdemeanors. The changes in Wash. Rev. Code expand permissive diversion to all crimes and allows individual jurisdictions to work collaboratively to develop guidelines for diversion, in partnership with advocates. This will allow for greater diversion to the crisis system prior to individuals entering the criminal justice system and becoming class members.
3. Outpatient competency restoration is explicitly created for both felony and misdemeanor cases. This will divert class members away from state hospital beds and into the community for restoration services. Importantly, these changes also address a second provision of the Agreement that states “[t]he State will seek funding and statutory changes to implement a phased roll out of community outpatient restoration services in targeted areas, including Residential Supports as clinically appropriate.” Dkt. No. 599-1 at 10.
4. Wash. Rev. Code § 10.77.088 previously split misdemeanors into two paths. Nonserious misdemeanors who were found incompetent had their cases dismissed, but all serious misdemeanors who were found incompetent were referred for inpatient competency restoration of up to 29 days. The new law allows for *all* misdemeanor cases, serious and nonserious, to be dismissed at the time a court makes a finding of incompetency. For serious misdemeanors, those cases will only be eligible for competency restoration if the prosecutor demonstrates by a preponderance of the evidence that there is a compelling state interest in pursuing restoration, based upon a number of factors. This change should promote the diversion of more misdemeanor class members away from the criminal justice system and into the community or the civil mental health system.

These changes directly address what is contemplated by the Agreement, which is for the State to “work to achieve” legislative changes that will reduce those referred to competency evaluation and restoration and to increase the use of community based services. With the passage of SB 5444, the State, in cooperation with the Plaintiffs, not only worked to achieve this legislative goal, but achieved it. The changes that will be signed into law by the Governor are designed to reduce the number of class members and bring them closer to their communities and to treatment outside of the criminal justice system. This important accomplishment is

the product of extensive work between the Parties, and the Parties' work with stakeholders and with partners in the Legislature.

B. Status of Budget Requests

On December 11, 2019, the same day that this Court held its fairness hearing regarding the Amended Agreement, Governor Jay Inslee rolled out his proposed budget. In it, he advocated for a massive package on behavioral health, including a \$90 million request specifically addressing the Agreement. The budget included funding for all of the Agreement elements including competency evaluation, competency restoration, crisis triage and diversion supports, education and training, and workforce development.

On March 25, 2019, the House revealed its operating budget, which proposed strong support for behavioral health with approximately \$76 million devoted to the Agreement. On March 29, 2019, the Senate released its operating budget, which similarly devoted funds to behavioral health with approximately \$69 million dedicated specifically to implementing the Agreement. On behalf of the Governor, the Office of Financial Management sent letters to the chairs of the Senate and House budget committees on April 4, 2019, expressing concern regarding the funding level for the Agreement and asking the Legislature increase the funding for the Trueblood Agreement to the level proposed by the Governor. Similarly, the Plaintiffs submitted letters to both the House and Senate on April 12, 2019 emphasizing the importance of fully funding the Agreement. Additional discussion and negotiations have occurred and are ongoing with the Legislature as well. At the time of the filing this report, the Senate and House budget continue to be under intensive negotiations and a resolution on the final funding amount during this session has not yet been reached. The Trueblood Budget Comparison 4-9-19, Attachment A, is a comparison document that details the differences between the Governor's proposed budget and the proposed House and Senate budgets. The State will provide additional budget information to the Court at the next quarterly status hearing, which, assuming the Legislature does not go into special session, will occur after the budget is more finalized.

III. Department Meetings and Workgroups

In order to facilitate the timely and successful implementation of the Settlement Agreement, the State has convened the following workgroups and committees. This

does not represent the full scope the work being done, as many topics have required one-time meetings to develop plans of action or assign responsibility.

Behavioral Health Legislative Strategy and Bill Review Team, Trueblood – The full behavioral health team is comprised of over 40 individuals from multiple state agencies. Agencies represented include the Governor’s Office, Office of Financial Management, Department of Health, Health Care Authority, Department of Social and Health Services, and Department of Commerce. A 30-minute portion of their standard weekly meetings, which began at the end of December 2018, is dedicated to a discussion of bills and legislative actions that could impact the Trueblood Settlement Agreement.

Statewide Implementation Team – This team is comprised of 32 members from multiple agencies and entities that will have a pivotal role in implementation. This group meets in person monthly, which began in January 2019, and participates in weekly telephone huddles to discuss progress and provide updates. See attached Implementation Team Visual 4-19, Attachment B.

Trueblood Discussion Meetings – Approximately thirteen budget and program staff from DSHS and HCA have met weekly, with a couple of exceptions, since the beginning of February to discuss program development, program interdependencies, and how those may link to different funding sources.

Tools Meetings – At least five meetings have occurred between DSHS and HCA program and information technology staff to determine appropriate project management tools to support the Statewide Implementation Team, to properly vet security for those tools, and determine access levels and training needs. All members of the Statewide Implementation Team are receiving training on these tools, ranging from 30 minutes to four hours depending on the person’s role.

Communications Workgroup – Four communications staff from DSHS and HCA have held a weekly huddle since mid-November 2018 and convene expanded, in-person meetings when necessary. For example, numerous additional meetings were held to plan and prepare for the regional Summits held in March and April of 2019.

Contracts Workgroup – Contracts staff from DSHS and HCA were called together to review the Settlement Agreement and its requirements. Contract staff serve as subject matter experts and have supported and will continue to support the individually assigned element leads as needed during the development and execution of implementation plans.

Data Workgroup – Research and Data Analysis staff, information technology staff, and program staff have met three times since January 2019 to provide support and planning around the long-term data needs associated with the Settlement Agreement. This group will develop a calendar for necessary work and consultation following the hire of the Data Manager using the jump start funds provided by the Court.

Public Disclosure, Discovery and Records Workgroup – Eight representatives from both DSHS and HCA began meeting in January 2019 and developed a process for managing consistent response across both agencies to requests that may pertain to the Trueblood Settlement Agreement. The group continues to meet bi-monthly to ensure process is working smoothly and update as needed based on results of previous execution.

Ramp Down Workgroup – This agency and contractor workgroup convened in April 2019. The 23 members are tasked with developing the full plans and processes for Maple Lane and Yakima facility ramp down including the work needed to prepare and return facilities to their pre-leased condition upon closure.

IV. Preliminary Implementation Plan

On March 11, 2019 the parties filed with the court a Preliminary Implementation Plan for the Settlement Agreement. The Preliminary Plan is required by the Settlement Agreement and is a precursor to the final implementation plan. While this Preliminary Plan is still subject to additional refinement, the staff responsible for implementing the Agreement have been diligently moving forward with the planning and action steps required to implement the Agreement as laid out in the Preliminary Implementation Plan.

Several action steps within sections of the Settlement Agreement were completed during the period leading up to the creation of this status report. There are no overdue or incomplete action steps within the Preliminary Implementation Plan thus far.

Forensic Evaluators

Position description forms for evaluator positions and ancillary staff were updated and submitted for official entry into the human resources database system. Hiring efforts will begin in earnest once funding becomes available in the 2019-21 budget.

Forensic Navigators

The Forensic Navigator Administrator position was created, submitted through human resources for allocation and legal review, and advertised for recruiting. Hiring will ramp up after funding becomes available in the 19-21 budget.

Maple Lane and Yakima Facilities

The lead on this initiative is over six weeks ahead of schedule in planning for ramp down. Completion of ramp down planning will ensure that the Department is prepared to execute on ramp down if any of the metrics set out in the Agreement are triggered before the firm deadlines are reached. The project lead has met with leadership at both facilities and reviewed the Settlement Agreement with them. They generated a preliminary list of stakeholders and community partners that might be impacted by closure of these facilities. Members of the Ramp Down workgroup were identified and invited to participate in a Kick-Off meeting which occurred on April 16, 2019. The lead has also met with building owners for both facilities to discuss requirements around the condition of the facilities when they are returned after closure.

