



Washington State Department of Social and Health Services

Behavioral Health Administration 2024 ANNUAL REPORT





As I reflect on the past year, I want to express our heartfelt commitment at the Department of Social and Health Services to fostering a supportive and effective behavioral health system in Washington. Our agency is dedicated to seamlessly connecting institutional care with community resources, ensuring that every person receives compassionate care in the appropriate settings.

Collaboration is essential as we seek to accommodate and treat those in need. By working together with community members, healthcare providers, and support systems, we cultivate an environment that promotes healing and recovery. Our efforts to modernize facilities and embrace digital transformation are vital steps toward enhancing our behavioral health services and positively impacting the lives of those we serve.

Our agency has significantly transformed Washington's behavioral health system, especially when it comes to competency services. In 2024, the Behavioral Health Administration completed in-jail competency evaluations within 14 days 83.3% of the time statewide, with some months on the east side achieving 100% compliance. Currently, no Trueblood class members are waiting more than seven days in jail for inpatient evaluation or restoration services.

We recognize challenges in our electronic healthcare system but are committed to overcoming them to enhance our operations. By using the right technology, we can ensure a smoother process for everyone involved. Our goal is to elevate behavioral health services through teamwork and innovation, leading to meaningful outcomes for all Washingtonians.

Approximately 1.2 million residents in our state live with mental illness, and we have seen an 80% increase in requests for inpatient evaluations. In response, BHA is actively working to renovate and construct smaller community-based facilities, which will improve access to care and support patients' transitions back into familiar environments during their recovery journeys.

Since the start of 2023, BHA has expanded its capacity by opening new facilities designed to treat civil patients. These additional beds have alleviated strain on staff at Eastern and Western State Hospitals, enabling us to better meet legal requirements for competency evaluations and restoration.

Trauma-informed care is at the core of our operations, ensuring that all aspects of our facilities — from design to staff interactions — reflect our commitment to the dignity and well-being of residents. We have adopted telehealth for evaluations to provide quicker and more efficient services tailored to individual needs.

To support our dedicated staff, we are implementing strategies to recruit clinical and nursing professionals from local communities and include traveling nurses to address staffing shortages. We value our staff's well-being and are committed to providing extensive training to ensure their safety when working with people facing complex challenges.

Looking ahead, we are optimistic as we are constructing a new 350-bed forensic hospital on the Western State campus. This development will significantly enhance our capabilities. We are hopeful that Olympic Heritage Behavioral Health will achieve Joint Commission certification in 2025 as we continue to improve facilities, including expanding our kitchen and pharmacy services.

Our ongoing aim is to reduce the number of people waiting in jail for mental health services and foster an environment where every patient can achieve sustainable care outcomes. Together, we will enhance our behavioral health system, ensuring that we serve all Washingtonians with compassion and understanding. Thank you for your unwavering dedication and hard work this year as we build a brighter, more supportive future for our community.

*Jilma Meneses, Secretary
Department of Social and Health Services*

OUR DSHS VALUES

Welcome all with access and inclusion. **Serve** with respect and dignity. **Collaborate** with community. **Improve** services continually. **Communicate** with clarity and choices.



Results Map Project

As advocates for our patients and residents and prudent stewards of our resources, our results map project helps us stay on track as we progress toward our agency and administration's goals.

Results maps provide a common visual language to talk about our work, goals, and to identify key measures.

This tool also helps us see if we're working in the most effective and efficient manner. Using realtime data can help identify and celebrate successes, detect areas in which we might change practices to achieve better results, and elevate or expand effective approaches across BHA.

We've improved our admission timelines, staff safety training and staff retention, among other efforts. One example is Eastern State Hospital which increased its staff safety training compliance rate to 90%. We looked at their approach and are now applying similar strategies to get remaining facilities up to 90% compliance.

Trueblood federal court case

Our work in 2024 supports our state's years-long efforts to transform Washington's behavioral health system and reduce demand for competency services.

Currently, there are no Trueblood class members in jail waiting more than seven days for inpatient evaluation or restoration services.

We are committed to continuing our innovative approaches to providing quality and timely care to all class members, and to partnering with the courts, local governments, and other state agencies to improve and manage the system

SCC Recognition

In early August, the Special Commitment Center's community care program was once again named a national model by the independent Inspection Of Care team. Our staff was especially noted for improving relationships with defense attorneys, improving staff retention, and establishing a vocational rehabilitation program.

The Special Commitment Center has received several positive reviews from external auditors thanks to the great work of leaders and staff.

*Kevin Bovenkamp, Assistant Secretary
Behavioral Health Administration
Department of Social and Health Services*

Foundation building has been an underlying theme of Behavioral Health Administration's work in 2024. Four initiatives and national recognition set the tone with success coming from our employees' quality work and commitment to our patients, residents and all Washingtonians.

Securing Additional Beds

In the second year of a multi-year process, we opened a total of 86 additional beds at Eastern and Western State Hospitals, Olympic Heritage Behavioral Health and Behavioral Health and Treatment Center - Maple Lane Campus.

Our groundbreaking ceremony at Western State Hospital in October signaled our future commitment to 350 new forensic beds serving patients in state-of-the-art facilities using best practice methods. Additional civil beds are anticipated to come online this upcoming year at Maple Lane and the Brockmann campuses.

Modernization

As important as it is to create new space for people to receive care, so is setting up a system to ensure we have the right types of beds and treatment services to meet our patients' and residents' needs. That is where our new Bed Management System comes in.

Real-time updates now guide admissions teams as they quickly identify vacant beds for placement, while facility leaders see their operational picture at a glance. With effective and robust bed management now in place, we are speeding up care for Washingtonians who need it most.

But this work is just one of the modernization efforts underway at BHA.

As a civil patient progresses in their treatment and prepares to discharge into the community, our new Transition and Discharge Planning System tracks all elements of the discharge plan to ensure consistent and timely discharge planning. This system went live in late 2024 and we will build upon it into the future to continue improving discharge practices.

Civil patients will be able to engage with community housing and service providers, providing them with more options such as living in their own home or in an integrated community-based setting that best meets their needs.

We're also part of a statewide effort to lay the groundwork to move to electronic health records and provide high-quality, standardized care.

We're looking to find the most efficient electronic health records system that can be used by multiple state agencies to foster collaboration and confidential information sharing.

As a part of our effort to standardize our practices, we've created a clinical council group of BHA practitioners across our adult inpatient psychiatric facilities. Council members are committed to incorporating best-practice strategies in all facilities and I'm grateful for their promising work.

TRUEBLOOD NEWS AND MILESTONES

The Department of Social and Health Services has achieved a milestone in efforts to transform Washington’s behavioral health system as we continue working toward successfully addressing the demand for competency services.

We focus our efforts on two specific areas:

- Completing in-jail competency evaluations within 14 days of signature or receipt of a court order.
 - During 2024, the Department has been completing evaluations on average 83.3% of the time within 14 days across the state.
 - On the east side of the state, there have been several months where 100% compliance was reached.
- Providing inpatient competency restoration services within seven days of signature or receipt of court orders.
 - Currently, **there are no** Trueblood class members in jail waiting more than seven days for inpatient evaluation or restoration services.

Why this matters

All people involved in the criminal court system have the constitutional right to assist in their own defense. For there to be a fair trial, a person charged with a crime must:

- **Understand the charges** against them.
- Be able to **assist their attorney** in their own defense.

If either of these abilities seems to be impacted by a behavioral health condition, a defendant’s competency to stand trial may be raised, and an order for a competency evaluation is issued.

The court case is paused while an evaluation is completed to determine the defendant’s competency. If the person is found competent by the court, the next step is for them to stand trial. If the person is deemed not competent, the court can order the defendant to receive services to restore competency.

The work to have Washingtonians admitted for inpatient competency services within seven days and to complete jail-based evaluations within 14 days is key to honoring and respecting each person’s constitutional rights.

The Department’s role

It is our responsibility to provide competency evaluation and inpatient restoration services. We work to ensure our clients receive these services in a timely manner.

The state has invested more than \$2 billion to evolve the entire competency system to enhance services and expand inpatient bed capacity for forensic competency restoration services. To succeed, this work must focus on the greater mental health system (for example, services for those who are civilly committed).

Competency Evaluations and Forensic Evaluators

- To improve compliance numbers for 14-day evaluations, we hired and trained nearly 60 additional forensic evaluators to perform competency evaluations throughout the state to keep up with increasing demand. Forensic evaluators assess the defendant to determine if the person is competent. We hired staff to work remotely out of state, which has had a significant impact in meeting evaluation demands.
- We have strengthened existing partnerships with law enforcement, city and county jails, courts, attorneys, and local providers to ensure improved coordination for conducting evaluations.

Competency Restoration

- Our forensic navigators work with people who are ordered for competency restoration. They guide defendants through the process of receiving treatment and regaining competency in the community so defendants may stand trial. Services may include behavioral health, physical health, housing support, vocational support, and other as-needed services.
- To help balance the inpatient system and allow bed space for forensic and civil patients, we continued our focus on adding inpatient beds. In 2024 we:
 - Added 86 beds at Eastern and Western State Hospitals and in the Maple Lane Campus at the Behavioral Health and Treatment Center - Maple Lane Campus.
 - Started construction of a new 350-bed hospital on Western State Hospital grounds in Pierce County.

OAK UNIT DESIGN WINS HEALTHCARE DESIGN AWARD

An international organization recognized Maple Lane’s Oak Unit design as the best in its facility type. In October, the International Interior Design Association honored Oak Unit as the winner in the category of Extended Care & Assisted Living Facilities – Mental Health, recognizing the work of BCRA (lead architect) and BWBR (behavioral health consultant) to think creatively while focusing on the needs of Oak’s residents.

Oak Unit received praise for its unique features supporting the treatment of its residents. At its opening in January 2023, Gov. Jay Inslee noted, “It is a cutting-edge facility because it has been designed with compassion, it was built with efficiency, and it is going to be operated with the new ways that we want to treat our neighbors and family members with the best mental health available to them.” The design of Oak Unit is being used as a model for the units at Brockmann Campus in Vancouver, set to open in the fall of 2025.

The design of Oak Unit was intended to create a warm, comforting atmosphere for residents, including a spacious open area and natural lighting. According to BRCA, “The home-like environment emphasizes connection to daylight and the outdoors in multiple areas, such as a nature nook bay window for respite, ample windows with views, and an outdoor courtyard.”

Oak Unit was also designed as a zero net energy usage building, including more than 200 solar panels, a high efficiency heat recovery system, and site retention and treatment ponds to manage stormwater.



The design of Oak Unit was intended to create a warm, comforting atmosphere for residents, including a spacious open area and natural lighting.

