# 2017 *Trueblood* Jail Diversion Request for Proposals & Application Requirements

Submission deadline: **Wednesday, January 4, 2017** at 5:00 p.m. (must be emailed or postmarked)

Receipt of proposals will be acknowledged via email to the identified applicant organization executive.

**Applicant proposals will include the following sections:**

☐ Cover Letter
☐ Table of Contents
☐ Understanding of the Need for Diversion Services
☐ Proposed Approach and Services Solution
☐ Implementation Context and Linkages
☐ Staffing and Staff Qualifications (Attachment A)
☐ Budget – Budget Proposal Form (Attachment B)
☐ Proposed Implementation Timeline
☐ Sustainability Plan
☐ Reporting and Evaluation
☐ Applicant Organization Qualifications (Attachment C)
☐ Examples of Prior Qualifying Program Efforts
☐ References (Attachment D)

Attachments: Appendix A and B

| ***TRUEBLOOD* REQUEST FOR PROPOSALS (RFP) KEY DATES** | |
|---|---|
| RFP Release | December 5, 2016 |
| Applicant Conference via Teleconference | December 12, 2016 |
| Questions Accepted | December 12 – December16, 2016 |
| Responses Posted | December 21, 2016 |
| Letter of Intent Due | December 21, 2016 |
| RFP Response Deadline | January 4, 2017 |
| Oral Presentations for Select Applicants | January 16 – January 20, 2017 |
| Review Committee Selections | January 23, 2017 |
| Submission to the Court | January 31, 2017 |
| Award Notice by Court | February 14, 2017 |
| Project Start Date | No later than July 1, 2017 |

# Table of Contents

# *Trueblood* Court Request for Proposals and Grant Application

## I. INTRODUCTION AND OVERVIEW OF TRUEBLOOD AND DIVERSION SERVICES RFP

This grant application process is being conducted pursuant to *Trueblood v. Washington State Department of Social and Health Services (DSHS),* Case No. C14-1178 MJP. *Trueblood* is a federal court case regarding the constitutional rights of a class of individuals with disabilities facing prolonged detention in jail awaiting court ordered competency services from Department of Social and Health Services ("DSHS"). The *Trueblood* Court has ordered the State of Washington to take immediate steps to reduce the length of time class members are waiting in jail so that no one is waiting more than seven days for admission to a hospital for competency services or fourteen days for a fully completed jail-based competency evaluation. DSHS has been unable to comply with reducing wait times for admission services to seven days or less. The *Trueblood* Court found DSHS in contempt and daily sanctions are being levied until DSHS is in compliance with court orders. Under the direction of the Court and its Monitor, the parties are working collaboratively to develop both a diversion plan and this RFP to identify third parties who will use the contempt funds to divert class members out of the criminal justice system and into systems and programs better designed to treat class members' needs.

This RFP has five main sections. First, there is an overview explaining the special circumstances regarding the scope of this grant and background to the case so that you understand the legal parameters and the identified needs of *Trueblood* class members. Second, there is an overview of diversion services and the *Trueblood* parties' goals for the impact of diversion services. Third, we list the required proposal response components and the essential applicant organization qualifications. Fourth, the applicant notices and submission instructions are listed. Finally, there is detailed information about the selection process.

"*Trueblood* Class Members" are defined as individuals who are now or have a history of waiting in jail for either court ordered in-jail evaluation of competency to stand trial or court-ordered admission for inpatient evaluation or restoration services. *Trueblood* class members may be charged with misdemeanors or felonies. Class members include persons who have one or more of the following conditions that may impact their competency to stand trial: mental health and/or substance use conditions, intellectual and developmental disabilities, traumatic brain injuries, or other cognitive impairments due to age, injury or disease.

"*Trueblood* Parties" are defined as the plaintiff organizations representing the class members (ACLU of Washington, Carney and Gillespie, and Disability Rights Washington) and the defendants (Washington State Department of Social and Health Services).

"*Trueblood* Working Group" is defined as representatives of the *Trueblood* parties and the Office of the *Trueblood* Court Monitor.

"Review Committee" is defined as staff and representatives of the *Trueblood* parties and staff and experts of the Office of the *Trueblood* Court Monitor.

## II. SPECIAL CIRCUMSTANCES – SCOPE OF WORK

### A. Court Recommended Priorities for Diversion Models

The *Trueblood* Court has accepted the recommendations of the Diversion Services Workgroup and adopted four goals for diversion services to:

1. Prevent deeper class member involvement in and recidivism in the criminal justice system;
2. Reduce demand for competency services;
3. Minimize the harm inflicted on class members by reducing criminal justice involvement and long term incarceration rates; and
4. Serve class members in the least restrictive environment.

The *Trueblood* Court has determined that while there are multiple options for diversion services, the focus of this RFP shall be on two key service interventions that are priorities for addressing needs of *Trueblood* class members. These priorities are:

*Option I: Pre-screening or Same Day Evaluations*: Pre-screening activities need to be linked to County Behavioral Health Organization (BHO) services, jail mental health services, and DSHS triage services. If properly targeted, these will not only minimize harm associated with incarceration and direct class members to less restrictive services, but will also reduce demand for competency services and disrupt the cycle of competency recidivism.