Crisis Intervention Training

The Criminal Justice Training Center has reached out to the State 911 training unit to receive assistance in accurately identifying dispatcher participants and to receive strategic assistance in planning for fiscal year 2020 trainings.

The State continues to monitor timelines within the Preliminary Plan and ensure adequate action is taken, while the Final Implementation Plan is being developed and approved.

Attached is a Phase 1 Elements Visual 4-19 as Attachment C. This shows the timeline for the elements of the Agreement as outlined in the Preliminary Implementation Plan.

V. Summits

DSHS and HCA jointly planned and executed three summits between March 20, 2019 and April 1, 2019. These summits were held in each of the three regions and were intended to provide a first official contact with the many community partners and stakeholders that will be integral to the successful implementation of the Settlement Agreement.

Summits lasted approximately 2.5 hours and included the following general agenda:

- 30 minute meet and greet amongst attendees and presenters;
- 60 minute overview including a brief historical discussion of the lawsuit, a breakdown of the various elements of the Agreement, a review of data, and how funding will be obtained through the legislature;
- 45 minute question and answer period; and
- 15 minute next steps.

A large variety of partners and community stakeholders attended. Based on the sign-in sheets, courts, defenders, prosecutors, jails, law enforcement, behavioral health providers, tribes, advocacy groups, family members, legislators, and county and city employees were in attendance. Those that participated in a summit were, with their permission, added to the Trueblood listserv.

At the summits, three handouts were provided. Attachments D, E, and F. In addition, participants were given comment cards and asked to provide any questions or comments they had and to answer the question “What do you need to be able to fully support the Trueblood Implementation in your region?”

Following the last summit, a survey was sent to all summit participants seeking specific information regarding their regions, including services currently provided. The Department is awaiting final feedback from these surveys.

VI. Upcoming Conferences

The Parties will be presenting at the Superior Court Judges Association annual conference on April 28th in Spokane. Nick Williamson with the Attorney General’s Office, Alexa Polaski with Disability Rights Washington, and Dr. Danna Mauch will be presenting on the background of Trueblood, the Settlement Agreement, and information about the competency evaluation and restoration process that judges could find useful in their own jurisdiction.

In addition to this upcoming presentation, the Plaintiffs presented at the William L. Dwyer American Inn of Court on April 9th in Seattle. There were law students, attorneys, and judges in attendance at this meeting. The panel presented on the conditions giving rise to the Trueblood litigation, the litigation itself, and efforts underway by various system partners to transform Washington’s mental health system to emphasize diversion, crisis intervention, and community-based treatment in lieu of incarceration.

VII. Diversion Programs

The five Trueblood Diversion Phase I programs began operations on July 1, 2017. After completion of the one-year assessment, the Trueblood Diversion Review Committee recommended that three of the programs receive an additional 18 months of funding commencing on January 1, 2019. One program (Kitsap Mental Health) was extended for a shorter period in order to address corrective actions before a full refunding decision was made. Kitsap has continued to demonstrate progress and the Review Committee will make a final refunding recommendation after a site visit in May.

The three Phase II programs began operations March 1, 2018, and are currently engaged in the one-year assessment, which will inform any refunding recommendations this summer. The five Phase III programs began operating on July 1, 2018, and have hosted several visits from the site visit team. All programs are expected to have sustainability plans in place, as the contempt fine funding was anticipated for up to three years only. Some of the diversion programs have recently expressed interest in whether anticipated funding from the Trueblood Settlement Agreement might affect their sustainability.

Policy Research Associates (PRA) began working with the Trueblood Diversion Review Committee in the fall of 2018 to help build and facilitate the diversion program learning community, including running bimonthly technical assistance calls to address issues identified by the programs. PRA will also be making two-day site visits to the four diversion programs that refer the most individuals for competency evaluation and restoration services: King County, Pierce County, Frontier Behavioral Health in Spokane, and Comprehensive in Yakima. PRA is working with these programs to plan the visits for June and July. PRA is also working with the Review Committee to plan a statewide diversion summit that is scheduled for September 11, 2019.

VIII. Fort Steilacoom Residential Treatment Facility

It is anticipated that the remodel of the Fort Steilacoom facility will be completed by June 12, 2019, and that DSHS will assume possession of the building at that time. DSHS anticipates accepting patients approximately eight weeks after possession of the facility is returned to the Department. The Department continues to review this timeline, and is committed to accepting patients as expeditiously as possible after assuming possession of the building. The Department has shortened the timelines

for a number of activities that must occur after assuming possession, including staff training, but as of now the primary driver of the eight-week time period is the time required to achieve full licensure. *See* Attachment G (matrix of activities following the handoff of keys). This schedule is aggressive, yet achievable—but it remains the Department’s goal to try and beat these timelines wherever possible. If the construction completion date changes, the timeline for patient admissions will adjust accordingly.

An eight-week staff training curriculum has been prepared that combines classroom instruction, online training, mentoring, and coaching in tandem with hands on practice and drills. Staff will begin training in cohorts of 20-25 per group with start dates of May 6, 2019, and June 3, 2019. This was determined to be the most efficient method of training over 70 people within practical constraints such as training personnel, classroom size, efficacy of training, and scheduling coordination with partners at WSH. The first group is currently scheduled to begin training on May 6, 2019. Although this training schedule is anticipated to begin approximately nine weeks before the scheduled turnover of Building 27, a number of tasks and trainings will need to be conducted within the Building 27 space after turnover is completed. *See* the Fort Steilacoom Program Training Plan, Attachment H.

Hiring is on track with 34 of 77.5 positions filled (44% filled). All leadership staff and supervisors have already begun work, and many operational staff, like Institutional Counselors, have May start-dates. Beyond training, DSHS has many responsibilities to complete to be ready to begin admitting patients, such as completing Department of Health licensure requirements, ensuring all equipment is installed and calibrated, and much more.

All licensures and certifications required to operate Fort Steilacoom are on schedule. These include residential treatment facility licensure (program and construction components), behavioral health agency certification, health care entity licensure, and Drug Enforcement Administration certification. Policies and procedures are finalized, and work instructions are nearing completion to support training, operations, and program implementation.

Other program components also on schedule include: continued cooperation and support from three labor unions; clinical program development and structure including patient, team and class schedules, social learning program, breaking barriers as applied to FSCR, and software to track active treatment; ordering and delivery of furniture, supplies, materials, and goods; agreements with WSH and other DSHS administrations to identify program support expectations; and the

finalization of the emergency management plan, the continuity of operations plan, and the disaster recovery plan. The most recent Department project management report is attached as B27 Monthly Report 3-29-19, Attachment I.

Building tours and an open house are tentatively scheduled to occur before patients are admitted to the program.

IX. Jump Start Funds

On February 21, 2019 the Court authorized the disbursement of jump start funds to the Seattle Foundation for the hiring of eight staff to support the implementation planning and execution. The status of those positions is listed below:

Three Project Managers

These positions were created, submitted through human resources for allocation and legal review, and advertised for recruiting. Interviews are underway and candidate selection is expected by May 1, 2019.

Administrative Assistant

This position was created, submitted through human resources for allocation and legal review, and advertised for recruiting. Interviews were conducted and a candidate selection made. The candidate is expected to start April 29, 2019.

Research and Data Analysis – Research Manager

This position was created, submitted through human resources for allocation and legal review, and advertised for recruiting. Interviews were conducted and a candidate selection made. The job offer was accepted, but the new hire then withdrew. A second round of interviews is planned.

Forensic Navigator Administrator

This position was created, submitted through human resources for allocation and legal review, and is advertised for recruiting. The posting closed April 15, 2019. Interviews are being scheduled and conducted.

Workforce Development Specialist

This position was created, submitted through human resources for allocation and legal review, and advertised for recruiting. The job posting closed April 14, 2019. Interviews are being scheduled and a job offer is expected by May 1, 2019.

