

***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

May 15, 2017

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BACKGROUND

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 May 15, 2017 and covers the events of April 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 7th, 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—March 1, 2017 – March 31, 2017 and April 1, 2017 – April 30, 2017. The March data are considered “mature” and the April 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

Analysis of Data: April 1, 2015 through March, 2017 (A-D appendix)

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

- Average monthly jail-based evaluation orders signed for April 2015-March 2017
 - WSH: 207.5
 - ESH: 48.1
 - Both hospitals: 255.6
- Average monthly inpatient evaluation orders signed for April 2015- March 2017
 - WSH: 17.5
 - ESH: 6.7
 - Both hospitals: 24.2
- Average monthly restoration orders signed for April 2015- March 2017
 - WSH: 74.6
 - ESH: 13.2
 - Both hospitals: 87.8

Summary Points Related to Orders and Timeliness (A-D appendix)

- Jail-based evaluation orders at WSH were at 253, which is significantly slightly lower than the 255.6 average. ESH had 60 orders, which is higher than the 48.1 average. Combined, the hospitals totaled 313 orders, which is higher than the 255.6 current average. The Department continues to meet with high referral counties quarterly (King, Pierce, etc.) to help determine root causes for increase referrals.
- In-patient evaluation orders combined at both sites were at 30 in March. WSH received 24 compared with a 17.5 average. ESH had 6 orders, which is slightly lower than the 6.7 average.
- There were 118 restoration orders across both hospitals, which remains higher than the 87.8 average. WSH had 100 orders and the average is 74.6. ESH had 18 orders and the average is 13.2. The increase in these restoration orders has also caused an increase in the admission waitlist, especially on the western side of the state. During this timeframe, counties have been contacted to provide reasons for increase in referrals and as information is received and vetted, this information will be provided in future reports.
- Regarding jail-based 14 day evaluation completion times; WSH has decreased to 10.7 days from order to completion and ESH has also decreased and is averaging 11.4 days. The combined average is 10.9 days.
- The average inpatient evaluation admission wait times at WSH is 23.6 days. ESH average is at 4.8 days. The combined average is 19.9 days.
- Restoration admission wait times at WSH is 33.2 days on average. The ESH average is now 5.3 days. The combined average is 22.6 days.
- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 66% completion rate within 14 days.
- At both hospitals combined, overall timeliness for inpatient evaluation admissions is at a 21% completion rate within 7 days.
- At both hospitals combined, overall timeliness for inpatient restoration admissions is at 18% 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 8 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 21 to 50 days. Of those 8 cases, 5 were inpatient evaluation cases and 3 were outpatient (jail) evaluation cases. For the 5 inpatient evaluation cases, there were 21 to 24 days between court order and the end of the reporting period. All of these cases appear to be delayed in part due to medical clearance delays. For the 3 outpatient (jail) evaluation cases, there were 23 to 50 days between court order and the end of the reporting period. Of those 3 jail evaluation cases, one (1) was delayed due to an uncooperative defendant and receiving police reports late, and one (1) of the jail cases was delayed due to attorney scheduling conflicts and late discovery reports. The third jail evaluation case had no reason for delay.

In addition, in the current report, there were 26 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 42 to 70 days. Of the 26 restoration cases, 5 of these cases appear to be delayed in part due to medical clearance delays. One additional case was delayed in part due to an order that required an amendment. The remaining 20 restoration cases had no reason for delay.

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 incomplete referrals		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%	
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days
	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	199	0.8	0.0	1.1	0.0	8.4	7.0	13.0	12.0	47%
	FEB. 2017	181	1.2	0.0	1.6	0.0	7.4	5.0	12.1	12.0	56%
	MAR. 2017	254	1.1	0.0	1.4	0.0	5.7	3.0	10.7	9.0	62%
APR. 2017	207	0.6	0.0	0.7	0.0	9.0	6.0	10.8	9.0	64%	

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 referrals		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	15	2.5	0.0	2.5	0.0	17.3	20.0	22.2	14.0	22%	
FEB. 2017	21	2.4	0.0	2.4	0.0	16.3	13.0	15.0	11.5	13%	
MAR. 2017	24	1.6	0.0	2.0	0.0	11.5	15.0	23.6	27.0	6%	
APR. 2017	26	0.7	0.0	1.0	0.0	15.9	17.0	26.1	28.0	0%	
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	103	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	81	1.5	0.0	1.5	0.0	24.3	20.5	28.1	16.5	13%
DEC. 2016	98	1.5	0.0	1.6	0.0	26.8	23.0	24.3	15.0	11%	
JAN. 2017	84	1.9	0.0	1.9	0.0	25.5	21.0	28.8	19.0	16%	
FEB. 2017	94	1.7	1.0	1.7	1.0	21.8	19.0	28.5	17.0	16%	
MAR. 2017	100	1.5	0.0	1.5	0.0	23.9	21.0	33.2	20.0	13%	
APR. 2017	78	1.1	0.0	1.1	0.0	26.3	21.5	34.3	27.0	6%	

Data Note: The inpatient restoration data for WSH includes those referrals that are admitted to Maple Lane and Yakima.

