



REPORT

TRUEBLOOD DIVERSION SERVICES SUMMIT

by Lisa Callahan, Dan Abreu, and Ashley Krider
October 2019

Background

The *Trueblood* Diversion Services Summit was held on September 11-12, 2019, at the Cedarbrook Lodge in Seattle, Washington. The Summit was planned and executed by Policy Research Associates (PRA) in consultation with Judge Marsha Pechman, Dr. Danna Mauch (Court Monitor), Ms. Kim Mosolf (DRW), and Dr. Tom Kinlen (DSHS). The PRA team consisted of Dr. Lisa Callahan, Mr. Dan Abreu, Ms. Ashley Krider, Mr. Rocco Farano (videographer), and Ms. Kelly Abbruzzese (logistics).

The purpose of the Summit was to assist with the implementation of the state's Diversion Services Plan to expand jail diversion programs state-wide. The agenda, including plenary speakers, panel presentations, and topical breakout sessions, was developed to provide a national perspective on diversion of individuals with mental illness, to learn about diversion programs underway throughout the state, and to provide ample opportunity for cross-community networking and dialogue.

Save-the-date and invitations were extended to all speakers by PRA and/or the Court Monitor. All communities that are either *Trueblood* Phase I, II, or III grant recipients or DSHS prosecutorial diversion grant recipients were extended an invitation to attend the Summit. Some program directors were invited to present their program and preliminary outcomes at the Summit. The

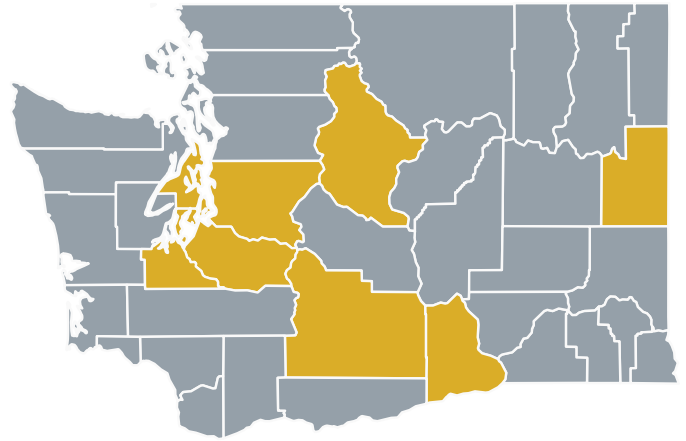
Summit consisted of plenary speakers, program panels, a peer/class panel, and breakout sessions (see Appendix I for agenda with a full listing of presenters and presentations).

Summit Timeline

- February 1, 2019: Event agreement signed with Cedarbrook Lodge
- February 26, 2019: Workgroup initial meeting, preliminary discussion of Summit agenda
- March 11, 2019: Summit planning call (Mosolf, Hunter, Kinlen, Leaders, Crane, Schoenfeld, Abreu, Krider, & Callahan)
- April 19, 2019: Save-the-date emailed
- July 15, 2019: Invitation and registration emailed
- August 15, 2019: Call with high-referral counties for panel presentations
- August 19, 2019: Call with prosecutorial diversion programs for panel presentations
- September 6, 2019: Final Summit agenda and logistics emailed
- September 11-12, 2019: Summit at Cedarbrook Lodge
- September 17, 2019: Learning Community call, Summit de-briefing

The Summit was planned to accommodate 100 attendees, and the actual attendance was 97 (see Appendix II for full attendee list). The following counties, agencies, and offices were represented from the *Trueblood* grants and DSHS grants:

- Benton-Franklin: 6
- Chelan: 3
- Great Rivers: 2
- King: 19
- Kitsap: 5
- Pierce: 8
- Spokane: 9
- Thurston-Mason: 3
- Yakima: 8
- Agencies and organizations: 21
- Peer interviewee: 1
- Speakers: 13



Counties represented at the *Trueblood* Summit | Map by Free Vector Maps

Post-Summit Learning Community

Following the Summit, PRA hosted the final Learning Community conference call on September 17, 2019, to debrief. A total of 27 different attendee connections were made for this call; each connection might represent more than one participant. The following comprise the main observations from the call:

- During the first part of the call, representatives from DSHS, DRW, and the Court Monitor’s Office responded to one site’s request to “close the loop” on the **class member definition discussion**, which came up several times during the Summit. They provided clarification, and DSHS mentioned that they plan to send out a document to those present at the Summit defining a *Trueblood* class member and clarifying the target population for the grant programs.
- During the **Summit debrief**, participants reported that they appreciated the chance to network with and learn from other sites. There was interest in ongoing networking with other sites, through listservs, scheduled phone calls, periodic meetings, etc. There was interest in hearing about what the programs in the southwest region were doing. Andrea Kelley (Pierce County) reported getting ideas for improving Intercept 2 diversion strategies. There was also discussion about providing additional networking



Peer Panel

opportunities among the peers involved in the various sites.

- Participants noted that **specific tools for sharing information** (e.g., Business Associate Templates, MOU samples) would be helpful. It was noted that King County, which led the Data Sharing Breakout, could provide resources and additional guidance to the sites.
- **Data collection and usage** were also discussed. Participants are interested in getting additional analysis and feedback regarding data already submitted. There was also interest in being able to use grant money for evaluation. PRA reminded the sites that aside from collecting data required by their grants, sites need to consider how data can be used to make a local case for the sustainability of their programs. This



Dr. Debra Pinalis discussing incompetency to stand trial

would involve considering who their local audience is and what data will best make a case for sustaining programs.

“Sites need to consider how data can be used to make a local case for sustainability of their programs.”

Post-Summit Recommendations

The following recommendations are informed by pre-Summit (June and July 2019) visits to the four high-referral sites (King, Pierce, Spokane, and Yakima Counties), the 2018 Technical Assistance Collaborative (TAC) Report [“Stakeholder Input to the Trueblood Task Force,”](#)

discussions with sites during the Learning Community calls, and the September 11-12, 2019, Summit proceedings.

GENERAL RECOMMENDATIONS

1. Expand and enhance the crisis care continuum and law enforcement/mental health co-response.

Each of the high-referral sites has successfully implemented law enforcement/mental health co-response models. In addition, King County is well-known for operating the first Law Enforcement Assisted Diversion (LEAD) program, which is currently expanding to include response to persons with mental health issues. All sites are enthusiastic about the partnerships developed and improved engagement of individuals experiencing mental health crises. However, sites reported that significant gaps remain. These gaps include lack of integration of crisis lines with 911 call centers; under-resourced mobile crisis teams; and lack of crisis stabilization/triage units and respite beds. These gaps are also cited in the [TAC report](#): “Situations had to rise to the level of a crisis/emergency before ‘the system’ would respond, often resulting in police intervention and arrests” (pp. 5-7).

While the local 0.1% sales tax has funded an expansion of crisis services in some counties, not all counties have passed the measure. Therefore, gaps remain in the crisis care continuum, even in counties that have implemented the discretionary tax (see below). The States of Arkansas, Texas,

Virginia, Wisconsin, Minnesota, California, and Colorado, among others, have sought to develop and fund crisis care continuums that are responsive to the needs of people experiencing behavioral health crises, decrease unnecessary utilization of emergency rooms, contain costs, and provide targeted program options for persons in behavioral health crises (Arkansas Senate Bill 316, 2017; California Senate, 2013; Colorado Senate, 2013; Minnesota State Legislature, 2014; Texas Department of State Health Services, 2008; Strode, 2009; Wisconsin State Legislature, 2013).

Over the past few years, the Substance Abuse and Mental Health Services Administration (SAMHSA) and many states have started to identify communities that are addressing crisis services—[Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#). More recently, the National Association of State Mental Health Program Directors (NASMHPD) and the National Action Alliance for Suicide Prevention (NAASP) published, “[Crisis Now: Transforming Services Is Within Our Reach](#).” These documents provide a framework for counties to expand and refine crisis response, which is critical to successful CIT and co-response team implementation.

