

***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

September 29, 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 September 15, 2017 and covers the events of August 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 38.

This report provides the class member data for Competency Services displayed in two periods—July 1, 2017 – July 31, 2017 and August 1-August 30. The July data are considered “mature” and the August 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: April 1, 2015 through July 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-July 2017
 - WSH: 210.5
 - ESH: 47.6
 - Both hospitals: 258.1
- Average monthly inpatient evaluation orders signed for April 2015-July 2017
 - WSH: 17.9
 - ESH: 6.9
 - Both hospitals: 24.8
- Average monthly restoration orders signed for April 2015-July 2017
 - WSH: 78.7
 - ESH: 13.8
 - Both hospitals: 92.5

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

Orders

- The number of jail-based evaluation orders at WSH fell to 219 from 274 last month, which remains above the 210.1 average. ESH had 53 orders, which remains higher than the 47.6 average. Combined, the hospitals received 272 orders, which remains higher than the 258.1 average. The Department continues to meet with high referral counties (King, Pierce, Thurston) to help determine root causes for the increase in referrals. The first meetings were held with Lewis and Spokane Counties on August 7th and 9th respectively, and will continue on a quarterly basis moving forward. In Lewis County, the team is working on establishing consistent quarterly meetings and have reinstated a process for conducting jail-based evaluations to streamline the process for the jail, the court, the attorneys, and the evaluator. In Spokane County, partners wanted to focus on civil-flip process/issues for their first meeting, so the jails, courts, etc. were not in attendance to discuss increase in referrals. Future meetings will be expanded to include broader forensic topics and will include forensic partners.
- WSH received 16 in-patient evaluation orders which is near the 17.9 average. ESH had 7 orders, which near the 6.9 average. Orders at both sites totaled 23 which is near the 24.8 average.
- WSH received 103 restoration orders which remains higher than the 78.7 average. ESH had 13 orders which is on par with the 13.8 average. There were 116 restoration orders across both hospitals which is higher than the 92.5 average. DSHS continues to work with counties to understand local issues that are leading to increases in referrals and 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 13.9 days on average from order to completion and ESH is averaging 13.1 days. The combined average is 13.7 days.

- The average inpatient evaluation admission wait times at WSH is 42.6 days. ESH average is at 11.2 days. The combined average is 34.1 days.
- Restoration admission wait times at WSH is 35.1 days on average. The ESH average is 10.3 days. The combined average is 32.4 days.

Timeliness

- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 50% completion rate within 14 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient evaluation admissions is at 14% completion rate within 7 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient restoration admissions is at 12% completion rate within 7 days.

Outlier cases (Mature)

In the current report, there were twenty-three (23) 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 94 days. Of those twenty-three (23) cases, thirteen (13) were inpatient evaluation cases, and ten (10) were outpatient (jail) evaluation cases. For the thirteen (13) inpatient evaluation cases, there were 21 to 94 days between court order and the end of the reporting period. Upon further examination, the case which had 94 days between court order and the end of the reporting period was actually completed in jail on 6/28/2017 before admission to the state hospital occurred. For two (2) of the thirteen (13) inpatient evaluation cases, one case was dismissed and the other received a retraction of the order. For the remaining ten (10) cases, there was no reason for delay recorded for these cases, as information on delays is entered upon order completion. For the ten (10) outpatient (jail) evaluation cases, there were 21 to 59 days between court order and the end of the reporting period. Of those ten (10) jail evaluation cases, six (6) cases were delayed in part due to attorney scheduling conflicts, and two (2) were delayed in part due to a change from PR to jail-hold status. One (1) was delayed in part due to late receipt of the order (i.e., 29 days from court order signature), and one (1) case did not have a reason for the delay.

In addition, in the current report, there were twenty-four (24) 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 80 days. Two (2) of the twenty-four (24) cases were dismissed. There was no reason for delay recorded for the remaining twenty-two (22) cases, as information on delays is entered upon order completion, and these cases were waiting for an available bed.

DSHS continues to work toward changing data collection policy and procedure related to “no reason for delay” so that any reason for delay is illuminated. To begin tracking delays, DSHS now captures the following discrete data elements: date court order signed, date order received, date assigned to evaluator, date interview completed, and date report submitted. DSHS is working to eliminate the “no delay recorded” as an option for evaluators to select upon completion of each report. Evaluator supervisors are working with evaluators to develop a list of “known delays.” These known delays will be finalized across sites and funneled into a drop down menu of options. Evaluators will be given a data dictionary and will be trained on when to enter what delay. In eliminating the “no delay recorded” option, evaluators will no longer be able to select this option as a default when submitting a report

(which is equivalent to an empty reporting cell). Moving forward, we will be able to best capture reasons for delay outside of those we already capture related to good cause.

CLASS MEMBER STATUS DATA TABLES (See APPENDICES E-I “First Look” August)

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

WESTERN STATE HOSPITAL	Court Orders Signed	Days from order signature ¹ :								Percent complete within 7 days from order signature date ²	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}			
		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	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 ²	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	274	0.2	0.0	0.6	0.0	6.3	4.0	13.7	13.0	40%			40%	40%
	JUL. 2017	220	0.3	0.0	0.5	0.0	8.9	7.0	13.8	14.0	48%			49%	49%
AUG. 2017	258	0.5	0.0	0.8	0.0	6.0	6.0	12.6	11.0	56%	57%			58%	

¹Number 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 August 2017 which is "first look" data).