*Option II: Re-entry Planning*: Providing more intensive support and treatment services to class members upon release from jail is a common sense response to identified needs, which is not standard practice at present. This intervention has potential to not only meet class members' needs but also to interrupt the cycle of return to the attention of the police and the courts for those individuals who cannot manage without treatment and support. Class members will need both support services and direct services (e.g. housing, substance use treatment, etc.). However, given the scope of this grant, this option will be limited to support services.

### B. Selection of Project Awards

The Review Committee will, after Oral Presentation and deliberation, make recommendations to the US District Court for award of Diversion Services funds. Judge Marsha Pechman will make the final selection.

### C. Funding

Available *Trueblood* diversion services funding is approximated at up to $1 million per proposal. Based on demand, the contracting authority reserves the right to determine award amounts higher or lower than $1 million in order to fully

obligate the funding. The contracting authority will notify applicants prior to announcing awards to inform them of the amount of the offer.

The funding for these diversion services comes from the federal court, which has fined DSHS for contempt sanctions. The DSHS fines are accruing daily; therefore parties cannot provide total availability of funding. Current funding is approximated at $1[INSERT CURRENT AMOUNT] million and expected to increase by the time grant(s) are awarded. Funding is contingent on DSHS compliance with the *Trueblood* injunction and is therefore time-limited. Funds would be available for a minimum of a one year period of performance.

These funds may be used by the applicant to supplement existing funds for program activities or to create a new service, and must not replace funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit.

Finally, given the finite nature of this diversion grant, only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required diversion services quickly and effectively to class members within the confines of this funding.

## III. *TRUEBLOOD* BACKGROUND

### A. The *Trueblood* Matter

*Trueblood* is a class action matter before the US District Court of the Western District of Washington. The case concerns individuals who are waiting in jail for either court ordered in-jail evaluation of competency to stand trial or court-ordered admission for inpatient evaluation or restoration services. *Trueblood* class members may be charged with misdemeanors or felonies. Class members include persons who have one or more of the following conditions that may impact their competency to stand trial: mental health and/or substance use conditions, intellectual and developmental disabilities, traumatic brain injuries, or other cognitive impairments due to age, injury or disease.

In the *Trueblood* matter, DSHS is to provide in jail competency evaluations within 14 days and provide for transfer from jails to state hospitals within 7 days for individuals in need of inpatient competency evaluations or inpatient competency restoration services. In July of 2016, DSHS was found in contempt for lack of compliance with the 7 day standard for transfers to hospitals and a remedy of fines was established. Pursuant to the Court's order, the *Trueblood* parties and the Court Monitor were ordered to work together with stakeholders from across Washington State to develop and submit a Diversion Plan to the Court. The required plan needed to focus on diversion for class members and "the development of diversion programs to reduce dependence on the state hospitals."

### B. Summary of the *Trueblood* Diversion Planning Process

The parties and the Court Monitor developed the Diversion Plan after conducting a series of in-person and telephonic meetings as well as gathering data and soliciting input from class members, stakeholders, and experts. *See* Appendix A – The Diversion Plan. The Plan outlined needs of class members and priorities for the use of the fines. Based on the established goals, financial considerations, data, recommendations by the experts, and timeframe, the *Trueblood* Workgroup decided to focus on the intercepts two and four for recommendations, with a focus on conducting pre-screening in jails and re-entry planning. The Court adopted the parties' recommendations on diversion services priorities and directed the parties to work accordingly to plan for the appropriate dissemination of fine funds.

### C. *Trueblood* Class Member Need Profile

The *Trueblood* parties gathered data regarding various class member characteristics to inform the Diversion Plan. The data points outlined below, and contained in Appendix A, are based on a sample of 502 unique *Trueblood* class members with court order dates ranging primarily from April 2015 to September

2015. Data were collected on the following characteristics: 1) housing status around the time of court order, 2) Medicaid eligibility around the time of court order, 3) prior use of competency services, 4) prior contact with the criminal justice system, 5) prior mental health system contacts, 6) prior use of substance use treatment, and 7) substance use diagnosis at hospital admission. The findings of the data collection and analysis effort are briefly summarized below.

In addition to the collection of relevant data and consistent with national evidence-based practices, two surveys were conducted: a stakeholder survey and a class member survey. *See* Appendix A. The survey distributed to stakeholders assessed the perceived level of usefulness of various diversion methods and the points in the criminal justice system at which diversion methods are most needed. The survey distributed to class members assessed the perceived level of usefulness of the various diversion methods. The main survey findings are summarized below.

Finally, DSHS mapped existing diversion services in Washington, using a Sequential Intercept Model of Diversion Programs. *See* Appendix A. The *Trueblood* Workgroup reviewed that model and analyzed the perceived gaps between the existing service models. Questions about these perceived gaps were folded into the surveys that were conducted. Based on the data collected, the parties were able to develop the following summary of class member characteristics as well as the stakeholder and class member survey input to help drive the diversion planning process. While the input from stakeholders and class members was critical in understanding how a full array of diversion services could serve the needs of this vulnerable population, given the funding limitations of this grant, these summaries are for background information only and do not replace the *Trueblood* diversion priorities discussed in section II.A above.