HOSPITAL SALVAGED BRICKS RAISE FUNDS FOR PATIENT EVENTS

Christy Parson, a former patient who resided at Western State Hospital in South Hall for seven years, was known for her extraordinary ability to bring happiness to others despite her severe disabilities, including cerebral palsy and mental illness. Passing away in 2009 at age 43, Parson left behind a legacy of joy and compassion.

In honor of Parson's memory, her parents donated generous funds to organizations that provided care for her. They created and dedicated the Parsons Fund at Western State Hospital in her honor.

This donation has been instrumental in funding patient festivals, cherished events that bring excitement and joy to patients. These festivals have become a highlight for many at the hospital.

"Christy would have been pleased to know that you are still holding the festivals. They were one of the high points of the year for her and other patients," Parson's parents recalled.

To raise funds for patient festivals and replenish the Parsons Fund, WSH launched a series of brick sale fundraisers from August to October 2024. The bricks were sold to staff; they were salvaged from the historic South Hall building, which was demolished to make room for the new forensic hospital.



This effort raised more than \$2,800, with every purchase directly supporting the Parsons Fund. These contributions will help fund patient festivals and events that bring joy, excitement, and a sense of community to the lives of patients.

The Parson family expressed their heartfelt gratitude for the exceptional care Christy received at Western State Hospital, emphasizing the compassionate treatment provided by Dr. Vasant Halarnakar, a former WSH psychiatrist.

"Caring for individuals with mental illness is challenging, but Dr. Halarnakar treated every patient with dignity and respect," they shared.

In recognition of the fundraising efforts, Parson's parents thanked WSH for the success of the brick sale and made an additional donation to the Parsons Fund, further supporting the hospital's ongoing mission to improve the lives of its patients.



CONNIE NELSON SELECTED AS PEAR S.T.A.R. AWARD WINNER

Eastern State Hospital Therapies Supervisor Connie Nelson was named the recipient of the Proactive Equity, Anti-Racism S.T.A.R. award in October.

Occupational Therapy Assistant Ella Gustin nominated Nelson, who is Gustin's direct supervisor.

"She is a leader who gives her staff the tools to welcome and celebrate the patients her staff work with day in and day out," Gustin wrote. "Connie has actively shown her values align with PEAR through her actions and words. She is someone who leads by example and people follow in her footsteps."

Nelson was selected as the government agency employee in the Human Services category.

"After talking only briefly with Connie, it was easy to see why she was nominated," said Nichole Ossa, DSHS director of Equity, Access, and Belonging/Office of Equity, Diversity, Access, and Inclusion.

"She clearly approaches her work with a PEAR perspective and respect for the experience of those on the path to mental health recovery. I feel really lucky to be able to call her a fellow DSHS colleague."

Nelson said it's critical for staff to embrace the wide diversity of patients that flow through ESH.

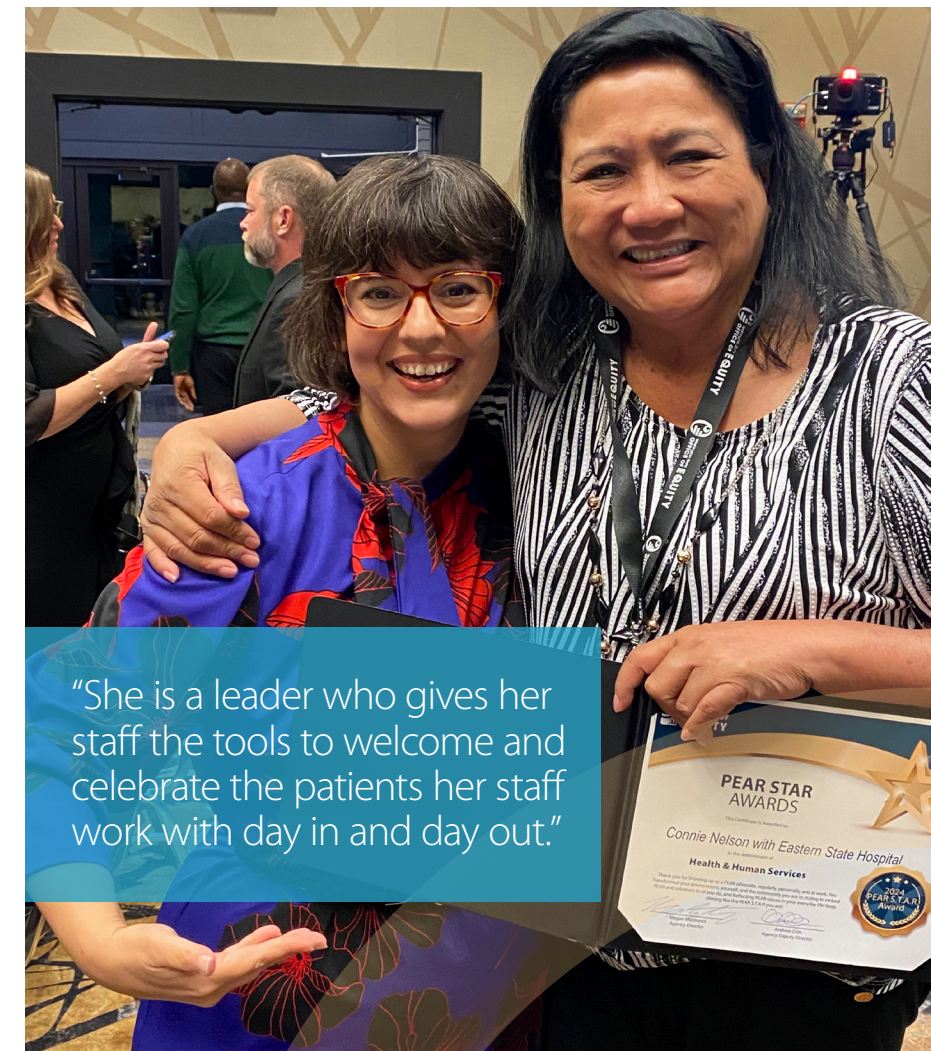
"We tend to serve many from diverse socio-economic income groups, of which, many represent a disproportionate number of cultural minority members," she said. "It's imperative for us to understand and meet their needs."

S.T.A.R. stands for show, transform, act, and reflect, which are the four qualities looked for in a nominee. A person is a S.T.A.R. when they:

- Show up as a PEAR advocate regularly, personally, and professionally.
- Transform their environment, themselves, and the communities they are in.
- Act to embed PEAR and solutions in all they do.
- Reflect on PEAR values and on how their work impacts their community.

PEAR is creating an ecosystem in which all Washingtonians have full access to the opportunities, power, and resources they need to flourish and achieve their full potential.

The PEAR framework addresses the exclusion, marginalization and oppression of Black, Indigenous, People of Color, people with low income, immigrants and refugees, people living with disabilities and other groups, which has resulted in deeply entrenched educational, economic and health inequities. It was established by Executive Order 22-04.



REACHING THE TOP OF THE HILL—KEEPING EDAI MOVING FORWARD

Lolo Arévalo slowed down his bike to read a sign, “Shortcut to avoid Baker Hill take left.”

Chilly Hilly is the Cascade Bicycle Club’s annual winter kick-off to the cycling season at Bainbridge Island. The ride is cold, windy, beautiful, and has big hills that measure more than 2700 feet in elevation. The biggest hill is Baker Hill. A long winding, close to a mile, daunting hill that challenges the best of cyclists.

EDAI administrator Arévalo brings up that story for two reasons.

One, it obviously was a crossroad he said he needed to make. Two, he asked himself, what’s the worst that could happen? If he didn’t make it, then he at least tried and would make overall progress to kick off the year for cycling. Well, the decision was clear. He took the right turn, faced the hill, and rode with deliberate intention, as if his life depended on it.



Arévalo is proud to say he did conquer the hill.

The slogan of BHA’s Equity, Diversity, Access, and Inclusion movement – “Building Belonging at BHA” – started as an expression of our efforts to create awareness of EDAI.

A movement that has now become encapsulated for being “brave together” by intentionally embedding EDAI’s value, seeking methods to operationalize it, and searching for ways to sustain future efforts. The question he asks us to all embrace is, can we build a sustaining effort that continues beyond us?

Developing our priorities of focus allowed for the completion of the BHA Headquarters Community of Practice charter. Identifying challenges and finding ways to accomplish important changes for BHA was necessary to move everyone from being spectators to fully being engaged in the work.

Through a process of self-selecting subcommittees by priority interest, many members, including Arévalo, embarked on this critical journey, one that requires climbing up strenuous hills of challenges, without any shortcuts, seeking to improve the way we do work by means of an EDAI lens, accomplishing short and long goals, and making progress of course along the way. Sound familiar?

What’s next was the fun part. CoP members brainstormed ideas, narrowed priority items and built action item targets, putting things in motion for 2025.

Putting deliberate intention to the nature of this work is critical, as any opportunity for change is. Capturing the moment when support and momentum are on our side is key to this work.

This too, we can conquer and reach the top of the hill – absolutely!

Our four subcommittees are:

- **Community Involvement** – being seen, felt, and heard – building trust and respect.
- **New Voices and Expertise** – applied to internal challenges for staff and team.
- **Commitment to EDAI** – how we embed and operationalize it.
- **Values Behavioral Alignment** – learning from diverse perspectives.

BHA STAFF NOMINATED FOR 2024 COMMUNITY AWARD

More than 10 BHA employees were nominated for the 2024 DSHS Rev. Dr. Martin Luther King, Jr. Beloved Community Award.

Equity, Diversity, Access, and Inclusion Administrator Lolo Arévalo, Olympic Heritage Behavioral Health Nurse Caleb Tadesse, and Jarrod Wohlmacher, IT customer support supervisor for Western State Hospital and Child Study and Treatment Center, were recognized for “your valuable contribution in promoting antiracism and the spirit of the Beloved Community within DSHS,” said Secretary Jilma Meneses in a letter announcing the nominations.

WSH was recognized in the Team Award for the enGAGE in Kindness Committee. Committee members are Sara Fabeck, Andrea Gabbard, Hanna McCauley, Heather Mighell, RaChelle Nelson, Ashley Petersen, Patrick Ward and Chair Neftali Brito.

WSH’s Gage Center of Forensic Excellence launched an “EnGAGE in Kindness” campaign to bring more kindness and positivity to the Gage Center. By making kindness a priority at work, Gage staff is emphasizing a culture of compassion and empathy that benefits everyone.

The Beloved Community award is presented to individuals, teams, organizations and businesses making significant and lasting contributions that continue to create an environment where diversity is respected and actions are taken to effect the changes needed to create the beloved community.