²As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for in-jail competency evaluations outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete in-jail competency evaluations within the shorter of either a) 14 days from receipt of order or b) 21 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 14 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 order signature date. The second is percentage of all orders completed within either of the two compliance deadlines: 14 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 21 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

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to ¹ :								Percent complete within 7 days from order signature date ²	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}
			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%	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	23	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%		
JUN. 2017	19	2.1	0.0	2.1	0.0	30.1	31.0	36.6	42.0	6%			
JUL. 2017	16	0.9	0.0	0.9	0.0	32.9	30.0	42.4	48.0	10%			
AUG. 2017	29	0.8	0.0	0.8	0.0	16.0	10.0	43.1	51.5	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	80	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%		
JUN. 2017	98	1.9	0.0	1.9	0.0	27.9	22.0	27.8	21.0	11%			
JUL. 2017	103	1.5	0.0	1.5	0.0	24.2	18.0	35.3	19.0	9%			
AUG. 2017	109	1.5	0.0	1.5	0.0	27.7	27.0	28.3	15.0	14%	15%	15%	

³The 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 :								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}	
		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	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	48	0.4	0.0	0.6	0.0	7.6	5.5	10.7	9.0	61%		
	MAY. 2017	68	0.7	0.0	1.1	0.0	11.0	7.0	11.5	11.0	60%		
	JUN. 2017	68	1.6	0.0	1.6	0.0	7.6	4.0	12.7	10.0	49%		
	JUL. 2017	53	2.0	0.0	2.3	0.0	11.8	6.0	13.1	12.0	56%		
AUG. 2017	69	0.7	0.0	0.9	0.0	4.3	2.0	12.6	9.0	56%			

¹Number 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 August 2017 which is "first look" data).

²As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for in-jail competency evaluations outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete in-jail competency evaluations within the shorter of either a) 14 days from receipt of order or b) 21 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 14 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 order signature date. The second is percentage of all orders completed within either of the two compliance deadlines: 14 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 21 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 :								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}		
			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	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	11	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%					
JUN. 2017	10	0.3	0.0	2.3	1.0	7.3	7.5	6.5	6.5	40%					
JUL. 2017	7	3.3	0.0	4.6	2.5	5.0	5.0	11.2	10.0	27%					
AUG. 2017	8	0.4	0.0	0.5	0.0	12.0	12.0	6.9	7.0	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	18	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%				
	JUN. 2017	14	2.0	0.0	2.4	0.0	7.5	2.5	8.6	8.0	33%				
	JUL. 2017	13	2.2	1.0	2.2	1.0	15.8	10.0	10.3	8.5	28%				
	AUG. 2017	21	0.6	0.0	1.7	0.0	5.3	2.0	11.6	9.0	30%			30%	30%

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 :								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}
			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	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%			
			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}
Jail-based Evaluation - 14 day compliance	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	261	0.5	0.0	0.7	0.0	8.1	5.0	10.8	9.0	63%		
	MAY. 2017	327	0.4	0.0	0.7	0.0	9.0	7.0	11.3	10.0	58%		
JUN. 2017	342	0.5	0.0	0.8	0.0	6.5	4.0	13.5	13.0	41%	59%	59%	
JUL. 2017	273	0.7	0.0	0.9	0.0	9.7	7.0	13.2	13.0	49%	51%	51%	
AUG. 2017	327	0.6	0.0	0.8	0.0	7.9	6.0	14.0	11.0	56%	57%	58%	

¹Number 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 August 2017 which is "first look" data).

²As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for in-jail competency evaluations outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete in-jail competency evaluations within the shorter of either a) 14 days from receipt of order or b) 21 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 14 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 order signature date. The second is percentage of all orders completed within either of the two compliance deadlines: 14 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 21 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-B267-0298		Court Orders Signed	Days from order signature to ¹ :								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}
			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	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	31	2.0	0.0	2.3	0.0	14.0	12.0	10.8	7.5	31%			
MAR. 2017	29	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%			
JUN. 2017	29	1.9	0.0	2.2	0.0	27.6	28.5	29.4	39.0	11%			
JUL. 2017	23	1.3	0.0	1.5	0.0	31.7	28.0	33.7	45.0	14%			
AUG. 2017	37	0.7	0.0	0.7	0.0	15.8	10.0	32.0	43.0	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	98	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%			
JUN. 2017	112	1.9	0.0	1.9	0.0	27.1	21.5	24.7	15.0	13%			
JUL. 2017	116	1.5	0.0	1.5	0.0	24.2	18.0	32.5	18.0	11%			
AUG. 2017	130	1.4	0.0	1.5	0.0	26.0	22.0	25.8	14.5	16%	17%	17%	