**i.** Summary of Class Member Characteristics

a. **Housing Status.** During the month the court order was signed, 74 out of 502 individuals or 14.7% of the sample were homeless (see Table 1).[1] In discussions held with DSHS Forensic Psychologists during this planning process, those evaluating class members for competency indicated that a majority of class members were unstably housed or homeless at the time of jail evaluation or inpatient admission for evaluation or restoration. This suggests that some portion of the "uncertain" category may also need housing assistance.
b. **Medicaid Eligibility.** During the month that the court order was signed, 217 out of 502 individuals or 43.2% of the sample were Medicaid eligible (see Table 2). Individuals who are homeless or incarcerated may temporarily lose Medicaid eligibility,

[1] An individual is counted as homeless if the administrative record showed homeless during the month of the court order or 30 days prior/post the month of the court order.

suggesting that more of the class members sampled may be Medicaid eligible.

c. **Prior Competency Services.** Since 2012, 339 out of 502 individuals or 67.5% of the sample were recorded as having two to five referrals for competency services and 110 out of 502 individuals or 21.9% of the sample were recorded as having six or more referrals for competency services (see Table 3).
d. **Prior Criminal Justice System Involvement.** In the year prior to the day the court order was signed, 351 out of 502 individuals or 69.9% of the sample had at least 2 arrests (see Table 4). In the 2-5 years prior to the day the court order was signed, 286 out of 502 individuals or 57% of the sample had at least 2 arrests.
e. **Prior Mental Health System Involvement.** In the year prior to the day the court order was signed, 313 out of 502 individuals or 62.4% of the sample received outpatient mental health services; 250 out of 502 individuals or 49.8% received residential mental health services; and 284 out of 502 individuals or 56.6% received crisis services in at least one month in that year (see Tables 5-7). In the 2-5 years prior to the day the court order was signed, 318 out of 502 individuals or 63.3% of the sample received outpatient mental health services; 226 out of 502 individuals or 45% received residential mental health services; and 294 out of 502 individuals or 58.6% received crisis services in at least one month in those years.
f. **Prior Substance Use Treatment.** In the year prior to the day the court order was signed, 16 out of 502 individuals or 3.2% of the sample, received outpatient substance use treatment services; 13 out of 502 individuals or 2.6% of the sample, received residential substance use treatment services; and 14 out of 502 individuals or 2.8% of the sample received detox services in at least one month in that year (see Tables 8-10). In the 2-5 years prior to the day the court order was signed, 71 out of 502 individuals or 14.1% of the sample received outpatient substance use treatment services; 46 out of 502 individuals or 9.2% of the sample received residential substance use treatment services; and 28 out of 502 individuals or 5.6% of the sample received detox services in at least one month.
g. **Substance Use Diagnosis.** Around the month of the court order date, 273 out of 502 individuals or 54.4% of the sample had a substance use diagnosis (see Table 11). Note that rates of diagnosis of substance use conditions exceed considerably the rates of treatment participation, suggesting that the lack of access to treatment may be a factor in justice system and competency system involvement.

### ii. Summary of Stakeholder Survey Results

There were 156 respondents to the stakeholder survey, including law enforcement, and mental health professionals. Respondents ranked various diversion methods in order of helpfulness and intercept points in order of priority. The respondents ranked the following methods of diversion in order of helpfulness (1-most helpful, 7-less helpful): Housing, Medication Management, Transportation, Counseling, Employment, Case Management, and Other (see Appendix A for "other" responses). The results of the diversion method ranking are outlined as follows:

- 83 or 53% of 156 respondents ranked HOUSING as the most helpful diversion method.
- The second highest ranked diversion method was MEDICATION MANAGEMENT, with 33 or 21% of respondents ranking this as number one, and 50 or 32%, ranking it as number 2.
- The third highest ranked method was CASE MANAGEMENT, with 31 or 20%, ranking this method as most helpful; 35 or 22%, ranked this method as second most helpful, and 40 or 26%, ranked this method as the 3rd most helpful.
- COUNSELING was the fourth highest ranked method.

**Stakeholder Survey Diversion Method Ranking Table**

| DIVERSION METHOD | NUMBER OF RESPONDENTS WHO SELECTED THE METHOD AS THE MOST IMPORTANT. | NUMBER OF RESPONDENTS WHO SELECTED THE METHOD AS THE SECOND (2ND) MOST IMPORTANT. | NUMBER OF RESPONDENTS WHO SELECTED THE METHOD AS THE THIRD (3RD) MOST IMPORTANT. | TOTAL WEIGHTED SCORE |
|---|---|---|---|---|
| HOUSING | **83** | 29 | 21 | 929 |
| MEDICATION MANAGEMENT | 33 | **50** | 36 | 826 |
| CASE MANAGEMENT | 31 | 35 | **40** | 776 |
| COUNSELING | 8 | 13 | 21 | 564 |

The second question asked respondents to rank the intercept points in the criminal justice system in order of priority. The results of the intercept ranking are outlined as follows:

- 101 or 65% of 156 respondents selected LAW ENFORCEMENT/EMERGENCY SERVICES as the intercept point in the criminal justice system that should be the number one priority.
- The second highest ranked intercept point in the criminal justice system was INITIAL DETENTION/INITIAL COURT HEARING, as 22 respondents or 14%, selected this as number one, and 61 or 39%, ranked it as the second highest priority.