2. Develop formal and coordinated screening and diversion strategies for arraignment diversion and pre-plea diversion.

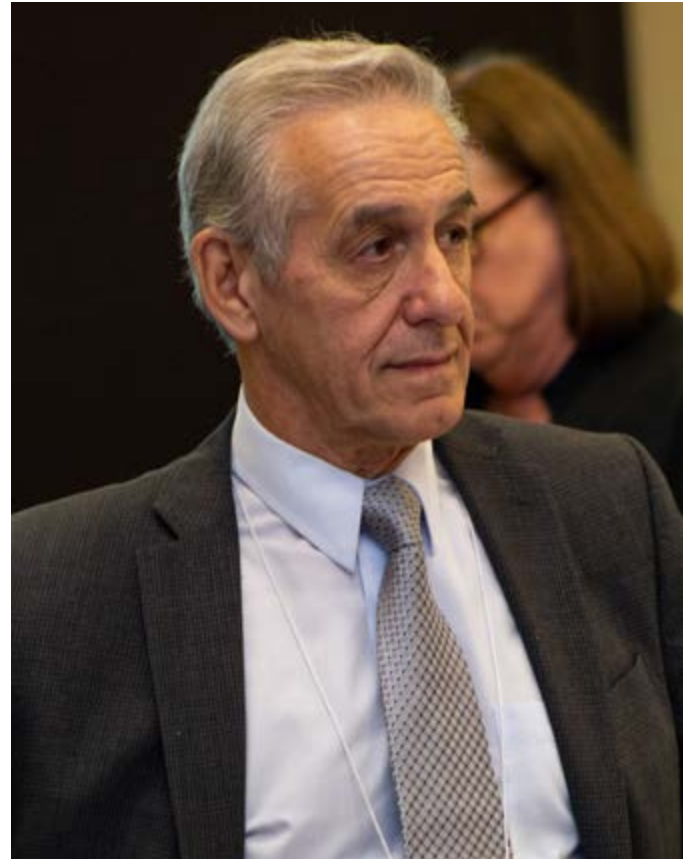
There is a general lack of Intercept 2 (arraignment and pre-plea) diversion strategies across the sites. Diversion and release strategies



Kim Mosolf, DRW

at this Intercept would, by definition, reduce the number of *Trueblood* class members and promote early engagement in treatment. Across sites, there was also inconsistent court and jail-based mental health screening.

The TAC report also highlights a lack of options at Intercept 2: "Court representatives suggested that access to information about an individual's clinical history and participation in treatment would be important in determining the most appropriate disposition of a case. However, courts do not have access to this information and may thus be less willing to divert from a competency evaluation. Finally, absent a more accessible community-based system, some stakeholders were hesitant to eliminate orders



Dan Abreu, PRA

for competency evaluations, commenting that the order for competency evaluation starts the process for gathering information for an appropriate disposition and may be the first step toward identifying an individual's behavioral health disorder" (p.13).

Sites reported that those awaiting outpatient competency evaluations often waited several months for the evaluations to be completed, and that there was a lack of awareness as to whether individuals were receiving any treatment while awaiting the evaluations. Clearly, and as noted above in the TAC report, ordering outpatient competency evaluations is not providing the courts with the guidance they require to address underlying treatment needs effectively.