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

CLASS MEMBER STATUS DATA GRAPHS

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

FIGURE 1. Evaluation Orders

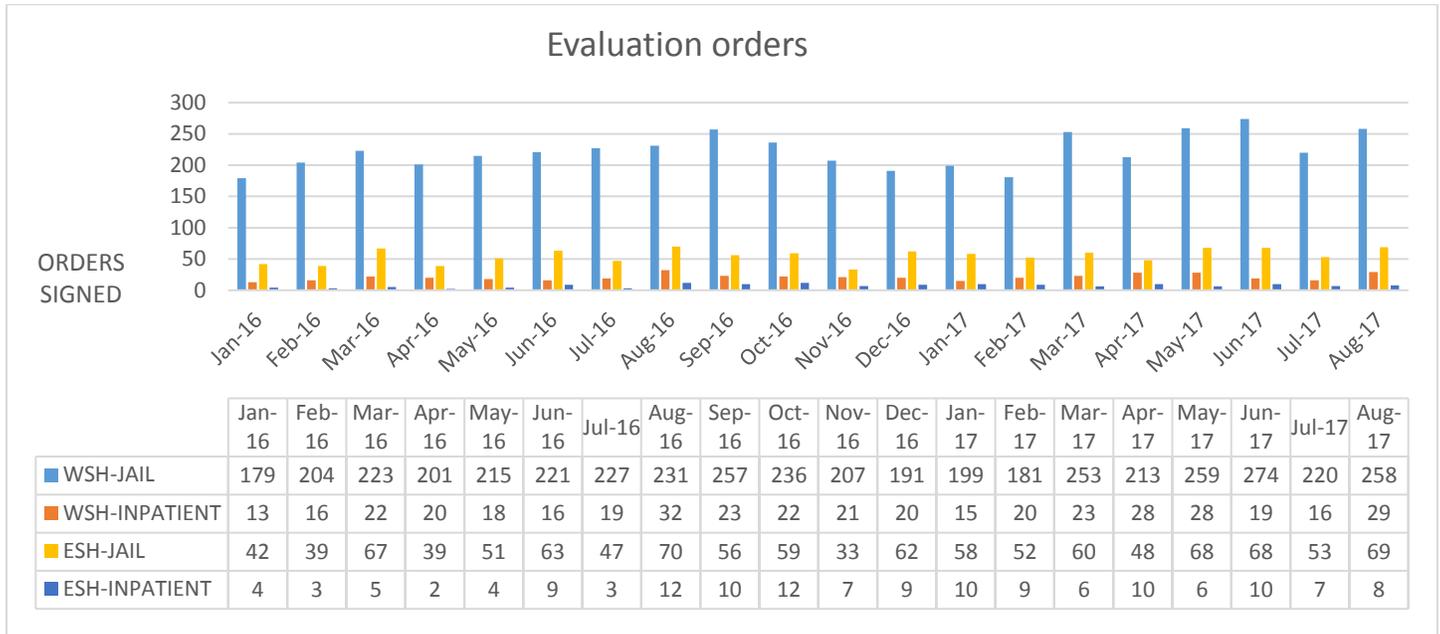


FIGURE 2. Restoration Orders



FIGURE 3. Evaluations – Median

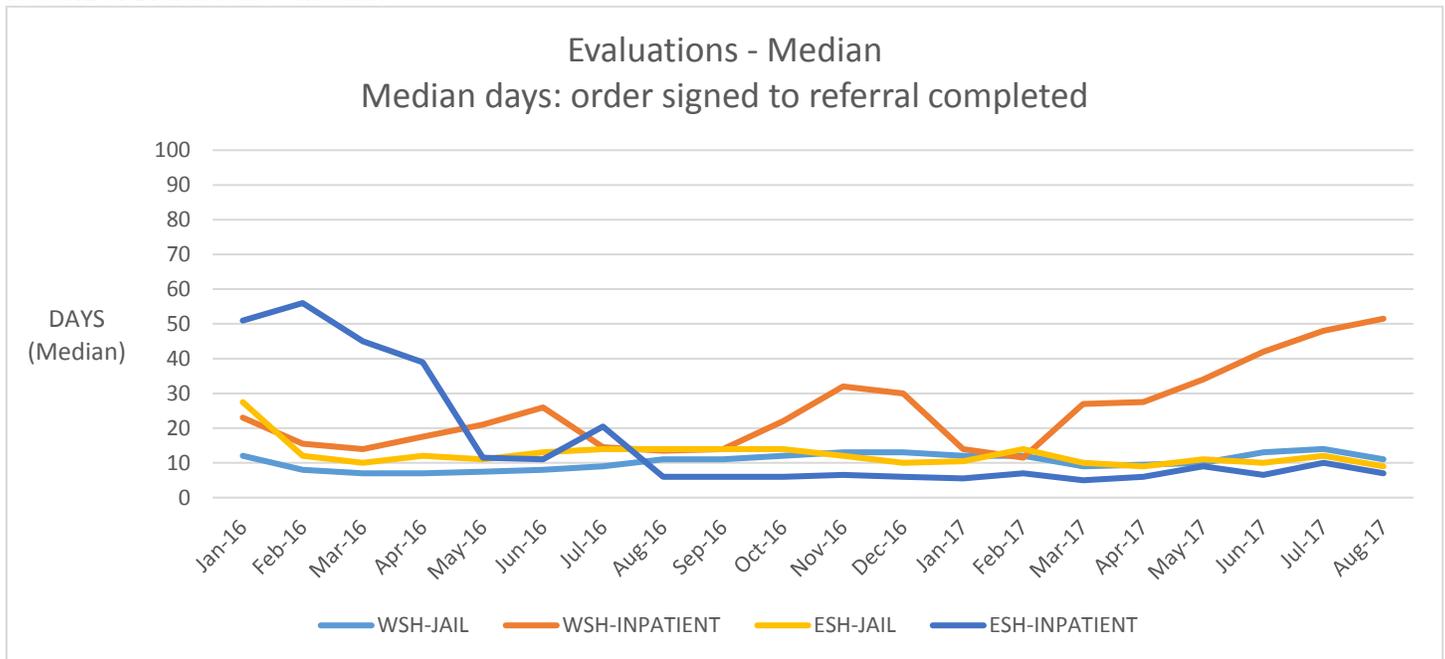


FIGURE 4. Evaluations – Average

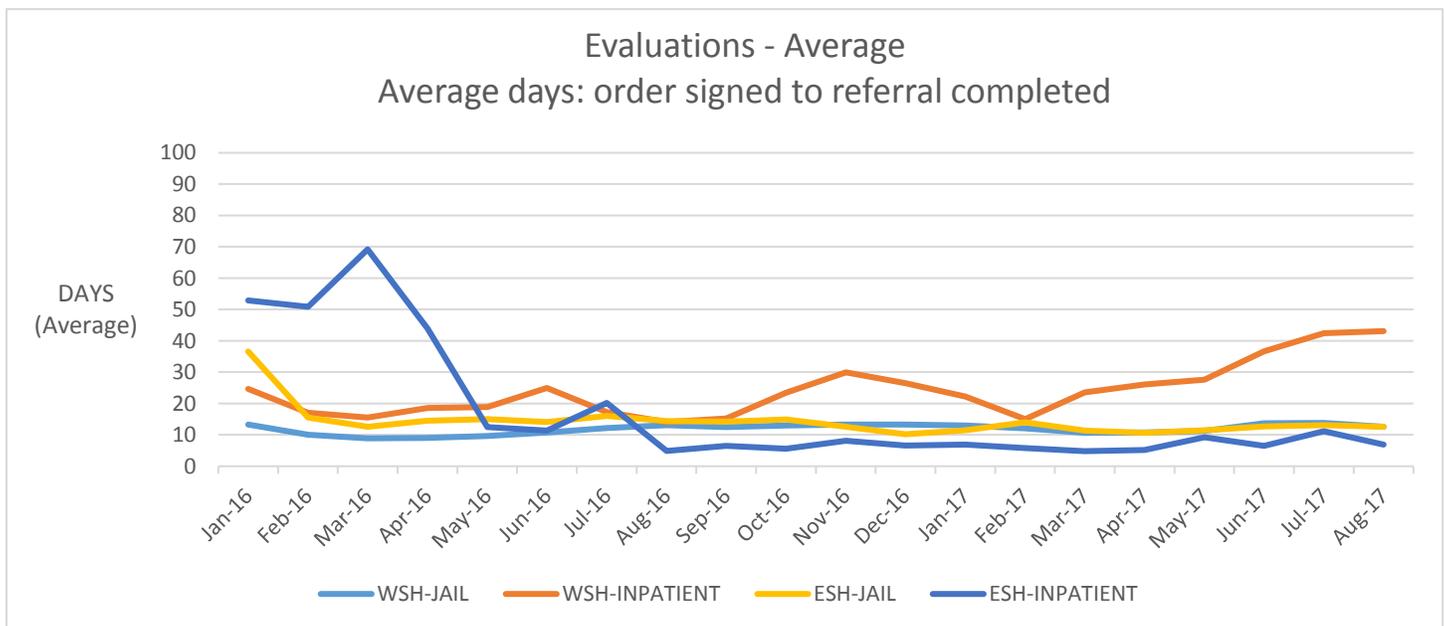


FIGURE 5. Restorations - Median

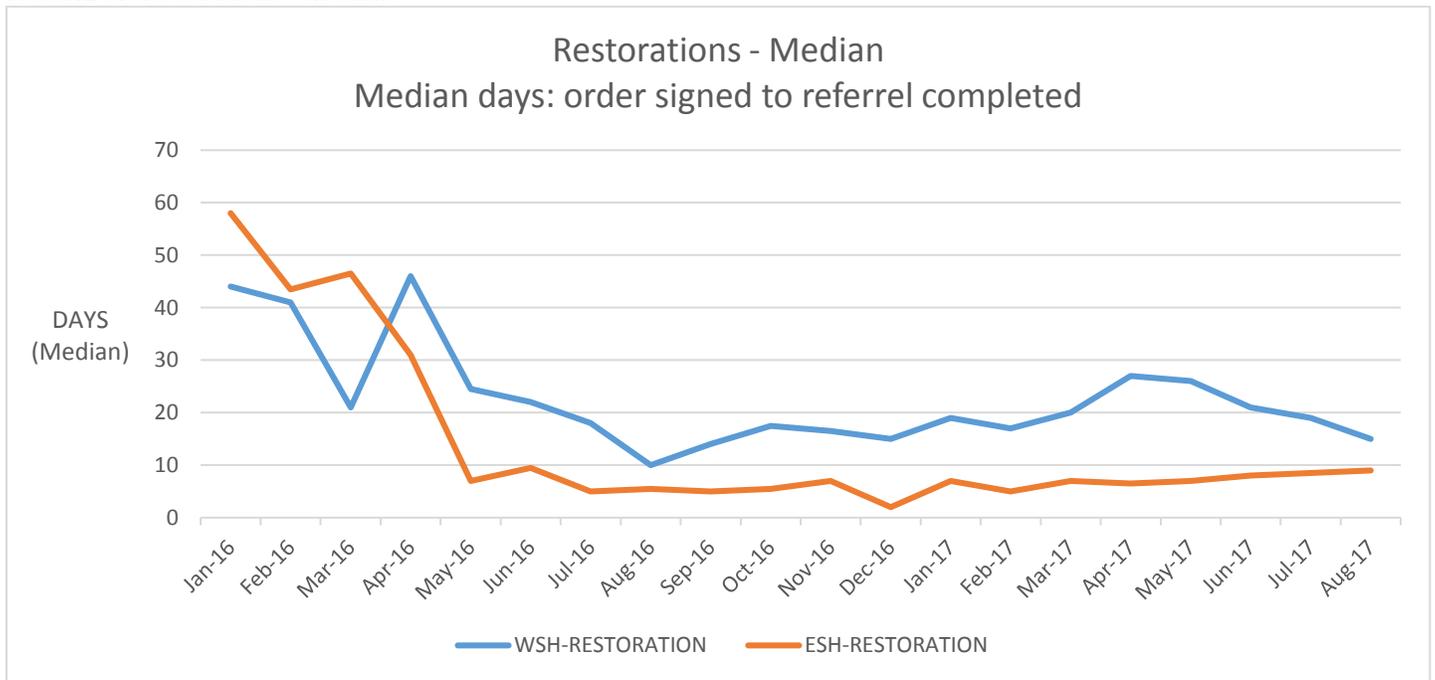


FIGURE 6. Restorations – Average

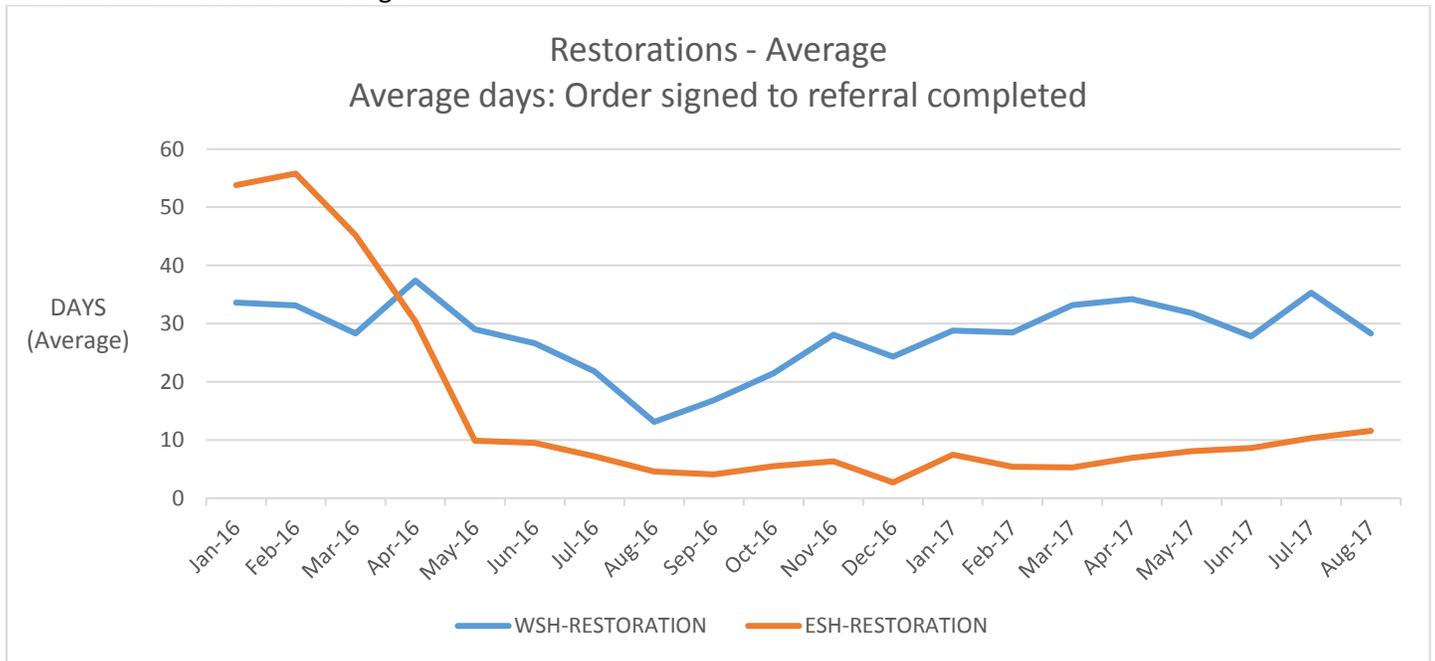


TABLE 4. Summary of jail evaluations, in-patient evaluations, and restorations by month since February 2016. **NOTE: These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month the order packet was completed.** August numbers are first look, and percentages may change 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	220	261	84.3%
May-17	226	327	69.1%
Jun-17	221	342	64.6%
Jul-17	194	273	71.1%