Outpatient Competency Restoration Administrator

This position was created and submitted through human resources for allocation and legal review. Due to the new and unfamiliar work field, human resources requested additional supplemental information to make an accurate allocation determination. The additional information was provided and the position is expected to be advertised for recruiting shortly.

X. Executive Committee Meetings

The Agreement formed an Executive Committee that plays a role in guiding implementation and making recommendations to the Court. The Agreement requires that the Executive Committee meet on a quarterly schedule. The Parties initially held a planning session on December 12, 2019, in order to address logistics related to the first meeting of the Executive committee, including which specific people would represent the required entities. The Parties also discussed and approved a charter to guide the work of the Executive Committee, and ensure that the Committee fulfills the purpose set out in the Court-approved Agreement.

The Executive Committee held its first meeting on January 31, 2019. The Committee again met on March 21, 2019. The next Executive Committee meeting is scheduled for June 24, 2019.

XI. Next Steps/Upcoming Milestones

The implementation efforts outlined above will expand substantially as the 2019-2021 capital and operating budgets become effective on July 1, 2019. After legislative session concludes, the parties will again meet to discuss revisions to the Preliminary Implementation Plan filed on March 11, 2019. The parties anticipate that the timelines set forth in the Preliminary Implementation Plan may be adjusted for a number of reasons, included but not limited to the funding allocated by the legislature in the final budget. Pursuant to § (IV)(D)(1) of the Settlement Agreement, the Final Implementation Plan is due to the court within 60 days of the end of the 2019 legislative session. Thereafter, the State will continue to report compliance data as required by the Court's orders, and will continue to provide quarterly reports subject to the Court's direction.

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Attachment A

2019-21 Omnibus Operating Budget
 Behavioral Health Package - Policy Investments
 Governor/House/Senate Comparison Updated Growth Factor
 (Dollars in Thousands)

Trueblood Budget Elements	Governor (640)		ESHB 1109		House/Gov Difference		Senate Passed Floor (S-3636/E)		Senate/Gov Difference		Notes
	FTE	GFS	FTE	GFS	FTE	GFS	FTE	GFS	FTE	GFS	
1 DSHS TB: Competency Evaluators	20.5	5,439	18.0	4,871	(2.5)	(568)	20.5	5,439	0.0	-	Evaluators funded at same level as Gov's budget in both House and Senate. However, House only funds 3 of the 6 support staff.
2 HCA TB: Misdiagnosed Diversion		5,000		11,600	0.0	6,600		5,000	0.0	-	Flexible funds for use of diverting individuals from inpatient care. Can be used for housing supports.
3 HCA TB: Outpatient Comp. Restoration		3,149		1,896	0.0	(1,253)		3,148	0.0	(1)	Gov/Senate assume same amount for OCH teams and housing support dollars. House does not include additional housing support for OCH program but issues housing will be provided by the HARPs teams increase.
4 HCA TB: Forensic HARPS & Housing Supports		3,813		6,416	0.0	2,603		3,962	0.0	149	House approaches housing support differently - assumes \$500,000 per HARPs team, but funds at the same level for services. Senate funds at same level but groups items between crisis and housing slightly different which accounts for the \$149,000 difference shown here.
5 DSHS TB: BHA Headquarters Staff	9.0	2,978	4.0	1,712	(5.0)	(1,266)	9.0	2,978	0.0	-	All budgets assume \$700,000 for communications/outreach.
6 HCA TB: HCA Headquarters Staff	1.0	289	1.0	289	0.0	-	4.0	1,063	3.0	774	
7 DSHS TB: Navigators	38.0	6,790	9.0	2,183	(19.0)	(4,607)	11.0	2,667	(17.0)	(4,133)	Senate budget reflects revised fiscal note assumptions.
8 DSHS TB: Additional Forensic Bed Capacity	136.2	33,926	102.0	24,652	(34.2)	(9,274)	105.0	16,300	(31.2)	(17,726)	Senate and House assume less staff and different phase-in assumptions based on expected implementation.
9 DSHS Competency Restoration - Unit 3H3	68.1	16,963	52.5	12,678	(15.6)	(4,285)	52.5	8,452	(15.6)	(8,511)	
10 HCA Competency Restoration - Unit 3H3	68.1	16,963	49.5	11,974	(18.6)	(4,989)	52.5	7,748	(15.6)	(9,215)	
10 HCA TB: Yakima/Maple Lane Closure		-		-	0.0	-		-	0.0	-	
10 HCA TB: Crisis Services		8,599		12,301	0.0	(3,165)		8,451	0.0	(148)	House approaches crisis stabilization/triage funding differently. Funds 16 beds in Spokane and a 10% daily bed rate enhancement for SWWA and Pierce. House and Senate provide funding for three mobile crisis teams.
11 CJTC TB: Co-Responders	1.0	4,000	1.0	4,000	0.0	-		4,000	0.0	-	
12 HCA TB: Intensive Case Managers		4,742		4,742	0.0	-		4,742	0.0	-	
13 CJTC TB: Crisis Intervention Training (CIT)		899		899	0.0	-		899	0.0	-	Assumes housing is provided through HARPs teams.
14 DSHS TB: Technical Assistance to Jails	2.0	633	2.0	633	0.0	-		633	0.0	-	
15 HCA TB: Workforce Peer Supports	1.0	404	1.0	404	0.0	-		404	0.0	-	
16 DSHS TB: Forensic Workforce Development	2.0	653	2.0	653	0.0	-		653	0.0	-	
HCA Total	2.0	25,986	3.0	30,781	0.0	4,785	5.0	16,170	3.0	774	
DSHS Total	197.7	50,419	137.0	34,704	(60.7)	(15,715)	148.5	28,270	(48.2)	(13,397)	
CJTC Total	1.0	4,899	1.0	4,899	0.0	-	-	4,899	(1.0)	-	
Trueblood TOTAL	200.7	81,314	140.0	70,384	(60.7)	(10,930)	154.5	60,239	(46.2)	(21,075)	(12,623)

