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

July 15, 2017

Behavioral Health Administration
Office of Forensic Mental Health Services
PO Box 45050
Olympia, WA 98504-5050
(360) 725-2260
Fax: (360) 407-0304

TABLE OF CONTENTS

Background ..... Page 3

Class Member Status Summary Information ..... Page 4

Class Member Status Data Tables ..... Page 6

Class Member Status Data Graphs ..... Page 12

Table 4: Total Completed Jail Evaluations by Court Order Signed ..... Page 15

Table 5: Number and Percentage of Orders ..... Page 17

Resources Required to Provide Timely Competency Services ..... Page 20

Key Accomplishments- June 2017 ..... Page 20

Trueblood Implementation Steps Taken and Planned— June 2017 ..... Page 22

February 8, 2016 Court Order Status Report/Updates ..... Page 33

July 7, 2016 Contempt Court Order Status Updates ..... Page 37

August 15, 2016 Order Modifying the Permanent Injunction ..... Page 37

Appendices ..... Page 39

A. May 2017 Mature Data Tables and Outliers ..... Page 39
B. Class Member—Evaluation Information for May 2017 ..... Page 39
C. Class Member—Restoration Information for May 2017 ..... Page 39
D. Class Member—Restoration Information for May 2017 Maple Lane ..... Page 39
E. Class Member—Restoration Information for May 2017 Yakima ..... Page 39
F. Outliers and Delay Comments ..... Page 39
G. Percent of Court Orders Received Within 3 Days of Court Order ..... Page 39
H. June 2017 First Look Data Tables ..... Page 39
I. Class Member—Evaluation Information for June 2017 ..... Page 39
J. Class Member—Restoration Information for June 2017 ..... Page 39
K. Class Member—Restoration Information for June 2017 Maple Lane ..... Page 39
L. Class Member—Restoration Information for June 2017 Yakima ..... Page 39
M. Calculation of Contempt Fines ..... Page 39
N. Good Cause Exceptions ..... Page 39

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 July 15, 2017 and covers the events of June 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, 2016, August 15, 2016, and April 26, 2017. Status updates on these orders requiring narrative in this report begin on page 39.

This report provides the class member data for Competency Services displayed in two periods—May 1, 2017 – May 31, 2017 and June 1-June 30. The May data are considered "mature" and the June 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 Mature Data: May 1, 2015 through May 30, 2017 (see appendix A-G)

Note: These data are based on number of days from signature and not the new timeframes as described in the April 26th Court Order.

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

- Average monthly jail-based evaluation orders signed for April 2015-May 2017
  - WSH: 207.7
  - ESH: 46.6
  - Both hospitals: 254.3
- Average monthly inpatient evaluation orders signed for April 2015-May 2017
  - WSH: 17.9
  - ESH: 6.7
  - Both hospitals: 24.6
- Average monthly restoration orders signed for April 2015-May 2017
  - WSH: 77.0
  - ESH: 13.8
  - Both hospitals: 90.9

Summary Points Related to Orders and Timeliness Based on Mature May Data (A-G appendix)

Orders

- The number of jail-based evaluation orders at WSH rose to 259 from 213 last month, which exceeds the 207.7 average. ESH had 69 orders, which exceeds the 46.6 average. Combined, the hospitals received 328 orders, which exceeds the 254.3 average. The Department continues to meet with high referral counties quarterly (King, Pierce, etc.) to help determine root causes for the increase in referrals. DSHS has started meeting with Thurston County on a monthly basis at their request. Spokane County meetings will start in August.
- WSH received 28 in-patient evaluation orders (same as last month) which exceeds the 17.9 average. ESH had 6 orders, which is lower than the 6.7 average. Orders at both sites totaled 34 which is higher than the 24.6 average.
- WSH received 104 restoration orders (79 last month) which exceeds the 77 average. ESH had 19 orders which is higher than the 13.8 average. There were 123 restoration orders across both hospitals (98 last month), which exceeds the 90.9 average. Increases in these orders leads to an increase in the admission waitlist, especially on the western side of the state. DSHS continues to work with counties to understand local issues that are leading to an increase in referrals. To date, no substantive ideas have been shared. DSHS continues to encourage counties to develop strategies to divert defendants with behavioral health issues from entering the criminal justice system.

Wait Times

- Regarding jail-based 14 day evaluation completion times, WSH is at 11.3 days on average from order to completion and ESH is averaging 11.5 days. The combined average is 11.3 days.
- The average inpatient evaluation admission wait times at WSH is 27.6 days. ESH average is at 9.2 days. The combined average is 23.3 days.

- Restoration admission wait times at WSH is 31.8 days on average. The ESH average is 8.1 days. The combined average is 28.5 days.

Timeliness

- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 58% completion rate within 14 days.
- At both hospitals combined, overall timeliness for inpatient evaluation admissions is at 8% completion rate within 7 days.
- At both hospitals combined, overall timeliness for inpatient restoration admissions is at 13% completion rate within 7 days.

Outlier cases (Mature)

Please refer to Appendix F 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 twenty-four (24) 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 62 days. Of those twenty-four (24) cases, sixteen (16) were inpatient evaluation cases, and eight (8) were outpatient (jail) evaluation cases. For the sixteen (16) inpatient evaluation cases, there were 21 to 61 days between court order and the end of the reporting period, averaging about 36 days. All of these inpatient evaluations were from WSH, and there was no reason for delay recorded for these cases, with the exception of one case where the court order was received two months after the court order signature date. For the eight (8) outpatient (jail) evaluation cases, there were 21 to 62 days between court order and the end of the reporting period, averaging about 37 days. Of those eight (8) jail evaluation cases, five (5) were from WSH, and three (3) were from ESH. Two (2) of the three (3) cases from ESH had good cause exception requests submitted, and one (1) of the three (3) cases from ESH was a PR case that was changed to jail-hold, as the client originally released from custody could not be located and did not show up to the scheduled appointment (see the outlier table in Appendix F for more details related to this case). Four (4) of the five (5) cases from WSH were delayed in part due to attorney scheduling conflicts, and the remaining case from WSH had no reason for delay recorded. DSHS is working with IT, evaluators, and the data team to update collection and reporting procedures related to "no reason for delay recorded."

In addition, in the current report, there were twenty-two (22) 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 41 to 79 days, averaging about 55 days. There was no reason for delay recorded for these cases; however, four (4) were received over 20 days after the court order signature date.

CLASS MEMBER STATUS DATA TABLES (See APPENDICES E-I "First Look" June)