Aug-17	190	327	58.1%

Data Note: Data presented in this table represent the number of in-jail competency evaluations completed within 14 days from order signature date out of all orders signed in the specified month.

TABLE 4 CONTD.

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	12	31	38.7%
Mar-17	8	29	27.6%
Apr-17	8	38	21.1%
May-17	5	32	15.6%
Jun-17	7	29	24.1%
Jul-17	8	23	34.8%
Aug-17	7	37	18.9%
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	98	21.4%
May-17	26	123	21.1%
Jun-17	27	112	24.1%
Jul-17	28	116	24.1%
Aug-17	35	130	26.9%

Data Note: Data presented in these tables represent admissions completed within 7 days from order signature date of all orders signed in specified month.

TABLE 5a-5c: 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.”

5a.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	261				
May-17	327	234	71.6%	234	71.6%
Jun-17	342	228	66.7%	229	67.0%
Jul-17	273	201	73.6%	203	74.4%
Aug-17	327	190	58.1%	192	58.7%

¹Data Note: As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for in-jail competency evaluations outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: “DSHS shall complete in-jail competency evaluations within the shorter of either a) 14 days from receipt of order or b) 21 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 14 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 order signature date. The second is number and percentage of all orders completed within either of the two compliance deadlines: 14 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 21 days from order signature date (if the order was received after 7 days from order signature date).

TABLE 5 CONTD.

5b. 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	29				
Apr-17	38				
May-17	32	5	15.6%	5	15.6%
Jun-17	29	7	24.1%	7	24.1%
Jul-17	23	8	34.8%	8	34.8%
Aug-17	37	7	18.9%	7	18.9%

¹Data 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).

TABLE 5 CONTD.