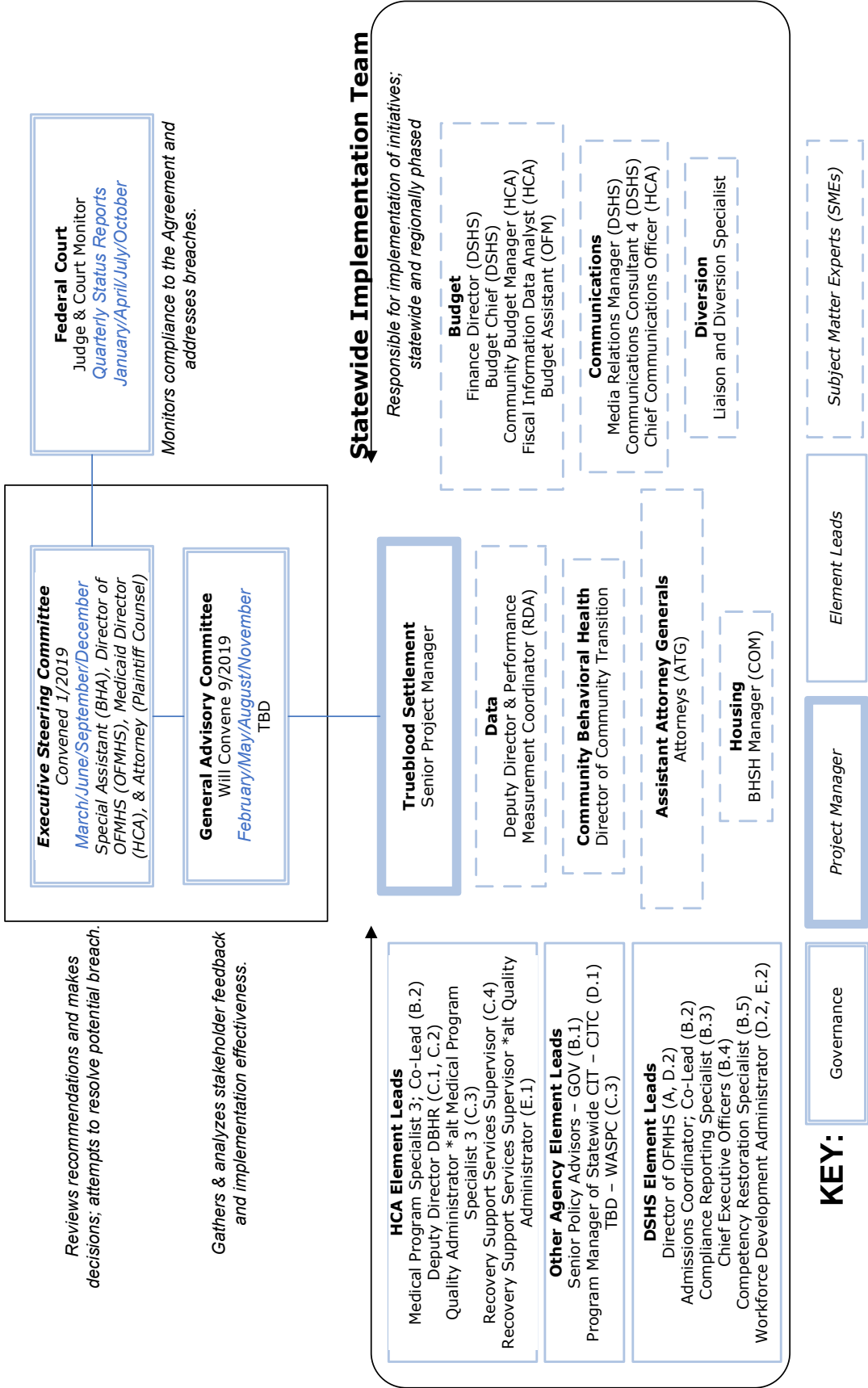
Trueblood Budget Comparison - Working Draft

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Attachment B

Trueblood Settlement



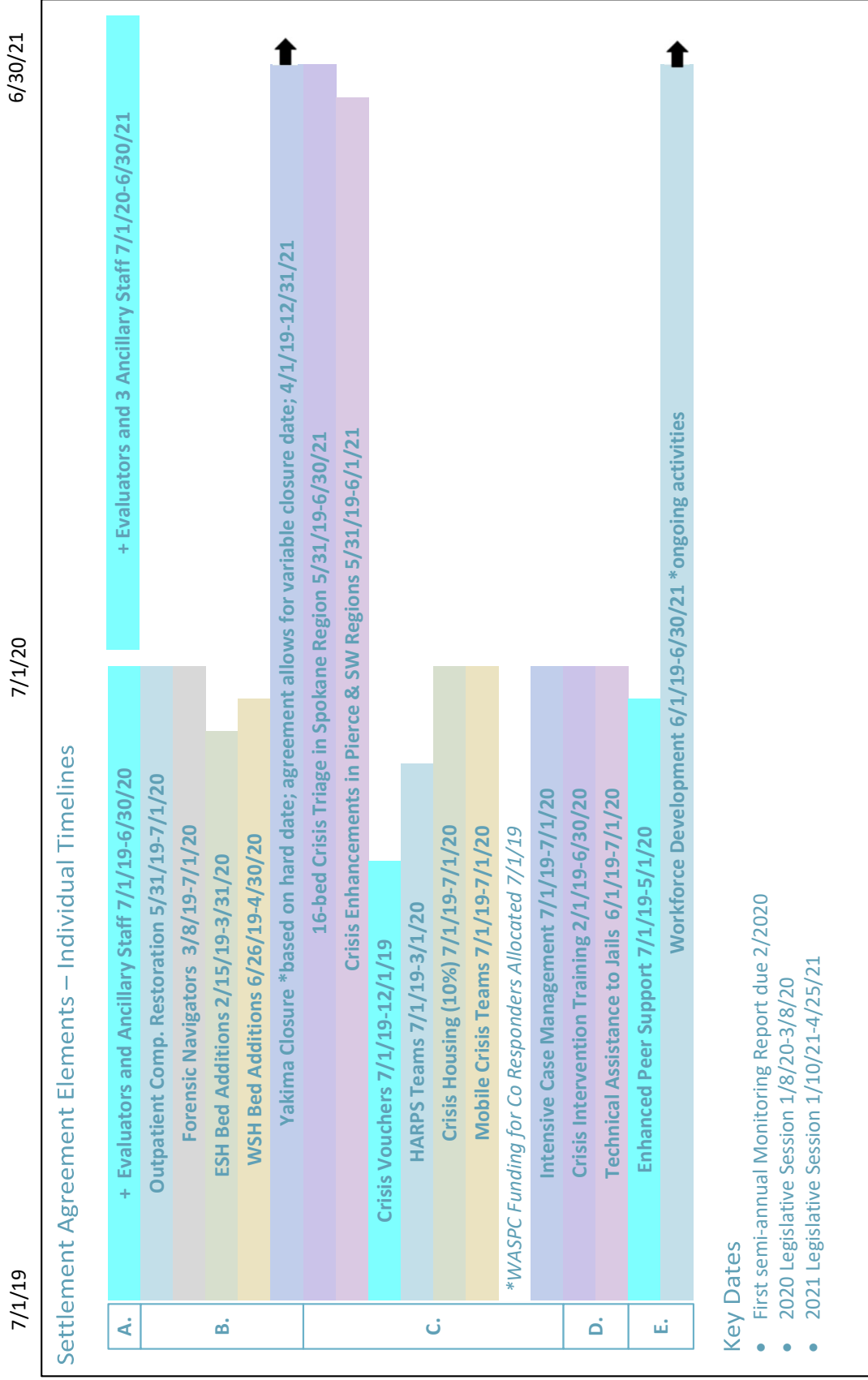
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Attachment C

Trueblood Settlement Agreement Timeline
Phase 1 – July 1, 2019 through June 30, 2021



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Attachment D

Trueblood Diversion Grant Program and Trueblood Settlement comparison

Trueblood v DSHS (Trueblood) is an active lawsuit that challenged unconstitutional delays in competency evaluation and restoration services. Because of this lawsuit, the state has been ordered to provide court-ordered competency evaluations within 14 days and competency restoration services within seven days. Trueblood helps individuals who are detained in city and county jails awaiting a competency evaluation or restoration services, and individuals who have previously received competency evaluation and restoration services, who are released and at-risk for re-arrest or re-institutionalization.

There are many conversations regarding Trueblood funding. It is important to realize that there are two types of funding with regard to Trueblood and they come from two very different sources to support three different initiatives – Trueblood Grants, Trueblood Settlement (awaiting Legislative approval), and Prosecutorial Diversion funding. It should be clear that the **diversion grant program and the prosecutorial diversion programs are separate and are apart from the settlement agreement approved by the Court in December of 2018.**

Trueblood Grants:

The State of Washington has paid many millions of dollars to the federal court in fines for failing to comply with the Court's Orders in Trueblood. In 2016, the Court ordered that some of this money be used to fund programs that divert class members from the criminal justice system and creating a Trueblood Diversion Workgroup comprised of Plaintiff and Defendant counsel, representatives from DSHS, the Court Monitor and an additional expert to assist the Court Monitor. Grant funding is time limited and grantees develop sustainability plans for funding future operations once the court granted funds have run out.

This Workgroup has since identified and funded service providers from around the state who are working to divert people with mental illness and other disabilities from the criminal system. Since late 2016, the Trueblood Diversion Workgroup has released three separate requests for proposals and now funds multiple projects statewide. The [most recent RFP](#) is available [on the Disability Rights website](#).

