

***Cassie Cordell Trueblood, et al., v. Washington State Department  
of Social and Health Services, et al.***  
***Case No. C14-1178 MJP***  
**Monthly Report to the Court Appointed Monitor**

**March 30, 2017**

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## BACKGROUND

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On April 2, 2015, the Court ordered the Department of Social and Health Services (DSHS) to file monthly reports with the *Trueblood* Court Monitor on efforts to comply with Court orders to provide timely competency evaluation and restoration services to Class Members. This monthly report is submitted March 30, 2017 and covers the events of February 2017. This report also provides status updates on additional court order requirements.

On April 2, 2015, the Court ordered:

*“Defendants shall file a report with the Monitor on the fifth day of every month, which shall include:*

- (1) the number of days between when a court ordered provision of competency services and when provision was completed, for each person ordered to receive competency services during the previous month;*
- (2) data regarding the number of evaluators, bed capacity, physicians, and other resources needed to provide timely competency services;*
- (3) the steps taken in the previous months to implement this order;*
- (4) when and what results are intended to be realized by each of these steps;*
- (5) the results realized in the previous month;*
- (6) the steps planned to be taken in the following month;*
- (7) certification by Defendants that they are fully compliant with all deadlines that became due in the previous month;*
- (8) Defendants’ estimate for when the wait times will reach seven days or less, and all data relied on in making that estimate; and*
- (9) any other information the Monitor informs Defendants is necessary for the Monitor to fully review Defendants’ actions and advise the Court.”*

The April 2015 order was modified on February 8, 2016, another order was issued on July 7<sup>th</sup>, and another order was issued on August 15, 2016. Status updates on these orders begin on page 29.

This report provides the class member data for Competency Services displayed in two periods—January 1, 2017 – January 31, 2017 and February 1, 2017 – February 28, 2017. The January data are considered “mature” and the February data are a “first look” data set. April 2015 is the baseline month for data analysis.

Specific class member evaluation and restoration information is included in the appendices to this report.

## CLASS MEMBER STATUS SUMMARY INFORMATION

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### Analysis of Data: April 1, 2015 through January, 2017 (Mature)

The average monthly referrals for each type of service are as follows:

- Average monthly jail-based evaluation orders signed for April 2015-January 2017
  - WSH: 206.6
  - ESH: 47.4
  - Both hospitals: 254
- Average monthly inpatient evaluation orders signed for April 2015- January 2017
  - WSH: 17.0
  - ESH: 6.6
  - Both hospitals: 23.6
- Average monthly restoration orders signed for April 2015- January 2017
  - WSH: 72.3
  - ESH: 12.6
  - Both hospitals: 84.9
  -

### Summary Points Related to Orders and Timeliness (Mature)

- Jail-based evaluation orders at WSH were at 197, which is lower than the 206.7 average. ESH had 57 orders, which is higher than the 47.4 average. Combined, the hospitals totaled 254 orders, which is the current average.
- In-patient evaluation orders combined at both sites were at 22 in January. WSH received 12 compared with a 17 average. ESH had 10 orders, which is higher than the 6.6 average.
- There were 115 restoration orders across both hospitals, which remains higher than the 84.9 average. WSH had 81 orders in January (average is 72.3). ESH increased to 19 orders in January (average is 12.6).
- Regarding jail-based 14 day evaluation wait times; WSH decreased to 12.8 days from order to completion and ESH is averaging 11.5 days. The combined average is 12.5 days.
- The average inpatient evaluation wait times at WSH is 19.2 days (compared to 26.5 days last month). The ESH average is at 6.5 days. The combined average is 15.2 days.
- Restoration wait times at WSH in January were 28.8 days on average. The ESH average is now 7.5 days. The combined average is 25.4 days.
- Overall timeliness for jail-based evaluations is at a 45% completion rate within 14 days.
- Overall timeliness for inpatient evaluation admissions is at a 34% completion rate within 7 days.
- Overall timeliness for inpatient restoration admissions is at 21% completion rate within 7 days.

### Outlier cases (Mature)

Please refer to Appendix J for delay comments related to cases with an incomplete status and waiting more than 20 days for an evaluation, and cases with an incomplete status and waiting more than 40 days for restoration services. In the current report, there were 13 evaluation cases that were considered 'outliers', as previously defined, as of the end of the reporting period. The number of days from court order to the end of the reporting period ranged from 20 – 42 days. Of those 13 cases, 1 was an inpatient evaluation. The inpatient evaluation was 20 days late because of medical clearance delays. The 12 outpatient (jail) evaluations were within a range of 21-42 days.

Of those cases, 4 were delayed in part due to attorney scheduling conflicts, 2 were delayed in part due to interpreter scheduling, and 2 were waiting on medical clearance. The four remaining evaluations all had jail evaluations completed and faxed in late January or early February.

In addition, in the current report, there were 21 restoration cases that were considered ‘outliers’, as previously defined, as of the end of the reporting period. The number of days from court order to the end of the reporting period ranged from 40 – 62 days. Of the 21 restoration cases, 19 were delayed due to medical clearance. The range of days for medical clearance delays was 46 – 66. Of the remaining 2 restorations, one order was cancelled and the other had no reason for delay. All restorations requiring a bed received a bed in the month of February.

**CLASS MEMBER STATUS DATA TABLES (APPENDICES E-H “First Look”)**

**TABLE 1a. Class Member Status Western State Hospital – Jail-based Competency Evaluations**

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to:								Percent complete - within 7 days
			hospital receipt of order		hospital receipt of discovery		end of reporting month for		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Jail-based Evaluation - 7 day compliance	APR. 2015	176	1.3	0.0	1.9	1.0	9.5	6.0	14.6	14.0	14%
	MAY. 2015	183	1.3	0.0	1.6	0.0	11.4	9.0	13.0	11.0	16%
	JUN. 2015	212	1.7	0.0	2.1	1.0	10.9	8.0	17.8	15.0	10%
	JUL. 2015	236	1.4	0.0	1.8	0.0	12.3	9.0	18.4	17.0	6%
	AUG. 2015	185	1.9	0.0	2.2	0.0	13.4	11.0	20.7	20.0	7%
	SEP. 2015	202	1.6	0.0	1.7	0.0	11.7	8.0	17.6	16.0	10%
	OCT. 2015	213	1.9	0.0	2.0	0.0	16.7	15.0	16.4	15.0	19%
	NOV. 2015	164	1.8	0.0	1.9	0.0	18.0	13.0	16.0	14.0	28%
	DEC. 2015	195	1.6	0.0	1.7	0.0	13.7	8.5	15.5	14.0	14%
	JAN. 2016	177	1.3	0.0	1.2	0.0	15.6	9.0	13.3	12.0	28%
	FEB. 2016	205	0.6	0.0	0.6	0.0	6.6	5.0	10.0	8.0	45%
	MAR. 2016	222	0.7	0.0	0.8	0.0	6.1	3.0	8.9	7.0	59%
	APR. 2016	201	0.8	0.0	0.8	0.0	6.1	5.0	9.0	7.0	57%
MAY. 2016	212	0.7	0.0	0.8	0.0	6.4	5.0	9.6	7.5	50%	
JUN. 2016	219	0.9	0.0	0.9	0.0	7.5	6.5	10.8	8.0	31%	
			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days
Jail-based Evaluation - 14 day compliance	JUL. 2016	227	0.7	0.0	0.8	0.0	9.4	6.0	12.2	9.0	47%
	AUG. 2016	231	0.8	0.0	0.9	0.0	7.6	6.0	13.1	11.0	51%
	SEP. 2016	256	0.6	0.0	0.8	0.0	6.7	7.0	12.5	11.0	45%
	OCT. 2016	236	0.5	0.0	0.9	0.0	8.1	6.0	13.0	12.0	50%
	NOV. 2016	207	1.3	0.0	1.9	0.0	10.1	8.5	13.3	13.0	47%
	DEC. 2016	190	1.2	0.0	1.7	0.0	8.8	9.0	13.3	13.0	56%
	JAN. 2017	196	0.8	0.0	1.1	0.0	8.4	7.0	13.0	12.0	47%
FEB. 2017	162	1.2	0.0	1.7	0.0	9.0	6.0	12.1	12.0	61%	

**TABLE 1b. Class Member Status Western State Hospital – Inpatient Competency Services**

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order
			hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Inpatient Evaluation	APR. 2015	10	5.8	1.0	5.8	1.0	10.7	7.0	22.2	18.0	22%
	MAY. 2015	11	2.9	2.0	2.9	2.0	11.4	13.0	18.9	20.0	8%
	JUN. 2015	10	3.0	1.0	3.0	1.0	14.0	12.0	12.3	15.0	25%
	JUL. 2015	15	3.5	1.0	3.5	1.0	16.6	9.0	14.8	15.0	20%
	AUG. 2015	15	4.5	1.0	4.5	1.0	10.0	11.0	25.5	17.0	7%
	SEP. 2015	15	2.6	1.0	2.6	1.0	15.1	16.0	19.7	20.0	11%
	OCT. 2015	17	1.5	1.0	1.5	1.0	19.0	19.0	23.6	22.0	0%
	NOV. 2015	14	1.7	1.0	1.7	1.0	14.1	12.0	23.9	22.0	6%
	DEC. 2015	11	4.1	1.0	4.1	1.0	13.1	12.0	22.2	27.0	10%
	JAN. 2016	13	4.0	1.0	3.8	1.0	12.2	11.0	24.7	23.0	0%
	FEB. 2016	16	4.4	1.0	4.4	1.0	10.7	8.5	17.1	15.5	8%
	MAR. 2016	22	3.1	1.0	3.1	1.0	6.8	7.0	15.5	14.0	10%
	APR. 2016	20	1.1	0.0	1.1	0.0	8.6	8.5	18.6	17.5	6%
	MAY. 2016	18	1.7	1.0	1.7	1.0	9.5	6.0	18.9	21.0	16%
	JUN. 2016	16	3.4	1.0	3.4	1.0	11.8	7.5	25.0	26.0	0%
	JUL. 2016	19	4.7	2.0	4.7	2.0	7.5	4.0	17.3	14.5	6%
	AUG. 2016	32	2.8	1.0	2.8	1.0	13.1	13.0	14.1	13.5	13%
	SEP. 2016	23	2.5	1.0	2.5	1.0	14.0	14.0	15.2	14.0	11%
	OCT. 2016	23	1.4	0.0	1.4	0.0	18.0	18.0	23.4	22.0	5%
	NOV. 2016	21	1.2	0.0	1.2	0.0	22.0	22.5	29.9	32.0	5%
DEC. 2016	20	2.9	0.0	2.8	0.0	16.9	19.5	26.5	30.0	14%	
JAN. 2017	13	2.5	0.0	2.5	0.0	17.3	20.0	22.2	14.0	22%	
<b>FEB. 2017</b>	<b>20</b>	<b>2.5</b>	<b>0.0</b>	<b>2.5</b>	<b>0.0</b>	<b>13.8</b>	<b>12.0</b>	<b>15.0</b>	<b>11.5</b>	<b>13%</b>	
Inpatient Restoration	APR. 2015	59	1.8	1.0	1.8	1.0	37.2	16.0	38.6	44.0	24%
	MAY. 2015	63	1.8	1.0	2.1	1.0	35.9	19.0	26.2	15.0	25%
	JUN. 2015	39	1.7	1.0	2.1	1.0	16.8	8.0	34.2	25.0	7%
	JUL. 2015	78	1.7	1.0	2.1	1.0	16.1	10.0	20.8	15.0	25%
	AUG. 2015	63	2.1	1.0	2.1	1.0	22.5	19.0	23.6	33.0	24%
	SEP. 2015	82	1.7	1.0	2.0	1.0	24.3	15.0	23.0	14.0	26%
	OCT. 2015	76	1.8	1.0	2.1	1.0	21.2	23.0	32.1	45.0	20%
	NOV. 2015	58	1.2	1.0	1.4	1.0	31.9	28.0	33.5	47.0	24%
	DEC. 2015	66	1.5	1.0	2.0	1.0	27.3	22.0	39.0	48.0	19%
	JAN. 2016	61	2.7	0.0	2.9	0.0	29.2	18.5	33.6	44.0	23%
	FEB. 2016	64	2.7	1.0	3.3	1.0	24.2	21.0	33.1	41.0	14%
	MAR. 2016	80	2.0	0.0	2.5	0.0	25.9	27.0	28.3	21.0	30%
	APR. 2016	65	1.9	0.0	2.2	0.0	23.5	20.5	37.4	46.0	13%
	MAY. 2016	68	1.7	0.0	2.0	0.0	23.1	21.5	29.0	24.5	25%
	JUN. 2016	71	1.4	0.0	1.5	0.0	22.1	17.0	26.6	22.0	11%
	JUL. 2016	67	1.7	0.0	1.7	0.0	11.8	6.0	21.8	18.0	14%
	AUG. 2016	95	1.5	0.0	1.7	0.0	12.3	13.0	13.1	10.0	24%
	SEP. 2016	102	1.6	0.0	1.7	0.0	14.4	11.0	16.8	14.0	13%
	OCT. 2016	75	1.3	0.0	1.3	0.0	25.2	25.0	21.5	17.5	10%
	NOV. 2016	80	1.5	0.0	1.5	0.0	24.3	20.5	28.1	16.5	13%
DEC. 2016	97	1.5	0.0	1.6	0.0	26.8	23.0	24.3	15.0	11%	
JAN. 2017	85	1.9	0.0	1.9	0.0	25.5	21.0	28.8	19.0	16%	
<b>FEB. 2017</b>	<b>93</b>	<b>1.7</b>	<b>1.0</b>	<b>1.7</b>	<b>1.0</b>	<b>20.7</b>	<b>18.0</b>	<b>29.3</b>	<b>10.0</b>	<b>16%</b>	