- JAIL/COURTS was given the 3rd highest overall score/ranking, and 47 or 30% of respondents selected this variable as the third highest priority.
- RE-ENTRY had the highest number respondents (45 or 29%) rank this variable as the fourth highest priority; but, COMMUNITY CORRECTIONS/COMMUNITY SUPPORT had a higher score.

**Stakeholder Survey Intercept Point Ranking**

| INTERCEPT POINT | NUMBER OF RESPONDENTS WHO SELECTED THE INTERCEPT POINT AS THE MOST IMPORTANT. | NUMBER OF RESPONDENTS WHO SELECTED THE INTERCEPT POINT AS THE SECOND (2ND) MOST IMPORTANT. | NUMBER OF RESPONDENTS WHO SELECTED THE INTERCEPT POINT AS THE THIRD (3RD) MOST IMPORTANT. | NUMBER OF RESPONDENTS WHO SELECTED THE INTERCEPT POINT AS THE FOURTH (4TH) MOST IMPORTANT. | TOTAL WEIGHTED SCORE |
|---|---|---|---|---|---|
| LAW ENFORCEMENT/EMERGENCY SERVICES | **101** | 17 | 10 | 4 | 752 |
| INITIAL DETENTION/INITIAL COURT HEARING | 22 | **61** | 32 | 13 | 608 |
| JAIL/COURTS | 5 | 31 | **47** | 24 | 492 |
| RE-ENTRY | 7 | 15 | 21 | **45** | 405 |
| COMMUNITY CORRECTIONS/COMMUNITY SUPPORT | 12 | 17 | 24 | 31 | 426 |

### iii. Summary of Class Member Survey Results

There were 13 respondents to this survey. Class members answered some questions about themselves and then ranked various diversion methods in order of helpfulness. The first question asked class members to answer questions about themselves to provide the workgroup with information about who was responding to the survey. The results of this item are outlined as follows:

- All respondents had been in jail in the past 3 years. 10 respondents, or 77%, were in jail at the time of the survey or had been in jail within the last year.
- 9 respondents (69%) reported felonies and 4 (31%) reported misdemeanors.
- 3 respondents (23%) were arrested between 2 and 5 times, 6 (46%) between 6 and 10 times, and 4 (31%) were arrested more than 11 times.
- 7 respondents (54%) reported going to a state hospital and 6 respondents (46%) said that they had not gone to a state hospital.
- 5 respondents (38%) reported that the charges were dropped, 5 respondents (38%) reported the charges were not dropped, and 3 did not respond to this item.

The second question asked class members to rank the following methods of diversion in order of helpfulness (1-most helpful, 7-less helpful): Housing, Medication Management, Transportation, Counseling, Employment, Case Management, Other (see Appendix A for “other” responses).

The results of the diversion method ranking are as follows:

- 6 or 46% of 13 respondents identified Housing as the most helpful service, and 8 or 62% ranked Housing in the top 3 helpful services.
- 3 or 23% of 13 respondents identified Medication Management as the most helpful service, and 6 or 46% ranked Medication Management in the top 3 helpful services.
- 2 or 15% of 13 respondents identified Case Management as the most helpful service, and 6 or 46% ranked Case Management in the top 3 helpful services.
- 1 or 8% of 13 respondents identified Employment as the most helpful service, and 3 or 23% ranked Case Management in the top 3 helpful services.

## IV. DIVERSION SERVICES OVERVIEW AND GOALS FOR IMPACT

### A. Brief Summary of the Peer Reviewed Literature on Diversion Services

Individuals with behavioral health conditions who come into contact with the justice system have become a source of growing concern in recent years due to their overrepresentation in the justice system and the difficulties they encounter with disparate treatment at every stage of the judicial process. In jails, the prevalence of serious mental illness was 14.5% among males and 31% among females compared to 5% and 4% in the non-jailed population (Steadman et al., 2009). People with mental health and substance use conditions are at a higher risk for negative outcomes at every point in the criminal justice process. They have higher rates of arrest (Steadman et al., 2009). They experience slower and biased booking processes (Finkle et al., 2009). They are more likely to be held on bail and have longer sentences. Individuals with serious mental illness are at particular disadvantage, with sentences documented at twice as long as or greater than those without this condition receive for the same offense (McNeil et al., 2005). In a Rikers Island study, the length of stay for inmates with mental health conditions was 215 days on average as compared to 42 days on average for all other inmates (Mencimer, 2014). They have high rates of suicide in jails and prisons, in part due to disproportionate risk of placement in administrative segregation where they are confined to isolation cells for more than 23 hours per day (Hayes, Hunter, Moore, and Thigpen, 1995). They are not likely to get the necessary treatment and services both while they are incarcerated and upon release. They are more likely to have their community term revoked or suspended when they are on parole or probation (Skeem, Nicholson, Kregg, 2008). People with mental illnesses who have been arrested or served time in the past are at much higher risk for recidivism than others in the population who have been arrested or jailed.

