

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

**November 30, 2017**

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## BACKGROUND

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On April 2, 2015, the Court ordered the Department of Social and Health Services (DSHS) to file monthly reports with the *Trueblood* Court Monitor on efforts to comply with Court orders to provide timely competency evaluation and restoration services to Class Members. This monthly report is submitted November 15, 2017 and covers the events of October, 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. Additional orders were 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 — September 1, 2017 – September 30, 2017 and October 1, 2017 – October 31, 2017. The September data are considered “mature” and the October data are a “first look” data set. April, 2015 is the baseline month for data analysis.

Specific Class Member evaluation and restoration information is included in the appendices to this report.

## CLASS MEMBER STATUS SUMMARY INFORMATION

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### **Analysis of Mature Data: April 1, 2015 through September 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 26, 2017 Court Order.

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

- Average monthly jail-based evaluation orders signed for April 2015-September 2017
  - WSH: 213.5
  - ESH: 48.7
  - Both hospitals: 262.2
- Average monthly inpatient evaluation orders signed for April 2015-September 2017
  - WSH: 18.5
  - ESH: 7.0
  - Both hospitals: 25.5
- Average monthly restoration orders signed for April 2015-September 2017
  - WSH: 80.6
  - ESH: 14.3
  - Both hospitals: 94.9

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

#### **Orders**

- The number of jail-based evaluation orders at WSH fell to 237 in September from 272 the previous month, which still remains above the 213.5 average. ESH had 53 orders, which is also above the 48.7 average. Combined, the hospitals received 290 orders in September, which is well above the 262.2 average. In October, the Department met with Spokane County and ESH to discuss ongoing civil/flip issues. The next meeting will include forensic partners. A meeting with King County is scheduled in November as part of the quarterly meeting schedule.
- WSH received 24 in-patient evaluation orders which is also well above the 18.5 average. ESH had 10 orders, which is above the 7.0 average. Orders at both sites totaled 34 which is above the 25.5 average.
- WSH received 102 restoration orders which remains significantly higher than the 80.6 average. ESH had 21 orders which is also well above the 14.3 average. There were 123 restoration orders across both hospitals which is significantly higher than the 94.9 average.

#### **Wait Times**

- Regarding jail-based 14 day evaluation completion times, WSH is at 11.0 days on average from order to completion and ESH is averaging 12.3 days. The combined average is 12.0 days.
- The average inpatient evaluation admission wait times at WSH is 32.3 days. ESH average is at 11.8 days. The combined average is 26.0 days.
- Restoration admission wait times at WSH is 35.3 days on average. The ESH average is 15.2 days. The combined average is 32.7 days.

**Timeliness**

- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 54% completion rate within 14 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient evaluation admissions is at an 11% completion rate within 7 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient restoration admissions is at a 9% completion rate within 7 days.

**Outlier cases (Mature)**

In the current report, there were twenty-six (26) 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 22 to 48 days.

Of those twenty-six (26) cases, twenty-one (21) were inpatient evaluation cases, and five (5) were outpatient (jail) evaluation cases. For the twenty-one (21) inpatient evaluation cases, there were 22 to 73 days between court order and the end of the reporting period. For all twenty-one (21) inpatient evaluation cases, there was no reason for delay recorded. The reason there was no delay recorded is that none occurred during the evaluation process, but there was a delay in initial admission due to bed capacity. For the five (5) outpatient (jail) evaluation cases, there were 23 to 33 days between court order and the end of the reporting period. Of those five (5) jail evaluation cases, two (2) cases were delayed in part due to attorney scheduling conflicts, one (1) case was delayed in part due to a change from jail-hold status to PR and then PR to jail-hold status, and the remaining two (2) cases have no reason for delay reported.

In addition, in the current report, there were thirty-eight (38) restoration cases that were considered 'outliers', as previously defined, as of the end of the reporting period. For all thirty-eight (38) cases, there was no reason for delay recorded. As with the 21 inpatient evaluation cases noted above, there was no reason for delay recorded because none occurred during the restoration process, but there was a delay in initial admission due to bed capacity.