**TABLE 2a. Class Member Status Eastern State Hospital – Jail-based Competency Evaluations**

EASTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order
			hospital receipt of order		hospital receipt of discovery		end of month for incomplete referrals		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Jail-based Evaluation - 7 day compliance	APR. 2015	38	4.6	1.0	8.6	5.0	28.1	28.0	61.3	57.0	0%
	MAY. 2015	37	4.3	1.0	8.8	6.0	37.0	33.0	56.9	57.0	0%
	JUN. 2015	38	4.1	1.0	8.3	6.0	38.0	39.0	65.6	64.0	0%
	JUL. 2015	45	4.2	1.0	8.9	6.0	32.6	30.0	66.5	64.0	0%
	AUG. 2015	32	2.4	1.0	6.4	5.0	33.4	32.0	57.7	56.0	3%
	SEP. 2015	51	2.3	1.0	4.9	4.0	29.1	14.0	53.5	55.0	3%
	OCT. 2015	33	1.9	0.0	4.9	4.0	16.4	10.0	39.5	40.0	3%
	NOV. 2015	32	1.8	0.0	5.9	5.0	28.3	26.0	47.4	49.0	0%
	DEC. 2015	48	1.7	0.0	3.2	1.0	21.7	18.0	38.7	35.0	3%
	JAN. 2016	42	4.7	0.0	7.4	1.0	13.4	9.0	36.6	27.5	10%
	FEB. 2016	39	1.4	0.0	2.0	1.0	10.4	6.0	15.5	12.0	25%
	MAR. 2016	67	1.4	0.0	1.3	1.0	11.8	8.0	12.6	10.0	16%
	APR. 2016	39	1.4	0.0	1.7	0.0	11.0	6.5	14.5	12.0	11%
	MAY. 2016	51	2.0	0.0	2.3	0.0	13.7	8.0	15.0	11.5	16%
JUN. 2016	63	1.4	0.0	1.6	0.0	8.2	7.0	14.1	13.0	7%	
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days
	JUL. 2016	47	2.0	0.5	2.2	1.0	11.3	9.0	16.0	14.0	32%
	AUG. 2016	73	0.9	0.0	1.1	0.0	6.3	6.0	14.4	14.0	38%
	SEP. 2016	56	0.9	0.0	0.9	0.0	9.6	7.5	14.2	14.0	58%
	OCT. 2016	59	1.0	0.0	1.3	0.0	9.1	10.0	14.9	14.0	42%
	NOV. 2016	33	1.3	0.0	1.5	0.0	11.0	9.0	12.6	12.0	58%
	DEC. 2016	62	0.6	0.0	0.9	0.0	7.3	9.0	10.2	10.0	64%
	JAN. 2017	58	1.0	0.0	1.0	0.0	6.6	5.5	11.5	10.5	41%
<b>FEB. 2017</b>	<b>47</b>	<b>0.8</b>	<b>0.0</b>	<b>1.6</b>	<b>1.0</b>	<b>10.7</b>	<b>7.0</b>	<b>14.4</b>	<b>13.0</b>	<b>43%</b>	

**TABLE 2b. Class Member Status Eastern State Hospital – Inpatient Competency Services**

EASTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order	
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete		completion			
		Average	Median	Average	Median	Average	Median	Average	Median		
Inpatient Evaluation	APR. 2015	9	8.9	1.0	13.9	5.0	47.9	43.0	56.3	59.0	0%
	MAY. 2015	4	10.1	1.0	14.2	5.0	65.8	61.0	69.5	69.5	0%
	JUN. 2015	4	7.7	1.0	11.1	5.0	75.2	68.0	89.9	102.0	0%
	JUL. 2015	2	7.5	1.0	11.4	5.0	50.9	14.0	91.8	81.0	0%
	AUG. 2015	5	10.2	1.0	19.6	5.0	44.5	31.0	78.2	80.0	0%
	SEP. 2015	5	6.7	1.0	10.2	4.0	42.6	47.0	32.0	32.0	0%
	OCT. 2015	8	2.0	1.0	7.9	6.0	28.9	16.0	61.1	70.0	0%
	NOV. 2015	3	2.8	0.0	9.6	7.0	44.2	46.0	49.0	49.0	0%
	DEC. 2015	12	2.4	1.0	4.2	2.0	21.1	20.5	83.6	84.0	0%
	JAN. 2016	7	5.4	1.0	8.9	2.0	30.9	31.0	52.9	51.0	0%
	FEB. 2016	3	12.9	1.0	16.3	2.0	47.5	31.0	50.9	56.0	0%
	MAR. 2016	5	15.5	1.0	16.3	1.0	19.2	15.5	69.2	45.0	0%
	APR. 2016	2	4.9	0.5	5.6	1.0	7.5	7.5	44.0	39.0	0%
	MAY. 2016	4	0.3	0.0	0.3	0.0	0.0	0.0	12.5	11.5	50%
	JUN. 2016	9	2.5	0.0	2.5	0.0	10.0	9.0	11.4	11.0	13%
	JUL. 2016	3	3.1	1.0	3.5	1.0	4.0	4.0	20.2	20.5	14%
	AUG. 2016	12	1.2	0.0	1.3	0.0	1.3	1.0	4.9	6.0	100%
	SEP. 2016	10	1.6	0.5	1.6	1.0	3.0	3.0	6.5	6.0	73%
	OCT. 2016	12	0.7	0.0	0.8	0.0	4.3	4.0	5.6	6.0	69%
	NOV. 2016	7	2.0	0.0	1.0	0.0	4.5	4.5	8.1	6.5	60%
DEC. 2016	9	1.7	2.0	1.3	1.0	0.0	0.0	6.6	6.0	64%	
JAN. 2017	10	0.4	0.0	0.2	0.0	0.5	0.5	6.9	5.5	50%	
<b>FEB. 2018</b>	<b>9</b>	<b>0.8</b>	<b>0.0</b>	<b>1.4</b>	<b>1.0</b>	<b>0.5</b>	<b>0.5</b>	<b>5.9</b>	<b>6.0</b>	<b>56%</b>	
Inpatient Restoration	APR. 2015	12	6.8	1.0	8.1	1.0	25.3	22.0	0.0	0.0	100%
	MAY. 2015	3	6.3	1.0	7.9	2.0	35.0	41.0	54.7	62.0	0%
	JUN. 2015	4	0.6	1.0	1.8	1.0	45.3	39.0	46.0	56.0	20%
	JUL. 2015	11	1.3	0.0	4.5	2.0	16.2	11.0	45.3	56.0	33%
	AUG. 2015	15	1.6	0.0	5.7	3.0	26.4	27.0	35.5	35.5	50%
	SEP. 2015	7	1.5	0.0	4.6	1.0	37.2	35.0	20.4	1.0	57%
	OCT. 2015	10	3.2	0.0	6.4	4.0	45.6	37.0	87.4	93.0	0%
	NOV. 2015	9	2.4	0.0	4.1	2.0	51.7	48.0	90.8	92.0	0%
	DEC. 2015	6	3.8	0.0	4.2	0.5	26.3	20.0	84.7	86.5	0%
	JAN. 2016	15	2.3	0.0	2.7	0.0	31.1	19.0	53.8	58.0	25%
	FEB. 2016	14	2.0	0.0	2.3	0.0	24.2	24.0	55.8	43.5	0%
	MAR. 2016	18	1.1	0.0	1.1	0.0	27.7	23.0	45.2	46.5	0%
	APR. 2016	11	1.5	0.0	1.7	1.0	16.3	11.5	30.4	31.0	0%
	MAY. 2016	16	1.5	0.0	1.6	0.0	10.2	13.0	9.9	7.0	53%
	JUN. 2016	19	0.4	0.0	0.4	0.0	7.8	10.0	9.5	9.5	22%
	JUL. 2016	11	0.7	0.0	0.7	0.0	2.0	2.0	7.2	5.0	60%
	AUG. 2016	7	0.4	0.0	0.4	0.0	0.0	0.0	4.6	5.5	100%
	SEP. 2016	21	0.2	0.0	0.2	0.0	1.5	1.5	4.1	5.0	86%
	OCT. 2016	18	0.9	0.0	0.9	0.0	4.4	5.0	5.5	5.5	48%
	NOV. 2016	18	0.7	0.0	0.7	0.0	13.5	13.5	6.3	7.0	48%
DEC. 2016	12	0.3	0.0	0.3	0.0	15.0	15.0	2.7	2.0	92%	
JAN. 2017	19	1.3	0.0	1.3	0.0	1.0	1.0	7.5	7.0	65%	
<b>FEB. 2017</b>	<b>22</b>	<b>0.7</b>	<b>0.0</b>	<b>0.5</b>	<b>0.0</b>	<b>4.3</b>	<b>6.0</b>	<b>5.4</b>	<b>5.0</b>	<b>65%</b>	