ASKING THE HARDER QUESTIONS

As part of keeping Equity, Diversity, Access and Inclusion moving forward, there are a couple areas where the Behavioral Health Administration is pivoting, adjusting, and asking the harder questions that keep everyone engaged.

One area the overall initiative DSHS is undertaking to adopt and embrace is the co-creation of a culture of belonging. This ideology stems from a long-standing Respect, Equity, Diversity and Inclusion curriculum that has proven to be successful. Individual facility community of practices will be our starting point with a train-the-trainer approach. We will discuss tools and suggested practices. The full rollout for this initiative is set for 2025.

A second development that is moving forward is revisiting our anti-racism declaration, first introduced in 2021. BHA leaders at that time committed to the document and declared BHA as an anti-racism administration.

This time, however, the discussion demands more. Not only do we want to reaffirm that we are an anti-racism administration, but we also want to describe what that means in terms of the tangibles that we can all work on together.

A recent facilitated BHA leaders’ discussion suggested that perhaps belonging and the anti-racism declaration could be combined to deliver a more a unified message that encourages more participation and unified actions. These discussions will continue in 2025.



TYPES OF TREATMENT

Psychiatric care

Psychiatrists evaluate, diagnose and treat patients who experience mental health symptoms or conditions. Psychiatrists provide medication therapies to address illnesses such as psychosis, mood disorders and anxiety.

Medical care

Medical team members treat both chronic and acute complex medical illnesses.

Psychological care

Psychologists and psychology associates provide assessment, evaluation, treatment, and consultation.

Social work

Social workers act as liaisons between patients, legal representatives, families and community partners. Social workers also provide support and education to family and primary support people.

Rehabilitative counseling

Institutional counselors provide group and individual treatments to address behaviors and symptoms that are barriers to transitioning back into the community.

Recreational therapy

Recreation therapists provide leisure education, social interaction skills, creative and expressive activities, relaxation and stress management skills, cognitive and mental-focused activities, physical and exercise-based activities and community safety skills.

Occupational therapy

Occupational therapists assist with behavioral and physical health activities by teaching sensory modulation, work readiness, social skills, basic life skills, mindfulness, money management and coping skills.

Substance use disorder services

Substance use counselors provide disorder assessments, psychoeducation and motivational interviewing.

Physical therapy

Physical therapists provide treatment for orthopedic problems, balance and function.

Vocational programming

Treatment is focused on developing the tools and skills to be successful in finding and keeping employment.

Treatments provided

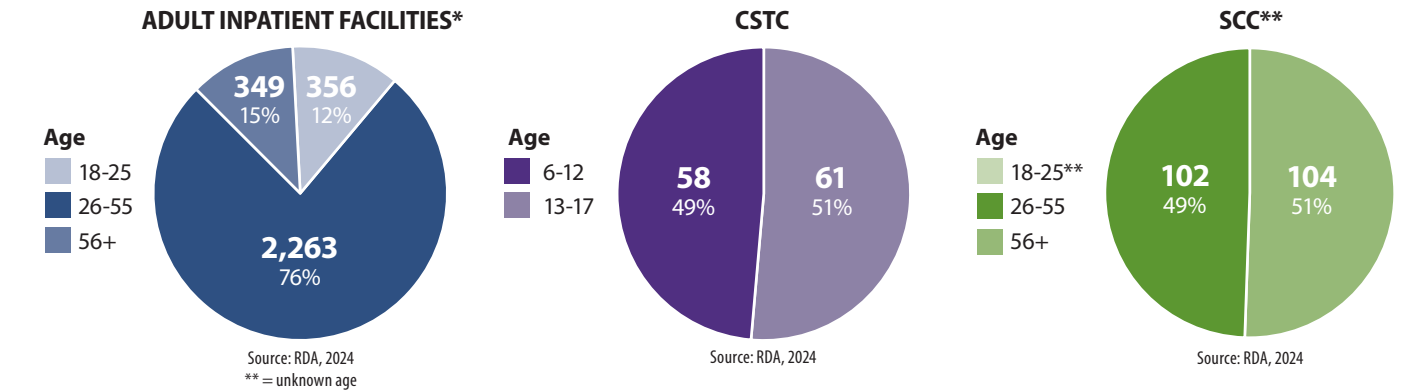
- Medication therapies, education and management.
- Treatment of chronic and acute medical conditions.
- Psychological assessments.
- Group therapies and group education.
- Individual therapy.
- Family therapy.
- Occupational, physical and recreational therapies, substance use disorder services, rehabilitative counseling and vocational programming.



WHO WE SERVE

BHA serves a diverse patient population and strives to provide culturally aware and competent care.

BY AGE



RACE / ETHNICITY

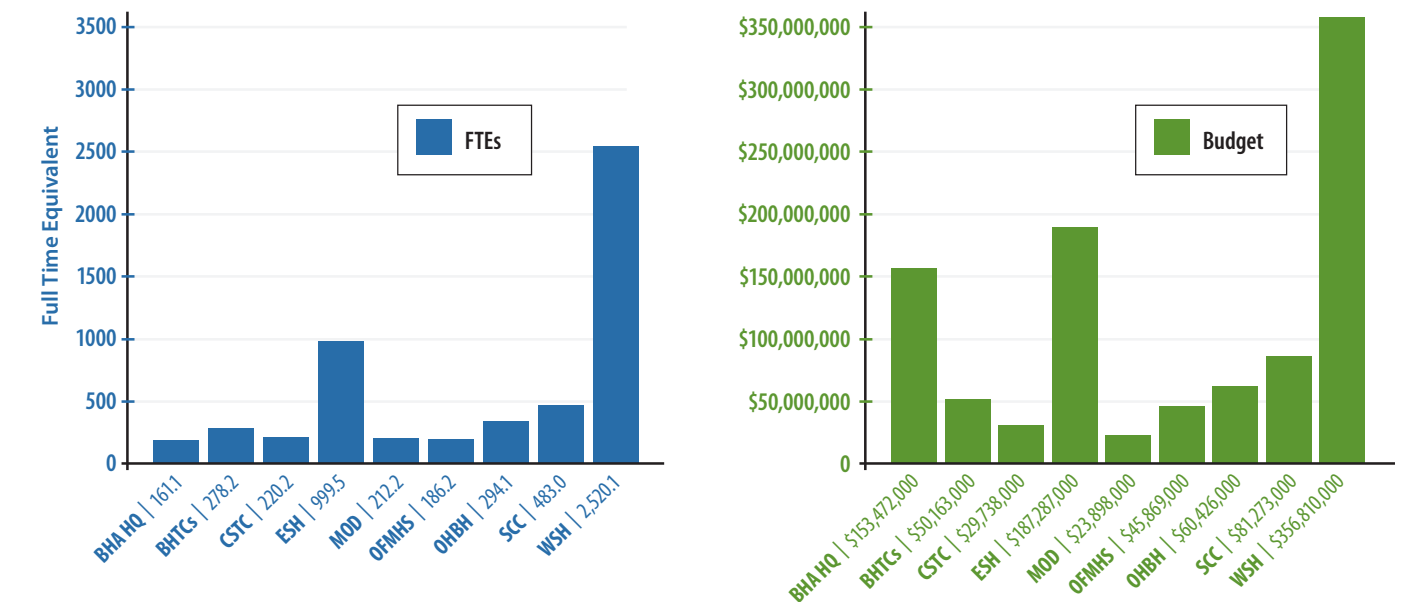
The percentages may not add to 100% as some clients identified as more than one race/ethnicity.

ADULT INPATIENT FACILITIES*			CSTC**			SCC**		
Asian / Pac. Islander	296	(9.2%)	Asian / Pac. Islander	**		Asian / Pac. Islander	13	(6.2%)
Black	661	(20.5%)	Black	30	(22.1%)	Black	26	(12.3%)
Hispanic	426	(13.2%)	Hispanic	28	(20.6%)	Hispanic	11	(5.2%)
American Indian or Alaska Native	424	(13.1%)	American Indian or Alaska Native	20	(14.7%)	American Indian or Alaska Native	**	
White Non-Hispanic	1,418	(44.0%)	White Non-Hispanic	58	(42.6%)	White Non-Hispanic	161	(76.3%)

Source: RDA, 2024

OPERATING BUDGETS | FY2024*

Source: RDA, 2024 | *Does not include Lease Pool or CARES Fund 706-2.



*Note that data under "adult inpatient facilities" includes Eastern State Hospital, Maple Lane Campus, Olympic Heritage Behavioral Health, Steilacoom Unit, and Western State Hospital.

**Numbers less than 10 are suppressed.

***Note that the bed capacity represents funded beds at the end of Fiscal Year 2024, as the number of funded beds can change throughout the year.

DR. DREW CALHOUN, CHIEF MEDICAL OFFICER

Dr. Drew Calhoun became the Civil Center chief medical officer at Western State Hospital in August after serving as the facility staff psychiatrist since 2021. While at WSH, Calhoun served in several leadership positions including chair of the Peer Review Committee and the Risk Review Board, and in various roles on the Medical Executive Committee - most recently as the president of the medical staff.

Calhoun's professional interests include medical education, quality improvement, and ethical issues. He teaches a course to psychiatry residents at the University of Washington related to involuntary medications and treatment rights, and has previously taught topics including risk assessment, malingering, confidentiality, and medical decision-making capacity.

As a member of the American Academy of Psychiatry and the Law, Calhoun serves on the Ethics, Early Career, and Forensic Hospital Services committees. He has presented nationally on topics related to violence risk, neuroimaging, competency restoration and physician impairment.



Although born and raised in Washington, Calhoun earned his bachelor's degree studying biochemistry at Oregon State University and his medical degree at Ohio State University. After medical school, Calhoun completed psychiatry residency training at University of Pittsburgh Medical Center, followed by a fellowship in forensic psychiatry at Case Medical Center in Cleveland, Ohio.

Calhoun is board-certified in general psychiatry and forensic psychiatry. His professional background and dedication to advancing medical excellence align perfectly with the Civil Center's value of providing the highest quality of care to the patients it serves.

DR. ELIZABETH BOLINGER, CHIEF CLINICAL OFFICER

Dr. Elizabeth (Liz) Bolinger joins the BHTC team as the new chief clinical officer with an extensive background working within the field of psychology.

Bolinger earned her doctoral degree in clinical psychology with an emphasis in neuropsychology from Ohio University in Athens, Ohio. Her training during her graduate school programs included practicum experiences at several Veterans Administration hospitals, multiple neuropsychological assessment rotations, and several years working with justice-involved youth and adults.

Bolinger matched for internship at the Federal Medical Center (Bureau of Prisons) in Rochester, Minn., and then pursued a year of specialized forensic training at Larned State Hospital in Larned, Kan. Throughout many of these training experiences Bolinger evaluated and worked with people who were civilly committed, committed under federal and state NGRI statutes, federal and state competency statutes, and people committed as a sexually violent person.