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

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to[1]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[1]	Percent completed within 14 days from receipt of order[1,2]	Percent completed within 14 days from receipt of order or within 21 days from order signature date[1,2]
			Average	Median	Average	Median	Average	Median	Average	Median			
Jail-based Evaluation - 7 day compliance	APR. 2015	177	1.3	0.0	1.9	1.0	9.5	6.0	14.6	14.0	14%	Not Applicable	Not Applicable
	MAY. 2015	182	1.3	0.0	1.6	0.0	11.4	9.0	13.0	11.0	16%		
	JUN. 2015	210	1.7	0.0	2.1	1.0	10.9	8.0	17.8	15.0	10%		
	JUL. 2015	228	1.4	0.0	1.8	0.0	12.3	9.0	18.4	17.0	6%		
	AUG. 2015	170	1.9	0.0	2.2	0.0	13.4	11.0	20.7	20.0	7%		
	SEP. 2015	193	1.6	0.0	1.7	0.0	11.7	8.0	17.6	16.0	10%		
	OCT. 2015	189	1.9	0.0	2.0	0.0	16.7	15.0	16.4	15.0	19%		
	NOV. 2015	160	1.8	0.0	1.9	0.0	18.0	13.0	16.0	14.0	28%		
	DEC. 2015	194	1.6	0.0	1.7	0.0	13.7	8.5	15.5	14.0	14%		
	JAN. 2016	179	1.3	0.0	1.2	0.0	15.6	9.0	13.3	12.0	28%		
	FEB. 2016	204	0.6	0.0	0.6	0.0	6.6	5.0	10.0	8.0	45%		
	MAR. 2016	223	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	215	0.7	0.0	0.8	0.0	6.4	5.0	9.6	7.5	50%		
	JUN. 2016	221	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 from order signature date[1]	within 14 days from receipt of order[1,2]	within 14 days from receipt of order or 21 days from order signature date[1,2]
	JUL. 2016	227	0.7	0.0	0.8	0.0	9.4	6.0	12.2	9.0	47%	Not Applicable	Not Applicable
	AUG. 2016	231	0.8	0.0	0.9	0.0	7.6	6.0	13.1	11.0	51%		
	SEP. 2016	257	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	191	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	253	1.1	0.0	1.4	0.0	5.7	3.0	10.7	9.0	62%		
	APR. 2017	213	0.6	0.0	0.8	0.0	8.2	5.0	10.8	9.5	63%		
	MAY. 2017	259	0.3	0.0	0.5	0.0	8.5	8.0	11.3	10.0	57%	58%	58%
	JUN. 2017	**252**	**0.2**	**0.0**	**0.6**	**0.0**	**7.2**	**7.0**	**13.7**	**13.0**	**41%**	**42%**	**42%**

[1]Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and "percent completed" are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month (with the exception of June 2017 which is "first look" data). Therefore, an inherent limitation of this table is that orders not completed within each specified month 1) are not captured in the completion average for that month; and 2) if completed within the compliance deadlines, are not captured in the percent completed in that same month. See table 4 to view compliance deadlines, which more clearly depict the Department's compliance with the court ordered deadlines.

[2]As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 7 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from signature of order. The second is percentage of all orders completed within either of the two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 14 days from order signature date (if the order was received after 7 days from order signature date).

TABLE 1b. Class Member Status Western State Hospital – Inpatient Competency Services[3]The inpatient restoration data for WSH includes those referrals that are admitted to Maple Lane and Yakima.

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to[1]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[1]	Percent completed within 7 days from receipt of order[1,2]	Percent completed within 7 days from receipt of order or within 14 days from order signature date[1,2]
			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%	Not Applicable	Not Applicable
	MAY. 2015	9	2.9	2.0	2.9	2.0	11.4	13.0	18.9	20.0	8%		
	JUN. 2015	9	3.0	1.0	3.0	1.0	14.0	12.0	12.3	15.0	25%		
	JUL. 2015	14	3.5	1.0	3.5	1.0	16.6	9.0	14.8	15.0	20%		
	AUG. 2015	14	4.5	1.0	4.5	1.0	10.0	11.0	25.5	17.0	7%		
	SEP. 2015	14	2.6	1.0	2.6	1.0	15.1	16.0	19.7	20.0	11%		
	OCT. 2015	15	1.5	1.0	1.5	1.0	19.0	19.0	23.6	22.0	0%		
	NOV. 2015	15	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	22	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	20	2.4	0.0	2.4	0.0	16.3	13.0	15.0	11.5	13%		
	MAR. 2017	22	1.6	0.0	2.0	0.0	11.5	15.0	23.6	27.0	6%		
	APR. 2017	28	0.7	0.0	1.0	0.0	13.2	11.0	26.1	27.5	0%		
	MAY. 2017	28	2.1	0.0	2.1	0.0	22.6	20.0	27.6	34.0	7%	7%	7%
	JUN. 2017	**18**	**2.1**	**0.0**	**2.1**	**0.0**	**30.6**	**31.5**	**36.6**	**42.0**	**6%**	**6%**	**6%**
Inpatient Restoration[3]	APR. 2015	60	1.8	1.0	1.8	1.0	37.2	16.0	38.6	44.0	24%	Not Applicable	Not Applicable
	MAY. 2015	59	1.8	1.0	2.1	1.0	35.9	19.0	26.2	15.0	25%		
	JUN. 2015	62	1.7	1.0	2.1	1.0	16.8	8.0	34.2	25.0	7%		
	JUL. 2015	77	1.7	1.0	2.1	1.0	16.1	10.0	20.8	15.0	25%		
	AUG. 2015	61	2.1	1.0	2.1	1.0	22.5	19.0	23.6	33.0	24%		
	SEP. 2015	95	1.7	1.0	2.0	1.0	24.3	15.0	23.0	14.0	26%		
	OCT. 2015	73	1.8	1.0	2.1	1.0	21.2	23.0	32.1	45.0	20%		
	NOV. 2015	55	1.2	1.0	1.4	1.0	31.9	28.0	33.5	47.0	24%		
	DEC. 2015	65	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	104	1.6	0.0	1.7	0.0	14.4	11.0	16.8	14.0	13%		
	OCT. 2016	74	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	108	1.5	0.0	1.5	0.0	23.9	21.0	33.2	20.0	13%		
	APR. 2017	82	1.1	0.0	1.1	0.0	26.7	23.0	34.2	27.0	5%		
	MAY. 2017	103	1.4	0.0	1.4	0.0	27.0	22.0	31.8	26.0	11%	11%	11%
	JUN. 2017	**92**	**2.0**	**0.0**	**2.0**	**0.0**	**29.8**	**23.0**	**28.0**	**23.0**	**11%**	**12%**	**12%**

[3]The inpatient restoration totals include 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[1]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[1]	Percent completed within 14 days from receipt of order[1,2]	Percent completed within 14 days from receipt of order or within 21 days from order signature date[1,2]
			Average	Median	Average	Median	Average	Median	Average	Median			
Jail-based Evaluation - 7 day compliance	APR. 2015	32	4.6	1.0	8.6	5.0	28.1	28.0	61.3	57.0	0%	Not Applicable	Not Applicable
	MAY. 2015	27	4.3	1.0	8.8	6.0	37.0	33.0	56.9	57.0	0%		
	JUN. 2015	30	4.1	1.0	8.3	6.0	38.0	39.0	65.6	64.0	0%		
	JUL. 2015	31	4.2	1.0	8.9	6.0	32.6	30.0	66.5	64.0	0%		
	AUG. 2015	22	2.4	1.0	6.4	5.0	33.4	32.0	57.7	56.0	3%		
	SEP. 2015	48	2.3	1.0	4.9	4.0	29.1	14.0	53.5	55.0	3%		
	OCT. 2015	30	1.9	0.0	4.9	4.0	16.4	10.0	39.5	40.0	3%		
	NOV. 2015	36	1.8	0.0	5.9	5.0	28.3	26.0	47.4	49.0	0%		
	DEC. 2015	42	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 from order signature date[1]	within 14 days from receipt of order[1,2]	within 14 days from receipt of order or 21 days from order signature date[1,2]
	JUL. 2016	47	2.0	0.5	2.2	1.0	11.3	9.0	16.0	14.0	32%	Not Applicable	Not Applicable
	AUG. 2016	70	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	47	0.4	0.0	0.6	0.0	7.6	5.5	10.7	9.0	61%		
	MAY. 2017	69	0.7	0.0	1.1	0.0	11.0	7.0	11.5	11.0	60%	62%	62%
	JUN. 2017	**60**	**1.3**	**0.0**	**1.5**	**0.0**	**8.9**	**5.5**	**13.3**	**9.5**	**52%**	**57%**	**57%**

[1]Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and "percent completed" are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month (with the exception of June 2017 which is "first look" data). Therefore, an inherent limitation of this table is that orders not completed within each specified month 1) are not captured in the completion average for that month; and 2) if completed within the compliance deadlines, are not captured in the percent completed in that same month. See table 4 to view compliance deadlines, which more clearly depict the Department's compliance with the court ordered deadlines.