The Sequential Intercept Model (SIM) was created as a tool to conceptualize solutions to address this overrepresentation problem and bring together representatives of the criminal justice and behavioral health systems, among other community stakeholders (Munetz & Griffin, 2006). This model consists of five points of interception at which one might intervene to prevent vulnerable individuals from getting deeper into the justice system. The motivation behind creating the SIM is to prevent people with mental illnesses, substance use disorders, and/or other disability conditions from penetrating the justice system because of their illness or disability alone. Those in the field acknowledge that people who commit crimes unrelated to the symptoms of their disease should be held accountable; however, there is growing consensus that people should not enter the system because they are exhibiting the symptoms of their illness conditions. Below is a brief summary regarding those five intercept points and examples of programs that exist at each intercept. It will also briefly discuss

the effectiveness of the programs and several case studies. Please also refer to Appendix B for a full list of references for the cited literature.

### *Intercept 1: Law Enforcement/Emergency Services – Pre-Arrest Diversion*

The first point of intercept is pre-arrest which includes interactions with law enforcement personnel, who sometimes serve as first responders during mental health emergencies and can be key partners to behavioral health and emergency services personnel. Interventions at this intercept are largely focused on the education and training of police officers in their capacity as first responders. The evidence-based program at this intercept point is the Crisis Intervention Team (CIT). The prototype for CIT was originally developed in Memphis, TN bringing together law enforcement and mental health professionals who respond together to identified emergencies. It is a self-selecting program for officers and consists of over 40 hours of classroom and experiential de-escalation training in handling crises. The reported effects of these programs include: CIT officers are more likely to feel prepared in situations involving people with mental illness; CIT trained officers have significantly lower preferences for social distance from individuals with mental illness; CIT officers have increased knowledge of local treatment, services, and disposition procedures; and, they have increased comfort interacting with individuals with mental health conditions and their family members (Compton et al., 2008).

Departments that have CIT training are much more likely to respond to mental health emergency calls and are more likely to redirect to mental health/treatment services. Other documented outcomes include lower arrest rates and lower costs in the justice system, while modestly increasing treatment costs (Compton et al., 2008). Mobile Crisis Programs are a complementary intervention that consist of some combination of police officers and mental health professionals who help respond to crises by providing consultation by telephone or in person when a psychiatric emergency involving law enforcement arises. Mobile Crisis Programs are documented as leading to fewer involuntary psychiatric hospitalizations, lower arrest rates, lower costs per case, higher police and consumer satisfaction, and increased referral to community based care (Scott, 2000). And, in some jurisdictions, CIT and Mobile Crisis Teams can depend on a site-based resource - Crisis and Triage Centers – as an alternative to court and jail. In Bexar County, TX, the most widely reported program, the Crisis Care Center is open 24 hours and has behavioral health professionals on staff. Research indicates that individuals brought to the Center are treated within an hour of arrival, and preliminary results have shown that Bexar County has saved $2.4 million in jail costs tied to public intoxication, $1.5 million in jail costs for mental health, and $1 million in emergency room costs (Evans, 2007). A similar program in Minneapolis saved $2.16 for every dollar spent on its triage center and one in Salt Lake City led to a 90% decrease in emergency room use by patients with psychiatric conditions.

### *Intercept 2: Initial Detention/Initial Court Hearings – Post-Booking Diversion*

The second point of intercept is post-arrest at initial hearing and initial detention. This stage is often overlooked despite the fact that people with mental illnesses are potentially most vulnerable at this stage with many arrested for minor crimes such as trespassing or public intoxication (Fisher et al., 2006). Once arrested, they are less likely than others arrested to make bail due to increased rates of homelessness, unemployment, and lack of family stability (Council of State Governments Justice Center, 2012). They are also likely to experience significant delays in case processing and competency restoration, spending more time in jail than people with the same charges and no identification of mental illness (Finkle et al., 2009).

Despite the lack of common practice programs at this intercept, there are a few examples of effective programs, including the Seattle Municipal Mental Health Court (Dubois & Martin, 2013) and the Misdemeanor Arraignment Diversion Project in New York City (Policy Research Associates, 2013). The Seattle Municipal Mental Health Court is a voluntary program that consists of a presiding judge, mental health professional, probation staff with mental health expertise, a prosecutor, and a public defender. All participants of this court have reportedly increased their use of mental health services, reduced contact with crisis services, decreased contact with police, and had an increase in their quality of life. The Misdemeanor Arraignment Diversion Project is an early intervention model that seeks to decrease the frequency of arrest and shorten jail sentences for individuals with mental illnesses. This program operates in general criminal courts, rather than specialized treatment courts. The defendant works with an interdisciplinary team that includes a licensed clinical social worker that is responsible for identification and assessment, treatment planning, court advocacy, and connecting to community providers.