Since moving to Washington in 2018, she has become more involved in the active treatment of people and supervision of such treatment. She joined Western State Hospital in 2019 as a psychologist on a competency restoration ward. In 2020, she joined the Steilacoom Unit team as a psychologist and eventually became their clinical services manager before coming to BHTC as the new chief clinical officer.

Within this new role, Bolinger is very excited to collaborate with all BHTC teams and enrich the treatment programming provided to all residents served within each BHTC unit. "There is a wealth of experience, skills, knowledge, and talent that staff bring to their work every day, and I feel lucky to have the opportunity to share in their passion to support residents' recovery journeys."



LEXA DONNELLY, DIRECTOR OF QUALITY MANAGEMENT

Lexa Donnelly joined Behavioral Health and Treatment Centers team in 2024 as the new director of quality management. Formerly the clinical director at Great Rivers Behavior Health Administrative Services Organization, Donnelly brings more than 15 years of impressive behavioral health and quality management experience to DSHS.

After obtaining her Bachelor of Arts in psychology and women's studies from Pacific Lutheran University and a Master of Science in Social Work from Columbia University, Donnelly endeavored into outpatient behavioral health and gained extensive experience as a clinician, a program manager, and a quality manager.

In 2016, she further pursued her passion for continuous quality improvement by accepting the position of quality

management manager with Great Rivers Behavioral Health Organization. Donnelly excelled in this role and in 2020, she was selected to be an integral part of developing, building, and implementing the operations and functions of Great Rivers BH Administrative Services Organization.



Her stand-out performance at the BH-ASO led to her elevation to the position of clinical director where she became a key component in the creation and implementation of numerous programs: Mobile Response Stabilization Service, Recovery Navigator, and Assisted Outpatient Treatment. Additionally, Donnelly was entrusted to manage the behavioral health crisis system in the Great Rivers Region for nearly five years.

Donnelly was born and raised in Thurston County, and is proud to be able to give back to her home state in such meaningful ways. She enjoys traveling, watching her two teenage daughters play basketball and fastpitch, and spending time with her family. Donnelly and her fiancé have two cats, August and Willow, and two dogs, Olivia and Fitz.

MICHELLE JOHNSON, TRIBAL AFFAIRS ADMINISTRATOR

Michelle Johnson joined BHA as our Tribal Affairs Administrator in September. Michelle is a member of the Samish Nation and previously worked at the Attorney General's office where she served as a tribal policy analyst and worked with Indigenous communities on projects relating to Missing and Murdered Indigenous Women & People and Indian Boarding School Reconciliation. Previously Michelle served as the Social Services Director for the Samish Nation and was a tribal specialist with the Department of Children, Youth & Families for the Early Childhood Education and Assistance Program.

Johnson earned a master's in social work from the University of Washington and a bachelor's degree from Washington State University in human development and psychology. Her background and experience in working collaboratively and building strong relationships with Tribes across Washington, along with her leadership experience and passion for behavioral health, make her a wonderful addition to BHA.

Johnson will be developing training for BHA staff on the impacts of intergenerational trauma caused by colonization and creating policy on working with Tribal patients and residents. She will also be working on strengthening the BHA government-to-government relationship with Tribes.

Johnson has a goal of increasing awareness of the genocide that Tribes experienced and how this has led to many challenges in Tribal communities including the overrepresentation of Tribal people in BHA facilities. She also will celebrate the incredible strength that comes from culture, tradition, and family connections that can never be taken from Tribal people.



WORKING ON RECOVERY THROUGH ART

Olympic Heritage Behavioral Health patients regularly create artwork as part of their treatment. Patients learn about different techniques and mediums such as watercolors, acrylic paint, oil pastels, origami, and more. In these “skill building” classes they also work on their recovery journey by providing opportunities for making mistakes and moving forward, increasing self-confidence, engaging in decision making and problem solving, and building peer support through sharing ideas and learning together.

Through art, patients can connect with parts of themselves like family or cultural backgrounds. They can express emotions through artistic pursuits with color, different types of materials, or a variety of styles.

OHBH celebrates patient creativity by displaying artwork where both patients and staff can view and appreciate it. Patient art has been featured in external news after media outlets have visited the facility.

Most recently, our patients have recognized Halloween, Hispanic Heritage Month, and Native American Heritage through their art. In 2025, OHBH staff engagement and rehab teams plan to collaborate more on events that honor seasonal themes or awareness topics, so patient art can be displayed in conjunction with employee engagement opportunities.



OHBH TREATMENT PROGRAM IS GROWING

Since welcoming our very first patient in October 2023, we’ve been working steadily to offer effective treatment, engagement, and recreation services for our patients at Olympic Heritage Behavioral Health. Our treatment program has grown by every measure in 2024, and we are busy with plans to continue that progress.

Carving out space to provide quality treatment for our patients was a high priority from the start. Storage and office space has grown into a spacious Treatment Mall.

The mall is open seven days a week and offers a lounge area, recreation room, library, clothing store, café, horticulture room, hair salon, exercise rooms, music lab, incentive store, and several group meeting areas.

This incredible space lets us meet a variety of patient treatment needs and provide normalizing experiences like enjoying a cup of coffee with a friend, getting a haircut, shopping for a new outfit, and checking out a book to read.

Scheduled groups in the mall, including those co-led by our psychology associates and rehab staff, are designed to meet the needs identified in our patients’ treatment plans. Patients are assigned to groups based on their ability levels, so groups are better able to meet their individual needs.

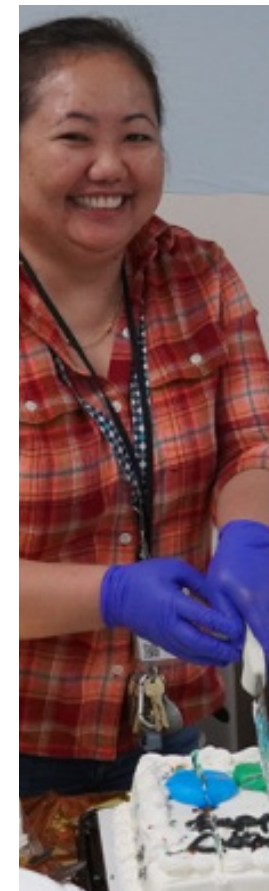
For patients who do not attend the Treatment Mall, our staff is expanding the treatment offered on the wards. Nursing staff is providing group and individual treatment throughout the day. Psychiatry, social work, and psychology departments are collaborating to provide individual interventions on the wards.

In addition to creating a great space and robust schedule for our treatment program, we are focused on enhancing the knowledge and skills of our staff.

Through book clubs, in-person and online trainings, mentoring via co-leading, and clinical supervision, we are expanding our staff’s ability to use evidence-based interventions linked specifically to individualized treatment plans.

We remain committed to ongoing growth in our ability to provide excellent treatment, engagement, and recreation services for our patients to recover and discharge to their communities.

OLYMPIC HERITAGE BEHAVIORAL HEALTH ANNIVERSARY 2024



In October 2024, Olympic Heritage Behavioral Health celebrated our first anniversary with a barbecue, a fun fair, and tons of cake. Olympic Heritage opened the doors to our first patients on Oct. 2, 2023 — after just six weeks of intensive collaborative effort from teams across BHA. OHBH leadership grilled more than 250 burgers (including vegan options!) for employees, patients, and visitors from BHA and DSHS.

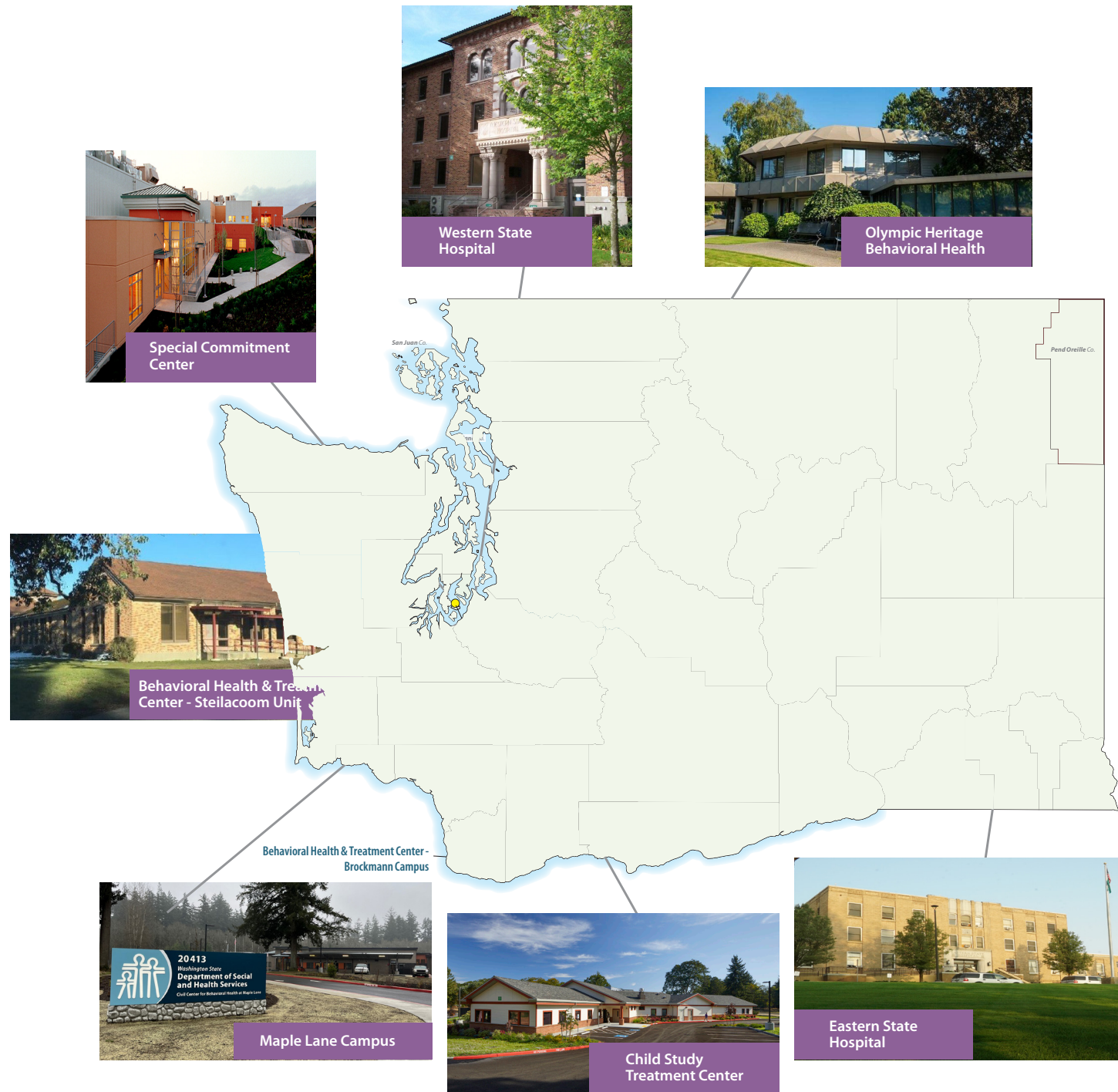
During a short program, Executive Officer Dan Davis expressed appreciation for the hard work and dedication of all staff members over the past year, mentioning notable achievements in staffing, employee training, and Clinical Services Management surveys. Our fun fair included activities — like a memory wall where staff could write their favorite moments from the past year — and games like cornhole and Jenga.

