



***TRUEBLOOD vs DSHS***

**OVERVIEW FOR MIDD  
ADVISORY COMMITTEE**

**Behavioral Health and  
Recovery Division  
Diversion and Reentry Services**

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# Competency to Stand trial in criminal courts/ forensic mental health services

Legal competency- the capacity for a defendant to understand the nature of the charges against them and to assist in their own defense in a **criminal** court case. If the question of a person's competency to stand trial is raised in court, the case is put on hold and DSHS assesses the person's ability to function as a defendant. [RCW 10.77](#) If found not competent to proceed, and the case merits prosecution in the interest of justice, the court may order DSHS to restore the person to competency in order to proceed with the case.

Forensic mental health services provided by DSHS: **Competency evaluation** and **restoration**



What interferes with a defendant's competency to stand trial?

- Serious mental health conditions, particularly symptoms of psychosis (hallucinations, delusions, disorganized thinking and speech, paranoia, catatonia)
- Cognitive impairment due to traumatic brain injury, developmental disability, dementia, etc
- Language and cultural barriers if unfamiliar with American court system

[DSHS Office of Forensic Mental Health Services](#)





# Trueblood vs. DSHS

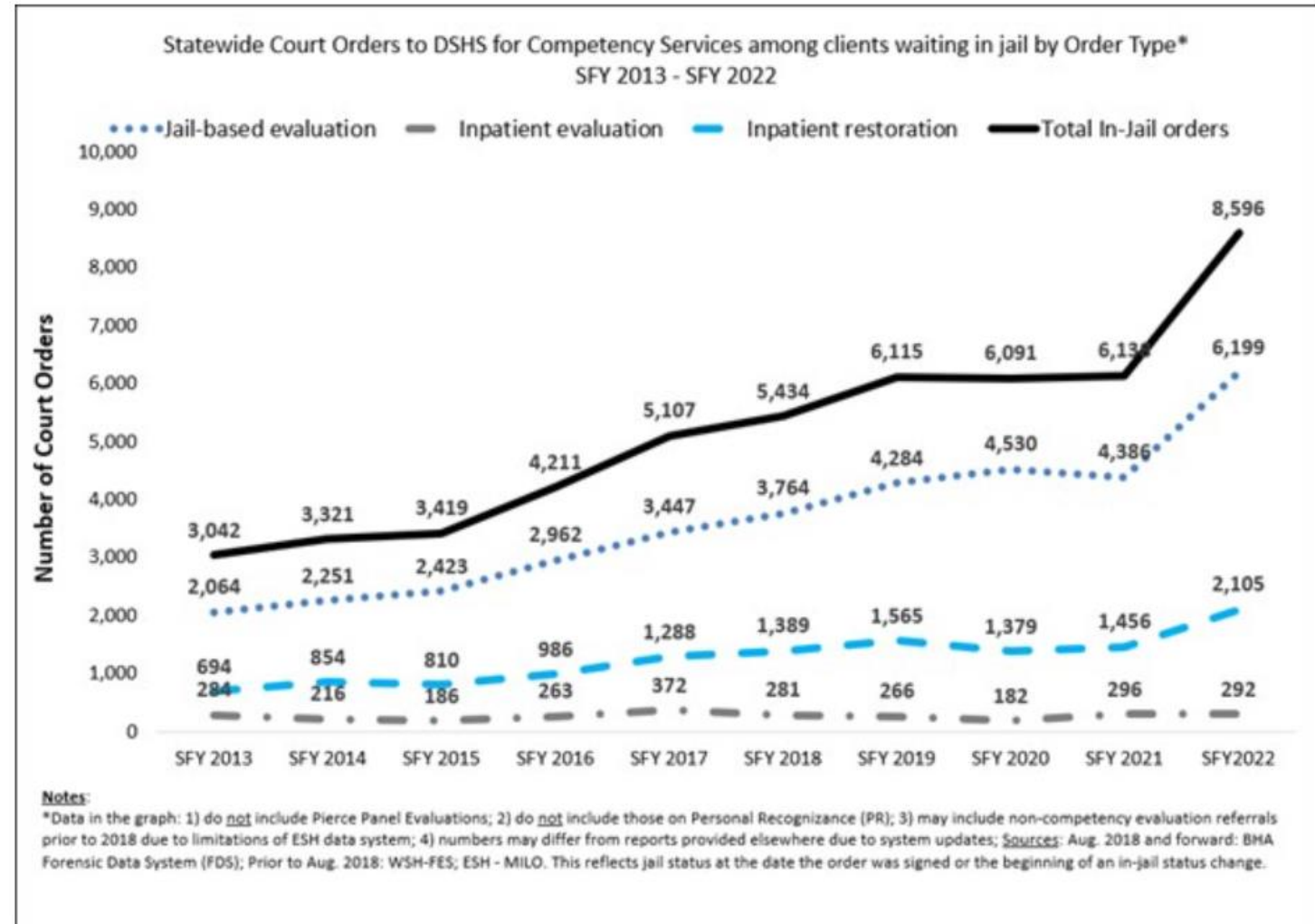
- ▶ A.B. by and through Trueblood et al. v. Washington State DSHS- class action lawsuit, where the Federal District Court ruled in 2015 that individuals **waiting in jail** for a legal competency evaluation or restoration experienced unconstitutional delays, violating their rights to due process.