### *Intercept 3: Jails and Courts*

This intercept point is post-arrest, when individuals are before the courts and/or detained in jails. The programs at this intercept include specialized treatment courts (drug courts and mental health courts) as well as screening and treatment in jails. Mental health courts are special jurisdiction courts that limit punishment and instead focus on problem-solving strategies and linkage to community treatment. The research on mental health courts is limited and varying. Most studies point to at least a small reduction in recidivism. Many, however, also point to only small or no changes in symptoms. This indicates that while people who are involved in mental health courts are avoiding re-arrest, they still may not be getting the community mental health care that they need to address the symptoms of their illness. Several studies document positive, if modest results, including: a San Francisco Mental Health Court study showed a

re-arrest rate of 42% for people in mental health court compared to 57% in criminal court (McNeil & Binder, 2007); and a meta-analysis of several studies showed that mental health courts reduced recidivism, led to better clinical outcomes, and reduced psychiatric emergency room costs (Sarteschi, Vaughn & Kim, 2011).

### *Intercept 4: Reentry - Community Corrections/Community Support*

Intercept point 4 is at re-entry to the community from jails and prisons. Programs at this level promote continuity of care between the criminal justice system and community-based systems upon which individuals rely when they leave jails or prisons. Examples of several program models are noted in the literature, including: transitional care management (TCM) that provides screening, community case management, and coordinates support for individuals with mental disorders who have committed multiple misdemeanors, with preliminary research showing that this program reduced arrest rates by at least 32%; the SSI/SSDI Outreach, Access, and Recovery (SOAR) program that provides technical assistance to help states and communities increase access to Supplemental Security Income/Social Security Disability Insurance for adults with disabilities who are homeless (extending this program to jails Miami-Dade County has helped to relieve overcrowding in the county jail and has provided immediate access to safe housing with the necessary treatment and wraparound services) with early results showing recidivism decreasing from 70 to 22% (Dennis & Abreu, 2010); and the Massachusetts Forensic Transition Team Program that follows clients for three months after their release from correctional facilities and coordinates services to assist in community reintegration (Harwell & Orr, 1999).

### *Intercept 5 – Post Incarceration/Community Corrections/Community Support*

This intercept point includes community corrections and community support services. Some research has shown that parolees and probationers with mental illness were as much as two times more likely to return to prison within one year of release (Eno, Louden & Skeem, 2007). To address this problem, programs at this level include specialty probation caseloads and specialty parole. Among the models are: Specialty Probation Caseloads in which probation agencies work with people with mental disorders to address service needs and avoid re-arrest, with more psychiatric services and more probation services, they were 1.94 times less likely to be rearrested (Skeem et al., 2009): and Forensic Assertive Community Treatment (FACT) that combines treatment, rehabilitation, and support services in conjunction with probation services to prevent future arrests and incarceration (Lamberti, Weisman, & Faden, 2004).

## B. Priority Intercept Points for Trueblood Diversion Services

There are several national models that have shown success at each point of intercept. However, the parties have agreed that for *Trueblood* class members the priority of these diversion funds will be on the following two intercept points:

- ***Intercept Two/Initial Detention***, to divert class members from the criminal justice system, and

- ***Intercept Four/ Re-entry***, to divert class members into community treatment at the earliest points of intervention to prevent recidivism.

## C. Impact Goals for Trueblood Class Members

The *Trueblood* Workgroup, as prior cited in Section II, established the following four goals of diversion:

1. Prevent identified class members from recidivism/frequent involvement in the criminal justice system
2. Reduce demand for competency services/reduce number of new users
3. Minimize the harm inflicted on class members by reducing long term incarceration and involvement in the criminal justice system, and
4. Serve class members in the least restrictive environment.

## V. REQUIRED COMPONENTS OF PROPOSAL RESPONSE

Outlined below are required components of the proposal response narrative. Please note that there are numbers of points posted in parentheses after the title of key required narrative sections. These points are provided for your guidance and will be employed by the Review Committee, along with selection criteria outlined in Section VI, in evaluating proposals for selection and funding. The proposal narrative should contain the following sections and should not exceed twenty-five (25) pages (excluding Attachments).

### A. Table of Contents

The proposal should include a Table of Contents that details Sections, Page Numbers and Attachments.

### B. Understanding of the Need for Diversion Services (15 points)

Successful program proposals will:

- Describe applicant knowledge of and experience with individuals who are class members, including persons with health and disability conditions who are at risk for or have involvement in the criminal justice system.
- Explain applicant understanding of the goals detailed for the *Trueblood* Diversion Plan (noted above in Section IV) and how these apply to your approach to addressing the needs of class members.
- Detail the data and evidence-based practices that inform and shape the design of the proposed diversion service(s) solution. Evidence-based practice (EBP) refers to approaches to prevention or treatment interventions that are validated by some form of documented research evidence. If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

### C. Proposed Approach and Services Solution (20 points)

Please also outline the proposed diversion service(s) solution, including:

- Number of individuals to be served;
- Elements of the service(s) design, including how the program will utilize assertive outreach and engagement techniques in order to maximize face-to-face service time as needed;
- Requirements of the service(s) operation;

- How the program demonstrates person-centered and trauma-informed care;
- Professional competencies required to deliver the service(s);
- How the program will leverage available county or municipal funds; and
- How the program will leverage available Medicaid dollars.

Applicants are strongly encouraged to provide data, clear examples and/or specific descriptions of strategies, processes, and interventions.