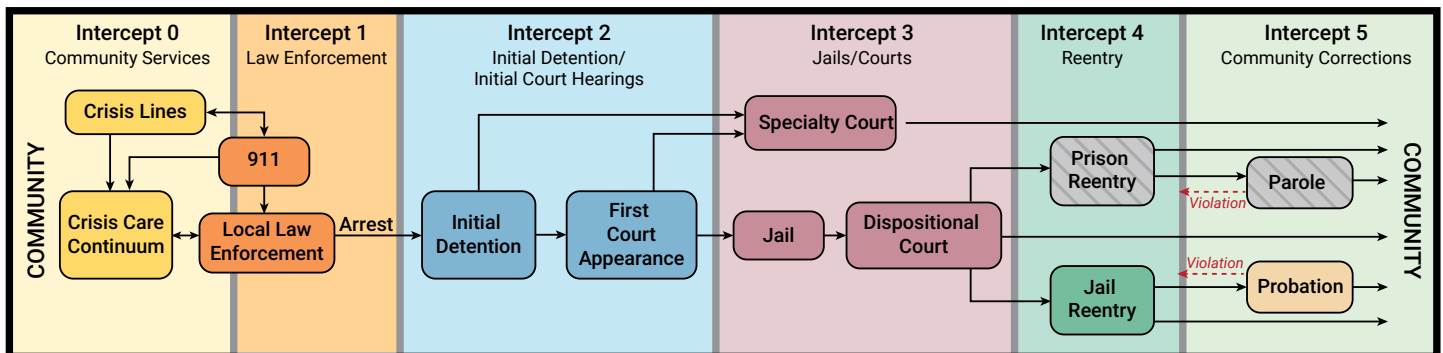
Early diversion is critical as the Kentucky Risk Assessment study “[The Hidden Costs of Pretrial Detention](#)” demonstrates; incarcerating low- and medium-risk individuals, even for short periods, increases recidivism. Formalizing screening protocols at arraignment and at the jail is the first step in expanding and implementing diversion strategies. Many screens, such as the [Brief Jail Mental Health Screen](#), are in the public domain, easy to administer, and free.

“Incarcerating low- and medium-risk individuals, even for short periods, increases recidivism. Formalizing screening protocols at arraignment and at the jail is the first step in expanding and implementing diversion strategies.”

Intercept 2-3 enhancements include:

- Additional brief mental health screens:
 - [Correctional Mental Health Screen](#)
 - [Mental Health Screening Form III](#)
- Brief alcohol and drug screens:
 - [Texas Christian University Drug Screen V](#)
 - [Simple Screening Instrument for Substance Abuse](#)
 - [Alcohol, Smoking, and Substance Involvement Screening Test](#)

Essential elements of Intercept 2 diversion can be found in the SAMHSA Monograph, “[Municipal Courts: An Effective Tool for Diverting People With Mental and Substance Use Disorders in the Criminal Justice System](#).” The monograph identifies four essential elements of arraignment diversion programs, including improved identification and screening; inclusion of a court-based boundary-spanner clinician; recovery-based engagement strategies; and proportional response. The [CASES Transitional Case Management](#) and the [Manhattan Arraignment Diversion Program](#) are two examples.



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The Sequential Intercept Model

3. Provide written guidance to the diversion sites regarding the sharing of individual-level information between treatment providers and criminal justice stakeholders, as well as data sharing strategies.

Barriers to sharing information among behavioral health and criminal justice stakeholders are described in the [TAC report](#) (p. 10) and were also reported during the PRA site visits.

Written guidance and additional technical assistance to Washington counties that are operating crisis, diversion, and reentry programs could enhance collaborations and effectiveness of programs. Some resources were provided by PRA before and after the Summit through a [OneDrive page](#).

4. Develop/enhance officer wellness strategies.

The establishment of police-based co-response programs and mental health training for law enforcement will bring increased awareness regarding law enforcement's own potential mental health issues or the mental health issues of colleagues and family. They will likely seek guidance from their mental health partners. Communities should be prepared to develop more formal wellness resources for law enforcement. Links to resources for law enforcement wellness programs are provided in the next column.

- [VALOR Officer Safety and Wellness Program](#)
- [NAMI Law Enforcement Resources](#)

5. Ensure Veterans Affairs is informed and included in the planning and implementation of all initiatives to insure appropriate identification of veterans and linkage to appropriate services.

Two U.S. Department of Veterans Affairs programs that serve justice-involved veterans are the [Veterans Justice Outreach Program](#) (VJO) and the [Veterans Reentry Search Services](#) (VRSS). The Homeless Program Office developed an automated system called VRSS to locate Veterans who are currently incarcerated in federal, state, city, and county correctional facilities, or who are represented as defendants on court dockets. There are approximately 1,295 federal and state, 3,000 city/county correctional facilities, and 3,000 to 4,000 courts in the United States, but no automated method to identify charged, convicted, or incarcerated Veterans. Through a comparison of records from correctional facilities and court systems and the Veterans Affairs/Department of Defense Identity Repository (VADIR), VRSS can be used to identify Veterans incarcerated or under supervision in the courts.