[2]As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 7 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from signature of order. The second is percentage of all orders completed within either of the two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 14 days from order signature date (if the order was received after 7 days from order signature date).

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

EASTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to[1]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[1]	Percent completed within 7 days from receipt of order[1,2]	Percent completed within 7 days from receipt of order or within 14 days from order signature date[1,2]
			Average	Median	Average	Median	Average	Median	Average	Median			
Inpatient Evaluation	APR. 2015	5	8.9	1.0	13.9	5.0	47.9	43.0	56.3	59.0	0%	Not Applicable	Not Applicable
	MAY. 2015	4	10.1	1.0	14.2	5.0	65.8	61.0	69.5	69.5	0%		
	JUN. 2015	3	7.7	1.0	11.1	5.0	75.2	68.0	89.9	102.0	0%		
	JUL. 2015	5	7.5	1.0	11.4	5.0	50.9	14.0	91.8	81.0	0%		
	AUG. 2015	3	10.2	1.0	19.6	5.0	44.5	31.0	78.2	80.0	0%		
	SEP. 2015	8	6.7	1.0	10.2	4.0	42.6	47.0	32.0	32.0	0%		
	OCT. 2015	7	2.0	1.0	7.9	6.0	28.9	16.0	61.1	70.0	0%		
	NOV. 2015	6	2.8	0.0	9.6	7.0	44.2	46.0	49.0	49.0	0%		
	DEC. 2015	11	2.4	1.0	4.2	2.0	21.1	20.5	83.6	84.0	0%		
	JAN. 2016	4	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. 2017	9	1.3	0.0	1.9	1.0	0.0	0.0	5.8	7.0	42%		
	MAR. 2017	6	2.0	1.0	2.4	1.0	0.0	0.0	4.8	5.0	83%		
	APR. 2017	10	1.1	0.0	1.5	1.0	0.0	0.0	5.2	6.0	82%		
	MAY. 2017	6	0.2	0.0	3.0	1.0	0.0	0.0	9.2	9.0	17%	17%	17%
	JUN. 2017	**9**	**0.3**	**0.0**	**2.3**	**1.0**	**6.3**	**7.0**	**6.5**	**6.5**	**44%**	**44%**	**44%**
Inpatient Restoration	APR. 2015	7	6.8	1.0	8.1	1.0	25.3	22.0	0.0	0.0	100%	Not Applicable	Not Applicable
	MAY. 2015	1	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	11	1.6	0.0	5.7	3.0	26.4	27.0	35.5	35.5	50%		
	SEP. 2015	17	1.5	0.0	4.6	1.0	37.2	35.0	20.4	1.0	57%		
	OCT. 2015	6	3.2	0.0	6.4	4.0	45.6	37.0	87.4	93.0	0%		
	NOV. 2015	10	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	16	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	13	1.5	0.0	1.7	1.0	16.3	11.5	30.4	31.0	0%		
	MAY. 2016	19	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	19	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	23	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	19	2.1	0.0	2.1	0.0	8.6	6.0	6.9	6.5	48%		
	MAY. 2017	20	1.4	0.0	1.8	0.0	5.9	5.5	8.1	7.0	35%	35%	35%
	JUN. 2017	**12**	**2.0**	**0.0**	**2.5**	**0.0**	**9.3**	**3.0**	**8.6**	**8.0**	**35%**	**40%**	**40%**

[3]The inpatient restoration totals include those referrals that are admitted to Maple Lane and Yakima.

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[1]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[1]	Percent completed within 14 days from receipt of order[1,2]	Percent completed within 14 days from receipt of order or within 21 days from order signature date[1,2]
			Average	Median	Average	Median	Average	Median	Average	Median			
Jail-based Evaluation	APR. 2015	209	2.1	0.0	3.5	1.0	17.8	10.0	20.3	14.0	12%	Not Applicable	Not Applicable
	MAY. 2015	209	2.1	0.0	3.2	1.0	22.1	13.0	18.2	12.0	14%		
	JUN. 2015	240	2.3	1.0	3.6	1.0	20.8	13.0	24.1	17.0	9%		
	JUL. 2015	259	2.0	0.0	3.3	1.0	17.9	11.0	26.5	19.0	5%		
	AUG. 2015	192	2.0	0.0	3.0	1.0	19.7	13.0	25.4	21.0	6%		
	SEP. 2015	241	1.8	0.0	2.5	1.0	16.0	9.0	22.9	18.0	9%		
	OCT. 2015	219	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	236	1.6	0.0	2.1	0.0	16.2	10.0	20.4	15.0	11%		
	JAN. 2016	221	1.8	0.0	2.5	0.0	12.2	6.0	19.0	13.0	23%		
	FEB. 2016	243	0.7	0.0	0.8	0.0	7.4	5.0	11.0	8.0	42%		
	MAR. 2016	290	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	266	1.0	0.0	1.1	0.0	8.3	6.0	10.6	9.0	44%		
	JUN. 2016	284	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 from order signature date[1]	within 14 days from receipt of order[1,2]	within 14 days from receipt of order or 21 days from order signature date[1,2]
	JUL. 2016	274	0.9	0.0	1.0	0.0	9.2	6.0	12.9	10.0	44%	Not Applicable	Not Applicable
	AUG. 2016	301	0.8	0.0	0.9	0.0	7.2	6.0	13.4	12.0	49%		
	SEP. 2016	313	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	253	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	260	0.5	0.0	0.7	0.0	8.1	5.0	10.8	9.0	63%		
	MAY. 2017	328	0.4	0.0	0.7	0.0	9.0	7.0	11.3	10.0	58%	59%	59%
	JUN. 2017	**312**	**0.4**	**0.0**	**0.7**	**0.0**	**7.5**	**7.0**	**13.6**	**13.0**	**43%**	**45%**	**45%**

[1]Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and "percent completed" are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month (with the exception of June 2017 which is "first look" data). Therefore, an inherent limitation of this table is that orders not completed within each specified month 1) are not captured in the completion average for that month; and 2) if completed within the compliance deadlines, are not captured in the percent completed in that same month. See table 4 to view compliance deadlines, which more clearly depict the Department's compliance with the court ordered deadlines.

[2]As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 7 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from signature of order. The second is percentage of all orders completed within either of the two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 14 days from order signature date (if the order was received after 7 days from order signature date).

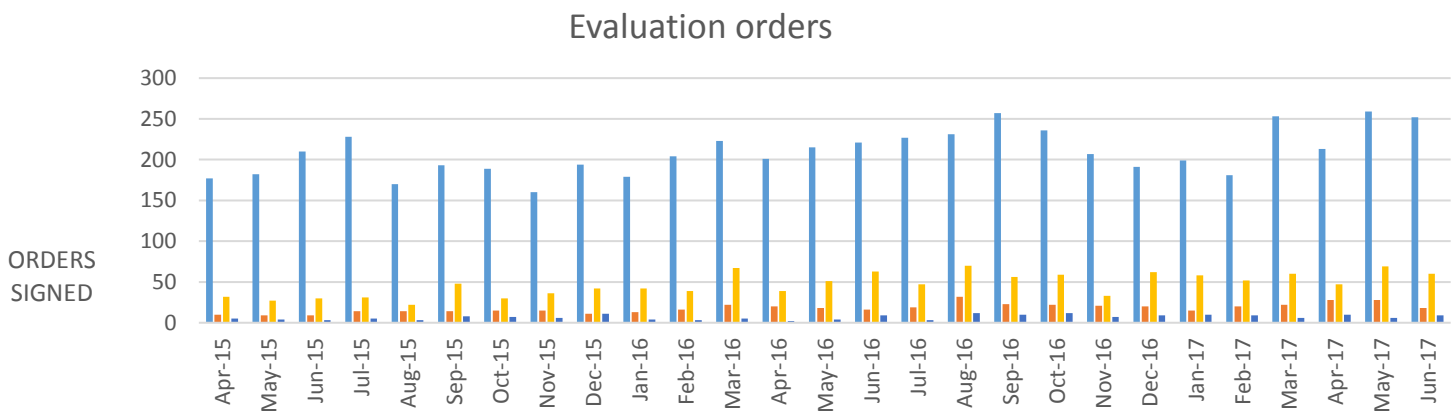
TABLE 3b. Class Member Status at WSH and ESH State Hospital (Totals) – Inpatient Services

TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to[1]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[1]	Percent completed within 7 days from receipt of order[1,2]	Percent completed within 7 days from receipt of order or within 14 days from order signature date[1,2]
			Average	Median	Average	Median	Average	Median	Average	Median			
Inpatient Evaluation	APR. 2015	15	7.8	1.0	11.0	3.0	39.9	33.0	45.1	48.5	9%	Not Applicable	Not Applicable
	MAY. 2015	13	7.3	1.0	9.7	3.0	55.3	47.0	50.9	25.0	5%		
	JUN. 2015	12	5.9	1.0	8.0	3.0	65.0	54.0	44.4	18.0	15%		
	JUL. 2015	19	5.7	1.0	7.8	3.0	49.9	15.0	14.8	15.0	20%		
	AUG. 2015	17	6.9	1.0	8.4	2.0	33.0	17.0	53.9	29.0	5%		
	SEP. 2015	22	4.3	1.0	5.7	1.0	39.4	22.0	20.4	20.0	10%		
	OCT. 2015	22	2.4	1.0	4.3	1.0	27.6	19.0	30.8	24.0	0%		
	NOV. 2015	21	2.0	1.0	3.9	1.0	30.8	18.0	26.4	22.0	5%		
	DEC. 2015	22	3.3	1.0	4.1	1.0	17.8	14.0	47.5	29.0	6%		
	JAN. 2016	17	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	34	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	29	2.0	0.0	2.3	0.0	14.0	12.0	10.8	7.5	31%		
	MAR. 2017	28	1.6	0.0	2.0	0.0	10.8	11.0	19.9	25.0	21%		
	APR. 2017	38	0.7	0.0	1.1	0.0	13.6	11.0	17.6	21.0	17%		
	MAY. 2017	34	1.9	0.0	2.2	0.0	22.6	20.0	24.3	28.0	8%	8%	8%
	JUN. 2017	**27**	**1.8**	**0.0**	**2.1**	**0.0**	**28.5**	**29.0**	**29.4**	**39.0**	**12%**	**12%**	**12%**
Inpatient Restoration[3]	APR. 2015	67	1.5	0.0	2.2	1.0	35.3	16.0	37.6	43.0	26%	Not Applicable	Not Applicable
	MAY. 2015	60	1.5	0.0	1.9	0.0	35.8	20.0	27.8	18.0	24%		
	JUN. 2015	66	1.6	0.0	2.0	1.0	20.6	13.0	34.9	25.0	20%		
	JUL. 2015	88	1.4	0.0	1.9	0.0	16.1	10.0	24.5	20.0	26%		
	AUG. 2015	72	1.9	0.0	2.4	0.0	23.5	20.0	24.0	33.0	25%		
	SEP. 2015	112	1.6	0.0	2.1	0.0	27.6	21.0	22.7	13.0	29%		
	OCT. 2015	79	2.1	1.0	2.9	1.0	26.9	25.0	32.1	45.0	20%		
	NOV. 2015	65	1.5	1.0	2.0	1.0	37.2	34.0	42.1	49.0	21%		
	DEC. 2015	71	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	80	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	78	1.7	0.0	2	0.0	22.9	22.0	35.5	41	10%		
	MAY. 2016	87	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	125	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	117	1.5	1.0	1.5	1.0	20.7	18.0	24.4	10.5	20%		
	MAR. 2017	126	1.4	0.0	1.4	0.0	23.0	19.5	22.6	12.0	18%		
	APR. 2017	101	1.2	0.0	1.2	0.0	25.5	20.0	29.4	21.0	10%		
	MAY. 2017	123	1.5	0.0	1.5	0.0	27.4	22.0	28.7	20.0	13%	14%	14%
	JUN. 2017	**104**	**2.0**	**0.0**	**2.1**	**0.0**	**29.2**	**23.0**	**24.9**	**15.0**	**13%**	**14%**	**14%**

[3]The inpatient restoration totals include those referrals that are admitted to Maple Lane and Yakima.

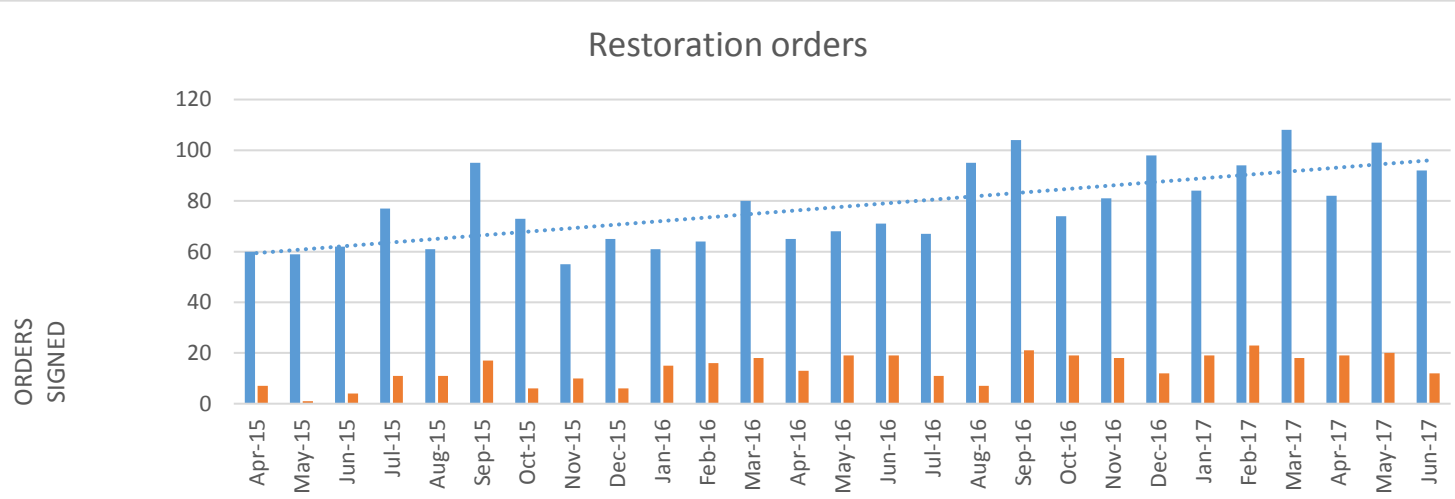
CLASS MEMBER STATUS DATA GRAPHS
NOTE: June data are "first look" and are subject to change.