**D. Implementation Context and Linkages (20 points)**

Proposals should discuss the unique characteristics of the local implementation context, including the landscape of health, disability and justice services and entities with which the proposed program would interact and upon which it would depend for results. Please discuss implementation considerations, including potential facilitating factors of the proposed service(s), identified barriers, and proposed strategies to capitalize on factors and overcome barriers to timely and effective program implementation. Please also include a description of any collaboration taking place between these systems and how your proposal will either link to the existing social services framework or address gaps in services currently available to *Trueblood* class members.

**E. Staffing and Staff Qualifications (10 points)**

Proposals should detail the range and mix of staff required to deliver the proposed service(s). Proposed staffing should be displayed on an Organizational Chart indicating the relationships among staff and interdependences within the organization. Sketch descriptions of the key positions by title, duties and responsibilities, skills and knowledge qualifications, and supervisory relationships.

Any applicant using a subcontractor(s) must clearly describe and explain the use of the subcontractor(s) within the proposal.

The parties are aware of the difficulties within Washington State to recruit, hire, and retain staff in certain disciplines. The proposal should include a plan for how the application intents to rapidly recruit and staff the proposed program, including how the organization/entity plans to ensure full programmatic staffing by the project start date and throughout the grant.

Qualifications must be submitted for all staff that will work in the proposed diversion service. Please provide current and/or proposed staff biographies and staff resumes in Attachment A in the proposal. A biographical sketch or resume should be current and include:

- Name of proposed staff member
- Educational degrees, major field of study, schools and dates
- Professional experience
- Honors received and dates
- Recent relevant publications

## F. Budget (5 points)

Proposals should include a completed *Trueblood* Diversion Services Budget Proposal Form. The completed form should appear as Attachment B in the proposal. The budget narrative shall describe and reference the contents of the Budget Form. Budget proposals should also provide a brief narrative explanation of:

- Staffing, salary and fringe benefit calculations;
- General and administrative overhead calculations capped at 10% or less (including whether grant funds will be used for equipment and capital expenses);
- Other expenses associated with delivering the proposed service;
- Revenue that may be generated in the provision of services and how the program will reinvest revenue towards sustainability; and
- In kind sources of support for the proposed service(s).

## G. Proposed Implementation Timeline (10 points)

The proposed project shall be implemented no later than July 1, 2017. Please provide a detailed outline citing to implementation activities and dates by month and year for the steps required to implement the proposed diversion program or service(s).

## H. Sustainability Plan (10 points)

Proposals must include a plan for sustainability of the proposed program or service(s). Sustainability plans may include provider reimbursements, program grants, and/or municipal, county, state or federal funds. Documentation must be provided to certify the feasibility of or commitment to continuation of efforts at the conclusion of the *Trueblood* Diversion Services Contract period.

## I. Reporting and Evaluation (5 points)

All *Trueblood* Diversion Services awardees will be required to collect and report certain data for purposes of program accountability in meeting obligations to class members, and for administrative purposes in program sustainability and replication efforts. Data will be reported to the *Trueblood* court monitor. You must document your ability to collect and report required client, service, cost and outcome data in your application.

At a minimum, awardees will be required to report performance on the following performance measures:

- For both *Option I: Pre-screening or Same Day Evaluations* and *Option II: Re-entry Planning*:
    - number of individuals served
    - rates of participation in treatment and disability support services
    - employment
    - housing stability
    - criminal justice involvement
    - social connectedness
    - risk factors
    - services provided
    - service linkages (e.g. substance abuse treatment, housing, etc.) – completed and incomplete
    - hospitalization in a state hospital
    - hospitalization in community hospital or evaluation and treatment facility

- For *Option I: Pre-screening or Same Day Evaluations*:
    - number of individuals being pre-screened
    - number of individuals being diverted from the competency process
    - number of individuals receiving same day competency evaluations
    - number of individuals being triaged for admission to the state hospitals

This information will be gathered using a standard tool and an electronic report that will be provided at the time of award. Data will be collected using the standard tool at three data collection points: intake to services, six months post intake, and at discharge. Awardees will be expected to achieve a six-month follow-up rate of 80 percent.

Awardees must plan to periodically review the client and performance data they report to the *Trueblood* parties (as noted above) and assess their progress and use this information to improve management of their projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on *Trueblood* class members' risk of justice system involvement and/or recidivism, depending on the intercept point targeted by your program intervention. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted monthly. A standardized reporting format will be provided upon notice of award.

The periodic assessments may consider outcome and process questions, such as the following:

*Outcome Questions:*

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including demographic, population health risk and clinical factors?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

*Process Questions:*

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address class member needs, environmental leverage points or barriers to successful implementation?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- How many individuals were reached through the program?

## J. Applicant Organization Qualifications (5 points)

As detailed in the *Trueblood* Diversion Plan submitted to the US District Court, see Appendix A, only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required diversion services quickly and effectively to class members within the confines of this funding. Section VI provides more detail on qualifying organizations, which may include governmental and nongovernmental entities operating in counties or municipalities in the State of Washington.

In addition to implementing the program in an “enhanced” collaborative environment, applicants must meet two additional requirements related to the provision of services and provide the following information in Attachment C in the proposal:

1. Qualified applicants (see Section VI.A for description) must detail their organizational qualifications, including a description of the mission, people served, leadership, staffing, program operations and global budget of the organization.