Dr. Lisa Callahan, PRA, listens in on a data sharing workshop



Judge Steve Leifman, Miami-Dade County

RECOMMENDATIONS IDENTIFIED DURING HIGH- REFERRAL SITE VISITS

1. Address the potential gap in insurance coverage when individuals transition from detox units to residential care.

Two sites reported that a persistent problem occurs when individuals complete detox programs and then must wait for available residential treatment beds. Requests to extend coverage for the detox stay until a treatment bed is available, sometimes for as little as 3 days, are

often denied, resulting in a premature release. Individuals then are likely to relapse, require readmission, or remain on the streets. It would be prudent to determine how prevalent an issue this is across the state and to develop strategies to address the coverage gap.

Sara Glick, PhD, UW School of Medicine & King County Public Health, presented a webinar on July 31, 2019, titled, "[Methamphetamine Use Trends and Consequences in the Northwestern United States](#)." The webinar presented a rather bleak picture of robust treatment options for methamphetamine users, with the preferred treatment being residential treatment. The webinar highlights the importance of ensuring a smooth transition to appropriate levels of care once



David Carlson, DRW, participates in a roundtable discussion

someone decides to engage in treatment. System barriers as described above result in a waste of resources and missed opportunities for recovery.

2. Ensure full implementation of Medicaid suspension versus termination.

Washington is among 31 states that have Medicaid suspension legislation while individuals are incarcerated. Two sites reported that reactivation of Medicaid coverage upon release from jail can be delayed up to a month, making it a challenge to get medications and secure treatment. Delays in reactivating Medicaid are not uncommon across states that have Medicaid suspension, but it is an issue that needs to be addressed.



Sean Murphy, DSHS

3. Develop guidance to courts and diversion stakeholders to request a re-evaluation of competency status for those in jail awaiting transfer for a restoration bed.

Two sites reported there were multiple times when individuals found not fit to proceed, regained competency while awaiting transfer to a restoration bed. However, there were no procedures to reevaluate competency and avoid a transfer.

“Delays in reactivating Medicaid are not uncommon across states that have Medicaid suspension, but it is an issue that needs to be addressed”

4. Pursue multiple strategies to improve access to housing for justice-involved individuals.

Spokane reported that several housing vouchers have not been utilized because local rents were so high. Local news coverage, particularly in King County, has highlighted the housing crisis and need to address the homeless population. The TAC report identifies housing as a significant barrier (pp. 4, 6, 11-14).

Spokane utilized some of the grant flexible funding to purchase temporary community beds for program participants, and these beds were critical to maintain treatment engagement and

to begin to provide stability for individuals to engage in recovery.

Washington has some successes to build on, including:

- Yessler Terrace, Seattle | [Yessler Terrace Redevelopment](#)
- Quixote Village, Olympia | [Addressing Homelessness in Olympia, Washington](#)
- Yakima Agricultural Temporary Housing Program | [Yakima County, Washington: Creative Use of Farmworker Housing Aids Homeless Families](#)

These initiatives, while not explicitly targeting justice-involved populations, are examples of



Dr. Danna Mauch



Judge Marsha J. Pechman

the creative use of blended funding, and they demonstrate the benefits of federal, state, corporate, and community partnerships to address housing needs.

The most challenging gap encountered across sites is a lack of a comprehensive continuum of affordable and supportive housing options. Communities and states around the country have begun to develop more formal approaches to housing development, including the use of the Housing First model.

- The [100,000 Home Initiative](#) identifies key steps for communities to take to expand housing options for persons with mental illness.
- The Corporation for Supportive Housing FUSE Resource Center describes [supportive housing initiatives for super-utilizers](#) (frequent users) of jails, hospitals, healthcare, emergency shelters, and other public systems.
- The Metropolitan Planning Council, as part of the Illinois Justice Project, published [Reentry Housing Issues in Illinois](#). Comprehensive strategies are identified to improve access to housing for justice-involved individuals.