**TABLE 3a. Class Member Status at WSH and ESH (Totals) – Jail-based Competency Evaluations**

TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order
			hospital receipt of order		hospital receipt of discovery		end of month for incomplete		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Jail-based Evaluation	APR. 2015	214	2.1	0.0	3.5	1.0	17.8	10.0	20.3	14.0	12%
	MAY. 2015	217	2.1	0.0	3.2	1.0	22.1	13.0	18.2	12.0	14%
	JUN. 2015	250	2.3	1.0	3.6	1.0	20.8	13.0	24.1	17.0	9%
	JUL. 2015	281	2.0	0.0	3.3	1.0	17.9	11.0	26.5	19.0	5%
	AUG. 2015	217	2.0	0.0	3.0	1.0	19.7	13.0	25.4	21.0	6%
	SEP. 2015	253	1.8	0.0	2.5	1.0	16.0	9.0	22.9	18.0	9%
	OCT. 2015	246	1.9	0.0	2.5	1.0	16.6	11.0	19.2	16.0	17%
	NOV. 2015	196	1.8	0.0	2.8	1.0	21.6	17.0	20.5	16.0	23%
	DEC. 2015	243	1.6	0.0	2.1	0.0	16.2	10.0	20.4	15.0	11%
	JAN. 2016	219	1.8	0.0	2.5	0.0	12.2	6.0	19.0	13.0	23%
	FEB. 2016	244	0.7	0.0	0.8	0.0	7.4	5.0	11.0	8.0	42%
	MAR. 2016	289	0.9	0.0	0.9	0.0	8.2	6.0	9.7	7.0	51%
	APR. 2016	240	0.9	0.0	1.0	0.0	7.7	5.0	10.0	8.0	48%
	MAY. 2016	263	1.0	0.0	1.1	0.0	8.3	6.0	10.6	9.0	44%
JUN. 2016	282	1.1	0.0	1.2	0.0	9.5	7.0	11.4	9.0	26%	
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days
	JUL. 2016	274	0.9	0.0	1.0	0.0	9.2	6.0	12.9	10.0	44%
	AUG. 2016	304	0.8	0.0	0.9	0.0	7.2	6.0	13.4	12.0	49%
	SEP. 2016	312	0.7	0.0	1.0	0.0	7.3	7.0	12.9	12.0	47%
	OCT. 2016	295	0.6	0.0	1.0	0.0	8.3	6.0	13.4	13.0	48%
	NOV. 2016	240	1.3	0.0	1.8	0.0	10.2	9.0	13.2	13.0	49%
	DEC. 2016	252	1.0	0.0	1.5	0.0	8.5	9.0	12.7	12.0	57%
	JAN. 2017	254	0.9	0.0	1.1	0.0	7.9	6.0	12.7	12.0	46%
<b>FEB. 2017</b>	<b>209</b>	<b>1.1</b>	<b>0.0</b>	<b>1.7</b>	<b>0.0</b>	<b>9.5</b>	<b>6.0</b>	<b>12.7</b>	<b>12.0</b>	<b>57%</b>	

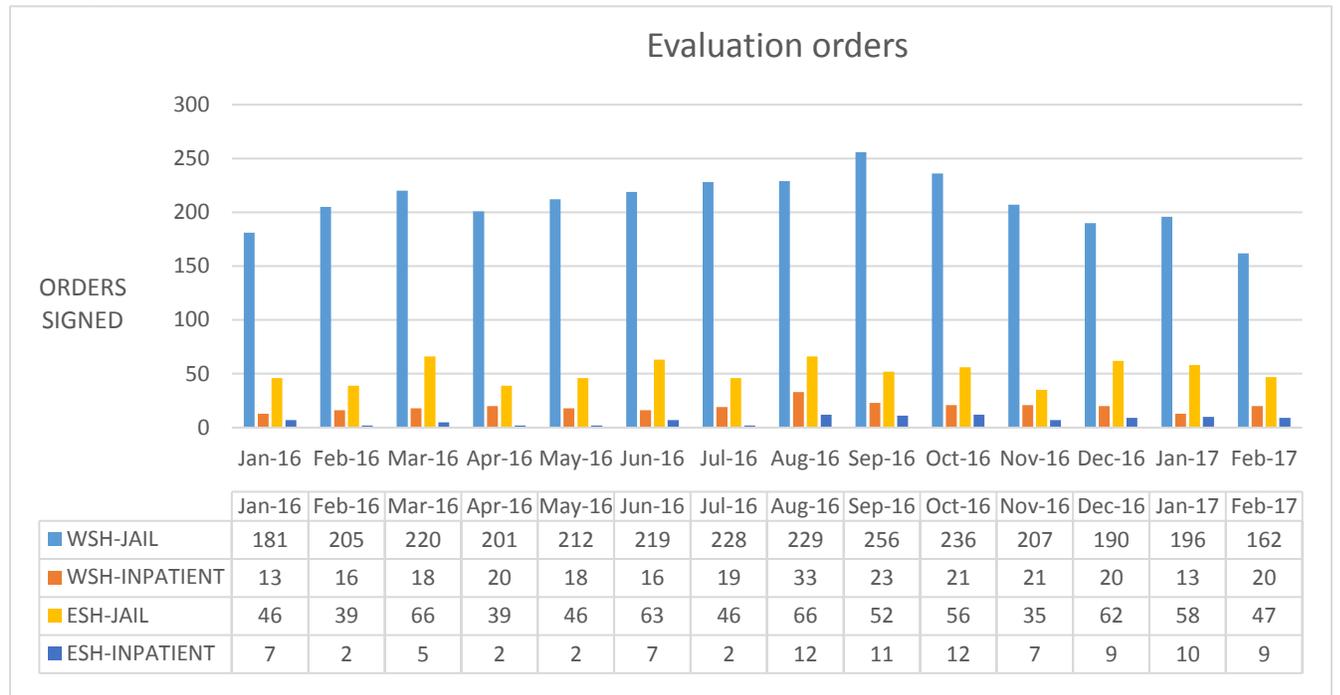
**TABLE 3b.** Class Member Status at Western and Eastern State Hospital (Totals) – Inpatient Competency Services

TOTALS BOTH HOSPITALS	Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order	
		hospital receipt of order		hospital receipt of discovery		end of month for incomplete referrals		completion			
		Average	Median	Average	Median	Average	Median	Average	Median		
Inpatient Evaluation	APR. 2015	19	7.8	1.0	11.0	3.0	39.9	33.0	45.1	48.5	9%
	MAY. 2015	15	7.3	1.0	9.7	3.0	55.3	47.0	50.9	25.0	5%
	JUN. 2015	14	5.9	1.0	8.0	3.0	65.0	54.0	44.4	18.0	15%
	JUL. 2015	17	5.7	1.0	7.8	3.0	49.9	15.0	14.8	15.0	20%
	AUG. 2015	20	6.9	1.0	8.4	2.0	33.0	17.0	53.9	29.0	5%
	SEP. 2015	20	4.3	1.0	5.7	1.0	39.4	22.0	20.4	20.0	10%
	OCT. 2015	25	2.4	1.0	4.3	1.0	27.6	19.0	30.8	24.0	0%
	NOV. 2015	17	2.0	1.0	3.9	1.0	30.8	18.0	26.4	22.0	5%
	DEC. 2015	23	3.3	1.0	4.1	1.0	17.8	14.0	47.5	29.0	6%
	JAN. 2016	20	4.8	1.0	6.6	1.0	27.0	23.0	33.7	29.0	0%
	FEB. 2016	19	7.7	1.0	9.0	1.0	24.5	12.0	30.6	22.0	5%
	MAR. 2016	27	6.7	1.0	6.9	1.0	12.6	9.0	26.6	16.0	8%
	APR. 2016	22	1.7	0.0	1.8	0.0	11.2	9.0	24.2	21.0	4%
	MAY. 2016	22	1.5	0.0	1.5	0.0	9.5	6.0	17.8	20.0	22%
	JUN. 2016	25	3.2	1.0	3.2	1.0	11.4	8.0	21.9	23.0	3%
	JUL. 2016	22	4.3	1.0	4.3	1.0	7.2	4.0	16.6	14.0	8%
	AUG. 2016	44	2.5	0.5	2.5	0.5	10.6	9.0	11.8	11.5	29%
	SEP. 2016	33	2.1	1.0	2.2	1.0	12.8	14.0	11.7	8.0	29%
	OCT. 2016	35	1.2	0.0	1.2	0.0	16.0	18.0	17.3	21.0	22%
	NOV. 2016	28	1.4	0.0	1.2	0.0	20.5	21.5	23.2	29.5	16%
DEC. 2016	29	2.6	0.0	2.6	0.0	16.9	19.5	21.1	21.0	22%	
JAN. 2017	23	1.9	0.0	2.0	0.0	10.6	12.0	18.0	14.0	29%	
<b>FEB. 2017</b>	<b>29</b>	<b>2.0</b>	<b>0.0</b>	<b>2.2</b>	<b>0.0</b>	<b>12.6</b>	<b>12.0</b>	<b>11.1</b>	<b>8.0</b>	<b>24%</b>	
Inpatient Restoration	APR. 2015	71	1.5	0.0	2.2	1.0	35.3	16.0	37.6	43.0	26%
	MAY. 2015	66	1.5	0.0	1.9	0.0	35.8	20.0	27.8	18.0	24%
	JUN. 2015	43	1.6	0.0	2.0	1.0	20.6	13.0	34.9	25.0	20%
	JUL. 2015	89	1.4	0.0	1.9	0.0	16.1	10.0	24.5	20.0	26%
	AUG. 2015	78	1.9	0.0	2.4	0.0	23.5	20.0	24.0	33.0	25%
	SEP. 2015	89	1.6	0.0	2.1	0.0	27.6	21.0	22.7	13.0	29%
	OCT. 2015	86	2.1	1.0	2.9	1.0	26.9	25.0	32.1	45.0	20%
	NOV. 2015	67	1.5	1.0	2.0	1.0	37.2	34.0	42.1	49.0	21%
	DEC. 2015	72	1.8	1.0	2.3	1.0	27.5	23.0	47.4	52.0	15%
	JAN. 2016	76	2.6	0.0	2.8	0.0	29.6	19.0	37.5	46.0	23%
	FEB. 2016	78	3.3	0.0	3.8	1.0	24.2	21.0	37.1	41.0	12%
	MAR. 2016	98	1.3	0.0	2.2	0.0	26.5	24.0	31.8	39	24%
	APR. 2016	76	1.7	0.0	2	0.0	22.9	22.0	35.5	41	10%
	MAY. 2016	84	1.7	0.0	1.9	0.0	22.1	20.0	25.2	19	31%
	JUN. 2016	90	1.2	0.0	1.3	0.0	21	15.0	23	14.5	13%
	JUL. 2016	78	1.6	0.0	1.8	0.0	11.4	6.0	20.4	13.0	19%
	AUG. 2016	102	1.4	0.0	1.6	0.0	12.6	13.0	11.8	11.5	28%
	SEP. 2016	123	1.4	0.0	1.5	0.0	14.0	10.0	14.3	12.0	22%
	OCT. 2016	92	1.2	0.0	1.3	0.0	23.9	25.0	18.6	14.0	14%
	NOV. 2016	98	1.4	0.0	1.4	0.0	24.0	20.5	23.6	13.0	18%
DEC. 2016	109	1.5	0.0	1.5	0.0	26.6	23.0	21.4	13.0	17%	
JAN. 2017	104	1.8	0.0	1.8	0.0	25.1	20.5	25.4	15.5	21%	
<b>FEB. 2017</b>	<b>115</b>	<b>1.5</b>	<b>1.0</b>	<b>1.5</b>	<b>1.0</b>	<b>19.6</b>	<b>18.0</b>	<b>25.0</b>	<b>10.0</b>	<b>21%</b>	