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%
	FEB. 2017	52	1.1	0.0	1.7	1.0	9.3	6.0	14.0	14.0	32%
	MAR. 2017	60	0.6	0.0	0.9	0.0	6.0	4.0	11.4	10.0	67%
APR. 2017	48	0.4	0.0	0.6	0.0	7.9	5.5	9.9	9.0	62%	

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 referrals		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%	
FEB. 2018	9	1.3	0.0	1.9	1.0	0.0	0.0	5.8	7.0	42%	
MAR. 2016	6	2.0	1.0	2.4	1.0	0.0	0.0	4.8	5.0	83%	
APR. 2017	6	1.3	0.5	1.8	1.0	0.0	0.0	4.3	4.5	100%	
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%	
FEB. 2017	22	0.7	0.0	0.5	0.0	4.3	6.0	5.4	5.0	48%	
MAR. 2017	18	1.3	0.0	1.4	0.0	5.2	3.0	5.3	7.0	58%	
APR. 2017	17	2.2	0.0	2.2	0.0	9.4	6.0	6.9	6.5	50%	

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 referrals		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	257	0.9	0.0	1.1	0.0	7.9	6.0	12.7	12.0	46%
	FEB. 2017	233	1.1	0.0	1.6	0.0	7.8	6.0	12.5	12.0	52%
	MAR. 2017	313	1.0	0.0	1.3	0.0	5.7	3.0	10.9	9.0	66%
APR. 2017	255	0.5	0.0	0.7	0.0	8.7	5.5	10.6	9.0	63%	

NOTE: “First Look” data on completion of jail based evaluations show that performance is significantly improving and will be reported on in the next “Mature” data reporting period.

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	25	1.9	0.0	2.0	0.0	10.6	12.0	18.0	14.0	29%	
FEB. 2017	30	2.0	0.0	2.3	0.0	14.0	12.0	10.8	7.5	31%	
MAR. 2017	30	1.6	0.0	2.0	0.0	10.8	11.0	19.9	25.0	21%	
APR. 2017	32	0.8	0.0	1.1	0.0	15.9	17.0	18.5	21.5	17%	
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	124	1.4	0.0	1.5	0.0	14.0	10.0	14.3	12.0	22%
	OCT. 2016	93	1.2	0.0	1.3	0.0	23.9	25.0	18.6	14.0	14%
	NOV. 2016	99	1.4	0.0	1.4	0.0	24.0	20.5	23.6	13.0	18%
DEC. 2016	110	1.5	0.0	1.5	0.0	26.6	23.0	21.4	13.0	17%	
JAN. 2017	103	1.8	0.0	1.8	0.0	25.1	20.5	25.4	15.5	21%	
FEB. 2017	116	1.5	1.0	1.5	1.0	20.7	18.0	24.4	10.5	20%	
MAR. 2017	118	1.4	0.0	1.4	0.0	23.0	19.5	22.6	12.0	18%	
APR. 2017	95	1.2	0.0	1.1	0.0	25.4	19.5	29.0	21.0	10%	

Data Note: The inpatient restoration totals include those referrals that are admitted to Maple Lane and Yakima.