A strong housing continuum includes emergency shelters, landlord support and intervention, rapid rehousing, Permanent Supportive Housing (with or without Housing First but including supportive services such as case management, treatment, employment, etc.), Supportive Housing (partial rent subsidies), transitional housing, affordable rental housing, and homeownership. In addition, consider

how dependent care, institutional care, home-based services such as FACT, FUSE and ACT, halfway houses, and respite care can support specific populations' needs. Create a "living" comprehensive housing that includes program, location, target population, eligibility criteria, type, services, funding support, capacity, and availability.

"A strong housing continuum includes emergency shelters, landlord support and intervention, rapid rehousing, Permanent Supportive Housing, Supportive Housing, transitional housing, affordable rental housing, and homeownership."

The following resources are suggested to guide strategy development:

- GAINS Center: [Moving Toward Evidence-based Housing Program for Persons with Mental Illness in Contact With the Justice System](#)
- [Housing Toolbox for Massachusetts Communities](#)
- Connect Our Future | [Community-based Housing Strategies](#)
- [Housing Development Toolkit](#)
- [Shifting the Focus from Criminalization to Housing](#)
- [Built for Zero](#) (formerly Zero: 2016) coordinated by Community Solutions.
- [Federal Medical Assistance Percentages \(FMAP\)](#)



Keith Brennan



Judge Michael Finkle



Jim Heishman, Pierce County Sheriff's Office



Dr. Patty Griffin

APPENDIX I

Trueblood Diversion Services Summit Agenda

September 11-12, 2019 | Cedarbrook Lodge, Seattle, WA

WEDNESDAY, SEPTEMBER 11, 2019

8:00 a.m. - 9:00 a.m.

*Tamarack Hall /
Outside Cedar I/II*

Breakfast/Registration

9:00 a.m. - 9:30 a.m.

Cedar I/II

Welcome & Overview of Summit

- Judge Marsha Pechman
- Sean Murphy, Assistant Secretary, DSHS Behavioral Health Administration
- Dr. Danna Mauch, *Trueblood* Court Monitor
- Kimberly Mosolf, Disability Rights Washington
- Dr. Lisa Callahan, Policy Research Associates, Inc.

9:30 a.m. - 10:30 a.m.

Plenary Session: Diversion of Persons with Mental Illness

- Judge Steve Leifman, Associate Administrative Judge, Miami-Dade County Court, 11th Judicial Circuit of Florida

10:30 a.m. - 10:45 a.m.

Plenary Session: Implementing Community-Based Restoration

- Dr. Debra Pinals, Medical Director of Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services; Clinical Professor of Psychiatry Director, Program in Psychiatry, Law and Ethics, University of Michigan

11:45 a.m. - 12:45 p.m.

Panel Discussion: Prosecutorial Diversion Programs

- King, Spokane, and Benton/Franklin Counties
- Tim Hunter, DSHS (Moderator)

12:45 p.m. - 1:45 p.m.

Tamarack Hall

Lunch

1:45 p.m. - 3:15 p.m.

Summit

Breakout Sessions

Issues for Judges and Attorneys

- Judge Steve Leifman

Cedar I/II

Competency Issues across the SIM

- Dr. Patty Griffin and Dan Abreu

Cedar III

Community-based Restoration and Pre-restoration Strategies

- *Dr. Debra Pinals*

3:15 p.m. - 3:30 p.m.

Break

3:30 p.m. - 4:30 p.m.

Plenary Session: Sharing Data – Myths & Realities of HIPAA

Cedar I/II

- *Keith Brennan*, Assistant Counsel, NYS Office of Mental Health

4:30 p.m. - 4:45 p.m.

Wrap-up

5:30 p.m. - 7:30 p.m.

Reception

Evergreen Lawn

THURSDAY, SEPTEMBER 12, 2019

8:00 a.m. - 9:00 a.m.

Breakfast

Tamarack Hall

9:00 a.m. - 9:15 a.m.

Overview of Day's Agenda

Cedar I/II

- *Dr. Lisa Callahan*, Policy Research Associates, Inc.