Seattle Foundation was appointed to serve as fiscal sponsor for the program in early 2017 and all contempt fines used to fund the Trueblood diversion programs are housed at the foundation. The Court Monitor oversees the implementation of these 12 programs.

Retrieved Disability Rights Washington from <https://www.disabilityrightswa.org/cases/trueblood/> on March 6, 2019.

Trueblood Settlement:

The [settlement agreement](#) aims to resolve the Trueblood lawsuit by creating a plan delivering an array of services for class members and potential class members. The settlement is separate and apart from the Trueblood diversion grant program and the prosecutorial diversion program.

This agreement includes expanding residential mental health with crisis services; additional training for jail staff and law enforcement; hiring additional forensic navigators and more mental health professionals to educate courts about the availability of supports that could meet the needs of individuals who have to wait in jail for evaluation and restoration services.

Additionally, the goal is to bring the state into compliance and reduce the number of people who become or remain class members and timely serve those who cannot be diverted from becoming class members and focus on effective outcomes and success of existing programs in Washington.

Separate from the Trueblood grant funding decisions that are approved through the Federal District Court as described above, funding to support the Settlement Agreement would be provided through the [Washington state budget process](#). This process requires that DSHS seek funding from the legislature and the Governor's Office to support the strategies within the Trueblood Settlement Agreement. The Settlement Agreement is organized into phases, with each phase lasting two years. The first phase of the agreement runs from July 2019 through June 2021. The legislature is currently deliberating on the state budget for that two-year period.

DSHS Prosecutorial Diversion Contracts:

Currently the Department of Social and Health Services' Office of Forensic Mental Health manages three prosecutorial diversion contracts in King County as well as the Spokane and Tri-City regions. The purpose of these programs is to divert individuals from the criminal justice system through diversion and ensure program participants are receiving services in their community where they are familiar and supported. Funding for these three contracts was provided by the legislature for the current biennium. Funding for the upcoming biennium was part of DSHS' ongoing maintenance budget request that was submitted to the Governor and legislature. DSHS anticipates continued funding for these contracts through future maintenance budget requests.

For more information on Trueblood and the Settlement Agreement, please visit: www.dshs.wa.gov and search "Trueblood"



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Attachment E

Trueblood v DSHS

Trueblood is an active lawsuit that challenged unconstitutional delays in competency evaluation and restoration services. In April 2015, a federal court found that the Department of Social and Health Services (DSHS) was taking too long to provide competency evaluation and restoration services. Because of that case, the state entered into a Settlement Agreement that outlines an array of services 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.

During the first phase of the settlement, July 1, 2019 through June 30, 2021, the following will be implemented statewide pending approval by the legislature. Italicized items are planned for regional implementation. Phase One Regions include Southwest, Pierce, and Spokane.

In order to ensure people receive competency evaluations within the court-ordered timeframe of 14 days we will:

- Add 18 additional forensic evaluators.
- Continue implementation of a new forensic data system to better predict and respond to demand.

In order to ensure people receive competency restoration services within the court-ordered timeframe of seven days we will:

- Seek legislative changes to reduce the number of people ordered to restoration services.
- *Implement outpatient restoration programs with residential supports and case management services.*
- Add additional inpatient restoration services capacity.
- Eventual ramp down of the alternate restoration facilities in Yakima and Maple Lane.
- *Create Forensic Navigator positions to facilitate the information sharing needed between the courts, class members, providers, and DSHS.*

Many of the problems with untimely competency evaluations are preventable if fewer people with mental illness enter the criminal justice system. When people are able to get the treatment they need when they need it, they are more likely to avoid the criminal justice system. They are also less likely to place strains on the civil inpatient system. We intend to explore opportunities to provide access to appropriate behavioral health services, which dramatically reduce the number of individuals entering the criminal justice system – enabling the state to meet the constitutional competency evaluation and restoration services timelines. We plan to do this through the below supports, trainings and development:

Crisis Triage and Diversion Support:

- *Increase funding for Crisis Triage and Stabilization facilities, including adding 16 beds in Spokane Region.*
- Assess the need for crisis capacity in King County and develop a plan.
- *Expand Mobile Crisis and Co-responder Programs in which police and mental health providers work together.*
- *Provide residential supports (such as housing subsidies or emergency shelter vouchers) and case management services for select individuals involved in these systems.*

Education and Training:

- *Expand behavioral health crisis training for emergency dispatchers, jail corrections officers, and patrol officers.*
- Provide training and assistance to jails on issues affecting class members.
- Develop best practices for diversion and stabilization of class members.

Workforce Development:

- Develop an enhanced Peer Support Program for individuals with specialized training in criminal justice.
- *Integrate the use of Peer Support Specialists into systems developed within the agreement.*
- Assess the need for training, certification, and degree programs to better meet the mental health system's workforce and training needs.

Quarterly Implementation Status Report

April 2019

Attachment F

Trueblood Frequently Asked Questions

What is Trueblood v DSHS?

Trueblood v DSHS (Trueblood) is a case challenging unconstitutional delays in competency evaluation and restoration services. As a result of this case, the state has been ordered to provide court-ordered competency evaluations within 14 days and competency restoration services within seven days. Trueblood helps individuals who are detained in city and county jails awaiting a competency evaluation or restoration services, and individuals who have previously received competency evaluation and restoration services, who are released and at-risk for re-arrest or re-institutionalization.

What is the Trueblood Settlement Agreement?

The [settlement agreement](#) aims to resolve the Trueblood lawsuit by creating a plan delivering an array of services for class members and potential class members.

This agreement includes expanding residential mental health with crisis services; additional training for jail staff and law enforcement; hiring additional forensic navigators and more mental health professionals to educate courts about the availability of supports that could meet the needs of individuals who have to wait in jail for evaluation and restoration services.

Additionally, the goal is to bring the state into compliance and reduce the number of people who become or remain class members and timely serve those who cannot be diverted from becoming class members and focus on effective outcomes and success of existing programs in Washington.

Where will the State start implementing the Trueblood Settlement?

The [settlement](#) has three phases. The first phase involves the Southwest, Spokane and Pierce regions – the second phase integrates King County region. After the first two phases are complete, there will be an opportunity to a) expand or modify the first two phases within the already participating regions, or b) if the first two phases are successful, look at integrating the agreement into new, high-referral regions or c) a mixture of both a and b.

Is funding guaranteed as a Phase 1 or Phase 2 region?

We follow the [Washington state budget process](#) in requesting funding for the Trueblood Settlement. Each phase will require involvement in the budget process in order to secure funding for these efforts.

For more information on Trueblood and the Settlement Agreement, please visit: www.dshs.wa.gov and search "Trueblood"



Transforming lives

Why were those counties/regions selected for Phase 1 and 2?

When selecting regions for the first two phases, the negotiation team looked at how many of the services were already partially or completely underway in various regions. These three regions were selected because of the ability to have a large impact on class members. By implementing in stages, we can build a system that incorporates known successes in current programs in our state and new services in a way that breaks down silos, which become barriers to people in a behavioral health crisis from getting the right care, at the right time and in the right place.

Our county is not a part of the two phases. What does this mean for my county?

Like anything, there will be a learning phase with the implementation of this plan – if you are not in a region taking part in the first two phases, remember, there are still opportunities for all of us to learn what works and what doesn't from what's happening during the implementation of this plan and an opportunity to continue adding regions in the future.

Will information be shared about what is success in the settlement? Can regions not selected in phase 1 or 2 implement these successes on their own?

Absolutely. We will share successes regularly. All Regions can choose to implement diversion strategies that work. Currently, there are diversion strategies occurring throughout the state of Washington that are showing a positive impact.