CLASS MEMBER STATUS DATA GRAPHS

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

FIGURE 1. Evaluation Orders

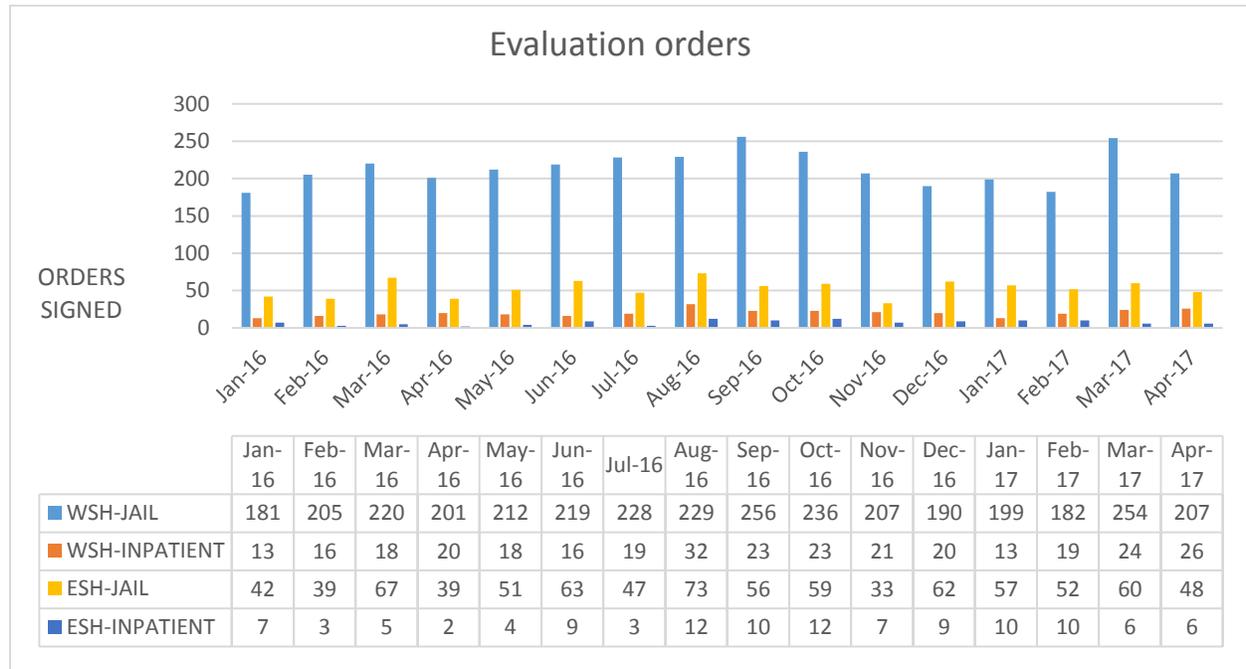


FIGURE 2. Restoration Orders

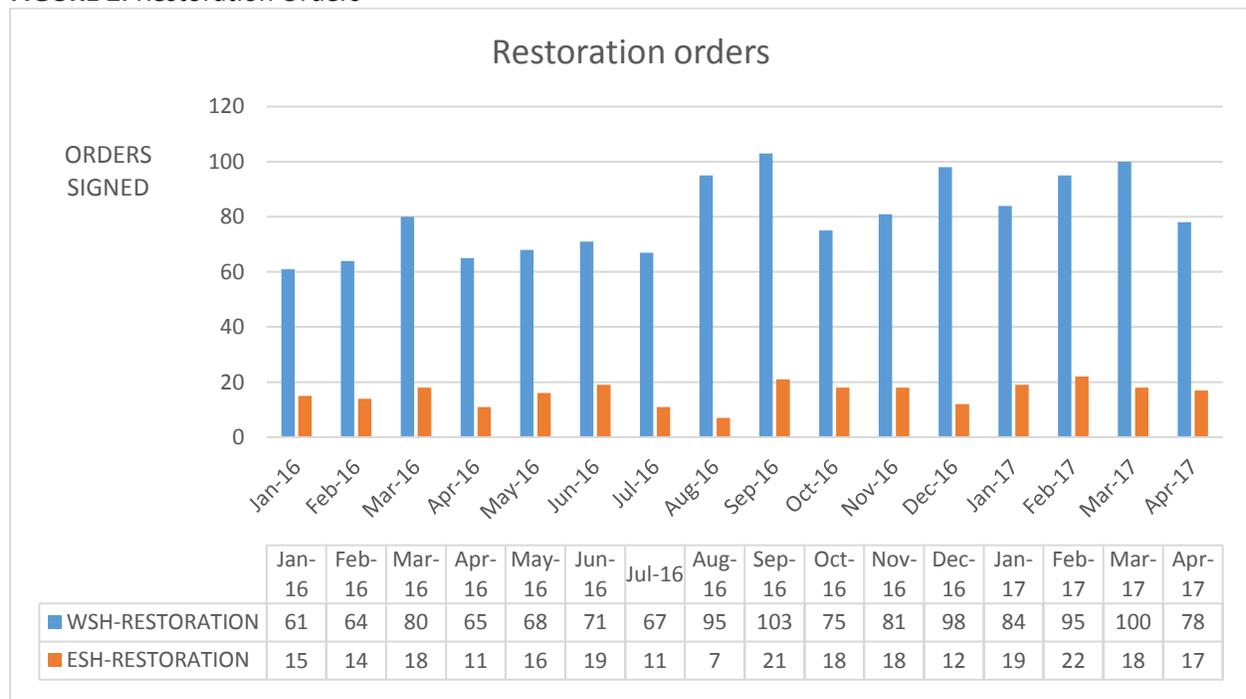


FIGURE 3. Evaluations – Median

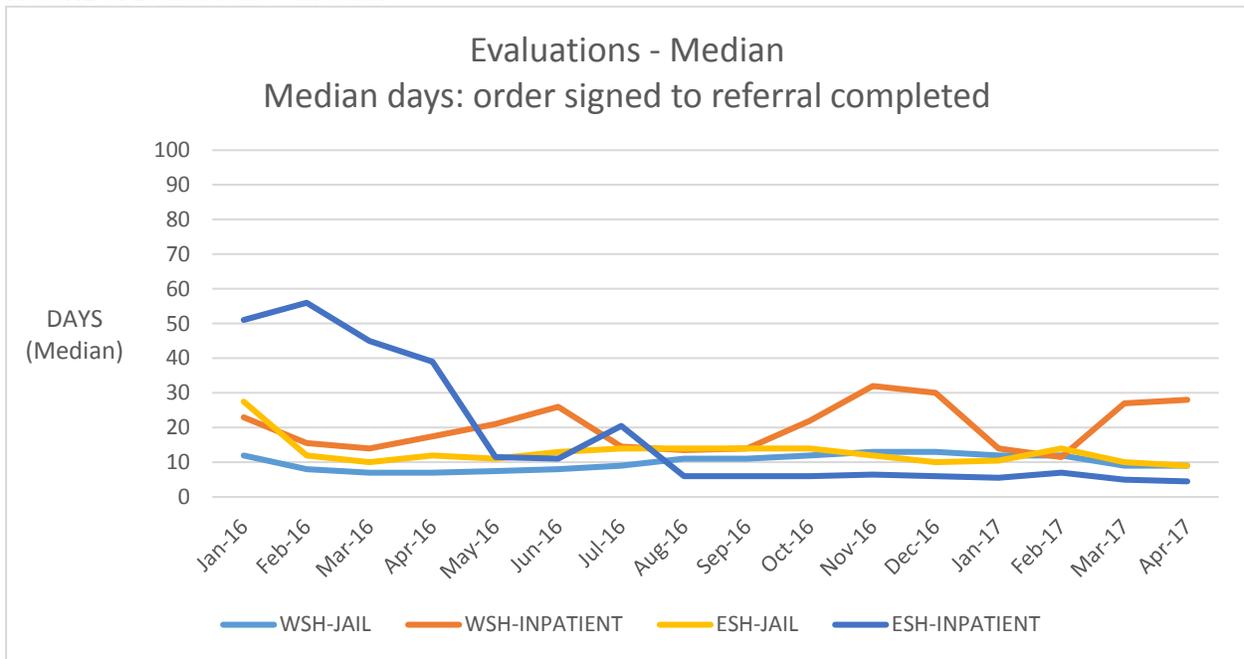


FIGURE 4. Evaluations – Average

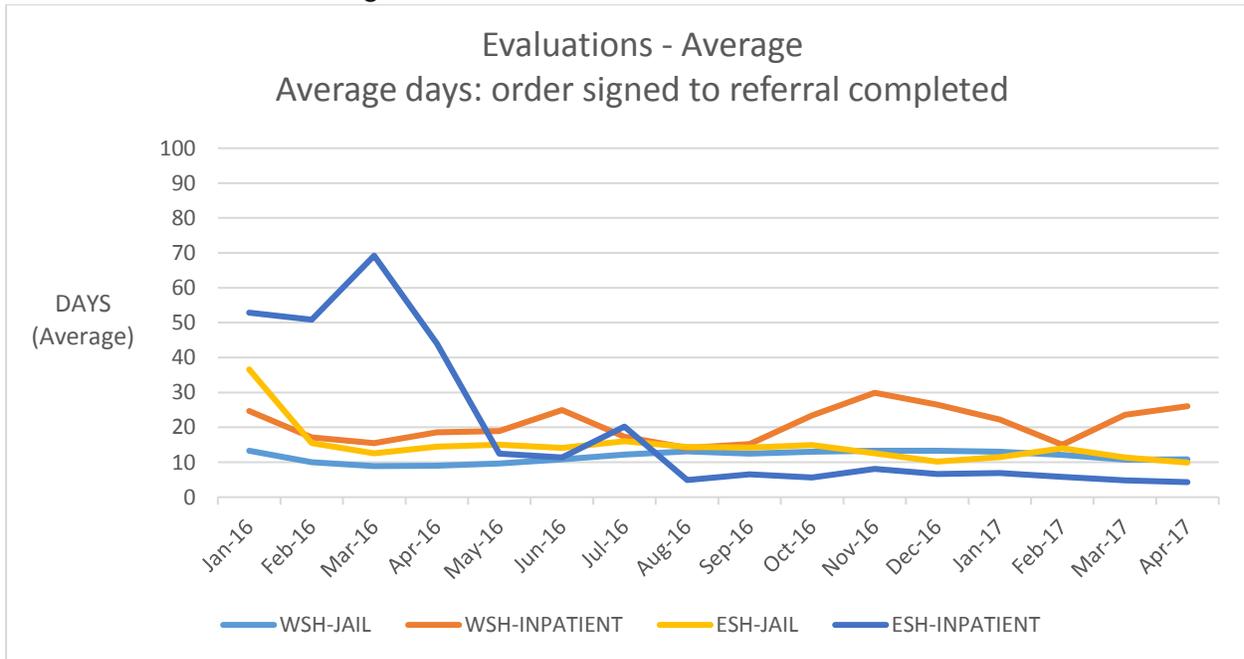


FIGURE 5. Restorations - Median

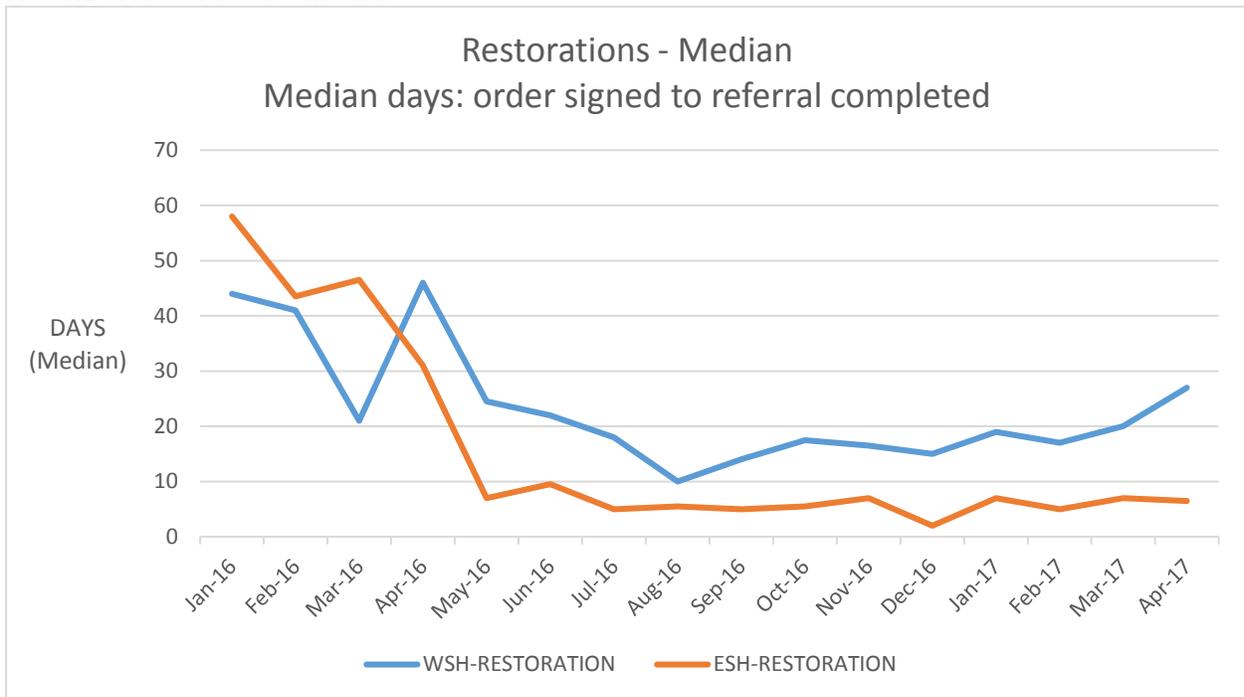


FIGURE 6. Restorations – Average

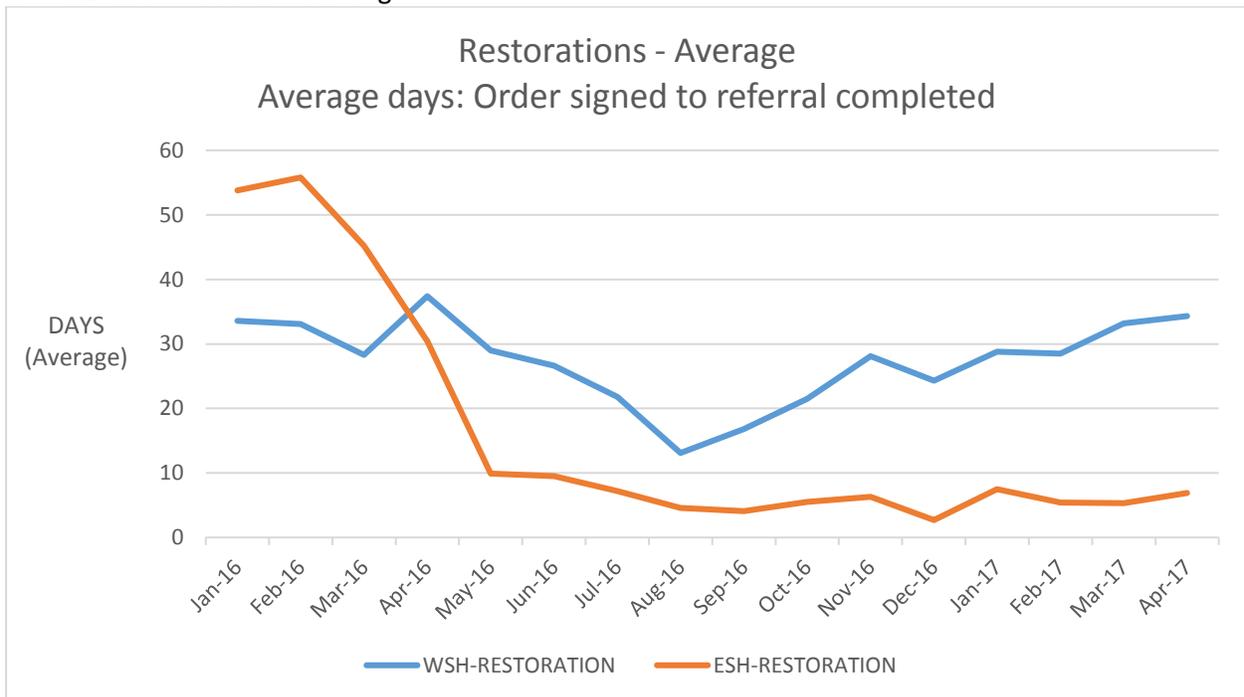


TABLE 4. Summary of jail evaluations, in-patient evaluations, and restorations by month since February 2016. **NOTE: These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month the order packet was completed.** April 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	257	75.5%
Feb-17	180	233	77.3%
Mar-17	265	314	84.4%
Apr-17	156	255	61.2%
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	12	25	48.0%
Feb-17	10	30	33.3%
Mar-17	8	29	27.6%
Apr-17	6	32	18.8%
TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED			
MONTH	7 DAYS OR LESS	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS
Feb-16	7	80	8.8%
Mar-16	20	98	20.4%
Apr-16	12	79	15.2%
May-16	24	85	28.2%
Jun-16	22	90	24.4%
Jul-16	28	78	35.9%
Aug-16	34	102	33.3%
Sep-16	39	124	31.5%
Oct-16	24	93	25.8%
Nov-16	32	99	32.3%
Dec-16	27	110	24.5%
Jan-17	43	103	41.7%
Feb-17	38	116	32.8%
Mar-17	39	118	33.1%
Apr-17	16	95	16.8%

RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