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

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

Table 1 Title: Competency Outpatient (Jail) Evaluations and Data Summary													
WESTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to <sup>1</sup> :								Percent complete within 7 days from order signature date <sup>1</sup>	Percent completed within 14 days from receipt of order <sup>1,2</sup>	Percent completed within 14 days from receipt of order or within 21 days from order signature date <sup>1,2</sup>	
		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-15	177	1.3	0.0	1.9	1.0	9.5	6.0	14.6	14.0	14%	Not Applicable	Not Applicable
	May-15	182	1.3	0.0	1.6	0.0	11.4	9.0	13.0	11.0	16%		
	Jun-15	210	1.7	0.0	2.1	1.0	10.9	8.0	17.8	15.0	10%		
	Jul-15	228	1.4	0.0	1.8	0.0	12.3	9.0	18.4	17.0	6%		
	Aug-15	170	1.9	0.0	2.2	0.0	13.4	11.0	20.7	20.0	7%		
	Sep-15	193	1.6	0.0	1.7	0.0	11.7	8.0	17.6	16.0	10%		
	Oct-15	189	1.9	0.0	2.0	0.0	16.7	15.0	16.4	15.0	19%		
	Nov-15	160	1.8	0.0	1.9	0.0	18.0	13.0	16.0	14.0	28%		
	Dec-15	194	1.6	0.0	1.7	0.0	13.7	8.5	15.5	14.0	14%		
	Jan-16	179	1.3	0.0	1.2	0.0	15.6	9.0	13.3	12.0	28%		
	Feb-16	204	0.6	0.0	0.6	0.0	6.6	5.0	10.0	8.0	45%		
	Mar-16	223	0.7	0.0	0.8	0.0	6.1	3.0	8.9	7.0	59%		
	Apr-16	201	0.8	0.0	0.8	0.0	6.1	5.0	9.0	7.0	57%		
	May-16	215	0.7	0.0	0.8	0.0	6.4	5.0	9.6	7.5	50%		
Jun-16	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 <sup>1</sup>	within 14 days from receipt of order <sup>1,2</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>1,2</sup>
	Jul-16	227	0.7	0.0	0.8	0.0	9.4	6.0	12.2	9.0	47%	Not Applicable	Not Applicable
	Aug-16	231	0.8	0.0	0.9	0.0	7.6	6.0	13.1	11.0	51%		
	Sep-16	257	0.6	0.0	0.8	0.0	6.7	7.0	12.5	11.0	45%		
	Oct-16	236	0.5	0.0	0.9	0.0	8.1	6.0	13.0	12.0	50%		
	Nov-16	207	1.3	0.0	1.9	0.0	10.1	8.5	13.3	13.0	47%		
	Dec-16	191	1.2	0.0	1.7	0.0	8.8	9.0	13.3	13.0	56%		
	Jan-17	199	0.8	0.0	1.1	0.0	8.4	7.0	13.0	12.0	47%		
	Feb-17	181	1.2	0.0	1.6	0.0	7.4	5.0	12.1	12.0	56%		
	Mar-17	253	1.1	0.0	1.4	0.0	5.7	3.0	10.7	9.0	62%		
	Apr-17	213	0.6	0.0	0.8	0.0	8.2	5.0	10.8	9.5	63%		
	May-17	259	0.3	0.0	0.5	0.0	8.5	8.0	11.3	10.0	57%		
	Jun-17	275	0.2	0.0	0.6	0.0	6.3	4.0	13.7	13.0	40%		
	Jul-17	221	0.3	0.0	0.5	0.0	8.9	7.0	13.8	14.0	48%		
Aug-17	272	0.6	0.0	0.9	0.0	5.6	3.0	12.6	11.0	54%			
Sep-17	237	0.4	0.0	0.8	0.0	7.2	5.0	11.9	11.0	54%			
Oct-17	248	0.5	0.0	0.8	0.0	8.6	7.0	12.6	11.0	53%			

Data Notes:

<sup>1</sup>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 October 2017 which is "first look" data).