9:15 a.m. - 10:15 a.m.

Panel Discussion: *Trueblood* Class Members and Peers

- *Darya Farivar*, Disability Rights Washington (Moderator)

10:15 a.m. - 11:00 a.m.

Break

11:00 a.m. - 12:30 p.m.

Panel Discussion: *Trueblood* Diversion Programs – High-Referral Sites

King, Pierce, and Yakima Counties; Spokane City

- *Dan Abreu*, Policy Research Associates, Inc. (Moderator)

12:30 p.m. - 1:30 p.m.

Lunch

Tamarack Hall

1:30 p.m. - 3:00 p.m.

Breakout Sessions

Spruce II

Inter-agency Partnership and a Data-Driven Justice Approach in King County

- *Tyler Corwin*

Cedar I/II

Police-Based Diversion Programs: King County (LEAD); Pierce and Yakima Counties; Spokane City (co-responder models)

- *Dan Abreu and Ashley Krider*

Cedar III

Jail Booking Diversion: Spokane and King Counties

- *Dr. Patty Griffin*

3:00 p.m. - 3:15 p.m.

Break

3:15 p.m. - 4:30 p.m.

Conclusions & Next Steps

Cedar I/II

- *Kimberly Mosolf*, Disability Rights Washington
- *Dr. Danna Mauch*, *Trueblood* Court Monitor

APPENDIX II

Final *Trueblood* Summit Attendee List

First Name	Last Name	Title/Agency	County/Role
Dan	Abreu	Senior Project Associate, PRA	Speaker
Israa	Alshaikhli	Mobile Outreach - Lourdes	Benton-Franklin
Tammie	Baker	Clinical Director - Community Hse MH Agency	King
Ronni	Batchelor	Peer Advocate	Speaker
Theresa	Becker	DSHS RDA - Data Mgr.	State agency
Jesse	Benet	BH - Diverion & Reentry Mgr.	King
Charnelle	Bjelkengren	Superior Court Judge	Spokane
Morgan	Black	Lead MH Prof	Thurston-Mason
Grant	Blinn	Judge - Superior Court	Pierce
Keith	Brennan		Speaker
Russell	Brown	WA Prosecutor's Assoc.	Statewide Org
Joseph	Brusic	Prosecutor	Yakima
Gordon	Cable	Director, BH Outpt	Benton-Franklin
Lisa	Callahan	Senior Research Associate, PRA	Speaker
David	Carlson	DRW Director of Advocacy	Statewide Org
Gabrielle	Charlton	Sr. Dep Prosecutor	King
Shanna	Clinton	BH - Services Coord.	King
Michelle	Conley	Vital Program Mgr. - Evergreen REACH	King
Tyler	Corwin	CJ Program Evaluator	King
Lisa	Daugaard	Director, Public Defender Assoc.	Statewide Org
Chris	De Villeneuve	Catholic Charities	Chelan
Peter	DeSanto		King
Rochelle	Doan	Chief Advancement Officer - Kitsap MH	Kitsap
Karen	Donohue	Judge - King Superior	King
Michael	Donovan	Transitional Supported Housing Coord.	King
Jim	Downing	Captain - Thurston County Sheriff's Office	Thurston-Mason
Jason	Draghi	Peer Advocate	Interviewee
Ashley	Duren	Screeener	Kitsap
Mandy	Edwards	LINC Coordinator	King
David	Elofson	Judge - Yakima Superior Court	Yakima
Jes	Erickson	Assistant AG agency	State agency