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 interviewed five forensic evaluator applicants and conducted a second interview with one forensic evaluator supervisor applicant in April. Additionally, three interviews for forensic evaluator positions are scheduled to take place in May. OFMHS included outreach to the Tribal Liaison within BHA in order to inform and attract Tribal Behavioral Health Directors and notify 136 tribal and urban Indian organization representatives about Evaluator positions openings.

A Request for Information (RFI) was posted on February 10, 2017 soliciting information from possible interested entities to conduct Competency to Stand Trial evaluations. The two responses received were reviewed during the month of April.

TRUEBLOOD KEY ACCOMPLISHMENTS – APRIL 2017

RECRUITMENT

- The Systems Improvement Agreement (SIA) recruitment project has approximately 80% of all known positions filled. The HRD Recruitment Team has referred over 2000 vetted applicants to various hiring managers. Over 4000 applicants have been collected for the SIA project.
- The Talent Acquisition staff at the WSH Hiring Center are now entering their fifth month on site.
- Recruitment efforts continue for forensic evaluators and supervisors.
- Recruitment continues at Maple Lane for Residential Rehabilitation Counselor and Security Guard positions vacated by natural attrition. Placement of RRC 4s to manage the RRC teams.

RESIDENTIAL TREATMENT FACILITIES

- As of April 30th, the census at the Yakima Competency Restoration Program was 19. A total of 117 patients have been admitted since the program opened. Out of this total, 74 completed the program and were determined competent, 18 were determined not likely restorable, 22 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 14 patients have been transferred to the state hospital. Thirty-eight (38) patients have been recommended for early evaluation.