Quarterly Implementation Status Report

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Attachment G

Scheduled Key Turnover Date: June 12

Activity	Owner	Prior to Keys	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	After Opening	Comments
			6/12-6/19	6/20-6/26	6/27-7/3	7/5-7/10	7/11-7/17	7/18-7/24	7/25-8/1	8/2-8/7		
Licensures, Certifications and Permits*												
Print/post Manuals (DOH, Fire marshal)	OFMHS	X										
Finalize Documents-CRS	AC	X										
Schedule DOH CRS Tour	AC	X										
Fire Marshall Tour - CRS	AC	X										
City of Lakewood Inspection	AC	X										
Receive RTF Licensure	AC	X										
Occupancy Permit	AC	X										
DOH Behavioral Health Licensure Tour	OFMHS						X					Personnel records review, patient rights posting/signage review, licensure/permit postings. Equipment and infrastructure needs to be intact.
RTF Licensure tour (not announced)	OFMHS										X	
DOH HCE inspection	OFMHS			X								Dependent on pyxis install (below). Takes 7-10 days for licensure following inspection.
HCE licensure received					X							Best case timeframe for licensure.
DEA application submitted					X							Credential number from HCE licensure is needed for DEA application.
DEA certification	OFMHS									X		DEA review is 4-6 weeks. This is week 5 (average).

Activity	Owner	Prior to Keys	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	After Opening	Comments
			6/12-6/19	6/20-6/26	6/27-7/3	7/5-7/10	7/11-7/17	7/18-7/24	7/25-8/1	8/2-8/7		
Other Contd.												
Punch list/QA review/ All systems check	AC	X										
Capital Programs Walk Thru	All	X										
Lease Turnover	AC/O	X										
Furniture Install AC	AC	X										
Equipment Install AC	AC	X										
Facility Cleaning AC	AC	X										
Internal signage AC	AC	X										
IT infrastructure Install (hardware, cabling closet, computer, phones, ID bracelets, printers, software, EBADS)	OFMHS		X	X	X	X						Office furniture needs installed prior to computers for work stations. Will do med room first for pyxis install. EBADS to take no more than one week.
Pyxis install				X								Requires power, internet, software.
Deep Clean	DSHS			X		X			X			Standard cleaning prior to DOH tours
Orders Delivery (commissary, central supply, vendors)		X	X	X	X	X	X	X	X	X	X	
DSHS Equipment Install			X	X	X	X						Small fridge, VC monitors, restraint bed, chart racks
CMO work orders			X	X	X	X	X	X	X	X	X	Orders placed as things break or need to be put together
Key Core Completion		X										Identify vision with Mark
Environment of Care checklist (see excel file)				X		X		X		X		

Activity	Owner	Prior to Keys	Week 1 6/12-6/19	Week 2 6/20-6/26	Week 3 6/27-7/3	Week 4 7/5-7/10	Week 5 7/11-7/17	Week 6 7/18-7/24	Week 7 7/25-8/1	Week 8 8/2-8/7	After Opening	Comments
Other Contd.												
Vehicle onsite			X									
External Signage		X	X									Signage external to building to direct traffic to site
Train staff		X	X	X	X	X	X	X	(X) ¹			Mark to install WAPs from DSHS
Wireless install		X										Cable co. will coordinate with Mark to access the building
Cable install		X										
Radios units-delivery, storage, charging stations		X		X								

*if these activities are delayed, opening will be delayed.

¹Partial Week

Quarterly Implementation Status Report

April 2019

Attachment H

Fort Steilacoom Competency Restoration Program Staff Training Plan and Timeline

The training that is required to onboard and prepare staff for operations at the Fort Steilacoom Competency Restoration Program is extensive. The goal of the initial staff training and orientation is *demonstrated competency*. Training shall consist of a combination of classroom instruction, self-guided online training, mentoring, and coaching during hands-on practice and drills.

A total of 77 staff members, including 64 direct-care staff and on-call staff, shall be hired to operate the program. While some staff may have experience working with forensic patients in other DSHS facilities, others will be completely new to the setting. Moreover, these staff have not previously worked together as a team or in the new facility. It is therefore essential that the direct care staff train as teams, building skills together, in order to be fully competent in their understanding of the patient population, the expectations of their position in providing excellent care and treatment, the importance of their work in maintaining a safe and therapeutic environment, and all of the policies and procedures that apply to their duties.

The Department conducted a thorough analysis of the training requirements and developed a comprehensive training curriculum master plan and time line (See Exhibit A). The Department also consulted with Greg Roberts, former CEO of Oregon State Hospital and consultant to DSHS regarding optimal time to allocate for training prior to beginning care operations. His recommendation, informed by his experience closing a 72-bed facility and opening a completely new facility, was for a three-month training and orientation period. Recognizing the need to open beds at Building 27 as expeditiously as possible, the Department has put together a schedule that is shorter than this recommendation.

As shown in Figure 1 of Appendix A, a total of eight weeks (from employment start date to satisfactory completion of required training) is needed for training. Staff hiring and training will be done in cohorts depending on hire date. In order to bring beds online as soon as possible, some training will be provided prior to the Department receiving the keys to the facility from the Contractor. However, even using this strategy, not all staff will be able to complete all the training prior to the occupancy permit being granted. The training plan will therefore use training cohorts to maximize training efficiency. Additionally, access to the facility is required to complete much of the training including team practice drills.

The eight week allotted time between gaining access to the building and receiving the first patients will also allow the Department to ensure that the facility is safe and fully ready for operations. As with any new building, it is reasonable to expect that some minor work or modifications may be necessary. Computers, software applications, and other IT-related configurations must be completed during this time period, and computer network access is required for staff to complete required online training. Moreover, while the Department plans to have all staff hired prior to receiving the keys to the building, it is possible that a few staff members may leave employment before operations begin. Thus, the eight week window will allow time to onboard additional staff.

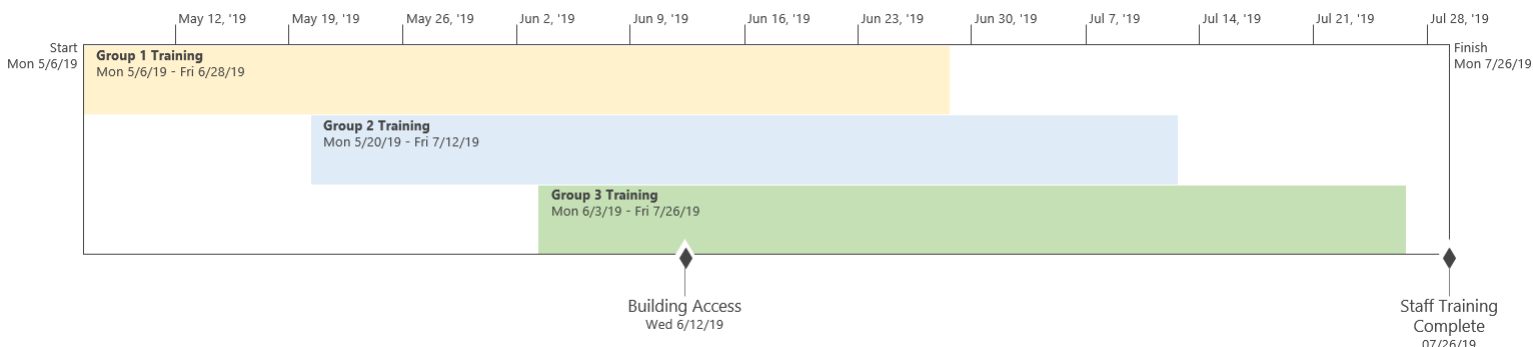
The Department recognizes that modification to the training curriculum and time-line may be necessary in order to adjust for any new training requirements (e.g., additional software training). The goal is to complete training in an expeditious but mindful, reasonable, and practical manner lasting no more than eight weeks.