First Name	Last Name	Title/Agency	County/Role
Darya	Farivar	DRW	Statewide Org
Michael	Finkle	Judge - King County DC	King
Kylene	Fitzpatrick	Peer Spec Case Manager	Benton-Franklin
Brad	Forbes	NAMI	Statewide Org
Cameron	Fordmeir	Manager Crisis Services - Lourdes	Benton-Franklin
Tracy	Gillespie	Project Manager - Public Defender	King
Ana	Gonzalez	Mental Health Therapist	Chelan
Patty	Griffin	Senior Consultant	Speaker
David	Guyer	LE DCR - Comprehensive	Yakima
Lorie	Han	Ass't City Prosecutor - Seattle	King
Randy	Head	Assistant AG	State agency
Christie	Hedman	Exec Dir - WA Defender Assoc.	Statewide Org
Jim	Heishman	Bureau Chief - Patrol - Sheriff's Office	Pierce
Paula	Henzel	DSHS - Research Mgr	State agency
Hector	Herrera	REACH - LEAD - Supervisor	King
Courtney	Hesla	VP Comprehensive	Yakima
Mary K	High	Chief Deputy Assigned Counsel	Pierce
Tim	Hunter	DHS	State agency
Justin	Johnson	Integrated Beh Healthcare Quality Supervisor	Spokane
Raymond	Jones	Community Integrated Health Care	Great Rivers
Andrea	Kelley	Program Mgr	Pierce
Thomas	Kinlen	DHS	State agency
Debbie	Kirby	Peer Advocate	Speaker
Stephanie	Klein	Lt. Inmate Serv - Thurston County Sheriff	Thurston-Mason
Jamie	Knox	Diversion Case Mgr. - Spokane BH-ASO	Spokane
Ashley	Krider	Senior Project Associate, PRA	Speaker
Amber	Leaders	Governor's Office	State agency
Steve	Leifman	Assoc Admin Judge, Miami-Dade County Court	Speaker
Adam	Lennon	Peer	Kitsap
Keith	Lewis	Med Prog Specialist - Health Care Auth	State agency
Danna	Mauch	Court Monitor's Team	Speaker
Adriana	Mercado	Diversion Care Coord. - Lourdes	Benton-Franklin
Mike	Morlan	Supervisor - Frontier BH	Spokane
Kimberly	Mosolf	DRW	Statewide Org
Rebecca	Mullins	Diverson Team Lead	Chelan
Sean	Murphy	DSHS/BHA Ass't Sec	State agency

First Name	Last Name	Title/Agency	County/Role
John	Nourse	Legal Serv Mgr - Pierce Prosecutor	Pierce
Kiersten	Oubre	Boundary Spanner - Community House MHA	King
Kara	Panek	Behavioral Health Program Supervisor - HCA	State agency
Melodie	Pazolt	Section Mgr - WA HCA	State agency
Marcia	Pechman	Judge - 9th Circuit	Speaker
Deanna	Petrilli	Mobile Outreach - Lourdes	Benton-Franklin
Andrew	Phillips	Court Monitor's Team	Speaker
Brittany	Pierce	Clinical Super - Downtown Emer Ser Center	King
Debra	Pinals	Clinical Professor of Psychiatry	Speaker
Chris	Prather	MH Professional Greater Lakes	Pierce
Kristina	Ray	MH Manager - Detention	Spokane
Kari	Reardon	Public Defender	Spokane
Monica	Reeves	OCR Adm - WA State Health Care Auth	State agency
Silvia	Riley	Mgr Crisis Services - Multicare	Pierce
Monique	Roger	LE DCR - Comprehensive	Yakima
Joshua	Stuller	Peer Advocate	Speaker
Sharon	Swanson	Governmentt Relations - Assoc. WA Cities	Statewide Org
Patti	Tobias	NCSC	National Org
Jan	Tokumoto	COO Frontier Behavioral Health	Spokane
Lara	Toney	T-M BH Diversion Program Mgr.	Spokane
Kathleen	Torella	Director, Region Behavioral Health-ASO	Spokane
Alexa	Torres	Behavioral Health Specialist - Comprehensive	Yakima
Robert	Udell	Sheriff	Yakima
Traci	Udell	Sheriff Udell's Wife	Yakima
Rebecca	Vasquez	Senior Dep Prosecutor	King
JoAnnia	Wahrmund	Lead Screener	Kitsap
Brian	Waiblinger	Chief Marketing Officer - DSHS	Statewide Org
Stephen	Warning	Judge	Great Rivers
Lana	Weinmann	Chief of Staff - Prosecutor	Pierce
Lori	Wilson	Jail Diversion Super	Kitsap