- As of April 30, 2017, the census at the Maple Lane Competency Restoration Program is 28. A total of 203 patients have been admitted since the program opened. Of these, 175 patients have been discharged. 97 completed the program and were opined competent. 26 were determined not likely restorable. 26 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 12 have been transferred to the state hospital. Of these 12, 8 patients were transferred due to physical aggression, 1 for sexually inappropriate behavior and 3 were transferred for medical reasons, and 1 due to a court order stipulating that the patient be treated only at Western State Hospital. 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 were 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 1st restoration and returned. 6 patients were not competent but restorable, however a 2nd 90 or 3rd 180 was not issued prior to the end of the 1st /2nd restoration period. (5 left for jail and later returned, 1 was diverted to WSH.) 43 patients have been referred for early evaluation. 23 patients since admission have been recommended for and received a 2nd 90 order. 3 patients since admission have been recommended for and received a 3rd order 180 order.

REQUESTS FOR INFORMATION (RFI) RELEASES

- An 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 and at the end of March, two responses were received for review, these were reviewed during the month of April with the Assistant Secretary to discuss potential next steps.
- An RFI for Facility Based Competency Restoration Services in Licensed Evaluation and Treatment Facilities was released February 24, after review by the Court Monitor. Responses are due April 7, 2017. In April, one response was received and reviewed with the Assistant Secretary to discuss potential next steps.