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Western State Hospital’s New Employee Orientation (WSH NEO) is a three week program. It is pre-scheduled by the Hospital and conducted almost entirely within the Organizational Development building. Its content meets the basic requirements for State Hospital employment, with its third week exclusive to nursing staff and meets the basic requirements for staff on-boarding at FSCR. OFMHS has developed six weeks of additional academic and practical training to follow WSH NEO, which includes clinical-skills training in Competency Restoration Services, Social Learning, and Crisis Intervention. This period also includes all software related training for program operations as well as safety training, including facility security procedures and emergency management procedures. Drills for all staff are included, such as room searches, evacuation, fire watch, and elopement. These drills require coordination with Hospital partners such as the Emergency Management Team, the Hospital Command Center, and the Security Department.

Phase 3 of the FSCR hiring plan will represent a large number of staff requiring training. Capacity and training resources within WSH are regulated and OFMHS staff will be training side-by-side with WSH staff during NEO. Therefore, a plan that contemplates that all staff are hired and progressively trained as a collective group is not possible. Instead, OFMHS will stage cohorts of hired staff for a training program that begins with WSH NEO pursuant to its schedule, and progresses to the OFMHS six week program. (See Figure 2). This plan requires OFMHS to commence training for the first group of trainees six weeks before access to B27 is available. This group will be complete with its training six weeks after access has been provided. However, subsequent staff groups will still be in training. The first group that completes its training will be tasked with assisting FSCR leadership in preparation of the facility. This plan also provides for the time and likelihood that not all job offers are accepted, requiring the hiring authority to re-engage certified lists of applicants and make new offers.

Figure 1 Training cohorts based on hire dates



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	<ul style="list-style-type: none"> • <i>Labor Partners</i> (30 min) • <i>ID Badge Photos</i> (30 min)
1 Week - WSH NEO Clinical: (All Staff)	
This week's training introduces all employees in direct-care to shared clinical concepts and responsibilities. While this is the only training of its type for Hospital staff, OFMHS considers this basic but foundational for the advanced programmatic training required by FSCR. This week's training is didactic and hands-on.	<ul style="list-style-type: none"> • <i>BLS/CPR</i> (4hr) • <i>Keywatcher Enrollment</i> (90 min) • <i>Charting and Patient Documentation</i> (3 hr) • <i>Seclusion and Restraint Policy, Expectations, and Best Practices</i> • <i>Trauma Informed Care</i> • <i>Understanding Mental Illness</i> (90 min) • <i>Therapeutic Engagement and Roll Play</i> (2 hr) • <i>Stigma</i> (1 hr) • <i>Debriefing</i> (1 hr) • <i>10 Principles of Recovery</i> (2 hr) • <i>Charting and Patient Documentation</i> (4 hr) • <i>Treatment Planning</i> (3 hr) • <i>Vital Signs/Lifts/Fall Prevention</i> (2.5 hr) • <i>Emergency Equipment and Response</i> (1 hr) • <i>Assigned Monitoring</i> (1 hr) • <i>Suicide Assessment and Monitoring</i> (1 hr) • <i>Application of Restraint and Documentation</i> (3.5 hr) • <i>Assessing and Preventing Suicide</i> (1 hr) • <i>Fall Prevention Documentation</i> (1 hr)
1 Week - Clinical (Nurses only– RN2, RN3, On-Calls)	
This is Employer required training by all Nurses working in State Hospitals.	<ul style="list-style-type: none"> • <i>Diabetes Care</i> (2 hr) • <i>Pharmacy Overview</i> (30 min) • <i>Anti-Depressants</i> (1 hr) • <i>Mood Stabilizers</i> (1 hr) • <i>Medication Policy Manual</i> (2.5 hr) • <i>Anxiolytics and Hypnotics</i> (30 min) • <i>Antipsychotics and EPS/TD</i> (1.5 hr) • <i>Food and Nutrition – Dietician Services</i> (30 min) • <i>Pyxis Tutorials</i> (1.5 hr) • <i>Glucometers</i> (3.5 hr) • <i>Pharmacological Exam Prep</i> (2 hr) • <i>Pharmacy Review/Cases</i> (1 hr) • <i>Medi-MAR Phase One</i> (75 min) • <i>Pharmacological Exam</i> (75 min) • <i>Pharmacy Wrap-Up</i> (1.5 hr) • <i>Nursing Assessments and Documentation</i> (4 hr) • <i>Ward Orientation with Nurse Educators</i> (3.5 hr) • <i>Electronic Training Make-Up</i> (10 hr)
1 Weeks - FSCR Electronic Systems Training (all staff)	
This week of training is dedicated to the several software systems	<ul style="list-style-type: none"> • <i>Clinical Frequency Reporting System – Social Learning Active Treatment Tracking Software</i>

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<p>that will be utilized by <u>all staff</u> at FSCRCP. Time is also allocated for the 10 hours of required LMS online trainings for all staff working in direct care. Nurses will receive training in CACHE and ADT during their Nurse specific week. This training is largely hands-on.</p>	<ul style="list-style-type: none"> • <i>CACHE – Comprehensive Patient Record Software</i> • <i>ADT – Admission, Discharge, Transfer Record Software (add-on module to CACHE)</i> • <i>E-AROI – Administrative Reports of Incident Software</i> • <i>Work Orders – Logging service work orders with CMO</i> • <i>LMS – Learning Management System Required Online Training Courses</i>
2 Weeks - Safety/Security: All Staff	
<p>FSCRCP maintains a responsibility to the Safety and Security of Patients, Staff, and the Public. All staff will be trained in the Safety and Security Curriculum of State Hospitals. This week's training is didactic and hands-on.</p>	<ul style="list-style-type: none"> • Shield Use (3 hr) • Life Safety, Fire Response and Fire Watch (1.5 hr) • Hospital Watch Duty and Practical Application (30 min) • Emergency Evacuation (2 hr) • Evidence Collecting and Handling (2 hr) • Interviewing Techniques and Methods (1 hr) • Mitigation and Response Strategies and Practical Application (4 hr) • Radio Use (1 hr) • Conducting Searches (3 hr) • Security Inspections: Interior and Exterior (1.5 hr) • Core Competencies (4 hr) • Emergency Management CEMP COOP ICS (1 hr) • Professional Conduct (1 hr) • Customer Service, Staff Misconduct, Restraining Orders (1 hr) • Workplace Violence (1 hr) • Ethics (1 hr) • Fundamentals, Mindset, Clientele (2 hr) • Security Overview and Operations (1 hr) • Patient Elopement, Unauthorized Leave Response, Recognition, Reporting & Patrol Methods (2 hr) • Code Response (3 hr) • Clientele/Client Engagement (1 hr) • Security Incident Report Writing (4 hr) • Keys & Emergency Key Sets (30 min) • Restraint Use (2 hr) • Walkthrough and Patrol Methods (1 hr) • Advanced Training: Restraint, Spit Masks, Helmets (4 hr) • Full Incident Response Scenarios and Evaluation (16 hr)
3 Weeks - OFMHS Advanced Clinical and Drills	
<p>This final block of training is the programmatic content and practice period that will distinguish FSCRCP as a Forensic Center of Excellence. This is also the period in which all staff will drill in critical operational</p>	<ul style="list-style-type: none"> • <i>Breaking Barriers and CORE Instructor</i> • <i>Social Learning Psychosocial Program</i> • <i>Personality Disorders: Best Practices in Restoration Treatment Settings</i> • <i>Working with Psychiatric Patients: Compassion and Client's Best Interests</i>