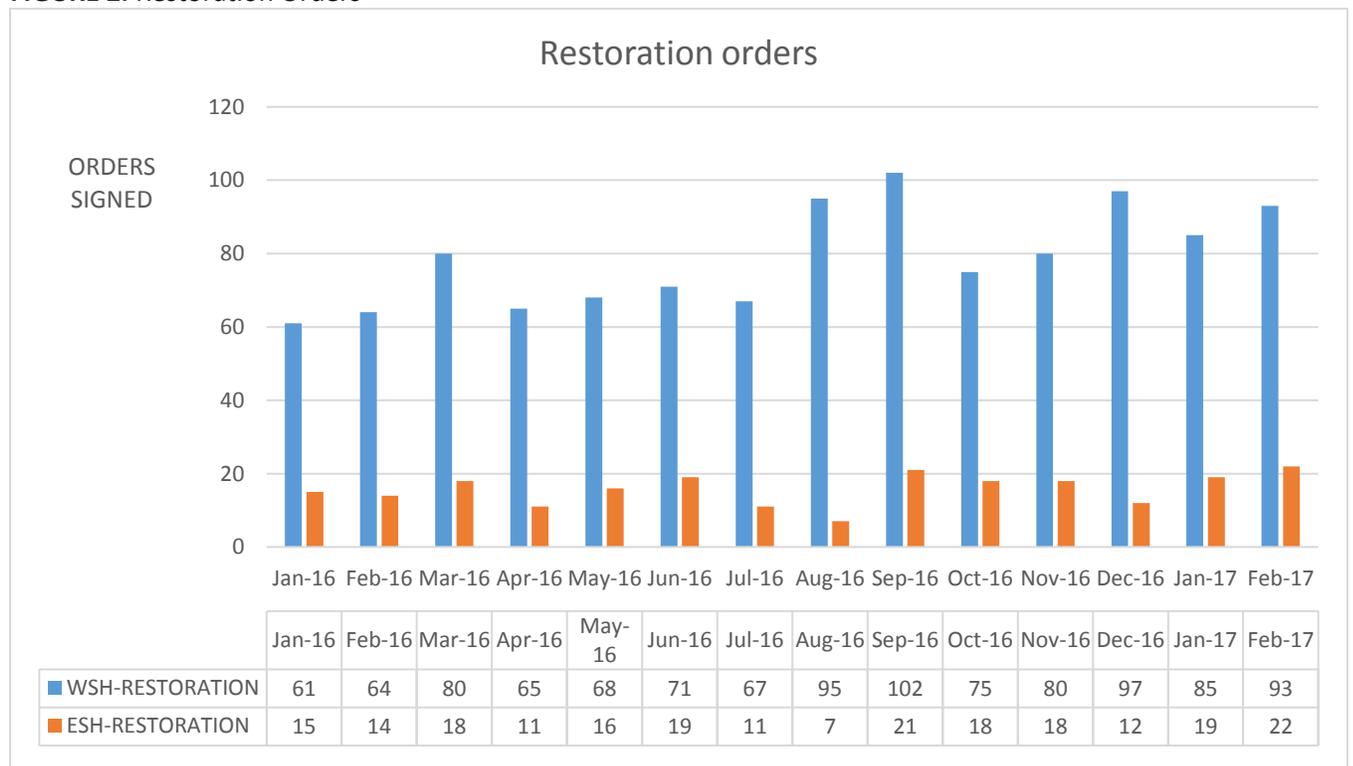
**CLASS MEMBER STATUS DATA GRAPHS**

**NOTE:** February data are “first look” and are subject to change.

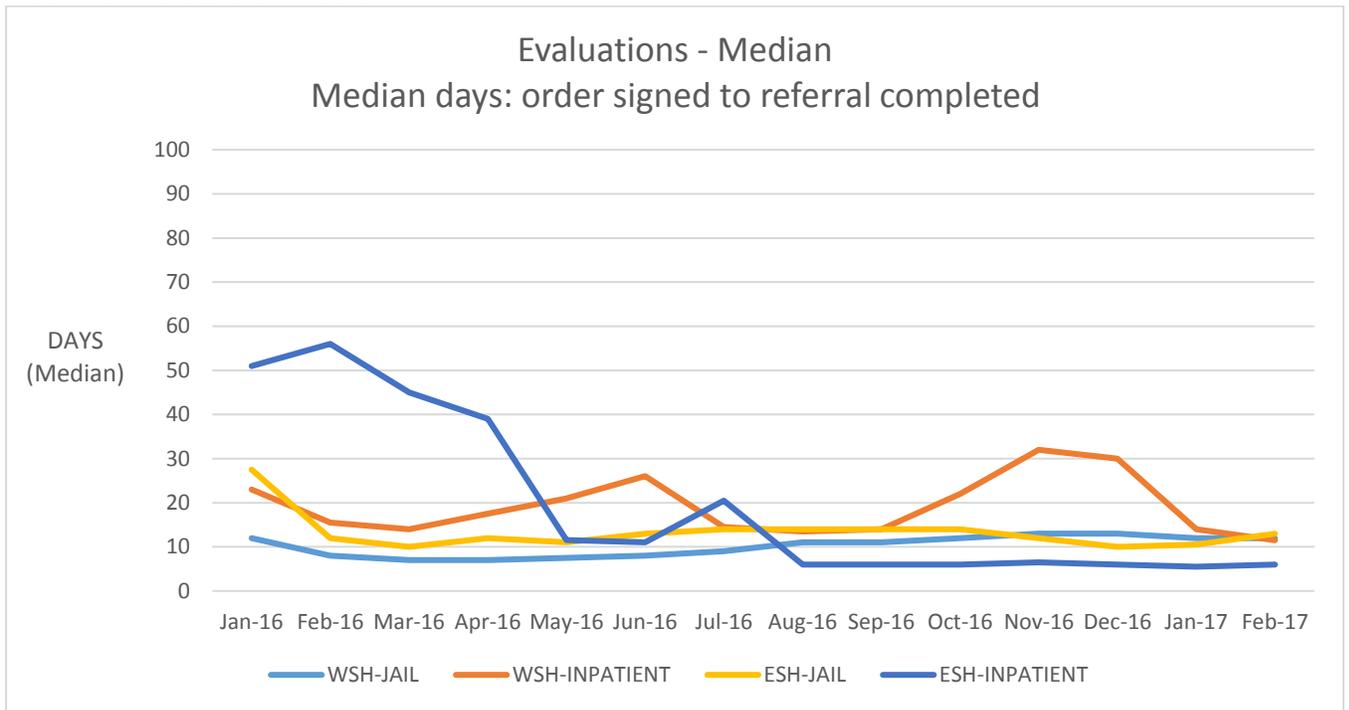
**FIGURE 1.** Evaluation Orders



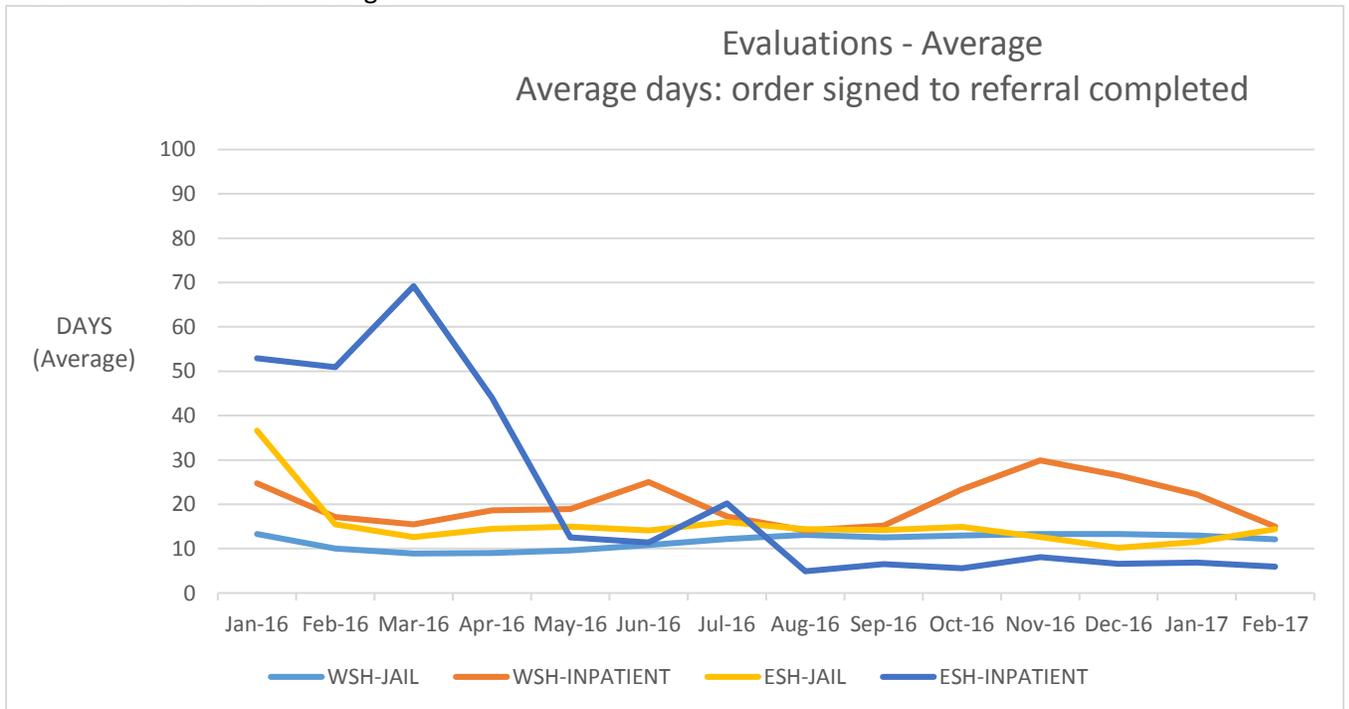
**FIGURE 2.** Restoration Orders



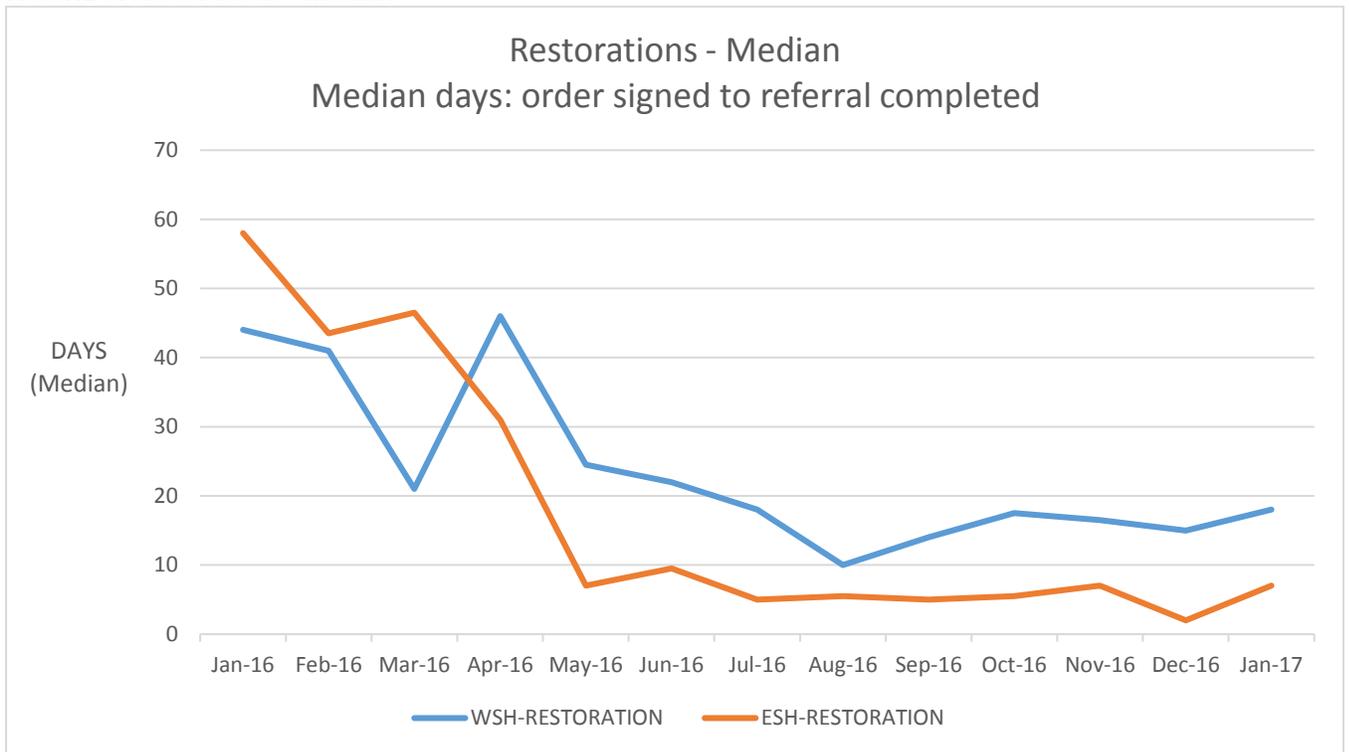
**FIGURE 3. Evaluations – Median**



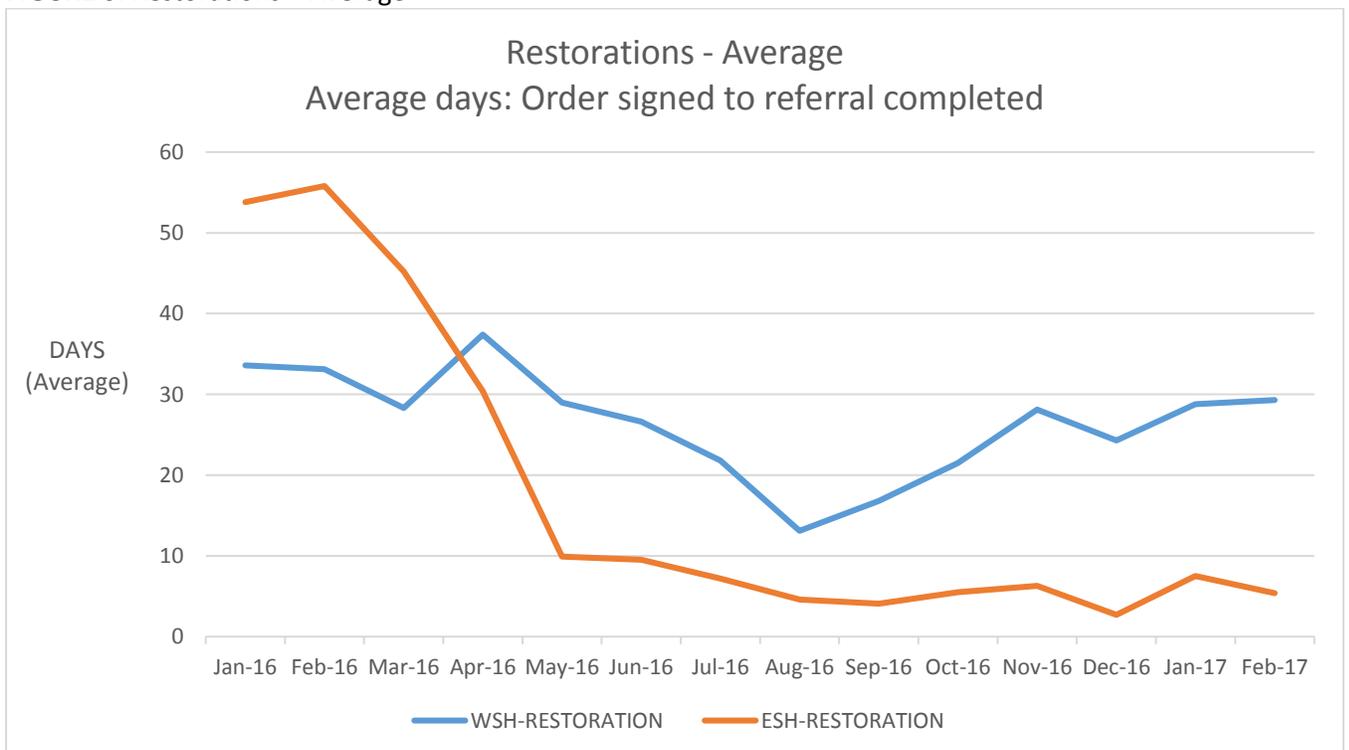
**FIGURE 4. Evaluations – Average**



**FIGURE 5.** Restorations - Median



**FIGURE 6.** Restorations – Average



**TABLE 4.** Summary of jail evaluations, in-patient evaluations, and restorations by month since February 2016. **NOTE: These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month the order packet was completed.** February numbers are first look, and percentages will increase as many cases (those with orders at the end of the month) will close within the fourteen day window.

TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED			
MONTH	14 DAYS OR LESS	TOTAL ORDERS SIGNED	PERCENT 14 DAYS OR LESS
Feb-16	196	244	80.3%
Mar-16	244	289	84.4%
Apr-16	203	240	84.6%
May-16	213	263	81.0%
Jun-16	189	282	67.0%
Jul-16	196	274	71.5%
Aug-16	211	304	69.4%
Sep-16	209	312	67.0%
Oct-16	235	295	79.7%
Nov-16	161	240	67.1%
Dec-16	186	252	73.8%
Jan-17	194	256	75.8%
<b>Feb-17</b>	<b>111</b>	<b>209</b>	<b>53.1%</b>
TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED			
MONTH	7 DAYS OR LESS	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS
Feb-16	1	19	5.3%
Mar-16	2	27	7.4%
Apr-16	3	22	13.6%
May-16	4	22	18.2%
Jun-16	0	25	0.0%
Jul-16	5	22	22.7%
Aug-16	17	44	38.6%
Sep-16	12	33	36.4%
Oct-16	14	35	40.0%
Nov-16	6	28	21.4%
Dec-16	11	29	37.9%
Jan-17	10	23	43.5%
<b>Feb-17</b>	<b>8</b>	<b>29</b>	<b>27.6%</b>
TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED			
MONTH	7 DAYS OR LESS	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS
Feb-16	7	78	9.0%
Mar-16	20	98	20.4%
Apr-16	12	76	15.8%
May-16	24	84	28.6%
Jun-16	22	90	24.4%
Jul-16	28	78	35.9%
Aug-16	34	102	33.3%
Sep-16	39	123	31.7%
Oct-16	24	92	26.1%
Nov-16	32	98	32.7%
Dec-16	27	109	24.8%
Jan-17	40	99	40.4%
<b>Feb-17</b>	<b>34</b>	<b>115</b>	<b>29.6%</b>

## RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

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### **Need Projections and Bed Capacity**

The investment made by the Legislature in the 15-17 biennial budget, and the short and long-term strategies that are being undertaken, will enable Washington to provide competency services in accordance with the established time limits. Washington is making every effort to provide competency services within the seven-day and fourteen-day standards as soon as it is possible.

Compliance projections were initially based on the estimates and data included in previous monthly reports, the Long Term Plan dated July 2015, and the May 2016 revised Long Term Plan. An updated projection model was developed and preliminary results were submitted to Dr. Danna Mauch on July 29, 2016. In September (and later finalized in November), DSHS prepared the next draft of the wait-time projections model for when the Department may meet the 7-day compliance requirement for inpatient competency services using the most recent 12-month data available at that time (August 2015 to July 2016). The results and interpretations of that model were included in the December report. DSHS is currently working to update the projections based on more recent data that reflect changes in system performance since July 2016, and will share the results when they are completed.