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—JULY 2016

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Court Appointed Monitor Coordination				
Monthly Reports	Release 4/30 report	Complete	<ul style="list-style-type: none"> • Maintain compliance with the Court. 	<ul style="list-style-type: none"> • Released April report to Stakeholders following review of Court Monitor, on 05/07/17
	Submit 5/15 Report	5/15/2016	<ul style="list-style-type: none"> • Use data to review and improve the provision of forensic services. 	
Legislative Coordination				
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.	<p>Passed legislature. Expires on July 1, 2019 per Section 14.</p> <p>Complete.</p>	<ul style="list-style-type: none"> • 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. • 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' 	<ul style="list-style-type: none"> • 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: http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals There is no additional information at this time, as SCQISH committee will convene after legislative session, tentative late July. • 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

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"> 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. 	<p>Liaison participated in a conference call with Lore Joplin. Two additional meetings occurred with the last meeting with the consultants held on October 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 and is complete. 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"> Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators. 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. 	<ul style="list-style-type: none"> 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.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Labor Coordination				
Engage Labor Leaders and Members	Conduct ongoing bi-monthly meetings with Labor leaders	Ongoing	<ul style="list-style-type: none"> • Discuss policy, budget and operational changes likely required to comply with the Trueblood requirements. • Obtain staff necessary to safely support operation of additional forensic and civil beds at the state hospitals. • 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. 	<ul style="list-style-type: none"> • 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.
Data Collection and Fiscal Modeling				
Monthly report data collection	Identify and obtain needed data	Ongoing	<ul style="list-style-type: none"> • Obtain data for monthly reports and develop standardized reports to inform policy development and implementation. 	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"> • Ensure completeness and accuracy of wait list data. 	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"> • Build a technology solution to establish a common platform to transmit data between the State Hospitals and over 240 different jurisdictions to improve timeliness. • Provide hands-on partner training across the system. 	Full complement of Development Team on board Lead Developer, Web Developer, and Senior Developer. This is complete.
Forensic Data System Design/ Development	Build data models- Entity Relationship Diagram (ERD)	Complete	<ul style="list-style-type: none"> • 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). • 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. 	<ul style="list-style-type: none"> • Quality Assurance (QA) is on-board. • QA provided an initial project assessment of ten discreet risk areas. Report included recommendations. DSHS has already implemented some of the recommendations and is tracking an Action Plan to cover the others. • MS Project Plan schedule and tasks reviewed, approved, and baselined. Requirements document version 3 has been approved and baselined as well. Changes to either will require change control process. • Prototype workshops with Subject Matter Expert's (SMEs) and program staff review are occurring at this time.
	Finalized Gaps analysis	Complete		
	Finalized task list and timeline	Complete		
	Establish Project Governance	Complete		
	Analyze Legacy Applications Data Quality for potential data migration.	In progress / May 2017		
	Complete Technical Design for all Modules	May 2018		
	Complete training	June 2018		
	Implement new system	July 2018		
Human Resources				

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
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"> • There are no vacancies in OFMHS HQ.
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"> • A new strategy for handling physicians and psychiatrists after they have been referred to WSH by the recruitment team; has been approved and implemented. • Recruitment staff are from Human Resource Division (HRD) technical assistance, are currently stationed on WSH campus. • Services are being expanded in WSH Recruitment Center to maintain staffing levels.
	Pursue contracting			
Competency Evaluation				
Build capacity for out-station sites	Site agreements	N/A	<ul style="list-style-type: none"> • Increased capacity at out-station sites will reduce wait time for evaluation. 	<ul style="list-style-type: none"> • Recruitment for both the Yakima and Thurston counties continued in the month of April. • DSHS is looking for space to operationalize outstations in Thurston County (serving Thurston County), and two outstations located in Mason and Kitsap County (serving the Peninsula region). • On 4/7/17, a second forensic evaluator was located in the Snohomish County Jail, creating the SWISS (Snohomish, Whatcom, Island, Skagit, San Juan) Regional Outstation. • Three current evaluators have agreed to serve as Outstation evaluators in Thurston County and covering various counties in the peninsula area of western Washington.
	Out-station sites operational	Completed		
Coordinate with forensic mental	Present at the Washington Association of	Ongoing	<ul style="list-style-type: none"> • Conversations with select jails close to hospitals or already designated for outstation sites are focused on creating 	<ul style="list-style-type: none"> • Office of Forensic Mental Health Services Director and Liaison Specialist are participating as members of the WINGS Public Guardianship Steering

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
health system partners	Sheriffs and Police Chiefs (WASPC) annual conference		<p>space for evaluations on a regularly scheduled basis and ability to transport to state hospital. Secondarily 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.</p> <ul style="list-style-type: none"> • Presentations at the WASPC conference will provide opportunity to inform 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>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.</p> <ul style="list-style-type: none"> • 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. • OFMHS participated in a Pierce County meeting called by the Governor. Topics discussed were the Governor’s strategic plan for forensic services and diversion. • OFMHS provided a letter of support to Pierce County in their Bureau of Justice Assistance Opioid grant application. • Liaison participated in the 4/13/17 10.77 Forms Committee meeting. • The OFMHS presentation abstract titled: Diversion Services in WA: Perspectives from State, Legal, & Law Enforcement Communities 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.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
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>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 March 2017 with full roll-out in last quarter of 2017. Additional training for forensic evaluators (report writing/requirements) is also scheduled for the third quarter.</p> <p>Memo informing counties about their option to utilize community competency evaluators and their eligibility during the first quarter, was sent to all county commissioner and the Washington Association of Counties on 4/15/17.</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"> • The Triage Workshop took place 4/19/17. Several short term, midterm, and long term action steps were identified. These action steps are currently being memorialized and will be sent to the Court Monitor for review shortly. • Meeting with co-facilitators occurred on 4/10/17 to coordinate workshop functions. • As of 4/30/2017, DSHS has received 78 triage referrals from jail staff/defense and approved 53. Four referrals were admitted to WSH/MLCRP prior to completion of the triage process, three did not have a valid order for restoration at the time of referral, seventeen were rejected, and one was retracted. • On November 2, OFMHS began calling jails when records indicate that there is an in-custody