FIGURE 1. Evaluation Orders



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
WSH-JAIL	177	182	210	228	170	193	189	160	194	179	204	223	201	215	221	227	231	257	236	207	191	199	181	253	213	259	252
WSH-INPATIENT	10	9	9	14	14	14	15	15	11	13	16	22	20	18	16	19	32	23	22	21	20	15	20	22	28	28	18
ESH-JAIL	32	27	30	31	22	48	30	36	42	42	39	67	39	51	63	47	70	56	59	33	62	58	52	60	47	69	60
ESH-INPATIENT	5	4	3	5	3	8	7	6	11	4	3	5	2	4	9	3	12	10	12	7	9	10	9	6	10	6	9

FIGURE 2. Restoration Orders



	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
WSH-RESTORATION	60	59	62	77	61	95	73	55	65	61	64	80	65	68	71	67	95	104	74	81	98	84	94	108	82	103	92
ESH-RESTORATION	7	1	4	11	11	17	6	10	6	15	16	18	13	19	19	11	7	21	19	18	12	19	23	18	19	20	12

FIGURE 3. Evaluations – Median

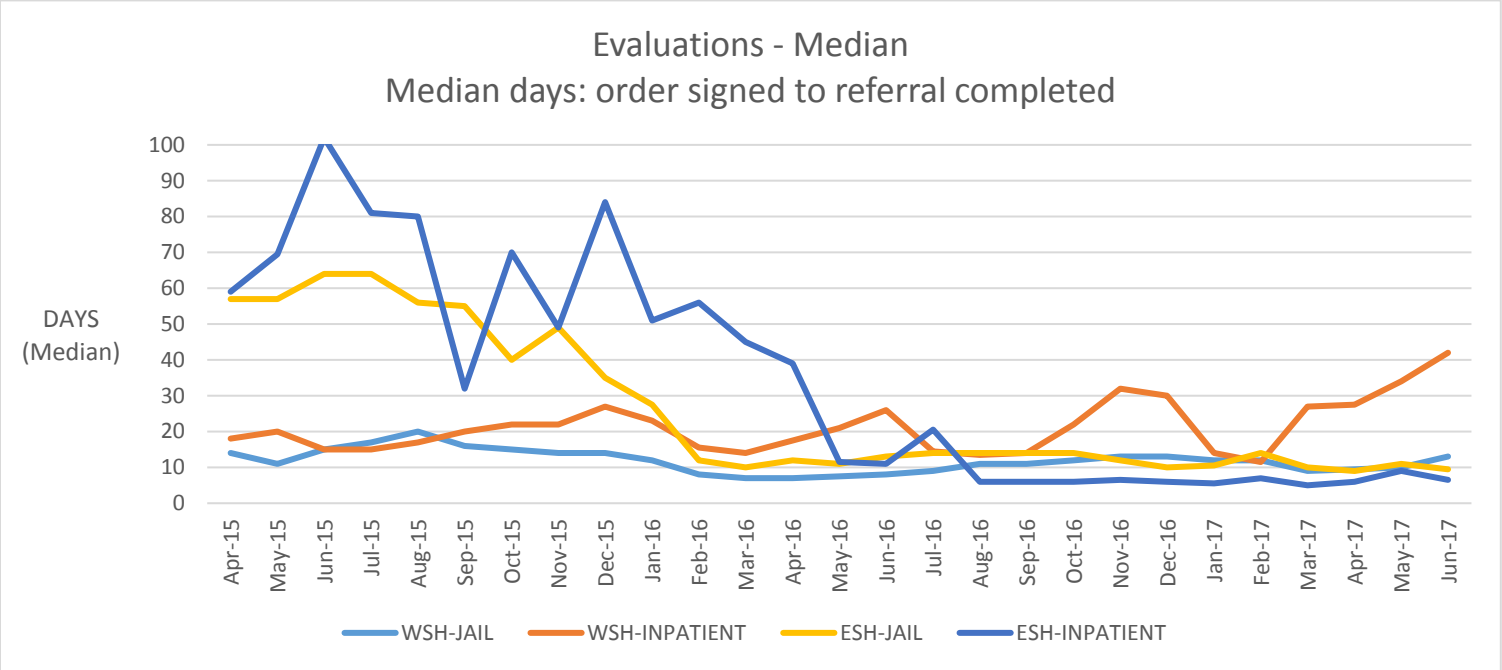


FIGURE 4. Evaluations – Average

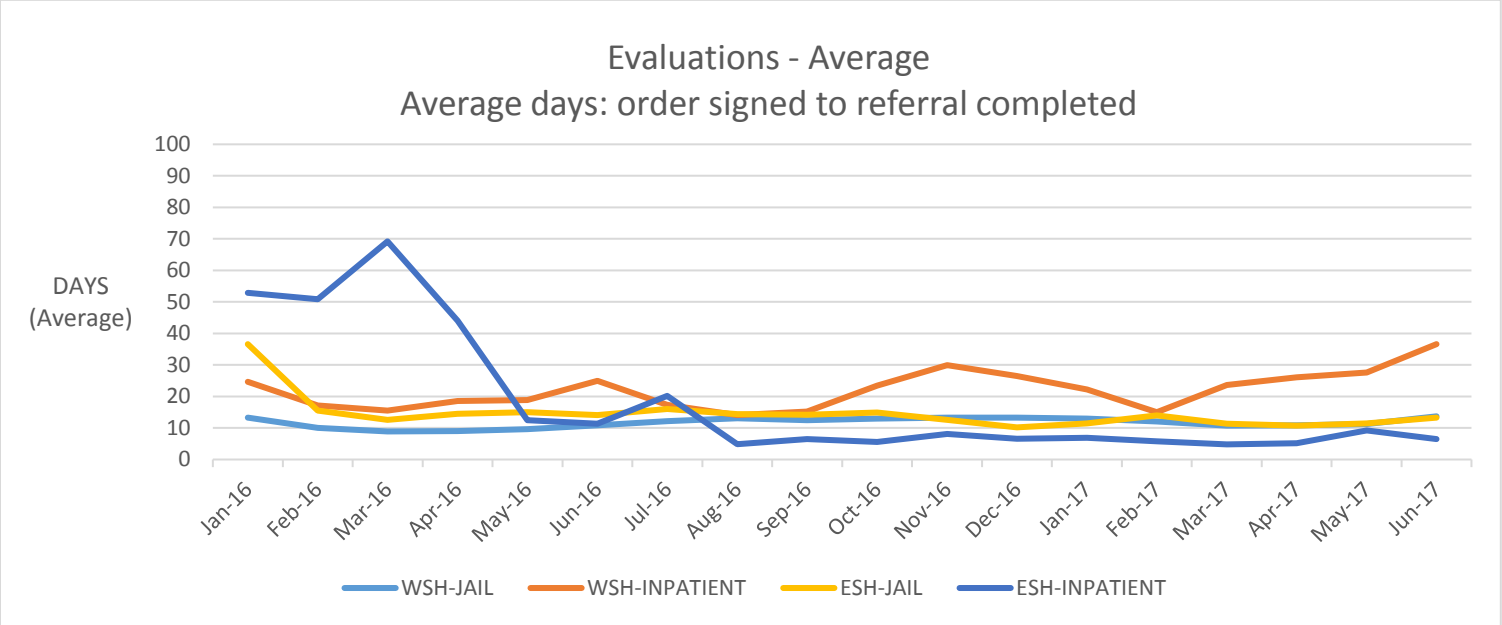


FIGURE 5. Restorations - Median

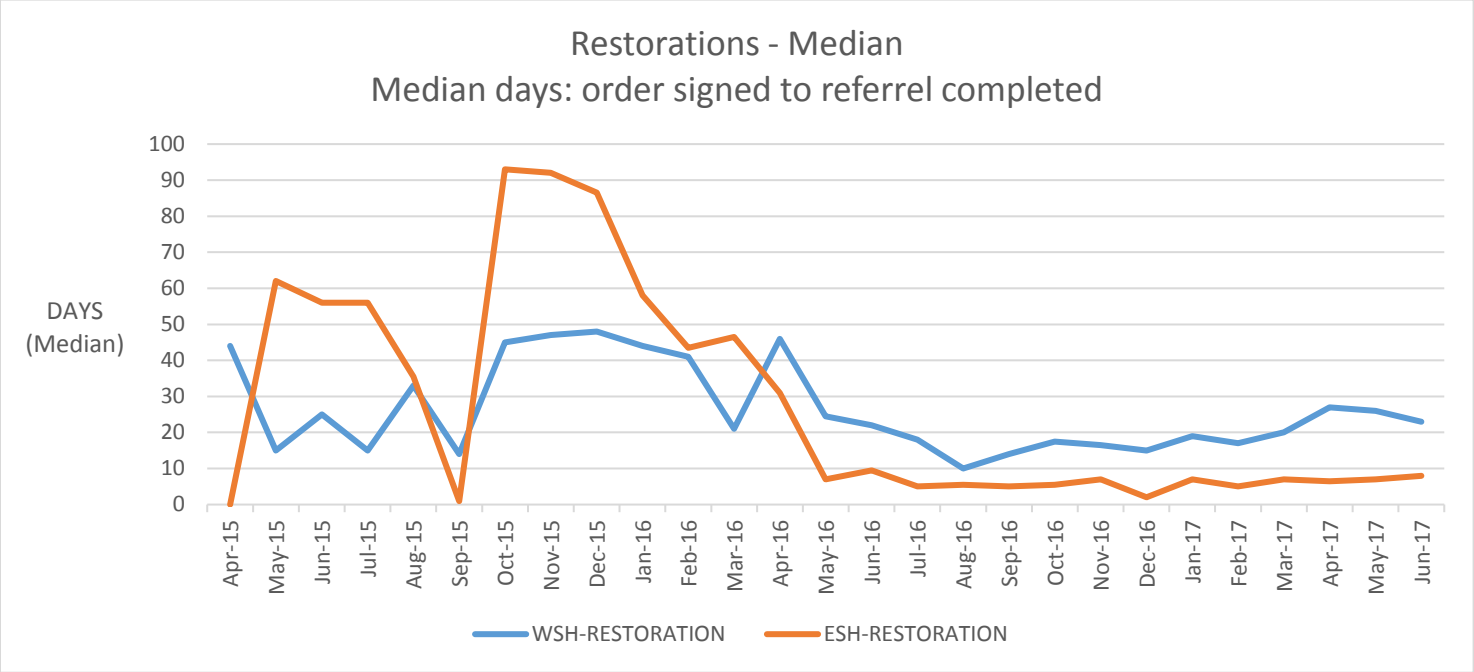


FIGURE 6. Restorations – Average

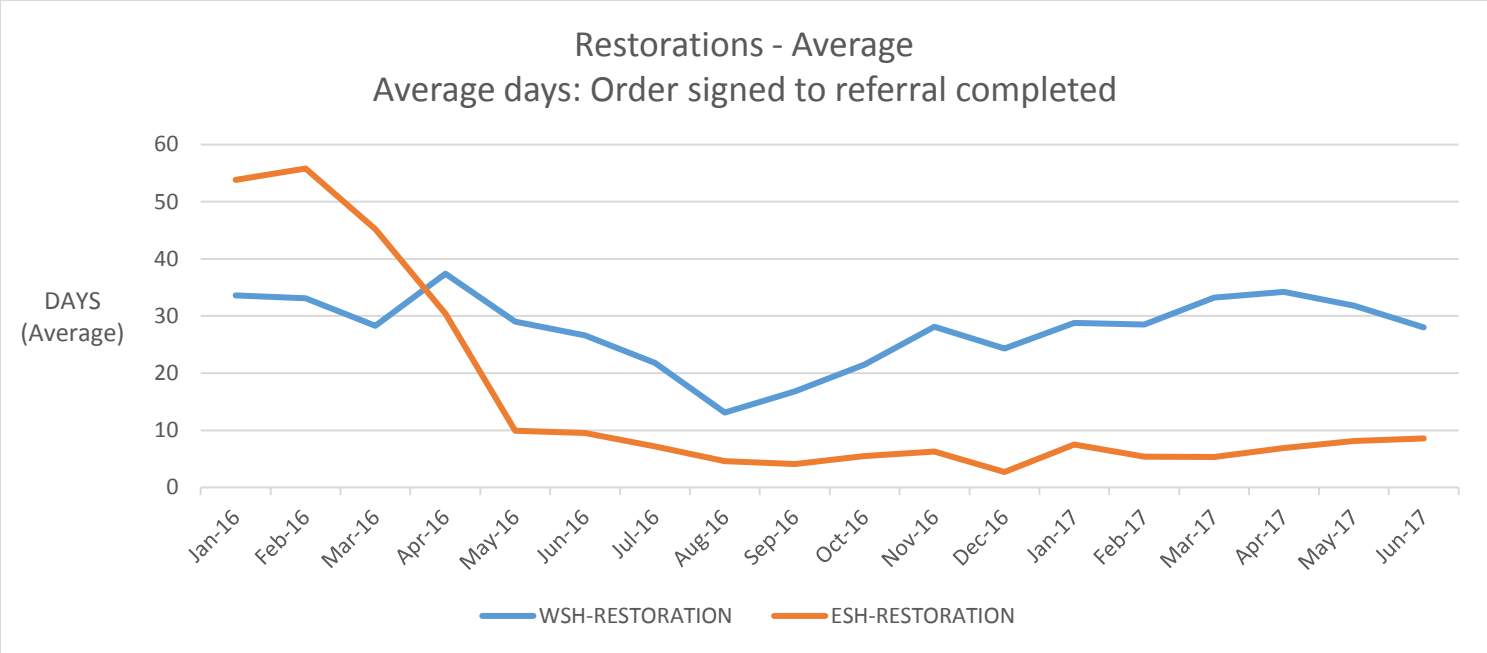


TABLE 4. Summary of jail evaluations, in-patient evaluations, and restorations by month since February 2016. **NOTE: These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month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

TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED			
MONTH	14 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 14 DAYS OR LESS FROM ORDER SIGNATURE DATE