OFMHS hired one inpatient forensic evaluator in the month of February at WSH (to replace an evaluator who resigned) while continuing to recruit for 1 inpatient evaluator at ESH, 1 outstation evaluator for Yakima County, and 1 outstation evaluator in Thurston County. The recruitment effort for forensic psychologist supervisors continues for OFMHS. Two positions remain in recruitment status, a supervisor position located at Headquarters and one located at the Northern Regional Office. A Request for Information (RFI) was posted on February 10, 2017 soliciting information from possible interested entities to conduct Competency to Stand Trial evaluations. As of the close of the month, one response has been received.

## **TRUEBLOOD KEY ACCOMPLISHMENTS – FEBRUARY 2017**

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### **RECRUITMENT**

- Recruitment efforts continue on the Systems Improvement Agreement (SIA) project. To date, approximately 60% of all known positions have been filled.
- The WSH Emergency Hiring Project is considered complete at this time.
- Ted Koska has assumed the role of Talent Acquisition Manager at the WSH Hiring Center. There are now recruiters on the WSH campus working directly with hiring managers.
- A strategy and staffing plan for a physician and psychiatrist dedicated recruitment is under way.
- Recruitment continues at Maple Lane for Residential Rehabilitation Counselor and Security Guard positions vacated by natural attrition.

### **RESIDENTIAL TREATMENT FACILITIES**

- As of February 28<sup>th</sup>, the census at the Yakima Competency Restoration Program was 16. A total of 97 patients have been admitted since the program opened. Out of this total, 60 completed the program and were determined competent, 14 were determined not likely restorable, 16 were recommended for an additional period of restoration and received an order for an additional 90 days of restoration services, which were provided at the Yakima program. A total of 11 patients have been transferred to the state hospital. Thirty-five (35) patients have been recommended for early evaluation.
- As of February 28, 2017, the census at the Maple Lane Competency Restoration Program is 27. A total of 172 patients have been admitted since the program opened. Of these, 145 patients have been discharged. 81 completed the program and were opined competent. 22 were determined not likely restorable. 21 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 11 have been transferred to the state hospital. Of these 11, 8 patients were transferred due to physical aggression, 1 for sexually inappropriate behavior and 2 were transferred for medical reasons. 4 patients were returned to jail. 1 for severe aggression, 1 to await a Sell Hearing, 1 at the request of his defense attorney to attend his competency update hearing and 1 at the request of the defense attorney to be present for his SELL hearing. 2 patients were not evaluated at the facility and was returned to jail on the last day of their restoration order. 1 patient was Not Competent but restorable left for SELL hearing at the end of 1<sup>st</sup> restoration and returned. 4 patients were not competent but restorable, however a 2<sup>nd</sup> 90 was not issued prior to the end of the 1<sup>st</sup> restoration period. (2 left for jail and later returned, 1 was diverted to WSH) 37 patients have been referred for early evaluation. 19 patients since admission have been recommended for and received a 2<sup>nd</sup> 90 order.