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>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 April 2017, a total of 767 calls since tracking began. 84 calls in April and 3 have resulted in an expedited admissions referral this month.</p>
Competency Restoration				
<p>WSH; E2 and F3 Wards: add 30 beds</p>	<p>Bed Occupancy</p>	<p>TBD</p>	<p>Serves overall plan to add 90 beds and expand State Hospital bed capacity to meet Court ordered compliance date.</p>	<p>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. Responses were due April 7, 2017. In April, one response was received and reviewed with the Assistant Secretary to discuss potential next steps.</p>
<p>Provide Restoration Treatment at the Maple Lane Competency Restoration Program (MLCRP)</p>	<p>Open Maple Lane facility</p>	<p>Complete</p>	<ul style="list-style-type: none"> Identify alternate facility capacity to meet <i>Trueblood</i> compliance. 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. 	<p>As of April 30, 2017, the census at the Maple Lane Competency Restoration Program is 28. A total of 203 patients have been admitted since the program opened. Of these, 175 patients have been discharged. 97 completed the program and were opined competent. 26 were determined not likely restorable. 26 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 12 have been transferred to the state hospital. Of these 12, 8 patients were transferred due to physical aggression, 1 for sexually inappropriate behavior</p>
	<p>Restore patients to competency</p>	<p>Ongoing</p>		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>and 3 were transferred for medical reasons, and 1 due to a court order stipulating that the patient be treated only at Western State Hospital. 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 were 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 1st restoration and returned. 6 patients were not competent but restorable, however a 2nd 90 or 3rd 180 was not issued prior to the end of the 1st /2nd restoration period. (5 left for jail and later returned, 1 was diverted to WSH.) 43 patients have been referred for early evaluation. 23 patients since admission have been recommended for and received a 2nd 90 order. 3 patients since admission have been recommended for and received a 3rd order 180 order.</p>
<p>Provide Restoration Treatment at the Yakima Competency Restoration Program (YCRP).</p>	<p>Open Yakima facility</p>	<p>Complete</p>	<ul style="list-style-type: none"> • Anticipated duration of one year and possible one year extension. • Identify alternate facility capacity to support timely competency services that will meet the Trueblood compliance deadline of 05/27/16. 	<p>As of April 30th, the census at the Yakima Competency Restoration Program was 19. A total of 117 patients have been admitted since the program opened. Out of this total, 74 completed the program and were determined competent, 18 were determined not likely restorable, 22 were recommended for an additional period of restoration and received an order for an additional 90 days of restoration services, which were provided</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
	Restore patients to competency	Ongoing		<p>at the Yakima program. A total of 14 patients have been transferred to the state hospital. Thirty-eight (38) patients have been recommended for early evaluation.</p> <p>Members of Pierce County defense bar toured the Yakima restoration program on 4/8/17.</p>
Outpatient Competency Restoration Programs	Diversion Programs are Operational	Ongoing	Development and implementation of outpatient competency restoration programs in King, Pierce, and Spokane Counties	<p>Groundswell Consulting submitted their first report which is an updated analysis of competency restoration services in Washington State. The report was shared with Dr. Mauch and the Court.</p> <p>The consultants submitted a draft Implementation Plan on 4/17/17. The final plan is due to OFMHS on 5/3/17.</p> <p>OFMHS reached out to Colorado outpatient restoration expert, Dr. Fox to discuss OCRP funding. OFMHS will be following up with the Washington State Health Care Authority to explore opportunities.</p>
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 has started transporting defendants to the residential treatment facilities. Skagit, Whatcom, and Island Counties are exploring a memorandum of understanding to share transportation costs.
Diversion Alternatives				

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
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.	DSHS continues monthly status calls with each diversion program. This allows the programs to communicate successes, concerns, and issues on an ongoing basis.
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"> • DSHS is participating in an HCA/DOC/DSHS Re-entry Workgroup to discuss service options for individuals transitioning from jail to the community.

FEBRUARY 8, 2016 COURT ORDER STATUS REPORT/UPDATES

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

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:			
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."
2. Eliminate the backlog of class members currently waiting for in-jail evaluations by:			
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 313 jail evaluation orders signed in March, 206.6 were completed within 14 days, which is 66%.
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:			
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 4/30/2017, DSHS has received 78 triage referrals from jail staff/defense and approved 53. Four referrals were admitted to WSH/MLCRP prior to completion of the triage process, three did not have a valid order for restoration at the time of referral, seventeen 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 1 day. 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.
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:			
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 4/30/2017, DSHS has received 78 triage referrals from jail staff/defense and approved 53. Four referrals were admitted to WSH/MLCRP prior to completion of the triage process, three did not have a valid order for restoration at the time of referral, seventeen 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 1 day. 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.
5. Report on the implementation status of the CMS Plan of Correction by:			
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.
6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS’s terms of participation is achieved in March by:			
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 April, the Department was ordered by the Court to submit a bed plan for Plaintiff review by May 12, 2017.
8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds by:			
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 All state agencies, including DSHS, are awaiting the passing of the biennial budget to determine what the legislature has funded for the biennium.

10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system by:			
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 development and project underway.	QA has on-boarded and provided an initial project assessment. Project Plan and Requirements have been reviewed, approved, and baselined by Governance. Prototype workshops with SMEs and program staff reviews are underway.

JULY 7, 2016 CONTEMPT ORDER STATUS UPDATES

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 15th of every month, DSHS is required to submit contempt fines data to the court. These data will be submitted to the court on April 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

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 15th 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 (March “mature” and April “first look”) and submitted as attachments to the report.