The team which won the most games was chosen to be the judges of an upcoming cookie bake-off event. We also started an annual employee excellence award with a call for nominations from all departments. This year’s winner was Registered Nurse Caleb Tadesse, pictured between Executive Officer Dan Davis and Chief Nursing Officer Pam Barrington. Thank you to everyone who helped make this year’s anniversary celebration a success!



Thank you to everyone who helped make this year’s celebration a success!





Planned and pending facilities

FACILITY	BED COUNT	TYPE	CONSTRUCTION START	PATIENT ADMITS
Maple Lane's Baker Unit	32	Civil	Spring 2024	Spring 2025
Brockmann Campus – Juniper Unit	16	Civil	Summer 2023	Fall 2025
Brockmann Campus – Cascara Unit	16	Civil	Summer 2023	Fall 2025
Brockmann Campus – Madrone Unit	16	Civil	Summer 2023	Winter 2025/2026
Forensic Hospital at Western State Hospital	350	Forensic	Spring 2025	Summer 2028

WESTERN STATE HOSPITAL GROUNDBREAKING

Calling it a new day for Washington, Governor Jay Inslee, Department of Health and Social Services Secretary Jilma Meneses, and Gage Center of Forensic Excellence Chief Executive Officer Mark Thompson kicked off the expansion of Western State Hospital with a groundbreaking ceremony on Oct. 17.

"This is a good day for the state of Washington," Inslee said. "It is two kinds of groundbreaking. One is groundbreaking on a building, but in a larger sense it's groundbreaking in how we provide behavioral health services for Washingtonians. It is part and parcel of a revolutionary way to provide better services for our family members, for our community members, for our fellow workers who run into mental health challenges."

Meneses echoed the promise of the new day and the critical role employees play in that future.

"Thank you to all the dedicated DSHS staff at every part of the house," she said. "You humble me every day with your compassion, your dedication to our clients and our patients. You come every day to serve with love and dignity and respect and kindness. I am so appreciative of you and of the team that is going to build this beautiful facility."

The 350-bed facility will enhance patient experience, improve treatment outcomes and set new standards for mental healthcare. The new forensic hospital will serve people entering through the criminal court system, offering a holistic approach to behavioral health treatment.

"There is a tremendous amount of history weaved through this campus over the last 150 plus years, but that history is what forms the foundation for our future," said Thompson. "We recognize we have a long way to go to complete the governor's vision and transform Washington's mental health care system. Although Western State Hospital is only one piece of that continuum of care, it is a critical one. This new hospital will provide trauma-informed care to people struggling with the most significant impairments to their mental health."

The project is part of a larger plan to improve the existing Western State Hospital campus. The construction will prioritize creating a therapeutic environment using evidence-

based design, emphasize transparency and nature-inspired design, and maintain safety, security and operations. The hospital is expected to be finished by 2028.

Buildings will be arranged as a series of neighborhoods across the site. This layout encourages movement and supports patients' future reintegration into society. At the heart of the design are five courtyards. The hospital weaves around these open spaces, creating a natural flow. Connecting bridges link the main hospital to the neighborhood buildings.

"This project is going to really meet the demand for years to come," Meneses said. "This project is imaginative; it's gorgeous; it's going to change the landscape for patients needing our treatment."

The design allows patients to view and access the courtyards throughout their daily activities. It encourages them to move from place to place as they would in a non-institutional environment. As patients navigate the space, they are surrounded by nature and greenery.

The design adds a sense of passage, place and rhythm to an environment that is typically isolated and restricted. Neighborhoods dedicated to activities like medication distribution and counseling sessions mimic places and routines found in day-to-day life.



MAPLE LANE'S COLUMBIA UNIT BEGINS ACCEPTING NEW RESIDENTS

The Maple Lane Campus reached another milestone achievement, accepting its first group of residents to a retrofitted building on the eastern side of the campus.

Maple Lane's Columbia Unit serves as many as 30 people needing inpatient psychiatric care who have been found not guilty by reason of insanity and who have made substantial progress in their treatment.

Residents who arrived at Columbia Unit were transferred from Olympic Heritage Behavioral Health in Tukwila. The Maple Lane project is one of several campus-wide — a targeted approach by the Behavioral Health Administration to add bed capacity to better serve the increasing numbers of people waiting for behavioral health services. This was the first unit on Maple Lane strictly dedicated to treating the NGRI population.

"I want to thank our contactors, BHA's project management and IT departments, and the many DSHS staff members who worked hard to help bring Columbia online," said Tony Bowie, executive officer for the Maple Lane and Brockmann campuses. "We believe we have built a therapeutic and relaxing environment for this new resident population at Maple Lane that will play a key role in their treatment progression."

Different colored acoustic baffles highlight each of the four wings of the retrofitted former competency restoration ward. The colors of the acoustic baffles reflect the colors of artwork for each wing, and the soft color palette is also reflected in the painted walls.

Crews took down a large control station in the center of the ward, creating an open and bright milieu area for residents and staff to gather. All resident rooms received a significant makeover, creating a more residential feel, Bowie said. "We replaced the correctional-style furniture with warmer, therapeutic beds, desks and shelving."

A person is found not guilty by reason of insanity when the court determines they were not able to tell right from wrong due to

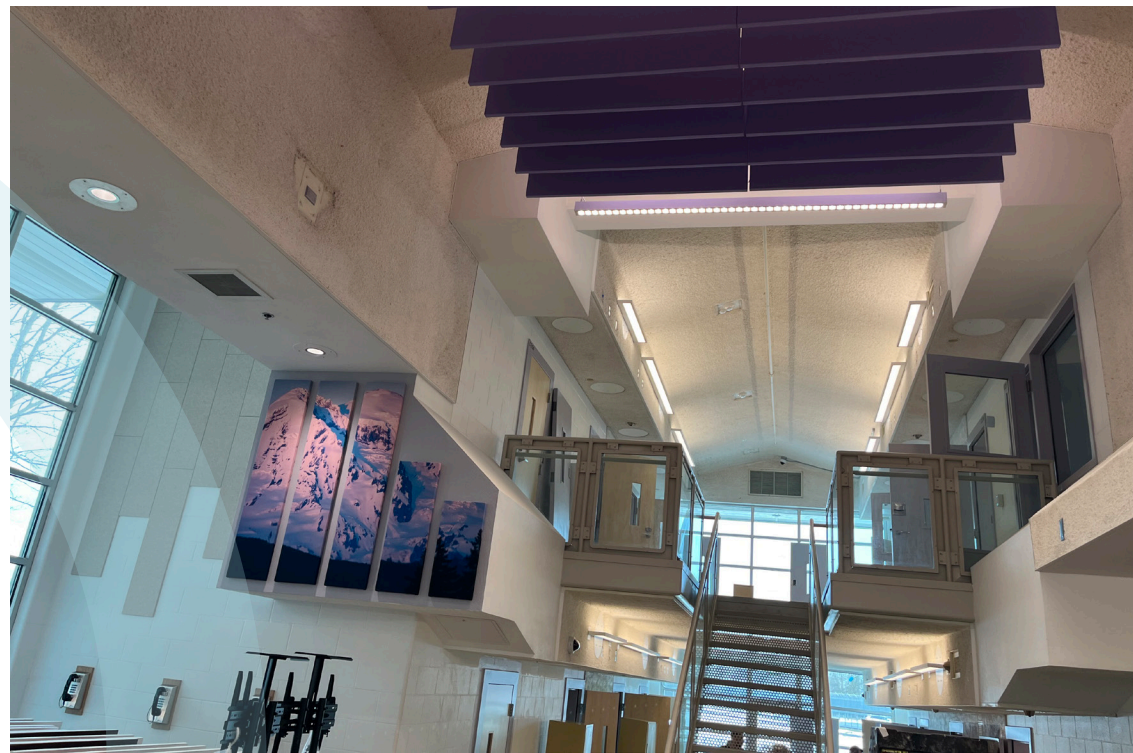


their mental state at the time of the offense. The person experienced severe symptoms of mental illness at the time of the offense, which impaired their ability to perceive reality or think clearly. For example, they may have suffered from delusions or hallucinations that directly led them to commit the offense.

If the court acquits the person as NGRI, then they are committed to the custody of DSHS and are most likely to be admitted to a DSHS state hospital for treatment. Columbia Unit is now an additional facility to which those acquitted as NGRI may be admitted for treatment.

Elsewhere on campus, phase 1 of a soft renovation to the Baker Unit is estimated to be done in summer 2025. The second phase, a full renovation, is due to be completed in the summer of 2026.

Construction work at Chelan Unit is scheduled to be completed by winter of 2025, with the first resident coming later in the fall of 2026.



DSHS RECEIVES \$24K ENERGY REBATE FROM PUGET SOUND ENERGY FOR OAK UNIT

The Department of Social and Health Services received a rebate payment of \$24,252 as part of Puget Sound Energy's Commercial Industrial New Construction program.

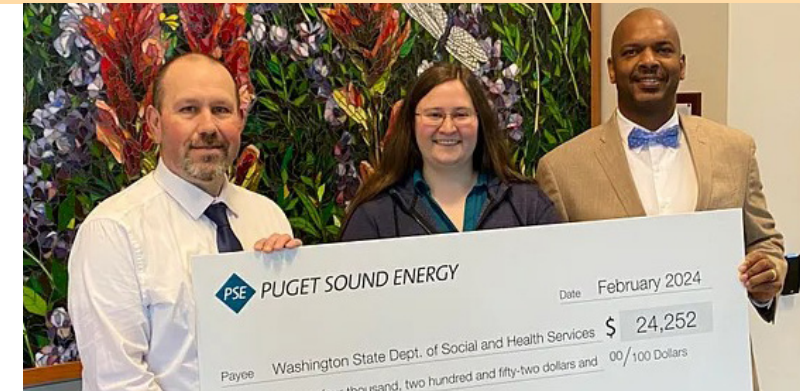
The one-time conservation incentive payment was for the Oak Unit construction project on Maple Lane Campus, which was completed in late 2022.