<sup>2</sup>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 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**

**Table 2 Title: Competency Inpatient Evaluations and Restorations with Data Summary**

WESTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to <sup>1</sup> :								Percent complete within 7 days from order signature date <sup>1</sup>	Percent completed within 7 days from receipt of order <sup>1,2</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>1,2</sup>		
		hospital receipt of order		hospital receipt of end of reporting month for		completion								
		Average	Median	Average	Median	Average	Median	Average	Median					
Apr-15	10	5.8	1.0	5.8	1.0	10.7	7.0	22.2	18.0	22%	Not Applicable	Not Applicable		
May-15	9	2.9	2.0	2.9	2.0	11.4	13.0	18.9	20.0	8%				
Jun-15	9	3.0	1.0	3.0	1.0	14.0	12.0	12.3	15.0	25%				
Jul-15	14	3.5	1.0	3.5	1.0	16.6	9.0	14.8	15.0	20%				
Aug-15	14	4.5	1.0	4.5	1.0	10.0	11.0	25.5	17.0	7%				
Sep-15	14	2.6	1.0	2.6	1.0	15.1	16.0	19.7	20.0	11%				
Oct-15	15	1.5	1.0	1.5	1.0	19.0	19.0	23.6	22.0	0%				
Nov-15	15	1.7	1.0	1.7	1.0	14.1	12.0	23.9	22.0	6%				
Dec-15	11	4.1	1.0	4.1	1.0	13.1	12.0	22.2	27.0	10%				
Jan-16	13	4.0	1.0	3.8	1.0	12.2	11.0	24.7	23.0	0%				
Feb-16	16	4.4	1.0	4.4	1.0	10.7	8.5	17.1	15.5	8%				
Mar-16	22	3.1	1.0	3.1	1.0	6.8	7.0	15.5	14.0	10%				
Apr-16	20	1.1	0.0	1.1	0.0	8.6	8.5	18.6	17.5	6%				
May-16	18	1.7	1.0	1.7	1.0	9.5	6.0	18.9	21.0	16%				
Jun-16	16	3.4	1.0	3.4	1.0	11.8	7.5	25.0	26.0	0%				
Jul-16	19	4.7	2.0	4.7	2.0	7.5	4.0	17.3	14.5	6%				
Aug-16	32	2.8	1.0	2.8	1.0	13.1	13.0	14.1	13.5	13%				
Sep-16	23	2.5	1.0	2.5	1.0	14.0	14.0	15.2	14.0	11%				
Oct-16	22	1.4	0.0	1.4	0.0	18.0	18.0	23.4	22.0	5%				
Nov-16	21	1.2	0.0	1.2	0.0	22.0	22.5	29.9	32.0	5%				
Dec-16	20	2.9	0.0	2.8	0.0	16.9	19.5	26.5	30.0	14%				
Jan-17	15	2.5	0.0	2.5	0.0	17.3	20.0	22.2	14.0	22%				
Feb-17	20	2.4	0.0	2.4	0.0	16.3	13.0	15.0	11.5	13%				
Mar-17	23	1.6	0.0	2.0	0.0	11.5	15.0	23.6	27.0	6%				
Apr-17	28	0.7	0.0	1.0	0.0	13.2	11.0	26.1	27.5	0%				
May-17	28	2.1	0.0	2.1	0.0	22.6	20.0	27.6	34.0	7%				
Jun-17	20	2.1	0.0	2.1	0.0	30.1	31.0	36.6	42.0	6%				
Jul-17	16	0.9	0.0	0.9	0.0	32.9	30.0	42.4	48.0	10%				
Aug-17	28	0.7	0.0	0.7	0.0	16.5	11.5	40.6	51.0	9%				
Sep-17	24	0.3	0.0	0.3	0.0	27.8	31.0	32.3	36.0	7%				
Oct-17	16	1.4	0.0	1.6	0.0	32.8	34.0	39.8	49.0	8%				
Apr-15	60	1.8	1.0	1.8	1.0	37.2	16.0	38.6	44.0	24%			Not Applicable	Not Applicable
May-15	59	1.8	1.0	2.1	1.0	35.9	19.0	26.2	15.0	25%				
Jun-15	62	1.7	1.0	2.1	1.0	16.8	8.0	34.2	25.0	7%				
Jul-15	77	1.7	1.0	2.1	1.0	16.1	10.0	20.8	15.0	25%				
Aug-15	61	2.1	1.0	2.1	1.0	22.5	19.0	23.6	33.0	24%				
Sep-15	95	1.7	1.0	2.0	1.0	24.3	15.0	23.0	14.0	26%				
Oct-15	73	1.8	1.0	2.1	1.0	21.2	23.0	32.1	45.0	20%				
Nov-15	55	1.2	1.0	1.4	1.0	31.9	28.0	33.5	47.0	24%				
Dec-15	65	1.5	1.0	2.0	1.0	27.3	22.0	39.0	48.0	19%				
Jan-16	61	2.7	0.0	2.9	0.0	29.2	18.5	33.6	44.0	23%				
Feb-16	64	2.7	1.0	3.3	1.0	24.2	21.0	33.1	41.0	14%				
Mar-16	80	2.0	0.0	2.5	0.0	25.9	27.0	28.3	21.0	30%				
Apr-16	65	1.9	0.0	2.2	0.0	23.5	20.5	37.4	46.0	13%				
May-16	68	1.7	0.0	2.0	0.0	23.1	21.5	29.0	24.5	25%				
Jun-16	71	1.4	0.0	1.5	0.0	22.1	17.0	26.6	22.0	11%				
Jul-16	67	1.7	0.0	1.7	0.0	11.8	6.0	21.8	18.0	14%				
Aug-16	95	1.5	0.0	1.7	0.0	12.3	13.0	13.1	10.0	24%				
Sep-16	104	1.6	0.0	1.7	0.0	14.4	11.0	16.8	14.0	13%				
Oct-16	74	1.3	0.0	1.3	0.0	25.2	25.0	21.5	17.5	10%				
Nov-16	81	1.5	0.0	1.5	0.0	24.3	20.5	28.1	16.5	13%				
Dec-16	98	1.5	0.0	1.6	0.0	26.8	23.0	24.3	15.0	11%				
Jan-17	84	1.9	0.0	1.9	0.0	25.5	21.0	28.8	19.0	16%				
Feb-17	94	1.7	1.0	1.7	1.0	21.8	19.0	28.5	17.0	16%				
Mar-17	108	1.5	0.0	1.5	0.0	23.9	21.0	33.2	20.0	13%				
Apr-17	80	1.1	0.0	1.1	0.0	26.7	23.0	34.2	27.0	5%				
May-17	103	1.4	0.0	1.4	0.0	27.0	22.0	31.8	26.0	11%				
Jun-17	98	1.9	0.0	1.9	0.0	27.9	22.0	27.8	21.0	11%				
Jul-17	103	1.5	0.0	1.5	0.0	24.2	18.0	35.3	19.0	9%				
Aug-17	109	0.8	0.0	0.8	0.0	28.4	27.0	26.1	15.0	13%				
Sep-17	102	0.8	0.0	0.8	0.0	29.1	23.0	35.3	25.0	10%				
Oct-17	111	0.8	0.0	0.8	0.0	34.4	28.5	32.2	23.5	13%				