Appendix I: Calculation of Contempt Fines

This appendix is 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:				
						Order Received	Discovery	Complete	Incomplete to End of Reporting Period	Comment
WSH	9718	INPATIENT	KING	BED OFFER	3/10/2017	3/10/2017	3/10/2017	.	21	No delay recorded.
WSH	9719	INPATIENT	KITSAP	BED OFFER	3/10/2017	3/10/2017	3/10/2017	.	21	No delay recorded.
WSH	9712	INPATIENT	THURSTON	BED OFFERED	3/9/2017	3/9/2017	3/22/2017	.	22	No delay recorded.
WSH	9713	INPATIENT	KING	BED OFFERED	3/9/2017	3/21/2017	3/21/2017	.	22	No delay recorded.
WSH	9686	JAIL	SNO.	TIC	3/8/2017	3/23/2017	3/23/2017	.	23	Defendant would not cooperate with evaluation for 6 days. & Police reports availability for 15 days.
WSH	9685	INPATIENT	PIERCE	BED OFFER	3/7/2017	3/7/2017	3/7/2017	.	24	No delay recorded.
WSH	9386	JAIL	KING	FAXED	2/27/2017	2/27/2017	2/27/2017	.	32	Attorney scheduling conflicts for 10 days. & Relevant discovery availability for 16 days.
WSH	9269	JAIL	ISLAND	EVAL CLOSE	2/9/2017	2/14/2017	2/14/2017	.	50	No delay recorded
WSH	9537	REST.	JEFFERSON	INCOMPLETE	2/17/2017	2/17/2017	2/17/2017	.	42	No Delay Recorded.
WSH	9456	REST.	JEFFERSON	INCOMPLETE	2/17/2017	2/21/2017	2/21/2017	.	42	Requires amended court order for 1 days.
WSH	9529	REST.	KITSAP	INCOMPLETE	2/16/2017	2/16/2017	2/16/2017	.	43	No Delay Recorded.
WSH	9532	REST.	WHATCOM	INCOMPLETE	2/16/2017	2/16/2017	2/16/2017	.	43	No Delay Recorded.
WSH	9520	REST.	PIERCE	INCOMPLETE	2/15/2017	2/16/2017	2/16/2017	.	44	No Delay Recorded.
WSH	9521	REST.	KING	INCOMPLETE	2/15/2017	2/16/2017	2/16/2017	.	44	No Delay Recorded.
WSH	9522	REST.	KING	INCOMPLETE	2/15/2017	2/16/2017	2/16/2017	.	44	No Delay Recorded.
WSH	9526	REST.	PIERCE	INCOMPLETE	2/15/2017	2/16/2017	2/16/2017	.	44	No Delay Recorded.
WSH	9527	REST.	PIERCE	INCOMPLETE	2/15/2017	2/16/2017	2/16/2017	.	44	No Delay Recorded.
WSH	9518	REST.	PIERCE	INCOMPLETE	2/15/2017	2/16/2017	2/16/2017	.	44	No Delay Recorded.
WSH	9524	REST.	KITSAP	INCOMPLETE	2/15/2017	2/21/2017	2/21/2017	.	44	No Delay Recorded.
WSH	9513	REST.	PIERCE	INCOMPLETE	2/14/2017	2/15/2017	2/15/2017	.	45	No Delay Recorded.
WSH	9503	REST.	CLARK	INCOMPLETE	2/10/2017	2/13/2017	2/13/2017	.	49	No Delay Recorded.
WSH	9496	REST.	KING	INCOMPLETE	2/9/2017	2/9/2017	2/9/2017	.	50	No Delay Recorded.
WSH	9495	REST.	LEWIS	INCOMPLETE	2/9/2017	2/10/2017	2/10/2017	.	50	No Delay Recorded.
WSH	9501	REST.	THURSTON	INCOMPLETE	2/9/2017	2/10/2017	2/10/2017	.	50	No Delay Recorded.
WSH	9502	REST.	PIERCE	INCOMPLETE	2/9/2017	2/16/2017	2/16/2017	.	50	No Delay Recorded.
WSH	9490	REST.	PIERCE	INCOMPLETE	2/8/2017	2/8/2017	2/8/2017	.	51	No Delay Recorded.
WSH	9492	REST.	PIERCE	BED OFFERED	2/8/2017	2/9/2017	2/9/2017	.	51	No Delay Recorded.
WSH	9488	REST.	SNO.	INCOMPLETE	2/7/2017	2/7/2017	2/7/2017	.	52	No Delay Recorded.
WSH	9484	REST.	PIERCE	BED OFFERED	2/7/2017	2/8/2017	2/8/2017	.	52	No Delay Recorded.
WSH	9486	REST.	MASON	INCOMPLETE	2/7/2017	2/10/2017	2/10/2017	.	52	No Delay Recorded.
WSH	9469	REST.	PIERCE	BED OFFER	2/1/2017	2/2/2017	2/2/2017	.	58	No Delay Recorded.
WSH	9223	REST.	PIERCE	INCOMPLETE	1/25/2017	2/13/2017	2/13/2017	.	65	No Delay Recorded.
WSH	9165	REST.	COWLITZ	BED OFFER	1/24/2017	1/24/2017	1/24/2017	.	66	No Delay Recorded.
WSH	9158	REST.	MASON	BED OFFER	1/20/2017	1/23/2017	1/23/2017	.	70	No Delay Recorded.

Color Key: Inpatient=Blue. Jail=Peach. Restoration=Gray.

Appendix K: Good Cause Exceptions

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

Over the past seven months, there have been fifty-one (51) Good Cause exception requests submitted to the court, averaging around 7 cases a month. Forty-eight (48) of the fifty-one (51) cases were related to Attorney delay, and four (4) of those cases were also related to interpreter delay. Three (3) of the fifty-one (51) cases were only related to Interpreter delay. Fourteen (14) of those fifty-one (51) Good Cause exception requests were submitted to the court in the month of April, with all of them related to attorney delays and two (2) of them known to be granted by the court. Please note that ten (10) of the fifty-one (51) cases occurred in previous months but had not been previously reported due to data lag.