5c.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	98				
May-17	123	29	23.6%	29	23.6%
Jun-17	112	29	25.9%	29	25.9%
Jul-17	116	29	25.0%	30	25.9%
Aug-17	130	36	27.7%	36	27.7%

¹Data 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

Funding and Resources

The Washington State Legislature convened one regular and three consecutive special sessions between January 9, 2017 and July 20, 2017. The Legislature passed a 2017-19 operating budget in Substitute Senate Bill 5883 (SSB 5883) on June 30, 2017. Section 204 (2)(e) of SSB 5883 references \$25,053,000 in Fiscal Year 2018 (July 1, 2017 to June 30, 2018) and \$25,847,000 in Fiscal Year 2019 (July 1, 2018 to June 30, 2019) for implementation of efforts to improve the timeliness of competency restoration services pursuant to Chapter 5, Laws of 2015 (SSB 5889). The budget provides funding to operate an additional thirty bed forensic ward by July 1, 2018, assuming the closure of one thirty bed civil ward and subsequent conversion to a forensic unit. The Aging and Long Term Services Administration, the Developmental Disabilities Administration, and Western State Hospital are already collaborating on targeted efforts to successfully discharge patients into the community to reduce the population of one civil ward by thirty patients by July 1, 2018, as contemplated by the Legislature. The Legislature also funded a twenty-four bed expansion at Yakima Residential Treatment Facility. The Department intends to move forward with this expansion to provide relief to class members pending the outcome of motions currently before the Court.

The Legislature adjourned sine die on July 20, 2017, without passing a 2017-19 capital budget. A letter from Governor Inslee to the Legislature dated July 18, 2017, notes that, “[w]ithout a capital budget, we will seriously compromise the state’s ability to meet the federal court’s expectations in the Trueblood case (related to reducing wait times for evaluation and treatment of individuals being held in jail),” referring to construction projects to add 115 forensic beds at the state hospitals and design work for an additional 90-120 beds at WSH. The Governor further states that without a capital budget, “[w]e would have no new funding for behavioral health community capacity, including the expansion of local facilities and more competitive grants for new mental health beds in the community...[that would provide] local placement options outside of the state-run psychiatric hospitals.” Due to the lack of a capital budget, the Department has not been allocated the necessary funding to complete facilities renovations and construction or to operate expanded bed capacity during this biennium as previously discussed at the June 5, 2017 status hearing. Elements of the Department’s proposed plan that were not funded include: renovation of Western State Hospital Building 27 to provide thirty beds to serve class members; renovation of Eastern State Hospital 1N3 to provide twenty-five beds to serve class members; and construction of two new forensic wards at Western State Hospital’s Center for Forensic Services to provide sixty beds to serve class members.

The enacted budget does not fund the operation of an additional forty-five beds at WSH in the S3 and F4 wards. The Department is committed to pursuing a supplemental budget request for the funds necessary to operate these wards. Once the Legislature provides funding to operate S3 and F4, expansion at WSH will move forward once the Department is able to do so without jeopardizing WSH’s status with CMS (a second 30-day extension to the Systems Improvement Agreement was approved August 31, 2017). In the meantime, the Department will take necessary steps to recruit staff to operate these wards to ensure that if such funding is made available, the beds can be filled without a delay.

The Developmental Disabilities Administration received funding for 53 new placements. The focus will be to first place developmentally disabled civil patients from WSH to vacate the Habilitative Mental Health ward. Once accomplished, the remaining placements would be filled by ESH patients who reside

on ESH's HMH ward. Once the ESH MHM ward is vacated, the space will be remodeled to provide additional forensic capacity.

Need Projections and Bed Capacity

During the June 2017 Trueblood Status Hearing, Judge Pechman directed Dr. Danna Mauch to hire a contractor to conduct a Competency Services Bed Need Study to illustrate patient demand and bed need, and ultimately to determine the feasibility of and timeframe for compliance with Court orders. The impact of community based competency evaluation on the demand for inpatient CE/CR beds will also be measured. The TriWest Group was selected as the contractor to complete this work within a 60-90 day timeframe. DSHS will support TriWest's work as needed and will suspend work on an internal projection model at this time.

TRUEBLOOD KEY ACCOMPLISHMENTS – AUGUST 2017

RECRUITMENT

- The Systems Improvement Agreement (SIA) recruitment project has approximately 95% 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 eighth month on site. A decision to continue the program will be determined by the new DSHS Secretary, Cheryl Strange.
- 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 the program into 2018 which should increase applicant interest.
- OFMHS continues to interview for additional forensic evaluator applicants.

RESIDENTIAL TREATMENT FACILITIES

- As of August 31, 2017, the census at the Yakima Competency Restoration Program was 24. A total of 158 patients have been admitted since the program opened. Out of this total, 91 completed the program and were determined competent, 22 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-eight (48) patients have been recommended for early evaluation.
- As of August 31, 2017, the census at the Maple Lane Competency Restoration Program is 29. A total of 278 patients have been admitted since the program opened. Of these, 249 patients have been discharged. 145 completed the program and were opined competent. 35 were determined not likely restorable. 37 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 14 have been transferred to the state hospital. Of these 14, 10 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. 9 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 (6 left for jail and later returned, 2 were diverted to WSH). 43 patients have been referred for early evaluation. 26 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

- 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. At the request of the Court Monitor on July 25, 2017, the RFI was extended until August 15, 2017 and all prospective applicants were reminded about this RFI. At the end of the deadline, a total of three responses were received from three individuals. The responses will be reviewed and next steps decided in September 2017.