### **REQUESTS FOR INFORMATION (RFI) RELEASES**

- A RFI for Forensic Evaluation Services targeted towards individuals/entities interested in contracting with the Department to perform forensic evaluations was released on February 10 after review by the Court Monitor. Responses are due April 1, 2017.
- An RFI for Facility Based Competency Restoration Services in Licensed Evaluation and Treatment Facilities was released on February 24, after review by the Court Monitor. Responses are due April 7, 2017.

**TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—JULY 2016**

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
<b>Court Appointed Monitor Coordination</b>				
Monthly Reports	Release 1/30 report	Complete	<ul style="list-style-type: none"> <li>Maintain compliance with the Court.</li> </ul>	<ul style="list-style-type: none"> <li>Released report to Stakeholders following review of Court Monitor.</li> </ul>
	Submit 2/15 Report	2/15/2016	<ul style="list-style-type: none"> <li>Use data to review and improve the provision of forensic services.</li> </ul>	
<b>Legislative Coordination</b>				
Implement Engrossed Substitute Senate Bill (ESSB) 6656: Funding applications	Apply for funding from the Office of Financial Management (OFM) from the Governor's Behavioral Health Innovation Fund relating to the state hospitals' forensic systems.	Passed legislature. Expires on July 1, 2019 per Section 14.	<ul style="list-style-type: none"> <li>Section 5(2) requires OFM to contract with an external consultant to examine the current configuration and financing of the state hospital system and make recommendations on a number of different areas, including identification of the potential costs, benefits, and impacts associated with dividing one or both of the state hospitals into discrete hospitals to serve civil and forensic patients in separate facilities. The consultants' report is due to the Governor and Legislature by Oct. 1, 2016.</li> <li>Section 5(3) requires DSHS to contract for the services of an academic or independent state hospital psychiatric clinical care model consultant to examine the clinical role of staffing at the state hospitals. The consultants'</li> </ul>	<ul style="list-style-type: none"> <li>The Select Committee for Quality Improvement in State Hospitals met on December 20, 2016, with further discussion of the recommendations in the final reports from consultants engaged pursuant to Section 5 of ESSB 6656. Discussion of Governor Inslee's mental health budget to implement the recommendations was also heard. Complete meeting materials are available at: <a href="http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals">http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals</a></li> <li>Jail Diversion Consultant: The Governor's Office executed a contract with Joplin consulting to examine how to best divert persons with mental illness from the criminal justice system and identify appropriate funding mechanisms. Joplin consulting started the process of interviewing key stakeholders and sending out a survey during the month of August. On 8/26, Dr. Kinlen and the Liaison participated in a conference call with Lore Joplin. Two additional meetings occurred with the last meeting with the consultants held on October</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
			<p>report is due to the Governor and Legislature by Oct. 1, 2016.</p> <ul style="list-style-type: none"> <li>Section 6 creates the Governor's Behavioral Health Innovation Fund in the state treasury. Only the director of financial management or designee may authorize expenditures from that Fund, which are provided solely to improve quality of care, patient outcomes, patient and staff safety, and the efficiency of operations at the state hospitals.</li> </ul>	<p>21, 2016. DSHS reviewed current diversion efforts by OFMHS and provided recommendations to the consultant group for next steps. The final recommendations report was submitted to the Legislature of 12/2/16. OFMHS has reviewed the recommendations and have included them in the community conversations with counties.</p>
<p>Consult with DOH about draft legislation requiring DOH certification of forensic evaluators to determine the need for a sunrise review</p>	<p>Consult DOH</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators.</li> <li>Develop long-term certification of forensic evaluators, consistent with the Trueblood Court Monitor's recommendations on mid- and long-term performance to implement a forensic certification program to sustain performance.</li> </ul>	<ul style="list-style-type: none"> <li>The DSHS/OFMHS forensic evaluation training and certification workgroup proposed a plan to standardize training of forensic evaluators and to develop a certification program. The initial phase of the certification program will be to develop and evaluate a training/certification program for current state employees to inform state-wide implementation. A state-wide certification program will require legislation and funding. DSHS will continue to work with DOH and other stakeholders regarding the next steps in considering evaluator certification. DOH has suggested that a sunrise review be conducted, which requires a formal legislative request and additional DOH review. DSHS/OFMHS held initial meetings with Labor in December 2016 to discuss the plans. The legislative request will be submitted in 2017.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
<b>Labor Coordination</b>				
Engage Labor Leaders and Members	Conduct ongoing bi-monthly meetings with Labor leaders	Ongoing	<ul style="list-style-type: none"> <li>• Discuss policy, budget and operational changes likely required to comply with the Trueblood requirements.</li> <li>• Obtain staff necessary to safely support operation of additional forensic and civil beds at the state hospitals.</li> <li>• Obtain necessary psychiatrists and physicians to supplement services proved by employees at Western State Hospital to safely support the operation of additional forensic and civil beds.</li> </ul>	<ul style="list-style-type: none"> <li>• All contract negotiations were completed and the contracts were ratified by their perspective members prior to midnight on October 1st. It is important to note that all of the contracts are subject to legislative approval.</li> </ul>
<b>Data Collection and Fiscal Modeling</b>				
Monthly report data collection	Identify and obtain needed data	Ongoing	<ul style="list-style-type: none"> <li>• Obtain data for monthly reports and develop standardized reports to inform policy development and implementation.</li> </ul>	Data collection is ongoing.
Institute data audit process	Review data and files of cases with anomalies and identify trends	Ongoing	<ul style="list-style-type: none"> <li>• Ensure completeness and accuracy of wait list data.</li> </ul>	Data validation process is ongoing.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Hire Lead Developer Position	Recruit, hire and onboard	Complete	<ul style="list-style-type: none"> <li>• Build a technology solution to establish a common platform to transmit data between the State Hospitals and over 240 different jurisdictions to improve timeliness.</li> <li>• Provide hands-on partner training across the system.</li> </ul>	Full complement of Development Team on board Lead Developer, Web Developer, and Senior Developer.
Forensic Data System Design/ Development	Build data models	Entity Relationship Diagram (ERD) to be completed March 2017	<ul style="list-style-type: none"> <li>• Integrated Forensic System with consistent data entry and tracking of all class members from creation of court order for mental competency evaluation through completion of evaluation and / or restoration (whichever is later).</li> <li>• Provide capability for access by evaluators to discovery documents and any status changes, regardless of location, to reduce delays. Provide platform for quality reporting from single system, eliminating the variability currently inherent in leveraging legacy applications not meant for this purpose.</li> </ul>	<ul style="list-style-type: none"> <li>• Interviewed and selected Independent Verification and Validation (IV&amp;V) consulting firm. Briefed principals on full project. (Note: IV&amp;V required by state OCIO for projects assessed at this risk level - Level 2.)</li> <li>• Full team review of all artifacts. Restarted work on project schedule with input from new team members. Will review with IV&amp;V consultants.</li> </ul>
	Finalized Gaps analysis	Complete		
	Finalized task list and timeline	Draft plan through implementation in-process		
	Establish Project Governance charter	Complete		
<b>Human Resources</b>				
Hire Office of Forensic Services HQ positions	Hire and Onboard	Complete	Provide infrastructure for forensic services system and improve effective and timely provision of competency services.	<ul style="list-style-type: none"> <li>• There are no vacancies in OFMHS HQ.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Hire additional hospital ward staff	Conduct targeted hiring events	In progress	Obtain required staff of all classes to safely and appropriately operate additional civil and forensic beds and to meet data collection, analysis and reporting needs.	<ul style="list-style-type: none"> <li>A new strategy for handling physicians and psychiatrists after they have been referred to WSH by the recruitment team is being discussed and planned.</li> </ul>
	Pursue contracting			
<b>Competency Evaluation</b>				
Build capacity for out-station sites	Site agreements	N/A	<ul style="list-style-type: none"> <li>Increased capacity at out-station sites will reduce wait time for evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>The Tri-Cities outstation is operational. An evaluator was selected to provide services to the Maple Lane facility and Thurston County; however in January, the individual resigned her position. Recruitment has resumed to fill this position in Thurston County after receiving word of resignation. No interviews conducted in February for this position.</li> </ul>
	Out-station sites operational	Completed		
Coordinate with forensic mental health system partners	Present at the Washington Association of Sheriffs and Police Chiefs (WASPC) annual conference	Ongoing	<ul style="list-style-type: none"> <li>Conversations with select jails close to hospitals or already designated for outstation sites are focused on creating space for evaluations on a regularly scheduled basis and ability to transport to state hospital. Secondly to discuss with local defenders associations regarding predictable availability to attend with clients; courts for coordination of timely transmittal of orders and documents; and local mental health agencies for additional supports and perhaps space where that is identified as a challenge.</li> <li>Presentations at the WASPC conference will provide opportunity to inform</li> </ul>	<ul style="list-style-type: none"> <li>All four prosecutorial diversion programs have formally begun accepting referrals. Review and monitoring of contracts and data began in February.</li> <li>Office of Forensic Mental Health Services Director and Liaison Specialist are participating as members of the WINGS Public Guardianship Steering Committee with the Administrative Office of the Courts (AOC) to explore the possibility of utilizing public guardianship and other less restrictive options to the benefit of the forensic population. The team is working with Aging and Long Term Support Administration and the Research and Development Administration to obtain current data on populations best served by guardianships.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
			<p>about impacts of Trueblood decision and make connections with members for future planning to facilitate transfer and access to reduce wait times and provide competency services.</p>	<ul style="list-style-type: none"> <li>• Liaison participates in an Outreach and Re-Entry Committee lead by the Health Care Authority (HCA), which is exploring diversion options for individuals with behavioral health issues involved in the forensic system. HCA is soliciting input from other agencies for ideas on pilot programming.</li> <li>• OFMHS attended the 2/1/17 King County Quarterly Collaboration meeting. Topics of discussion were prosecutorial diversion; a new dismiss and refer program funded by the county; what may be driving the increase in demand for competency services; OFHMS/King County training opportunities; and outpatient community restoration programs.</li> <li>• OFMHS is working in collaboration with plaintiffs, AGs, and Court Monitor on the Diversion RFP Plan. The Court Monitor notified award recipients on 2/23.</li> <li>• Liaison attended the February BHO Administrator meeting on 2/23/17</li> <li>• The OFMHS presentation abstract titled: <b>Diversion Services in WA: Perspectives from State, Legal, &amp; Law Enforcement Communities</b> was accepted for presentation at the 2017 Washington Behavioral Healthcare Conference. The presentation is a collaboration between OFMHS, a King County prosecutor, and the Snohomish County Jail.</li> <li>• County meetings: Clallam (2/15); Okanogan (2/21); Ferry/Stevens (2/21); and Pend Oreille (2/22)</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<ul style="list-style-type: none"> <li>• Pending county meetings: Skagit (March); Thurston (requested by OFHMS).</li> </ul>
Continue current county-conducted evaluation system until 2018	Establish quality criteria for evaluation reports	Ongoing	Obtain data needed from counties in order to meet court ordered reporting requirements.	<p>The OFMHS quality management team has initiated reviews of forensic evaluation reports from 10.77 ordered evaluations. The team has developed a checklist for evaluating forensic evaluation reports. The initial roll out date is scheduled for February/March 2017.</p> <p>Memo reminding counties of their option to utilize community competency evaluators, if eligible during a quarter, was sent to all county commissioner and the Washington Association of Counties on 2/10.</p>
Explore and pursue triage system possibilities	Roll out Phase II	In progress	Establish an efficient evaluation to identify individuals who: need inpatient services due to serious mental health condition; clearly do not require inpatient evaluation services; or are clearly competent due to changes in their condition since the issuance of an order for evaluation (such as no longer drug affected).	<ul style="list-style-type: none"> <li>• On 9/9, OFMHS and the hospitals convened to discuss gaps in the current triage process and next steps of Phase II. It was decided to continue the current process, while pulling together a team of subject matter experts both at the hospital and stakeholder level to develop a comprehensive triage plan. Triage Planning and Implementation Team meetings occurred 10/4, 10/17, and 10/26 Workgroup input will be incorporated into the Planning document submitted to the plaintiffs and Court Monitor November 15. Plaintiffs responded on December 15 with input and comments. Prior to DSHS's response, a status hearing was scheduled on 1/19 to discuss Triage.</li> <li>• Based on feedback from the 1/19 status hearing, a revised Triage Memo was distributed to partners and stakeholders on 2/10 after review by the Court Monitor.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<ul style="list-style-type: none"> <li>• OFHMS received consultation regarding the Triage Planning document on a 2/10 call with the Court Monitor. The Court Monitor will provide written feedback and comments to the Plan by March 13.</li> <li>• As of 2/28/2017, DSHS has received 54 triage referrals from jail staff/defense and approved 38. Three referrals were admitted to WSH prior to completion of the triage process, one did not have an order for restoration at the time of referral, eleven were rejected, and one was retracted.</li> <li>• On November 2, OFMHS began calling jails when records indicate that there is an in-custody defendant who has been awaiting 14 days for a competency evaluation. The purpose of the communication is to notify jail staff of the Triage Consultation and Expedited Admissions (TCEA) process. In February 2017, 390 phone calls/emails have been made to jails. Three have resulted in an expedited admissions referral.</li> </ul>
<b>Competency Restoration</b>				
WSH; E2 and F3 Wards: add 30 beds	Bed Occupancy	TBD	Serves overall plan to add 90 beds and expand State Hospital bed capacity to meet Court ordered compliance date.	To meet the requirements set out by CMS, DSHS' plans to expand at WSH have been postponed. An RFI was posted on February 24, 2017 soliciting responses to potential interested Evaluation and Treatment center providers to determine the possibility of providing inpatient competency restoration services.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Provide Restoration Treatment at the Maple Lane Competency Restoration Program	Open Maple Lane facility	Complete	<ul style="list-style-type: none"> <li>Identify alternate facility capacity to meet <i>Trueblood</i> compliance.</li> <li>Any competency restoration treatment program at Maple Lane is anticipated to transfer to operation at a State Hospital before DOC would be housing inmates on that campus.</li> </ul>	<p>As of February 28, 2017, the census at the Maple Lane Competency Restoration Program is 27. A total of 172 patients have been admitted since the program opened. Of these, 145 patients have been discharged. 81 completed the program and were opined competent. 22 were determined not likely restorable. 21 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 11 have been transferred to the state hospital. Of these 11, 8 patients were transferred due to physical aggression, 1 for sexually inappropriate behavior and 2 were transferred for medical reasons. 4 patients were returned to jail. 1 for severe aggression, 1 to await a Sell Hearing, 1 at the request of his defense attorney to attend his competency update hearing and 1 at the request of the defense attorney to be present for his SELL hearing. 2 patients were not evaluated at the facility and was returned to jail on the last day of their restoration order. 1 patient was Not Competent but restorable left for SELL hearing at the end of 1<sup>st</sup> restoration and returned. 4 patients were not competent but restorable, however a 2<sup>nd</sup> 90 was not issued prior to the end of the 1<sup>st</sup> restoration period. (2 left for jail and later returned, 1 was diverted to WSH) 37 patients have been referred for early evaluation. 19 patients since admission have been recommended for and received a 2<sup>nd</sup> 90 order.</p>
	Restore patients to competency	Ongoing		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Provide Restoration Treatment at the Yakima Competency Restoration Program.	Open Yakima facility	Complete	<ul style="list-style-type: none"> <li>• Anticipated duration of one year and possible one year extension.</li> <li>• Identify alternate facility capacity to support timely competency services that will meet the Trueblood compliance deadline of 05/27/16.</li> </ul>	As of February 28 <sup>th</sup> , the census at the Yakima Competency Restoration Program was 16. A total of 97 patients have been admitted since the program opened. Out of this total, 60 completed the program and were determined competent, 14 were determined not likely restorable, 16 were recommended for an additional period of restoration and received an order for an additional 90 days of restoration services, which were provided at the Yakima program. A total of 11 patients have been transferred to the state hospital. Thirty-five (35) patients have been recommended for early evaluation.
	Restore patients to competency	Ongoing		
Outpatient Competency Restoration Programs	Diversion Programs are Operational	Ongoing	Development and implementation of outpatient competency restoration programs in King, Pierce, and Spokane Counties	DSHS executed a contract with Groundswell Consulting Services to assist in the development and operationalization of three outpatient competency restoration programs on 2/10
County transport of patients	Coordinate with counties to develop transport protocols	Ongoing	Ensure timely transport of patients to support delivery of competency services as directed in court order.	Pierce County continues to produce court orders that limit transportation only to the state hospital, rather than allowing transportation to the RTFs. Consequently, a letter to Pierce County courts, attorneys and jails is in use, which informs parties that an available bed has been identified at an RTF and could be offered. The letter requests that the parties submit an amended court order that complies with state law. A quarterly meeting was scheduled on 1/31/17 to discuss this and other issues. There were multiple items discussed during the meeting that DSHS is following up on. For example:

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<ul style="list-style-type: none"> <li>- Pierce County referrals increased significantly the last year. The group was asked if they had any ideas why. Potential reasons from group:                             <ul style="list-style-type: none"> <li>o Lack of housing</li> <li>o The number of WSH patients who assault WSH staff, who are then sent to jail on assault charges</li> <li>o Reaching out to the BHO to clarify community behavioral health intake timeframes, as well as substance abuse program timeframes</li> <li>o The Pierce County Jail had a freeze on misdemeanor bookings which was released in summer of 2015</li> </ul> </li> <li>- Reaching out to the BHO to have them send the group information related to diversion programs in the City of Tacoma and county</li> <li>- The jail continues to state that they cannot transport defendants to alternate sites for restoration treatment due to overtime costs. We agreed to work with the jail off-line on identifying a solution to this</li> <li>- Looking at whether restoration evaluations could more clearly state that competency was achieved and can only be maintained through the use of medications. This would help the court system and jail if they would like to pursue involuntarily medication when restored defendants return to the jail and refuse to take medication.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<ul style="list-style-type: none"> <li>- DSHS encouraged the county to have conversations around the DRW diversion proposals. We would like to see a program proposal from Pierce in the next round of RFPs.</li> <li>- Community outpatient restoration</li> </ul>
<b>Diversion Alternatives</b>				
Implement 2E2SSB 5177 (2015) provisions for dismissal of charges & referral to treatment	Diversion Programs are Operational	Ongoing	Prosecutor can dismiss criminal charges without prejudice & refer to community-based mental health services.	<ul style="list-style-type: none"> <li>• All four prosecutorial diversion programs have formally begun accepting referrals. Review and monitoring of contracts and data began in February</li> </ul>
Increase diversion opportunities	Governor’s Office to contract with diversion consultant	In Process	Hire a consultant to identify how to best divert persons with mental illness from the criminal justice system and identify appropriate funding mechanisms with appropriate stakeholders.	<ul style="list-style-type: none"> <li>• A contract with a Diversion Consultant has been executed. OFMHS has had several phone conferences with the consultants and met with them on 10/21. The final report was released 12/2/16.</li> <li>• DSHS is participating in an HCA/DOC/DSHS Re-entry Workgroup to discuss service options for individuals transitioning from jail to the community.</li> </ul>

**FEBRUARY 8, 2016 COURT ORDER STATUS REPORT/UPDATES**

The status updates to the February 8, 2016 Court Order are shown below.

<b>1. Implement a triage system to sort class members waiting for in-jail evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:</b>			
Requirements	Date	Status	Progress Notes
A. Producing a triage plan for review and comment	March 1, 2016	Complete	Complete
B. Putting the triage plan into effect, after accounting for the comments received	March 15, 2016	Complete	Complete
C. Reporting on the implementation and effectiveness of the triage plan in Defendants’ monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	See 3c below and review task progress in “explore and pursue triage system possibilities.”
<b>2. Eliminate the backlog of class members currently waiting for in-jail evaluations by:</b>			
A. Formally notifying DSHS’s forensic evaluators and Pierce County’s panel evaluators of plan to eliminate the backlog of people waiting for in-jail evaluations and requesting their help in doing so, and providing plans to get evaluations done through the use of extra duty pay and other methods available	February 15, 2016	Complete	Complete
B. Preparing a list of all backlog cases, organized by jail and by county	March 1, 2016	Complete	Complete
C. Finalizing recruitment of evaluators to aid in the backlog elimination effort and setting a schedule for the evaluation of each backlog case	March 1, 2016	Complete	Complete

D. Initiating the backlog elimination effort	March 7, 2016	Complete	Complete
E. Completing evaluations for all backlog cases (any patient waiting more than 14 days at the end of the month).	April 15, 2016, Ongoing	Ongoing	Of the 254 jail evaluation orders signed in January, 114 were completed within 14 days, which is 45%.
<b>3. Implement a triage system to sort class members waiting for in-hospital evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:</b>			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	As of 2/28/2017, DSHS has received 54 triage referrals from jail staff/defense and approved 38. Three referrals were admitted to WSH prior to completion of the triage process, one did not have an order for restoration at the time of referral, eleven were rejected, and one was retracted. On average, it takes 5 days for an individual to be expedited through the triage system. The turnaround time for material review from both the triage consultant and the Chief Medical Officer has been quick -within 2 days. Additional information and updates on the triage system may be found in the "explore and pursue triage system possibilities" task in the Trueblood Implementation Steps matrix above.
<b>4. Implement a triage system to sort class members waiting for restoration services by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:</b>			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016	Complete	As of 2/28/2017, DSHS has received 54 triage referrals from jail staff/defense and approved 38. Three referrals were admitted to WSH prior to completion of the triage process, one did not have an order for restoration at the time of referral, eleven were rejected, and one was retracted. On average, it takes 5 days for an individual to be expedited through the triage system. The turnaround time for material review from both the triage consultant and the Chief Medical Officer has been quick -within 2 days. Additional information and updates on the triage system may be found in the "explore and pursue triage

			system possibilities” task in the Trueblood Implementation Steps matrix above.
<b>5. Report on the implementation status of the CMS Plan of Correction by:</b>			
B. Reporting on the implementation status in Defendants’ monthly reports to the Court Monitor	Beginning March 15, 2016, ongoing	Ongoing	On June 2, 2016, DSHS finalized negotiations with CMS to enter into a 13 month Systems Improvement Agreement (SIA) to allow Western State Hospital (WSH) the time and guidance needed to fix systemic operating problems and put more focus on patient treatment and overall safety. Signing the SIA rescinds the termination of CMS’s Medicare Provider Agreement with WSH, but allows CMS to reissue termination if it finds that the hospital is not progressing toward full compliance with the Medicare Conditions of Participation (CoPs), a requirement for federal funding. The Department does not anticipate expansion of bed capacity at WSH to be implemented during the 13 month SIA.
<b>6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS’s terms of participation is achieved in March by:</b>			
C. Reporting on the implementation status of the plan and timeframe in Defendants’ monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	DSHS is focusing on successful completion of the Systems Improvement Agreement before moving forward with any bed expansion at WSH. In February, several alternative sites (and the current Yakima alternate site) have been studied to determine if there are any options to add hospital like inpatient competency restoration beds to the system to address the waitlist. In review of the various sites, no one site was identified to be remodeled and operational in under 24 months save for extending and expanding the competency restoration beds at Yakima.
<b>8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds by:</b>			
D. Executing contracts for implementation by the selected providers	April 15, 2016	Complete	DSHS has funding available in the Governor’s proposal for on-going prosecutorial diversion programs. Additionally, the Governor proposed additional funding to be used for diversion services