**Trueblood Class Member** – Any individual who is now or has a history of *waiting in jail* for either court-ordered evaluation of competency to stand trial or court-ordered admission for inpatient competency restoration services.



# Unresolved issue

- ▶ Increasing 'demand' from criminal courts has outpaced DSHS strategies to improve the system (adding evaluators, converting WSH/ESH civil beds to forensic, etc)
- ▶ Number of people waiting in jail and length of time waiting for restoration increasing



# How is BHRD/DCCHS involved?

- ▶ Increasing non-Medicaid access to outpatient Mental Health & Substance Use Disorder services for current and former Trueblood class members
- ▶ Project managing diversion programs LINC and LEAD-Trueblood (legislative priority to continue HCA funding for Trueblood Diversion)
- ▶ Performance Measurement and Evaluation conducting evaluation of outcomes in LINC and LEAD-Trueblood
- ▶ HHCDD implementing diversion grant for Permanent Supportive Housing (PSH): 300 Trueblood class members housed over 4 years, modify Coordinated Entry in homeless response system
- ▶ Working on 1 stop shop website for array of resources: [www.kingcounty.gov/trueblood](http://www.kingcounty.gov/trueblood)
- ▶ Implementing BH-ASO-delegated crisis enhancements (mobile crisis response, new crisis facilities)
- ▶ Regional coordination role for Trueblood contempt settlement agreement implementation



# Trueblood Settlement Agreement- State resources implemented in King Co. in 2022

## Trueblood: Person-Centered Services

The Washington State Department of Social and Health Services and Washington State Health Care Authority are working to implement services and programs created as part of the Trueblood vs. DSHS lawsuit into King County. These interconnected programs, which launched in 10 counties in 2020 in Phase 1 of Trueblood implementation, work closely with one another. Their goal is to advocate for what is in the best interest of Trueblood class members — people who experience behavioral health conditions and await competency evaluations and restoration services — and to connect them with community resources and wraparound services.

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

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

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

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

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



State (HCA/DSHS) implementation of Contempt Settlement Agreement areas:

- Crisis enhancements (via BH-ASO)
- 2 crisis triage and stabilization facilities funded and coming to King in 2023
- Implementation of specialized outpatient programs:
  - Outpatient Competency Restoration Program (alternative to WSH)
  - Forensic PATH (outreach/case management)
  - Forensic HARPS (housing navigation and support)
- Training: Peer enhancement, Crisis Intervention Training, Technical Assistance to jails
- Changes at DSHS/state hospital
  - additional forensic beds
  - additional competency evaluators
  - **Forensic Navigators**, RCW [10.77.074](#)



# Outcomes of the Trueblood ruling

## DSHS- Behavioral Health Administration/Office of Forensic Mental Health Services

Closed civil WSH wards to make forensic capacity

Residential treatment facilities  
Yakima- now closed, Maple Lane, Fort Steilacoom

[Governor's mental health transformation plan](#) funding local treatment (PACT, IRT, E&Ts)

Plans for "Forensic Center of Excellence" at WSH

Funds prosecutorial diversion (including LINC)

### Trueblood Diversion Grants

WA State paid contempt fines to the Federal Court 2016-2018, before entering a settlement agreement, fine funds were re-distributed across WA as grants for diversion programs.

In King, we expanded/enhanced existing diversion programs:

- LINC prosecutor diversion
- LEAD expansion to mental health population
- +DESC COAT (low barrier treatment team) and Community House transitional supported housing

At end of grants, these transitioned to HCA funding as "Trueblood Diversion"

King Co received a housing grant in 2022 to house 300 former Trueblood class members in Permanent Supportive Housing over 4 years

### Trueblood Settlement Agreement

State is mandated to make system reforms and new investments to prevent people from (re)entering criminal system or offer resources within it

Crisis Triage and Stabilization capacity increase, enhancement

Mobile Crisis enhancements

Forensic PATH (case management for high utilizers)

Forensic HARPS (housing navigation and support)

Outpatient Competency Restoration

Co-Responder (through WASPC, not implemented in King)

CIT training for Law Enforcement, 911 dispatch, and correctional officers (through CJTC)

Enhanced Peer Support

+ DSHS changes: additional evaluators, facilities capacity, adds Forensic Navigators assigned when a competency eval is ordered, workforce development

King Co BHRD contracted by HCA to coordinate elements with each other and local systems during implementation