The newly completed 16,000-square-foot facility securely and therapeutically houses 16 residents who receive 24-hour care.

"If commercial buildings are built beyond the energy code requirements, PSE can offer them incentives," said Taylor Pitts, PSE's commercial construction program manager for energy efficiency." (DSHS) went above and beyond the code requirements to create a highly efficient building."

In line with DSHS' goal for building sustainable and environmentally friendly infrastructure, Oak Unit is part of a net-zero-energy initiative and has received a gold rating in the Leadership in Energy and Environmental Design rating, said Tim Byrne, DSHS Capital Programs' then-construction project manager.

It is optimized to generate more energy than it uses, adding no additional energy demand to Washington's power grid and reducing its carbon impact.



The facility achieved this high-level LEED rating through natural native landscaping, more than 200 solar panels installed on the roof and in the form of covered parking, and on-site retention and treatment ponds to manage stormwater. The building also has a high efficiency heat recovery system, a high efficiency variable refrigerant flow system and LED lighting.

The energy efficiency features result in about a 24% energy savings compared to a code compliant building of equal size and will save more than 69,000 kilowatt hours per year.

"This not only reduces DSHS' energy bill, but also provides a healthy well-managed space for those inside and reduces the region's overall carbon footprint," Pitt said.

BROCKMANN CAMPUS RESIDENTIAL TREATMENT FACILITY BEGINS TO TAKE SHAPE

After decades as a small family hobby farm, a property in Clark County is being transformed as the Department of Social and Health Services carves out a space in Southwest Washington to give patients with a mental illness the opportunity to recover in a peaceful and comfortable environment.

Brockmann Campus supports recovery by providing views to open spaces, a connection to nature, and facilities that maximize an environment designed to support best clinical practices and provide safe settings for treatment.

The property at 16015 NE 50th Ave. was rezoned from residential to business use in the early 1990s and is just outside Vancouver. It is named after the Brockmann family, who sold it to DSHS in 2021.

Three separate buildings or "units" are being constructed on the site: Cascara, Juniper and Madrone. Each will house 16 patients for a total of 48 beds.



The 48 residents will be cared for by state staff and DSHS will be the only state agency providing leadership and facility oversight.

Building construction is expected to be completed by fall 2025, with the first patient arriving later in 2025. Hoffman Construction is DSHS's contractor for this project. Site development work began in July 2023 and is in the construction phase.

TELLING STORIES THROUGH ART AT OAK UNIT

“Powerful.” “Learning.” “Manifesting.” “Reawakening.”

These words accompany images of faces, cityscapes, snowboarders and trophies, part of collages that brighten the art wall of Maple Lane’s Oak Unit. On one collage, a quote attributed to Leo Tolstoy stands out: “Art is not a handicraft; it is the transmission of feeling the artist has experienced.”

In these collages, Oak residents have transmitted their feelings into their art, mapping out abstract self-portraits based on how they saw themselves. The collages are only one of several art interventions used as a form of therapy for residents.

“Art therapy helps residents express their thoughts and feelings without the use of words,” said Psychologist Massiel Aspron. “Complex thoughts and intense feelings can be hard to articulate, and art therapy bridges that communication gap. It also engages residents in a communal, stress-relieving activity that exercises the creative part of the brain.”

Another particularly effective activity involves creating masks. Residents were asked to decorate the outside of the mask based on how the outside world sees them. They then decorate the inside of the mask representing how they see themselves.

“This activity fosters self-reflection, exploration of feelings, fears, and strengths,” Aspron said. “It also can help spark conversations about things that are otherwise too difficult to talk about. They tell you so much through their art, and it provides an avenue to ask more questions.”

While art activities often take place in an enclosed group room, Aspron has experimented with bringing activities into the larger milieu room in the center of Oak Unit, offering more space and a chance for other residents to see and engage. “Sometimes people would just be walking by and see what’s happening, and they would stop to watch or begin making something themselves,” Aspron said.

Other activities are lighter in focus. Residents made maple leaves last autumn and created gratitude cards for staff and gingerbread houses during the holiday season. These activities provide an important outlet for residents who may



have had unpleasant or challenging holiday memories, said Norman Goodenough, Oak Unit’s then-program director. “These activities have their own inherent benefits. They help residents cope with stress, and making art helps calm the nervous system.”

The art wall, part of the large milieu area, has become an object of much interest and pride for residents. “They’re proud to see their art displayed and love to talk to others about their art,” said Aspron. “When their art is displayed, they show and talk about their art to staff and other residents who are seeing it. It’s a great conversation starter!”

Aspron drew from her own lived experience using art as a coping strategy to develop the art interventions. “Growing up in a house with a substance-using parent was stressful and shameful. I used art as an expression of those thoughts and feelings I was not allowed to talk about or couldn’t talk about. I still use art as a means to unwind and regenerate.”

She began using art interventions as a way to provide a respite from traditional group therapy, and to offer a different approach for residents to make connections with each other. Residents participate in art interventions at least once a week. She is hopeful that residents will be able to use art as a coping strategy long after they leave Oak Unit. “This is something that they can take with them. We hope they can remember this as a way to cope with stressful times.”



CASCADE UNIT TRANSFORMS FROM COMPETENCY RESTORATION TO NGRI TREATMENT

After providing competency restoration services for eight years, Maple Lane’s Cascade Unit entered a new phase in July by becoming a treatment center for residents found not guilty by reason of insanity.

Cascade Unit has provided restoration services to BHA clients since 2016. The closure of Cascade Unit was done as a part of the Trueblood Contempt Settlement Agreement.

Mandi Maycumber, former Cascade program director, managed the process of closing and repurposing Cascade Unit, or, as she put it, “ramping down and ramping up.”

New staff was hired for Cascade Unit for its new mission, and they went through training to prepare for the opening, including an all-day NGRI training provided by NGRI Specialist Administrator Dr. Elizabeth Zinda.

Staff also had the chance to shadow at the other Maple Lane units.

“Program directors for Oak and Columbia have been super supportive in giving our new staff places to shadow when they’re not in training,” Maycumber said.

Some material changes happened with the unit as well: the facility was repainted, new furniture was brought in, and the flooring was replaced.

“It’s a time of lots of change, and it’s exciting,” Maycumber added. “We’re rolling through it with the support of a great team.”



Some material changes happened with the unit as well: the facility was repainted, new furniture was brought in, and the flooring was replaced.



REGISTERED NURSE EMILIO RAMIREZ: CALM AND COOL BUT NEVER DETACHED

Squatted down and balancing himself against a wall on the patient porch on Ward 3S1, Registered Nurse Emilio Ramirez made the process of calming an agitated patient appear routine.

"His relationship between he and his mother is fractured," Ramirez said of the patient.

He explained that the patient's mother called police after an abusive episode which led to his placement in the hospital's Adult Psychiatric Unit.

Through tears and raw emotion, the man expressed his anger, disbelief and sadness to Emilio as he wondered how she could really love him if she called the police on him in the first place.

At first glance, one would never know the patient stands 6-feet-5 after seeing him curled up in a patient chair. But in that moment, Ramirez was at his level, hunched even lower than the patient and talking to him in a tone of voice that clearly helped play a part in settling the young man's nerves.

Registered Nurse Justin Gudvangen said Ramirez's calm disposition is all but legendary among his peers.

Some attributes are more innate than others. Those that don't come naturally have to be taught.

Gudvangen said, "What's really unique about Emilio is that he has the ability to teach those same skills to his peers. And that is rare."

"I would say I have always had a relaxed nature," Ramirez said. "But even if I didn't, I've learned that taking a calm approach with patients is the best approach to take. It keeps you calm and then serves to help keep them calm."



Ramirez graduated from Gonzaga University in 2009 and worked in Seattle's Downtown Emergency Service Center, a nonprofit providing services for homeless persons.

Later, he and his wife, who he met at Gonzaga, eventually moved back to Spokane, and he started working at ESH in June 2014.

"After working at DESC, I knew I wanted to work in an adult psychiatric unit, or as much like there was an APU setting," he said.

Ramirez said he's as satisfied working here now as he was when he first started.

Finally, as the patient rose from a chair, and Emilio from his squatted position off the floor, the young man was allowed to return to his room. The patient stopped crying and his emotions subsided.

"There's nothing like seeing patients make breakthroughs, when they reconnect themselves and their family," he said. "And seeing the faces of staff when patients get better is a part of it."

AT ESH BY CHOICE: DR. SAMAYA LOVEGOOD TAKES ON NEW ROLE WITH GOAL OF PROMOTING HOSPITAL

Eastern State Hospital Psychiatrist Dr. Samaya Lovegood may be the first-ever resident to emerge from residency seeking to work at Eastern State Hospital.

"I was told I'm the first-ever resident to sign up and work here right out of residency."

In her four-year residency through the University of Washington Medical Center, the last two years were spent working at Providence Sacred Heart Medical Center, MultiCare Deaconess Hospital, and ESH.

"I thought I'd be doing this outpatient practice," she said with a laugh. "But when I came here and actually saw how the medications actually worked, and saw that people responded to the medications and got better, it was just amazing."

Fast forward almost a quarter century later and Lovegood has been named to the newly created position of deputy chief medical officer.

"I have taken on the position to promote the mission of the hospital and to ensure that we provide the best care we can to those that we serve," she said.

A strong component will involve being someone who can take a "step back" and be influential in addressing –

and changing if necessary – policies that would have an impact on the hospital, she said.

Lovegood has spent nearly 19 years at ESH. She worked at the hospital from 2000 to 2014 before leaving for the Mann-Grandstaff VA Medical Center in Spokane where she spent five years. She returned to ESH in 2019.

"I missed the intensity of the folks out here though," Lovegood said. "I just enjoy working with those who are seriously mentally ill."

Most recently she worked on the Echo and Habilitative Mental Health. "I love the patients; I love the challenges," she said. "I love what we do here."



DSHS SECRETARY MENESES OFFERS CONGRATULATIONS AND PRAISE TO ESH STAFF FOR COMPLETING HEALTHCARE PROGRAM

DSHS Secretary Jilma Meneses visited Eastern State Hospital on Sept. 6 in part to extend congratulations – and thanks – to five women leaders who recently completed the Washington Healthcare Leadership Program.

Meneses said gender discrimination, often exercised through pay disparities between men and women, helps play a key role in contributing to women's disproportionate rates among the poor.

The Women's Legal Defense and Education Fund reports that women in America are still 35% more likely to be poor than men, with single mothers facing the highest risk.

"Until we have more women in leadership, like ourselves, that's not going to change," she said.