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<p>functions prior to opening (from lessons learned at Maple Lane) to reduce risk and errors, after opening. These drills will become OJT after opening. This 3 week period is heavy with hands-on learning.</p>	<ul style="list-style-type: none"> • <i>Working with Psychiatric Patients: Recognizing Warning Signs and Triggers</i> • <i>Competency Evaluation in Competency Restoration Settings: Best Practices for Restoration Staff</i> • <i>ACIT – Advanced Crisis Intervention Team Training – Trauma Informed De-Escalation (3 days)</i> • <i>Secure Admission/Discharge – Procedures and Drills</i> • <i>Day Room Incident Scene Clearing – Procedures and Drills</i> • <i>Manual Holds, Movement to Areas of Reduced Stimulation, Movement to S/R</i> • <i>Completed Suicide Incident Management</i> • <i>Patient Escorting – lines, ratios, and movement Procedures and Drills (4 hr)</i> • <i>Yard Sweep and Fence Security Inspection Procedures and Drills (1 hr)</i> • <i>Interior Physical Security Inspection of B27 Procedures and Drills</i> • <i>Emergency Evac – Procedures and Drills, coordination with WSH partners</i> • <i>Elopement – Procedures and Drills, coordination with WSH partners</i>
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Quarterly Implementation Status Report

April 2019

Attachment I

BUILDING 27 PROJECT

FORT STEILACOOM COMPETENCY RESTORATION PROGRAM

Expanding Restoration Treatment Options in Washington

Project Summary

Building 27, located on Western State Hospital campus, will be remodeled as a Residential Treatment Facility (RTF) to provide competency restoration treatment services to 30 patients. This project is a collaborative effort between DSHS and the plaintiffs in the *Trueblood et al v. Washington State Department of Social and Health Services (Trueblood)* federal court case. *Trueblood* requires that when a defendant is found not competent to stand trial, they may not wait longer than seven days to be placed into treatment. The Building 27 RTF will add 30 additional beds.

Project Status Update

Overall Status	Schedule	Scope	Budget	Quality
	↑	↑	↑	↑
✓ Completed ↑ No impact to successful completion → Potential impact to successful completion ↓ Impact to successful completion is present	Schedule	Scope	Budget	Quality
Project Deliverables				
Phase 1 - Initiation				
Project Summary	✓	✓	✓	✓
Project Charter	✓	✓	✓	✓
Project Schedule	✓	✓	✓	✓
Risk/Issue Log (updated weekly, ongoing)	↑	↑	↑	↑
Communications Plan (ongoing)	↑	↑	↑	↑
Status Reports (first of each month, ongoing)	↑	↑	↑	↑
Construction Drawings (ongoing)	↑	↑	↑	↑
IT/Patient Records Needs Assessment	✓	✓	✓	✓
Lease Agreement	✓	✓	✓	✓
Admissions Criteria	✓	✓	✓	✓
DSHS Budget through June 2019	✓	✓	✓	✓
Phase 2 - Planning				
Policy and Procedures – Master list/court memo	✓	✓	✓	✓
Training Plan	✓	✓	✓	✓
Staffing Plan	✓	✓	✓	✓
ET Scope Requirements	✓	✓	✓	✓
IT Scope Requirements	✓	✓	✓	✓
Software Requirements	✓	✓	✓	✓

B27 MONTHLY STATUS REPORT, APRIL 2019

Overall Status	Schedule	Scope	Budget	Quality
		↑	↑	↑
DOH CRS Application (ongoing until final approval)	↑	↑	↑	↑
DOH CRS Approval (TBD)	↑	↑	↑	↑
City of Lakewood Demolition Permit	✓	✓	✓	✓
Position Descriptions	✓	✓	✓	✓
ESH Admissions to RTFs - Referral Policy	✓	✓	✓	✓
Memorandum of Understanding/ IAA's (TBD)	→	↑	↑	→
WSH Contract Amendments	↑	↑	↑	↑
Ordering List	✓	✓	✓	✓
Emergency Management Plan (3/29/19)	↑	↑	↑	↑
Continuity of Operations Plan (4/5/19)	↑	↑	↑	↑
Disaster Recovery Plan	✓	✓	✓	✓
IT/ET bids	✓	✓	✓	✓
Phase 3 - Implementation				
DOH Policies and Procedures	✓	✓	✓	✓
Training Materials (3/31)*	✓	✓	✓	✓
DOH Licensure Application	✓	✓	✓	✓
DOH Certification Application	✓	✓	✓	✓
DOH Licensure and Certification Issued (TBD)	↑	↑	↑	↑
Health Care Entity Certification Application	✓	✓	✓	✓
Draft HCE Procedure Manual	✓	✓	✓	✓
Final HCE Procedure Manual (4/1)	↑	↑	↑	↑
Health Care Entity Certification Issued (TBD - May)	↑	↑	↑	↑
DEA Certification Application (TBD - May)	↑	↑	↑	↑
DEA Certification Issued (TBD - May)	↑	↑	↑	↑
Clinical Frequencies Reporting System Purchased*	✓	✓	✓	✓
Patient and Facility Schedules*	✓	✓	✓	✓
Breaking Barriers Program (TBD)	✓	✓	✓	✓
Social Learning Program (4/1)	↑	↑	↑	↑
Business License approved	✓	✓	✓	✓
Certificate of Coverage issued	✓	✓	✓	✓
Phase 1 staff on board (TBD)*	✓	✓	✓	✓
Phase 2 staff on board (4/15)*	↑	↑	↑	↑
Phase 3 staff on board (TBD)	↑	↑	↑	↑
Occupancy Permit (TBD - June)	↑	↑	↑	↑
Remodeled Facility (TBD - June 12)*	↑	↑	↑	↑
2019-2021 Budget to operate the facility (TBD)	↑	→	→	→
Radio Units Received	✓	✓	✓	✓
Radio Expansion (TBD)	→	↑	↑	↑
Electrical Plan (ongoing)	↑	↑	↑	↑
VC/T Equipment	✓	✓	✓	✓
Vehicle Lease	✓	✓	✓	✓

Overall Status	Schedule	Scope	Budget	Quality
		↑	↑	↑
B27 Work Instructions (4/15, ongoing)*	↑	↑	↑	↑
Windows procured and installed - first 31 (5/29)	↑	↑	↑	↑
Windows procured and installed (second set) (TBD)	↑	↑	↑	↑
Phase 4 - Closure				
Closure Report (8/31)*	↑	↑	↑	↑
B27 Party (TBD)	↑	↑	↑	↑

*Modified since last report

Completed Milestones

- ❖ Phase 1 staffing is complete.
- ❖ The training materials are complete.
- ❖ Clinical Frequencies Reporting System Purchased. The first site visit from the contractor was held in March.

Active Issues/Risks (High-level)

- ❖ Filling beds in B27 (and all restoration beds statewide) requires that patients in *any county* be able to be referred and treated in any competency restoration facility. This transition is significant, and the *Statewide Competency Restorations Referral Project* is underway to support this work.
- ❖ Medical staffing coverage has not been identified to support the program.
- ❖ Modifications to the construction scope of work will continue to evolve as planning progresses. Changes to the scope of work may translate into higher costs than previously expected and impact the overall timeline.
- ❖ A budget shortfall remains projected for the 2019-2021 biennium. The governor's budget included full funding for FSCR. P.
- ❖ As B27 will employ state employees, new positions may translate into large gaps for other agencies and programs.
- ❖ DEA licensure must occur after HCE licensure. HCE licensure can only be approved once the Pyxis machine is installed on site (after 5/3). The DEA application is prepared but cannot be submitted until HCE licensure is in place and takes 4-6 weeks to process.
- ❖ B27 remains in fire watch status.

Closed Issues/Risks (High-level)

- ❖ The conduit installed in the facility by the contractor was not correct. This issue is now closed because the install was approved by Tacoma power.

Additional Updates

- ❖ Keys are anticipated June 12th. First patient anticipated no later than August 7th.
- ❖ A revised draft of the HCE manual was submitted to DOH for review. If no additional feedback is received, the manual will be considered final.
- ❖ Phase 1 staffing is complete.
- ❖ Phase 2 staffing has 6 out of 7 positions hired.
- ❖ Phase 3 staffing is underway with 4 out of 65.5 positions hired.
- ❖ Contract amendments at WSH to support B27 are on track.
- ❖ IT identified that the UPS battery backup for the radios was not included in the initial bid to upgrade the radio network. The change in cost is +\$55,722.