2. Applicants must demonstrate through written documentation and three letters of support and/or letters from key partners/stakeholders their service linkage to and working commitments with those organizations that are essential to achieving sought outcomes for class members. Letters of support should be from all key partners or other community groups, detailing the commitment to work with applicant to promote the mission of the project. The linkages and/or partner relationships may be, depending on the characteristics (health/disability or justice organization) of your organization, within the following service areas:

    - Public safety and police in the proposed service area;
    - County jails in the proposed service area;
    - Public Defenders and County/Municipal Prosecutors in the proposed services area;
    - Court Personnel and Judges from County, Municipal, Therapeutic, and/or Tribal Courts in the proposed services area;
    - A provider organization engaged in crisis intervention and stabilization services in the proposed services area;
    - A provider organization engaged in rapid housing of persons with health and disability needs in the proposed services area;
    - A provider organization for direct client mental health and substance abuse treatment and case management services appropriate to the needs of class members must be involved in the proposed project, if persons with these conditions are the target population. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
    - A provider organization for direct client habilitation and case management services for intellectual, developmental or cognitive disabilities services appropriate to the needs of class members must be involved in the proposed project, if persons with these disabilities are the target population. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
    - Each specialty behavioral health or disability provider organization must have at least two years' experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided; and
    - Each specialty behavioral health or disability provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

We note that the need for these service relationships and linkages will vary with the population served and the diversion intercept point chosen as a focus of the proposed service(s).

## K. Examples of Prior Qualifying Program Efforts (5 points)

Applicants will provide up to three examples of their experience with prior program efforts targeted to class members or to related populations, in which the applicant operated at the intersection of the justice system and health/disability systems. Explanations should include: target population(s) served, number of clients served, program purpose and scope, program design and staffing, program site, and program results.

## L. References (5 points)

Three references from foundation, county, state or federal funding authorities are to be included in the proposal (in addition to letters of support referenced above) in Attachment D. Letters of reference should be from persons/entities the applicant has provided similar services to in the past, and who are able to assess its ability to deliver the required level of service. Please provide the name, title, foundation or governmental entity, mailing address, email address and phone number of the key contact person. Please cite the service title, contract number and/or other identifying information about the services provided to the reference entity.

## VI. APPLICANT NOTICES AND SUBMISSION INSTRUCTIONS

### A. Qualified Applicant Entities

Eligible applicants include qualified state or local incorporated entities engaged in the provision of health and/or justice services targeted to vulnerable class member populations, as well as state, county, municipal, and tribal government entities (e.g. behavioral health organizations, public health departments, behavioral health providers, county/municipal jails, public defenders, prosecutors, trial courts, treatment courts, or the Administrative Office of the Courts). Entities may apply for either or both projects. If submitting proposals for both projects, proposals must be clearly distinct and separate. Applicants must clearly indicate whether each proposal is for *Option 1: Pre-screening or Same Day Evaluations*, or *Option 2: Reentry Planning*. Entities may collaborate to submit a joint proposal; each entity must submit qualifications and Letters of Reference.

### B. Electronic Contact Point for All RFP and Proposal Matters

All inquiries, Letters of Intent and Proposal Submissions are to be directed to:

**Danna Mauch, *Trueblood* Court Monitor, dannamauch@mamh.org**

### C. Format for Submissions

Proposals are to be submitted in letter (8.5 x 11) format, using the Arial 12 font.

### D. Letter of Intent

A letter of intent to submit a proposal must be submitted and signed by the executive of the applicant organization.

# VII. SELECTION PROCESS

## A. Review Committee

The Review Committee will consist of the *Trueblood* court monitor and members of the *Trueblood* parties. Subject matter experts may be invited to lend their technical expertise to selected aspects of the review.

## B. Selection Criteria

The Review Committee with be reviewing submissions and assessing applicants' response to the proposal requirements outlined in Section V, class member goals and diversion priorities outlined in Section VI, and the following selection criteria:

- Specifying the target population to be served and the key characteristics of class members that require a response in the design of services and programs;
- Specifying the desired service elements and program functions to address the *Trueblood* diversion goals;
- Outlining the impact of the proposed service intervention(s) on a significant number of class members, presenting in high volume at the selected intercept point(s);
- Defining the characteristics of and related resources available in the context in which the requested services will implement and operate;
- Detailing the linkages and leverage points that will promote successful implementation, effective operation, and sustainability of the program or service;
- Demonstrating excellent technical qualifications for implementing and providing services across justice and health/disability systems;
- Addressing reporting on performance and evaluation of results for the program or service;
- Describing feasible strategies for and documented commitment to sustainability of the program or service;
- Framing guidance for replication of the program or service;
- Documenting feasibility of budget including overhead and equipment/capital costs as well as linkage with federal or other matching funds supplementation;
- Assuring that funds awarded will be directed to new programs or supplemental capacity and will not supplant existing services and funding commitments; and
- Implementation timeline.

## C. Oral Presentation

Selected applicants will be notified in advance to prepare an oral presentation to the Review Committee at the Disabilities Rights Washington (DRW) offices. To provide geographically accessible oral presentation sites, these offices are located at:

315 5th Ave South, Suite 850, Seattle, WA 98104, and

10 N. Post Street, Suite 315, Spokane, WA 99201