To shrink disparities in leadership roles in healthcare, a group of women leaders formed Women's Healthcare Leadership Program nearly four years ago. The 10-week virtual cohort explores essential skills and knowledge required for senior leadership roles.

Secretary Meneses congratulated ESH staff for completing the program:

- Jasmina Alagic, staffing and operations administrator.
- Katie Gasper, director of social work.
- Mona Terrell, clinical nutrition manager.
- Nanette Walling, environmental services custodial director.
- Cami Young, active treatment and rehabilitation services administrative director.

"Anything that we can do to support each other and lift each other up and develop our skills and our experiences is a good thing," Meneses said.

"So, when people say there is no discrimination of women and or others, they're mistaken," she said. "That's why it takes folks like those in this room to change that. The more you educate yourself and develop your skills, you're also developing your intellect and the more we can fight against discrimination. So, congratulations to you all."

TJC SEAL OF ACCREDITATION

The Child Study and Treatment Center was recently reaccredited by The Joint Commission, earning their Gold Seal of Approval.

TJC's Gold Seal is recognized internationally by medical institutions as the gold standard for achieving high quality of care and safety for patients and is only granted to institutions shown to comply with their rigorous requirements.

CSTC serves children and youth ages 5-17 who have psychological and safety needs that cannot be met in their communities. As the only state-operated behavioral health facility for this population, CSTC works with children, families and communities to promote effective treatment, healing, and growth in a safe and nurturing environment.

"I am very proud to be part of a team of staff who are truly dedicated and committed to the work they do day in and day out," said CSTC Chief Executive Officer Byron Eagle. "This can be very challenging and stressful work and I am always amazed at how our staff continue to strive for perfection and persevere so we can provide the best possible care to our kids," he said.

The ongoing commitment of staff to upholding these high standards can be seen in their track record with TJC. Every three years the facility receives an on-site visit and survey by TJC to determine if it still complies with their stringent standards. CSTC has continued to prove worthy of reaccreditation, passing with flying colors in 2017 and 2020, despite COVID-19 challenges, and most recently in 2023.

"Our accreditation means a lot to us as a program. It means that we are obligated and required to be held to a standard of quality care and patient safety that not only meets but exceeds industry standards, and receiving the Gold Seal of Approval lets us know that we are on the right path," Eagle said.

The commitment to meet these high standards can be seen by CSTC's reaccreditation for meeting TJC's performance markers for accreditation. These include facilities' performance in providing a safe environment, educating patients about the risks and options for diagnosis and treatment, protecting patient rights, including privacy rights, protecting patients against infection, and planning for emergencies.



SPRING BENEFITS BASH

The CSTC's Synergy Committee hosted a Spring Benefits Bash in March to bring employees together to socialize and gain awareness about state benefits.

Representatives included state unions, the Department of Social and Health Services Human Resources, the Employee Assistance Program, and the Department of Retirement Services. They were on hand to provide information and answer questions about available benefits. In addition to food and fun, attendees had the chance to learn details of their benefits packages and how to better use resources and services available to them as state employees.

The highlight of the bash was the prize draw, where every CSTC employee was entered for a chance to win a movie-themed gift basket. Before the conclusion of the event, CSTC Psychiatric Care Counselor Ron Henderson was announced as the lucky winner.

The Spring Benefits Bash was a success for the CSTC Synergy Committee's first 2024 employee event and was led by committee coordinator Stacy Boyd, CSTC administrative assistant. The event helped encourage new connections and equipped employees with valuable knowledge about their benefits.

CSTC CARNIVAL BRINGS JOY TO KIDS, FAMILIES

Kids at the Child Study and Treatment Center joined visiting families and caregivers in the annual CSTC August Carnival festivities. From bouncy slides to face painting, and a dunk tank to toss games with prizes, the event offered CSTC patients and their families a chance to play and connect in a fun and safe setting.

"It's amazing to see the faces of the kids," said CSTC Deputy Chief Executive Officer Brian Shirley. "Interacting with parents and seeing what today means to them, it's a big deal."

In addition to being a fun summer activity, CSTC patients also got to show their families the skills they've been practicing, such as social skills and managing their emotions, Shirley said.

Community partners also joined in the festivities, including Carolyn Watkins, principal of Oak Grove Elementary School and Firwood Secondary School. The schools' programs serve CSTC patients and some former CSTC patients as well.

"I love this opportunity for us to involve our parents to have some fun with their kids," said Watkins, who started at the school as a teacher in 1999. "It's a great opportunity for the school, of course, to see all the families and to have this collaborative opportunity with CSTC is wonderful. This year and moving forward, I really am hopeful that we'll continue to collaborate and offer many more activities and fun for our families and for our students."

She shared that the carnival accomplishes on a larger scale what her teachers try to do on a weekly basis – celebrate the kids' successes and make space for them to take breaks.

A few community partners who joined were also once CSTC parents themselves, including Jasmine Martinez and Kim Runge with A Common Voice COPE Project. The organization supports families of CSTC patients and other children's long-term inpatient programs and is contracted through the Washington State Health Care Authority.

Runge, a lead parent support specialist, spent time at the carnival interacting with new CSTC parents to share resources her organization offers and wisdom from her own son's journey, showing that CSTC kids leave the program with some great coping skills and tools.

Joining in the carnival aided the goal of building relationships with parents, caregivers and CSTC staff, said Martinez, A Common Voice's assistant director. She knows from personal experience that events like the carnival can help with the wellbeing of CSTC families, since the path for many CSTC families can be an isolating one.

"Events like this connect us with our children. They allow us to connect with ourselves even in a way," Martinez said. "Events like this reintroduce us to joy and hope."



"This is such an awesome opportunity for our kids to be kids, rather than work on or think about the heavy lift that they often make," Watkins said.



SEATTLE UNIVERSITY CONTINUES LONG TRADITION OF VISITING MCNEIL ISLAND

A group of 18 students from Seattle University toured McNeil Island and the Special Commitment Center's Total Confinement Facility recently, adding another chapter to the long-standing relationship between the facility and the college.

Professor JB Helfgott, director of the Crime and Justice Research Center at Seattle U, has been taking her students on the SCC tour for more than 20 years, even dating back to when the program was operating out of the state prison in Monroe.

The tour is part of the program's Criminal Justice Theory course, the introductory course to the graduate program. Students enrolled in the course already have BA degrees in a range of disciplines including criminal justice/criminology, sociology, psychology, and other fields.

"Some of the students currently work in the criminal justice system in policing, courts, corrections, and social services, and are pursuing their graduate degree for advancement within their fields or to obtain positions in other areas of criminal justice," Helfgott said.

Seattle U's graduate program has specializations in Investigative Criminology, Research & Evaluation, and Victimology. Students have gone on to work in law enforcement, court services, corrections, juvenile justice, victim services and research, she said.

The visit to SCC is a favorite among students.

Helfgott posted pictures from the tour on her social media and a former student who is now a forensic psychologist in Oregon commented: "This exact field trip inspired my pursuit of a clinical psych PhD and current career! I'm so grateful for and won't soon forget it."

Over time, students have mentioned to Helfgott that it was invaluable to be able to see the island and the facility to understand the reality of civil commitment for sexually violent predators.

During the most recent trip, students said they especially appreciated speaking with the clinical staff and the question-and-answer session with SCC staff.

Some of Helfgott's students have even gone on to work at SCC – one as an ombuds and another as a residential rehabilitation counselor.

"The tour has been an important part of their education in general and for a segment of the course where they are reading the book 'Moral Panic: The History of the Child Molester in America,'" the professor said. "Seeing the facility firsthand is extraordinarily impactful to understand the history of the evolution of the Community Protection Act of 1990 and the civil commitment of sexually violent predators."

Over time, students have mentioned to Helfgott that it was invaluable to be able to see the island and the facility to understand the reality of civil commitment for sexually violent predators.



SCC NAMED NATIONAL MODEL FOR SECOND CONSECUTIVE YEAR

For the second year running, the Special Commitment Center's Community Programs were declared a national model by the independent Inspection Of Care team after a visit in August. Chief Executive Officer Keith Devos credits staff and a culture encouraging them to innovate.

"We truly listen to people's voices. We're not afraid to try stuff, and it's okay if it doesn't work. We either tweak it or we move on, but the whole idea is to keep trying – we're going to continue to support you," Devos said. "People get to implement their ideas. I think that's a big game-changer."

The IOC is an independent team of sex offense subject matter experts. The team noted several program strengths, including a "state-of-the-art community transition program," a high percentage of residents transferring to less restrictive alternatives, a collaborative culture, early discharge planning, community nursing case management, and vocational and job placement services.

One of the biggest changes in the past year was the creation of vocational rehabilitation programs at the two secure community transition facilities. The SCTF social workers partner with the Employment Security Department, community colleges, nonprofit organizations, and private companies to teach residents job readiness skills and to join job placement programs.

They purposely include residents in discussions about what could help them in the future, from obtaining food handlers'

cards to help getting general educational development diplomas to earning college degrees, said Jeff Cutshaw, then-King County SCTF manager.

Devos says that one of the biggest benefits of vocational rehabilitation is hope.

"I worry that residents, upon unconditional release, fear the inability to take care of themselves, to live inside a home and to feed themselves – that all requires for them to be able to work," he said. "I think we give them a much greater sense of hope and accomplishment, and there's a lot of dignity in work – these are things that most importantly reduce their risk of recidivism."

The driving force behind these programs is the staff, which the IOC team highlighted for its collaboration within and with external partners. Tammy Neys, SCC's director of discharge planning, described the SCC's interdisciplinary approach as one of the program's best practices.

The IOC also noted the increased retention rates, especially at the King County SCTF.

"The IOC noticed that their recommendations were taken seriously," said Linda Mayfield, the Pierce County SCTF manager.

They were impressed with the groundwork being laid on efforts being spearheaded, Mayfield said. "I love getting the feedback from IOC."

INDEPENDENT LIVING SKILLS HELP SAFETY

Building Special Commitment Center residents' independence is vital due to long histories of institutionalization. In addition to time in prison, the average stay at SCC is more than 14 years. This means residents need to learn basic skills such as using computers, shopping for groceries, navigating bus routes and more.

Life-skill building starts in groups at the King County and Pierce County Secure Community Transition facilities, where residents learn to budget, cook, wash clothes, and even find employment.

"The more independent we can make the residents when they leave, the stronger their coping and relapse prevention skills are going to be, and their unconditional release is going to be more successful," said Kellie Mulkey, the social work director at the Total Confinement Facility.

SCC created a huge growth in continuity of care from when residents enter total confinement, through Less Restrictive Alternatives and until they are unconditionally released, said Casseanna Anderson, discharge nurse manager.