Feb-16	196	243	80.7%
Mar-16	244	290	84.1%
Apr-16	203	240	84.6%
May-16	213	266	80.1%
Jun-16	189	284	66.5%
Jul-16	196	274	71.5%
Aug-16	211	301	70.1%
Sep-16	209	313	66.8%
Oct-16	237	295	80.3%
Nov-16	161	240	67.1%
Dec-16	186	253	73.5%
Jan-17	194	257	75.5%
Feb-17	180	233	77.3%
Mar-17	253	313	80.8%
Apr-17	218	260	83.8%
May-17	225	328	68.6%
Jun-17	**144**	**312**	**46.2%**
TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED			
MONTH	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE
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	34	41.2%
Nov-16	6	28	21.4%
Dec-16	11	29	37.9%
Jan-17	12	25	48.0%
Feb-17	10	29	34.5%
Mar-17	8	28	28.6%
Apr-17	8	38	21.1%
May-17	4	34	11.8%
Jun-17	**7**	**27**	**25.9%**

TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED			
MONTH	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE
Feb-16	7	80	8.8%
Mar-16	20	98	20.4%
Apr-16	12	78	15.4%
May-16	26	87	29.9%
Jun-16	22	90	24.4%
Jul-16	28	78	35.9%
Aug-16	34	102	33.3%
Sep-16	40	125	32.0%
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	39	117	33.3%
Mar-17	40	126	31.7%
Apr-17	21	101	20.8%
May-17	28	123	22.8%
Jun-17	**26**	**104**	**25.0%**

TABLE 5: Number and Percentage of Orders

DSHS compliance data are calculated and summarized in Table 5 based on the modified timeframes for jail evaluations, inpatient evaluations, and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order."

TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER[1]	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER[1]	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE[1]	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE[1]
Feb-16	243	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	290				
Apr-16	240				
May-16	266				
Jun-16	284				
Jul-16	274				
Aug-16	301				
Sep-16	313				
Oct-16	295				
Nov-16	240				
Dec-16	253				
Jan-17	257				
Feb-17	233				
Mar-17	313				
Apr-17	259				
May-17	328	232	70.7%	232	70.7%
Jun-17	**312**	**146**	**46.8%**	**146**	**46.8%**

TABLE 5 CONTD.

TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER[1]	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER[1]	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE[1]	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE[1]
Feb-16	19	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	27				
Apr-16	22				
May-16	22				
Jun-16	25				
Jul-16	22				
Aug-16	44				
Sep-16	33				
Oct-16	34				
Nov-16	28				
Dec-16	29				
Jan-17	25				
Feb-17	29				
Mar-17	28				
Apr-17	38				
May-17	34	4	11.8%	4	11.8%
Jun-17	**27**	**7**	**25.9%**	**7**	**25.9%**

TABLE 5 CONTD.

TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER[1]	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER[1]	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE[1]	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE[1]
Feb-16	80	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	98				
Apr-16	78				
May-16	87				
Jun-16	90				
Jul-16	78				
Aug-16	102				
Sep-16	125				
Oct-16	93				
Nov-16	99				
Dec-16	110				
Jan-17	103				
Feb-17	117				
Mar-17	126				
Apr-17	101				
May-17	123	29	23.6%	29	23.6%
Jun-17	**104**	**28**	**26.9%**	**28**	**26.9%**

[1]Data Note: As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is number and percentage of orders completed within 7 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from signature of order. The second is number and percentage of all orders completed within either of the two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 14 days from order signature date (if the order was received after 7 days from order signature date).

RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

Need Projections and Bed Capacity
DSHS is reviewing the 2017-2019 biennial operating budget which was passed on June 30, 2017. The capital budget has not yet passed. Washington will continue to make every effort to provide competency services within the seven-day and fourteen-day standards as soon as possible.

Compliance projections were initially based on the estimates and data included in previous monthly reports, the Long Term Plan (July 2015), and the revised Long Term Plan (May 2016). An updated model was developed to project when DSHS would be in compliance for inpatient competency services. Preliminary results were subsequently submitted to Dr. Danna Mauch on July 29, 2016. The results were updated with refined models in September 2016 (finalized in November 2016) using the most recent 12-month data available at that time. The updated results and their interpretations were included in the December 2016 report. DSHS continues to work on developing projection models based on more recent data.

TRUEBLOOD KEY ACCOMPLISHMENTS – JUNE 2017

RECRUITMENT

- The Systems Improvement Agreement (SIA) recruitment project has approximately 90% of all known positions filled. Recruitment efforts continue for selected positions primarily in the direct care arena (Registered Nurse (RN), Licensed Practical Nurse (LPN), Psychiatric Security Nurse (PSN), Psychiatric Security Attendant (PSA) and Mental Health Technician (MHT)).
- The Talent Acquisition staff at the WSH Hiring Center are now entering their sixth month on site. Half the team will now be in charge of staffing duties at WSH. Recruiters assigned to the team will be taking on additional medical recruiting duties statewide.
- Recruitment efforts continue for forensic evaluators and supervisors. Three vacancies remain.
- Recruitment continues at Maple Lane for Residential Rehabilitation Counselor and Security Guard positions vacated by natural attrition. Job announcements have been updated to reflect extension of program into 2018 which should increase applicant interest.
- OFMHS interviewed additional forensic evaluator applicants in June.

RESIDENTIAL TREATMENT FACILITIES

- As of June 30, 2017, the census at the Yakima Competency Restoration Program was 18. A total of 145 patients have been admitted since the program opened. Out of this total, 85 completed the program and were determined competent, 19 were determined not likely restorable, 30 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 16 patients have been transferred to the state hospital one of which was transported to jail before going to WSH. Forty-two (46) patients have been recommended for early evaluation.
- As of June 30, 2017, the census at the Maple Lane Competency Restoration Program is 24. A total of 238 patients have been admitted since the program opened. Of these, 214 patients have been discharged. 123 completed the program and were opined competent. 33 were determined not likely restorable. 29 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 13 have been transferred to the state

hospital. Of these 13, 9 patients were transferred due to physical aggression, 1 for sexually inappropriate behavior, 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. 1 patient eloped from the facility. 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. 7 patients were found 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 Facility Based Competency Restoration Services in Licensed Evaluation and Treatment Facilities was released February 24, after review by the Court Monitor. Responses were due April 7, 2017. In April, one response was received and reviewed with the Assistant Secretary to discuss potential next steps. A letter was sent to the one applicant in June indicating the Department may reach out in the future for additional questions and ideas once the new budget is completed and released.
- Due to a low response rate to the February 10, 2017 Request for Information (RFI), “soliciting information from possible interested entities to conduct Competency to Stand Trial evaluations,” a second RFI was completed with input from the Court Monitor and posted on June 2, 2017. During the month of June, one response was received; applicants have a final submission date of July 31, 2017.

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—JUNE 2017

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Court Appointed Monitor Coordination				
Monthly Reports	Release 5/31 report	Complete	• Maintain compliance with the Court. • Use data to review and improve the provision of forensic services.	• Released June report to Stakeholders
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.	Passed legislature. Expires on July 1, 2019 per Section 14. Complete.	• 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'	The Select Committee for Quality Improvement in State Hospitals last met on December 20, 2016, and will begin meeting again after legislative session, tentatively late July. Preliminary findings of the committee thus far were posted in January 2017. Complete meeting materials are available at: http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
			report is due to the Governor and Legislature by Oct. 1, 2016. • 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.	
Consult with DOH about draft legislation requiring DOH certification of forensic evaluators to determine the need for a sunrise review	Consult DOH	Ongoing	• 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.	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 for consideration in 2018 if feasible.

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	• 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.	All union contract negotiations were completed and the contracts were ratified by their perspective members prior to midnight on October 1st. Negotiations are currently awaiting legislative approval and funding. Negotiations for the 2017-2019 biennia will begin in January 2018.
Data Collection and Fiscal Modeling				
Monthly report data collection	Identify and obtain needed data	Ongoing	• 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	• Ensure completeness and accuracy of wait list data.	Data validation process is ongoing.
Forensic Data System Design/ Development	Build data models-Entity Relationship Diagram (ERD)	Complete	• 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	• Analysis of data migration from existing system was delayed. This is now due 7/17 and will be reported to Governance in August. • Project team has completed module 3 master layout/architecture. • Project team is now working on Security/role based access, notifications, and the Person module.
	Finalized Gaps analysis	Complete		
	Finalized task list and timeline	Complete		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
	Establish Project Governance	Complete	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.	
	Analyze Legacy Applications Data Quality for potential data migration	In progress		
	Complete Technical Design for all Modules	May 2018		
	Complete training	June 2018		
	Implement new system	July 2018		
Human Resources				
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.	The Compliance Reporting Specialist position posted on June 5th and closed on June 18th. Fifteen applicants were reviewed and seven were selected for interview. Interviews are scheduled through July 21, 2017. Ingrid Lewis submitted her letter of resignation effective July 14, 2017. A request to fill this position was signed and submitted to human resources on June 27, 2017. An interview for a forensic evaluator supervisor is being scheduled for July.
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.	• The Systems Improvement Agreement (SIA) recruitment project has approximately 90% of all known positions filled. Recruitment efforts continue for selected positions primarily in the direct care arena (RN, LPN, PSN, PSA and MHT).
	Pursue contracting			