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—AUGUST 2017

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Court Appointed Monitor Coordination				
Monthly Reports	Release August report	Complete	<ul style="list-style-type: none"> • Maintain compliance with the Court. • Use data to review and improve the provision of forensic services. 	<ul style="list-style-type: none"> • Released August 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.	<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' 	<p>The Select Committee for Quality Improvement in State Hospitals last met on December 20, 2016. Given the late adjournment of the 2017 Legislature, the Committee is not expected to reconvene until early Fall 2017. Preliminary findings of the committee thus far were posted in January 2017.</p> <p>Complete meeting materials are available at: http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals</p>

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>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. 	<p>DSHS is revising the FY18 funding request to request a position to manage the work of implementing the certification program (labor relations, initial and ongoing training, liaison with DOH, certification, etc.).</p>

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. 	The 2017-2019 union contract negotiations are now complete and were funded by the legislature. Forensic Evaluators and Psychiatric Social Workers now receive straight time pay for extra duty hours. Forensic Evaluators received an increase in pay effective July 1. A phone call was held on August 30 with Labor leaders from all respective Washington Union organizations that interact with DSHS/BHA and individuals from OFM. The agenda was to update the unions on agency work related to Trueblood.
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.
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 	The Forensic project has a detailed project plan that includes 15 distinct modules. End user facing modules will include User Acceptance Testing (UAT) allowing for both early feedback across the development spectrum, as well as providing support for the project's Organizational Change Management (OCM) plan. Modular development progresses towards May 2018 Integration Testing
	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.	events and culminates with a July 2018 go-live. The progress this month is as follows: <ul style="list-style-type: none"> • Preliminary analysis of data migration from existing system is underway. This has been delayed and is now scheduled for presentation to Governance in October. • Project Team has completed the Court Order Module. • User Acceptance Testing (UAT) was completed for the Court Order module. Results of the UAT have been reviewed and incorporated. • Project team is now working on the Evaluation / Restoration Module.
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 was filled by Jason Karpen who began employment on August 28, 2017. The Liaison and Diversion Specialist position was posted in August, and the applicant pool produced seven candidates selected for interview in September. OFMHS anticipates that this position will be filled by the end of October. Two evaluator supervisor positions remain open. Interviews for the inpatient supervisor will be held in September. The recruitment is currently open for an outstation supervisor.
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"> • The Systems Improvement Agreement (SIA) recruitment project has approximately 95% of all known positions filled. Recruitment efforts continue for selected positions primarily in the direct care arena (Registered Nurse (RN), Licensed
	Pursue contracting			

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>Practical Nurse (LPN), Psychiatric Security Nurse (PSN), Psychiatric Security Attendant (PSA) and Mental Health Technician (MHT)).</p> <ul style="list-style-type: none"> • The Talent Acquisition staff at the WSH Hiring Center are now entering their eighth month on site. A decision to continue the program will be determined by the new DSHS Secretary, Cheryl Strange. • 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 the program into 2018 which should increase applicant interest.
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"> • The Yakima evaluator began employment on August 14, 2017 and will be in training through mid-September. A hiring decision for the <u>one</u> remaining evaluator position to be filled will be made in early September. • A NRO evaluator position in Seattle was filled with a start date of September 5, 2017. • DSHS and the Thurston County Prosecuting Attorney’s Office are working to finalize the MOU allowing an OFMHS evaluator to utilize space within the Thurston County Prosecuting Attorney’s Office at Thurston co. Family Juvenile Court Facility to perform forensic evaluations ordered by the court for detainees held at the Thurston County Jail. The MOU is expected to be finalized and signed by early September.
	Out-station sites operational	Completed		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<ul style="list-style-type: none"> • Work continues to find a suitable outstation in Mason County with progress being made in considering a DSHS space in Shelton. • A location has been secured in Kitsap County and final logistics for this office were completed in August 2017. This site is now operational.
<p>Coordinate with forensic mental health system partners</p>	<p>Regular meetings with County Stakeholders</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> • Stakeholder meetings will focus on topics where collaborative work is required to meet the requirements of the Trueblood Decision 	<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 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. OFMHS attended a WINGS Committee Meeting in August. The group discussed the concept of the appointment of a representative (short of a guardianship) to make limited substitute health care decisions in limited circumstances and defining “health care decisions” for substitute decision-makers. • 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 King County stakeholders on August 2nd to discuss numbers and types of referrals across the county, impact of prosecutorial diversion program (CARD) and plans for program going forward.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<ul style="list-style-type: none"> • OFMHS met with Lewis County stakeholders on August 7th and discussed prescribing practices once an individual returns to the jail from WSH, evaluation procedures for jail based evaluations, and processes and procedures for report submissions. • OFMHS held the first quarterly meeting with Spokane County stakeholders on August 9th to discuss forensic-civil flip process, managing bed allocations at ESH and how crisis teams are working with the jail/court and other partners. • OFMHS attended the August 24th Behavioral Health Organization meeting. • OFMHS is attempting to build a data dashboard that can be shared with each county at their respective quarterly collaboration meetings. A draft of the data set was provided to King and Pierce counties previously and the Department requested feedback/comments regarding its value and usefulness in their work (data included wait times, court orders for competency services, outpatient evaluations and inpatient evaluations and restorations). The stakeholders were still reviewing the data sets and will provide feedback prior to the November meeting. OFMHS will make any revisions necessary and will plan to provide this 'data dashboard' to each of the counties with their specific data (for current meetings and then for future meetings with additional counties).

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.	OFMHS quality management team has initiated reviews of forensic competency evaluation reports from 10.77 ordered evaluations. The team has developed a coding manual and coding form for evaluating forensic competency evaluation reports. The full roll-out is expected the last quarter of 2017. Training for forensic competency evaluations was completed with Forensic Evaluators on August 14, 2017. During the training, the expectations related to the quality assurance program were clarified for Forensic Evaluators.
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"> • As of August 31st, DSHS has received 118 triage referrals from jail staff/defense and approved 79. 28 were not approved for expedited admission. 7 referrals were admitted to WSH/MLCRP prior to completion of the triage process, 4 did not have a valid order for restoration at the time of referral, and one was diverted to a medical hospital. • On November 2, 2016 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 August 2017, a total of 103 calls were made and 6 resulted in referral requests. Since tracking began, 1,263 calls have been made.
Competency Restoration				
WSH – opening 30 forensic beds once 30 civil patients transition to community	Bed Occupancy with forensic patients	7/1/2018	Serves overall plan to add beds and expand State Hospital bed capacity to meet Court ordered requirements.	The 2017-2019 budget provides funding to operate an additional thirty bed forensic ward by July 1, 2018, assuming the closure of one thirty bed civil ward and subsequent conversion to a forensic unit. The Aging and Long Term Services Administration,