<b>10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system by:</b>			
E. Implementing revisions to the existing system or initiating development of a new forensic data and management information system	To initiate new system development efforts- May 27, 2016	Ongoing	Full team on-board and oriented to the project including Data Dictionary, Requirements Document, Use Case scenarios, and Entity Relationship Diagram (ERD). Finalize contract with QA March, 10.

## **JULY 7, 2016 CONTEMPT ORDER STATUS UPDATES**

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The three status updates required in the July 7th Court Order are below.

1. Monetary sanctions – fines are imposed on a per class member, per day basis. On the 15<sup>th</sup> of every month, DSHS is required to submit contempt fines data to the court. These data will be submitted to the court on March 15, 2016 and will be included in this report when finalized as Appendix I.
2. Diversion plans – DSHS is ordered to develop, in consultation with the Court Monitor, plans for the expenditure of the contempt fines. An update on the RFP process may be found on page 17.
3. Wait time data – DSHS shall submit to the Court wait time data in a manner identical to the data submitted on June 17, 2016 in the declaration of Bryan Zolnikov. These data are included in this report in Table 4.

## **AUGUST 15, 2016 ORDER MODIFYING PERMANENT INJUNCTION AS TO IN JAIL COMPETENCY EVALUATIONS**

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Pursuant to the August 15, 2016 court order, DSHS must provide in-jail competency evaluations within 14 days of a signed court order. When an in-jail evaluation cannot be completed within 14 days and good cause applies (i.e., delay due to clinical reasons, attorney, interpreter, or defense expert), an extension from the ordering court must be secured or DSHS must immediately admit the individual to a state hospital to finish conducting the evaluation. In order to comply with the reporting requirements of the Court's order, DSHS identified a need to revise both the current process used for seeking extensions from the criminal court, as well as the data collected during that process. Since the August 15<sup>th</sup> court order, DSHS identified a series of necessary changes that will enable DSHS to comply with the order, to include the following:

1. Develop a list of data elements needed to comply with the court order to include additional delay data;
2. Develop a data dictionary to define the data elements needed;
3. Develop a process of reporting the information to the courts for the exception requests;
4. Identify the cutoff date for seeking an exception;
5. Develop a standardized form that can be used for seeking good cause exceptions;
6. Develop an operating procedure to guide evaluators through the new good cause process;
7. Coordinate with the Attorney General's Office to ensure adequate representation;
8. Develop a process for collecting the data to report to the courts for the exceptions and to maintain for monthly reporting;
9. Develop a model for the delays and the data pertaining to the delays;
10. Modify the current IT systems or develop a new database in which to maintain the information once all above steps are completed.

To date, DSHS has completed identification of the data elements, developed a process for the evaluators to collect the data that will be entered and reported to the courts, and developed the data dictionary. The process of reporting the information to the courts and identifying a cutoff date for seeking an extension, and the standardized forms, operating procedure, and coordination for Assistant Attorney General (AAG) representation have been completed. Interim steps for maintaining the data for monthly reporting were identified and implemented while the current IT system is modified.

Through use of the interim solution, DSHS is collecting data on use of the good cause exception. The data required to be reported can be found in Appendix K in the final report. A work group has been planned to review the good cause procedure and improve implementation and interim data collection across both hospitals.

**APPENDICES**

**Appendices A – H:**

These appendices are included in two excel files (January “mature” and February “first look”) and submitted as attachments to the report.

**Appendix I: Calculation of Contempt Fines**

This appendix are included as an excel file and submitted with the Final report.

**Appendix J: Outliers and Delay Comments**

Hospital	Class Member	Location	County	Completion Method or Incomplete	Order Signed Date	Number of Days from signed order to:					COMMENTS
						Order Received	Discovery	Comp	Incomplete to End of Reporting Period		
WSH	8906	INP	PIERCE	BED OFFER	1/11/2017	1/12/2017	1/12/2017	.	20	BO 2/2/17 (MR 442907)	
ESH	9060	JAIL	SPOKANE	FAX	1/11/2017	1/12/2017	1/12/2017	.	20	unknown	
WSH	8886	JAIL	CLARK	INCOMPLETE	1/10/2017	1/11/2017	1/11/2017	.	21	FAX 1/23/17	
WSH	8887	JAIL	CLARK	INCOMPLETE	1/10/2017	1/10/2017	1/10/2017	.	21	FAX 1/25/17	
WSH	8877	JAIL	THURSTON	FAXED	1/9/2017	1/9/2017	1/9/2017	.	22	FAX 2/1/17	
WSH	8878	JAIL	GRAYS H	INCOMPLETE	1/9/2017	1/11/2017	1/30/2017	.	22	FAX 2/13/17, INTERP 1/31/17-2/9/17	
WSH	8867	JAIL	CLARK	INCOMPLETE	1/6/2017	1/6/2017	1/6/2017	.	25	FAX 1/20/17, MED REC 1/11/17-1/13/17	
WSH	8897	JAIL	KING	INCOMPLETE	1/11/2017	1/11/2017	1/11/2017	.	20	FAX2/7/17, ATTNY 1/23/17-2/3/17, RELEASE 1/11/17-1/23/17	
WSH	8852	JAIL	PIERCE	INCOMPLETE	1/4/2017	1/4/2017	1/5/2017	.	27	FAX 1/30/17	
WSH	8853	JAIL	CLARK	INCOMPLETE	1/4/2017	1/4/2017	1/4/2017	.	27	FAX 1/19/17, MED REC 1/17/17-1/19/17	
WSH	8861	JAIL	SKAGIT	INCOMPLETE	1/5/2017	1/5/2017	1/5/2017	.	26	FAX 1/25/17, MED REC 1/12/17-1/24/17	
WSH	8862	JAIL	SKAGIT	INCOMPLETE	1/5/2017	1/5/2017	1/9/2017	.	26	FAX 3/7/17, MED REC 1/27/17-2/9/17, ATTNY. 1/5/17-1/27/17	
WSH	8591	JAIL	KING	INCOMPLETE	12/20/2016	12/20/2016	12/21/2016	.	42	FAX 2/8/17, MED RECO 1/3/17-2/6/17, ATTNY. 12/28/16-1/3/17	
WSH	8770	REST	PIERCE	INCOMPLETE	12/19/2016	12/20/2016	12/20/2016	.	43	BO 2/17/17	
WSH	8718	REST	PIERCE	INCOMPLETE	12/6/2016	12/7/2016	12/7/2016	.	56	BO 2/10/17	

WSH	8754	REST	PIERCE	INCOMPLETE	12/14/2016	12/15/2016	12/15/2016	.	48	BO 2/16/17
WSH	8735	REST	PIERCE	INCOMPLETE	12/8/2016	12/9/2016	12/9/2016	.	54	BO 2/13/17
WSH	8736	REST	PIERCE	INCOMPLETE	12/8/2016	12/8/2016	12/8/2016	.	54	BO 2/10/17
WSH	8785	REST	PIERCE	INCOMPLETE	12/22/2016	12/23/2016	12/23/2016	.	40	BO 2/15/17
WSH	8773	REST	CLARK	INCOMPLETE	12/19/2016	12/19/2016	12/19/2016	.	43	BO 2/6/17
WSH	8737	REST	PIERCE	INCOMPLETE	12/8/2016	12/12/2016	12/12/2016	.	54	BO 2/13/17
WSH	8745	REST	THURSTON	INCOMPLETE	12/12/2016	12/14/2016	12/14/2016	.	50	BO 2/14/17
WSH	8746	REST	PIERCE	INCOMPLETE	12/12/2016	12/12/2016	12/12/2016	.	50	BO 2/14/17
WSH	8724	REST	PIERCE	BED OFFER	12/6/2016	12/7/2016	12/7/2016	.	56	BO 2/2/17
WSH	8738	REST	PIERCE	INCOMPLETE	12/8/2016	12/12/2016	12/12/2016	.	54	CANCELLED 2/10/17
WSH	8408	REST	GRAYS H	INCOMPLETE	11/30/2016	12/1/2016	12/1/2016	.	62	BO 2/6/17
WSH	8767	REST	THURSTON	INCOMPLETE	12/16/2016	12/16/2016	12/16/2016	.	46	BO 2/16/17
WSH	8740	REST	KING	INCOMPLETE	12/8/2016	12/8/2016	12/8/2016	.	54	BO 2/8/17
WSH	8784	REST	WHATCOM	INCOMPLETE	12/21/2016	12/21/2016	12/21/2016	.	41	BO 2/23/17
WSH	8762	REST	SKAMANIA	INCOMPLETE	12/15/2016	12/16/2016	12/16/2016	.	47	BO 2/22/17
WSH	8787	REST	PIERCE	INCOMPLETE	12/22/2016	12/23/2016	12/23/2016	.	40	BO 2/21/17
WSH	8758	REST	PIERCE	INCOMPLETE	12/14/2016	12/15/2016	12/15/2016	.	48	BO 2/14/17 (MR 442932)
WSH	8733	REST	PIERCE	INCOMPLETE	12/7/2016	12/8/2016	12/8/2016	.	55	BO 2/9/17 (MR 848996)
WSH	8734	REST	PIERCE	INCOMPLETE	12/7/2016	12/8/2016	12/8/2016	.	55	BO 2/13/17 (MR 442918)

**Appendix K: Good Cause Exceptions**

This appendix is included as an excel file and submitted with the Final report.

Summary:

Over the past five months, there have been seventeen (17) Good Cause exception requests submitted to the court, averaging three (3) cases a month. All seventeen (17) cases were related to Attorney delay and two (2) of those cases were also related to interpreter delay. In the month of February, there was one (1) Good Cause exception request submitted to the court, which was related to both attorney and interpreter delays. For the case for which a Good Cause exception was submitted in February, there were 12 days from court order signed date to evaluator assignment, and 11 days from discovery received date to evaluator assignment. Additionally, the number of days from evaluator assignment to first contact with attorney was 0 days. For the Good Cause exception request submitted in February, the response from the court was unknown.