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				• The Talent Acquisition staff at the WSH Hiring Center are now entering their sixth month on site. Half the team will now be in charge of staffing duties at WSH. Recruiters assigned to the team will be taking on additional medical recruiting duties statewide. • Recruitment efforts continue for forensic evaluators and supervisors. Three vacancies remain. • Recruitment continues at Maple Lane for Residential Rehabilitation Counselor and Security Guard positions vacated by natural attrition. Job announcements have been updated to reflect extension of program into 2018 which should increase applicant interest.
Competency Evaluation				
Build capacity for out-station sites	Site agreements	N/A	• Increased capacity at out-station sites will reduce wait time for evaluation.	• Recruitment for Yakima and Thurston counties was complete in June. An offer was made and accepted for the Thurston position with a July 2017 start date. An offer was made and accepted for the Yakima position with a mid-August start date. The NRO position in Seattle was accepted in June with a start date of early September. • DSHS continues researching and exploring space to operationalize outstations in Thurston County (serving Thurston County), and two outstations located in Mason and Kitsap County (serving the Peninsula region). • DSHS evaluated outstation requirements and space in Kitsap County on June 5, 2017. The new outstation will open in August 2017.
	Out-station sites operational	Completed		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Coordinate with forensic mental health system partners	Present at the Washington Association of Sheriffs and Police Chiefs (WASPC) annual conference	Ongoing	• 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. 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. • 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.	• 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. • 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 met with jail staff at the Kitsap County Jail on June 5th. Space was secured for a Kitsap County outstation. • OFMHS met with Thurston County stakeholders on June 9th to discuss strategies on how all partners could provide timely services to individuals who are awaiting or have received competency services. • OFMHS met with Pierce County stakeholders on June 13th at their request to discuss the recent rise in referrals in the county. Stakeholders wanted to keep the Office informed of insights gained since transport to alternate sites began.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				• OFMHS participated on the June 13th Department of Health workgroup on Behavioral Health and the Criminal Justice System. The workgroup was created to ensure that managed care organizations will engage in both diversion and transition; that the outcomes will be measured and reported and that there is a process in place to address any problems. • OFMHS presented at the DMHP Conference in Vancouver, WA on June 14th to discuss the RFP and Triage. • The OFMHS presented at the 2017 Washington Behavioral Healthcare Conference on June 15th. The presentation was a collaboration between OFMHS, a King County prosecutor, and a jail mental health consultant. • OFMHS attended the June 22nd Behavioral Health Organization meeting. • OFMHS attended the June 29th HCA Full Re-entry meeting.
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.	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 full roll-out is expected the last quarter of 2017. Additional training for forensic evaluators (report writing/requirements) is also scheduled for the third quarter.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
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).	• As of June 30th, DSHS has received 100 triage referrals from jail staff/defense and approved 67. Five 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, twenty-four were rejected, and one was retracted. • On November 2, OFMHS began calling jails holding in-custody defendants waiting 14 days for a competency evaluation to notify jail staff of the Triage Consultation and Expedited Admissions (TCEA) process. In June 2017, a total of 117 calls were made and 5 resulted in referral requests. Since tracking began, 920 calls have been made.
Competency Restoration				
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 CMS requirements, DSHS's 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 7th. In April, one response was received and reviewed with the Assistant Secretary to discuss potential next steps. The decision in May was to inform the one applicant that the Department will follow-up with possible options based on bed plan needs and funding availability and a letter was sent in June to the interested applicant.
Provide Restoration	Open Maple Lane facility	Complete	• Identify alternate facility capacity to meet *Trueblood* compliance.	As of June 30, 2017, the census at the Maple Lane Competency Restoration Program is 24. A total of

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Treatment at the Maple Lane Competency Restoration Program (MLCRP)			• 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.	238 patients have been admitted since the program opened. Of these, 214 patients have been discharged. 123 completed the program and were opined competent. 33 were determined not likely restorable. 29 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 13 have been transferred to the state hospital. Of these 13, 9 patients were transferred due to physical aggression, 1 for sexually inappropriate behavior, 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. 1 patient eloped from the facility. 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. 7 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.
	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 (YCRP).	Open Yakima facility	Complete	• 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.	As of June 30, 2017, the census at the Yakima Competency Restoration Program was 18. A total of 145 patients have been admitted since the program opened. Out of this total, 85 completed the program and were determined competent, 19 were determined not likely restorable, 30 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 16 patients have been transferred to the state hospital one of which was transported to jail before going to WSH. Forty-two (46) patients have been recommended for early evaluation. On June 8th, OFMHS provided at tour of the program to members of the Pierce defense bar.
	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	• Groundswell consulting submitted their next draft of the Outpatient Competency Restoration implementation plan on June 8th. They will continue to revise the document as discussions evolve with county stakeholders and DSHS. • The next call with Groundswell is scheduled for late July/early August.
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.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Diversion Alternatives				
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. • Diversion contracts for the 2018 fiscal year were sent to King, Spokane and Greater Columbia programs for review and signature.
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.	• 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 312 jail evaluation orders signed in June, 144 were completed within 14 days, which is 46.2%. This number is expected to rise once the data are mature.
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 June 30th, DSHS has received 100 triage referrals from jail staff/defense and approved 67. Five 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, twenty-four were rejected, and one was retracted. On average, it takes 6 days for an individual to be expedited through the triage system (from receipt of all required information to admission to a bed). 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.
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 June 30th, DSHS has received 100 triage referrals from jail staff/defense and approved 67. Five 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, twenty-four were rejected, and one was retracted.
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. CMS conducted a site visit during the month of May 2017 and results of that survey are expected to be received by the Department in July 2017.
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. As a result of a court order in April, the Department worked with Plaintiff's and the court monitor in developing a bed capacity/expansion plan. A final bed capacity/expansion plan was submitted to the court on June 2, 2017. After the June 2, 2017 status hearing, the court monitor procured the services of an architecture firm to review proposed space remodeling at WSH. This site visit was conducted on June 23, 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.

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.	Project team has completed module 3 master layout/architecture.-Project team is now working on Security/role based access, notifications, and the Person module.

JULY 7, 2016 CONTEMPT ORDER STATUS UPDATES

The three status updates required in the July 7, 2016 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 M.
2. Diversion plans – DSHS is ordered to develop, in consultation with the Court Monitor, plans for the expenditure of the contempt fines.
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 INJUCTION 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 N in the final report. The IT system has been modified to include fields for data on the use of the good cause data exception and is currently going through testing. A work group (Forensic Advisory Committee) will review the good cause procedure and improve implementation and interim data collection across both hospitals. Their first meeting is scheduled for July.

APPENDICES

Appendices A – G:
This file is submitted with the draft report and includes mature data tables for May 2017, outliers and order received data.

Appendices H – L:
This file is submitted with the draft report and includes first look data tables for June 2017.

Appendix M: Calculation of Contempt Fines
This files is submitted with the final report.

Appendix N: Good Cause Exceptions
This file is submitted with the final report. Over the past nine months, DSHS submitted eighty-two (82) Good Cause exception requests to the court, averaging around nine (9) cases a month. Seventy-four (74) of the eighty-two (82) cases were related to attorney delays, and six (6) of those cases were also related to interpreter delays. Eight (8) of the eighty-two (82) cases were related only to interpreter delays. In the month of June, DSHS submitted eight (8) Good Cause exception requests to the court: four (4) related only to attorney delays and four (4) related only to interpreter delays. It is unknown whether any of the exception requests were granted by the court. Please note that one (1) of the eighty-two (82) cases occurred in May but had not been previously reported due to data lag.