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				the Developmental Disabilities Administration, and Western State Hospital are already collaborating on targeted efforts to successfully discharge patients into the community to reduce the population of one civil ward by thirty patients by July 1, 2018, as contemplated by the Legislature.
WSH addition 45 beds	Bed Occupancy with forensic patients	On hold		The legislature did not fund this request to operate 45 additional beds in S3 and F4 wards. The Department is committed to pursuing a supplemental budget request for the funds necessary to operate these wards.
Provide Restoration Treatment at the Maple Lane Competency Restoration Program (MLCRP)	Open Maple Lane facility	Complete	<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. 	As of August 31, 2017, the census at the Maple Lane Competency Restoration Program is 29. A total of 278 patients have been admitted since the program opened. Of these, 249 patients have been discharged. 145 completed the program and were opined competent. 35 were determined not likely restorable. 37 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 14 have been transferred to the state hospital. Of these 14, 10 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
	Restore patients to competency	Ongoing		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				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. 9 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 (6 left for jail and later returned, 2 were diverted to WSH). 43 patients have been referred for early evaluation. 26 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.
Provide Restoration Treatment at the Yakima Competency Restoration Program (YCRP).	Open Yakima facility	Complete	<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. 	As of August 31, 2017, the census at the Yakima Competency Restoration Program was 24. A total of 158 patients have been admitted since the program opened. Out of this total, 91 completed the program and were determined competent, 22 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-eight (48) patients have been recommended for early evaluation.
	Restore patients to competency	Ongoing		
Open a second pod at YCRP	Open Second Pod	March 2018		The Legislature funded a twenty-four bed expansion at Yakima Residential Treatment Facility. The Department intends to move forward with this expansion to provide relief to class members. In August, Plaintiff's provided notice contesting the

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				opening of the 24 expanded beds. A court date was set in September to hear the Plaintiff's motion. Further action is dependent on the outcome of the court hearings.
Outpatient Competency Restoration Programs	Diversion Programs are Operational	Ongoing	Development and implementation of outpatient competency restoration programs in King, Pierce, and Spokane Counties	OFMHS met with Groundswell on August 18 th to discuss next steps for the Outpatient Competency Restoration pilot programs. A contract amendment will likely be required to continue work with the counties to develop a policies and procedures manual. The next meeting is scheduled for Sept. 5 th .
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.	<ul style="list-style-type: none"> • DSHS continues to work with jails to transport defendants in a timely manner.
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.	<ul style="list-style-type: none"> • Diversion contracts for the 2018 fiscal year were sent to King, Spokane and Greater Columbia programs for review and signature. A standard data reporting template was sent to programs to upload FY18 program data monthly (rather than quarterly) via a secure SFTP site.
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 327 jail evaluation orders signed in August, 190 were completed within 14 days, which is 58.1%. 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	<p>As of August 31st, DSHS has received 118 triage referrals from jail staff/defense and approved 79. 28 were not approved for expedited admission. 7 referrals were admitted to WSH/MLCRP prior to completion of the triage process, 4 did not have a valid order for restoration at the time of referral, and one was diverted to a medical hospital.</p> <p>On average, it takes 7 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 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.</p>
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 August 31st, DSHS has received 118 triage referrals from jail staff/defense and approved 79. 28 were not approved for expedited admission. 7 referrals were admitted to WSH/MLCRP prior to completion of the triage process, 4 did not have a valid order for restoration at the time of referral, and one was diverted to a medical hospital.

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. WSH submitted a new Plan of Correction to CMS on July 11, 2017. WSH's progress to date earned the hospital the opportunity for an extension to the Systems Improvement Agreement (SIA) during which the hospital will continue to be certified by CMS and maintain its eligibility for federal funding. An initial 60-day extension was approved on June 30, 2017. A second 30-day extension was approved on August 31, 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 noted above, DSHS has been granted an additional 30-day extension on August 31, 2017. 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 bed capacity/expansion plan was submitted to the court on June 2, 2017. An update on the budget and the Department's planning was submitted to the court on August 1, 2017 for discussion at the August 11, 2017 status hearing.
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	Prosecutorial diversion was funded for fiscal year 2018.

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.	<ul style="list-style-type: none"> • Project Team has completed the Court Order Module. • User Acceptance Testing (UAT) was completed for the Court Order module. Results of the UAT have been reviewed and incorporated. • Project team is now working on the Evaluation / Restoration 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 August 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 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 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. The Forensic Advisory Committee (FAC) is a regularly scheduled (twice a month) committee that provides business process clarification / recommendations to the technical team as the system is being built.

APPENDICES

Appendices A – G:

This file is submitted with the draft report and includes mature data tables for July 2017, outliers and order received data.

Appendices H – L:

This file is submitted with the draft report and includes first look data tables for August 2017.

Appendix M: Calculation of Contempt Fines

This file is submitted with the final report.

Appendix N: Good Cause Exceptions

This file is submitted with the final report. Over the past eleven months, DSHS submitted one hundred four (104) Good Cause exception requests to the court, averaging around nine (9) cases a month. Ninety-four (94) of the one hundred four (104) cases were related to attorney delays, and six (6) of those cases were also related to interpreter delays. Ten (10) of the one hundred four (104) cases were related only to interpreter delays. In the month of August, DSHS submitted ten (10) Good Cause exception requests to the court: nine (9) related only to attorney delays and one (1) related only to interpreter delays. It is unknown whether any of the exception requests were granted by the court.