"These transitions, they start months before the resident actually transitions into the community," Anderson said.

"I'm so proud to be a part of this team and so lucky to be a part of this team," said Keith Devos, SCC chief executive officer. "I can't wait to see what we're going to do for next year. At the end of the day, that's exactly what we need to do to keep the community safe: keep getting better."

DSHS, CLARK CONSTRUCTION GROUP USE INNOVATIVE WAYS TO BE MORE SUSTAINABLE

To make way for a new therapeutically designed 350-bed modern hospital that will transform behavioral health care for forensic patients, many original brick buildings which housed staff and patients on the campus of Western State Hospital needed to be demolished.

That effort has created a lot of demolition debris — mainly wood, concrete, brick and metal rebar.

The Department of Social and Health Services is working with Clark Construction Group, contractor for the Western State Hospital new forensic hospital project, on innovative ways for debris to be used more sustainably as well as generate avenues to provide some cost savings to the project.

"This sustainability effort aligns well with DSHS' and the Governor's Office priorities of maintaining healthy and safe communities," said Aarón Martínez, senior capital projects manager for DSHS Capital Programs.

Truckloads of project demolition debris could have been dumped in a nearby landfill, taking up valuable landfill space and increasing diesel exhaust as trucks drove through Lakewood to the dump site.

Instead, an on-site separating and crushing operation was assembled, said Taylor Johnson, CCG project executive.

Three debris piles emerged on the east side of the campus on the former baseball field. Concrete, brick and metal rebar were separately piled nearly 20 feet high. The project's demolition contractor, Dickson Demolition and Abatement, separated and sorted debris throughout the process, at times using a giant magnet to separate metal rebar from concrete.

"We're not purchasing new material and having it trucked in. We're using what is already here onsite," Johnson said. "There's an environmental and cost benefit — we're not wasting what can be used."

Brick and concrete are being ground down into finer pieces — to the tune of between 400 to 700 tons a day. CCG estimates there's about 21,000 tons of debris material on site. Metal rebar will be recycled, and concrete and brick finer pieces will be used as fill to build temporary roads, and as a base for new roads, parking lots and sidewalks.

CCG has assembled an on-site separating and crushing operation.

"We're not purchasing new material and having it trucked in. We're using what is already here onsite," Johnson said. "There's an environmental and cost benefit — we're not wasting what can be used."

That amounts to nearly \$1 million in savings for the project, Johnson said.

"As a department, we're thrilled to be able to work with Clark to recycle, reuse and salvage as much material as possible, not only for the financial benefits, but also as good stewards of the environment by reducing the carbon footprint of the project," Martínez said.

Some fill will end up in the new forensic hospital buildings — a mixture of old and new. Clark used recycled fill to bring a basement of an original hospital building that was demolished to level and serve as a base for the new foundation for the administration building.

Some wood debris will be reused as well. Trees removed to make way for construction will be mulched into beauty bark which will be incorporated into the new landscaping.

Some wood beams salvaged from the former Building 11 will find new life in the administration building — adding yet one more link to a storied, 152-year-old past.

CONGRATS TO GAGE CENTER DAISY AWARD RECIPIENT!

In June, Nurse Warren Wongwai received the DAISY Award in recognition of his work at the Gage Center at Western State Hospital.

The DAISY Award is a recognition program that celebrates and recognize nurses who have been nominated by patients, families, and co-workers. It is a way to thank nurses for the care and kindness they provide.

Staff praised the nurse. "Warren is consistently knowledgeable about the patients, their conditions and medications. He was one of the few WSH nurses that actually volunteered to work on the COVID ward."

His peers also respect him for his knowledge and dedication and the excellent care he provides to his patients.

Wongwai was recognized by one patient who said she felt supported during her name change process and being reclassified as female and also when

she was not eating when suffering from anorexia nervosa. Wongwai made sure she received Ensure and encouraged her to eat.

Another patient said he feels comforted in the way Wongwai works with his appointments and provides him with information that eases his mind. "He likes my stupid jokes," he said.



PATIENT FESTIVAL WOWS PATIENTS AND STAFF

Western State Hospital sponsored a Therapeutic Fair for civil patients this past summer. The goal was to provide a safe and secure environment for patients and staff to enjoy an activity that will be therapeutic and fun. And that is exactly what we were able to accomplish!

The event was open to patients who are level two through four and was held in the Quadrangle.

Although 160 patients were expected at the event, approximately 200 patients attended.

Our Recreation and Athletics team, Rehab Department, Security, Workforce Admin, executive team, as well as many other departments, and Dr. Cory Sessions as Incident Command, were instrumental in making the Patient Festival happen. They provided patients with the opportunity to have fun, and blow off some steam, and have fun during their time at WSH.

Our Food Service workers went above and beyond to ensure the event was a success. Although they were short-staffed, they ensured all patients had meals to enjoy throughout the festival.

Recreation and Athletics Specialist Jerry Berebitsky created and brought to life an amazing giant Monarch butterfly. The amount of effort and work put into bringing that beautiful piece of art to life was greatly appreciated by staff and patients alike. We are thankful to have Berebitsky's talents here at Western State Hospital.

Music Specialist Forest Beutel put on a live performance with a patient who has since been discharged back into the community.

Patients had a great time, and several shared their gratitude for the experience as well as some of their favorite parts of the event.

SCORE CLINICAL INTERVENTION SPECIALIST PILOT PROGRAM TURNS 1

It's been one year since the Department of Social and Health Services and South Correctional Entity collaborated on a pilot program to provide enhanced behavioral health services to in-custody Trueblood class members.

One of its biggest champions is Josh Burgess, SCORE Jail's support services lieutenant. "I've been at this jail since 2012 and the SCORE program is making a noticeable difference in the people who are severely mentally ill. People are less violent and have less infractions, which makes the jail a safer place to work. To other jails in our state I would say, 'What are you waiting for? We need to start thinking outside the box. Are you willing to hopefully change the future?'"

Since launching, the voluntary SCORE program has served 790 Trueblood class members from December 2023-September 2024, said Asen Deshev, SCORE clinical intervention specialist pilot program manager, and an invaluable relationship has been built with SCORE jail and its resources.

Although roughly 90% of SCORE participants are released back into the community, class members found incompetent may be court-ordered to participate in competency restoration program at a BHA facility or outpatient competency restoration program.

One year in, the SCORE program is working to address two challenges.

"The time frame we have to work with people is very short, from a few days up to two weeks," Deshev said. "During that period, many clients may be going through detox. Until the body is clear of illicit substances, the ability to provide medications and other treatment is limited."

Another challenge is the referral process to community-based partners can take longer than two weeks. SCORE staff are working to create a low-barrier referral process to ensure community services continue after the client is released from jail.

"Our program is proactive. We engage with class members the moment they come through the door. We are here to help them get better and we're building therapeutic relationship with patients," he said.

Class members entering the program have serious mental health issues and often experience serious behavioral health challenges. "More than 90% suffer from serious mental health symptoms. They are struggling to maintain basic day-to-day life. We try to connect with them as soon as possible and provide the much-needed early-on care and behavioral interventions," he said.

"We are engaging with clients with behavioral interventions and simultaneously, if medically appropriate, prescribing appropriate medications leading to their overall stability and improved quality of life. Returning patients have established rapport with our staff. Upon their return, they ask for specific staff members since they trust our clinicians. They also are a lot more amenable to services we provide such as medication support and psychotherapy," Deshev said.

Down the road, Deshev hopes to expand the SCORE model. "We're hoping other jails across the state will invite us in to serve their Trueblood class member population. The decrease in challenging behaviors means we can focus on warm handoff to our community partners who help class members connect back into the community," he said.

SCORE was initiated by Senate Bill 5440, which is part of a larger initiative. It grew out of the Trueblood vs DSHS ruling in 2015 and implementation of Substitute Senate Bill 5444 in 2018.

DSHS, in partnership with the Health Care Authority, Criminal Justice Training Commission, Disability Rights Washington, and with cooperation of other state agencies, aggressively worked to implement and expand diversion services throughout the state at every level.

OUT-OF-CUSTODY EVALUATORS BRING COMMUNITY EVALUATIONS INTO FOCUS

When people are charged with a criminal offense and competency is raised, they are referred to either an in-jail or out-of-custody evaluation.

Those who appear to have high-risk medical and neurocognitive disorders often are referred to the out-of-custody evaluation team and forensic evaluators are called in to do pre-trial competency evaluations. Forensic evaluators are doctoral-level psychologists who specialize in forensic psychology.

"We serve people who are living in the community. These are defendants who were bailed out of jail or who were found not to be appropriate for jail," said Dr. Chadwick Dunning, the out-of-custody forensic evaluator supervisor.

"The defendants we see often have dementia, traumatic brain injury or developmental disabilities such as autism. We see folks with severe mental illness – co-occurring disorders such as schizophrenia and dementia. These defendants are some of the most complex diagnostically. Our skills have to be really polished to see what is going on."

In two years, six forensic evaluators have worked to whittle an 1800-person wait list to approximately 1300. "We've done a good job with limited resources; however, there are consequences to a wait list and an impact on people's lives. This is a problem and we're trying to do our best to reduce wait times. The legislature also has made steps to address this issue," he said.

A common problem evaluators face is defendants not showing at their scheduled evaluation interview. To address that issue, the legislature made a change so that now forensic evaluators will make three attempts to schedule an evaluation with a defendant.

If the person doesn't show up after the third appointment, the evaluation order is rescinded, and a warrant may be issued for the defendant's arrest. Previously, a person could receive six or more attempts for evaluations with an order remaining an active status.

There are two main ways forensic evaluators have been able to reduce the wait list. The first is multi-county competency evaluation days. This is when a group of evaluators go to an area to complete a large number of evaluations.

"We'll contact 200 defendants and get about 40-60 evaluations completed based on who shows up. We are doing this a couple times of year. It's a good example of how we collaborate with defense and prosecuting attorneys and our staff going above and beyond," Dunning said. Over the last three years, the team has hosted six events.

The second approach to reducing the wait list is revamping evaluation scheduling and confirming evaluations are still needed. "We now have a number of administrative staff scheduling, so we can quickly communicate with all attorneys. We also are tracking the three-appointment requirement."

As to the future, Dunning said some questions need to be asked. "Around 70 percent of our evaluations are for misdemeanors. This is often criminalizing mental illness. At some point we need to look at our referral rate and figure out how and why it has increased over the past few years," he said.

Misdemeanors frequently are not eligible for competency restoration. "It doesn't make sense to do forensic evaluations for non-serious crimes where there is no chance of restoring a defendant's competency," Dunning said.

With the addition of four staff members, continued support for multi-competency evaluation days and asking tough questions, Dunning hopes to reduce the waiting list even further.



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