Data Notes:

<sup>1</sup>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 October 2017 which is "first look" data).

<sup>2</sup>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 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 2a. Class Member Status Eastern State Hospital – Jail-based Competency Evaluations**

Table 1 Title: Competency Outpatient (Jail) Evaluations and Data Summary															
EASTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to <sup>1</sup> :								Percent complete within 7 days from order signature date <sup>1</sup>	Percent completed within 14 days from receipt of order <sup>1,2</sup>	Percent completed within 14 days from receipt of order or within 21 days from order signature date <sup>1,2</sup>			
		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-15	32	4.6	1.0	8.6	5.0	28.1	28.0	61.3	57.0	0%	Not Applicable	Not Applicable		
	May-15	27	4.3	1.0	8.8	6.0	37.0	33.0	56.9	57.0	0%				
	Jun-15	30	4.1	1.0	8.3	6.0	38.0	39.0	65.6	64.0	0%				
	Jul-15	31	4.2	1.0	8.9	6.0	32.6	30.0	66.5	64.0	0%				
	Aug-15	22	2.4	1.0	6.4	5.0	33.4	32.0	57.7	56.0	3%				
	Sep-15	48	2.3	1.0	4.9	4.0	29.1	14.0	53.5	55.0	3%				
	Oct-15	30	1.9	0.0	4.9	4.0	16.4	10.0	39.5	40.0	3%				
	Nov-15	36	1.8	0.0	5.9	5.0	28.3	26.0	47.4	49.0	0%				
	Dec-15	42	1.7	0.0	3.2	1.0	21.7	18.0	38.7	35.0	3%				
	Jan-16	42	4.7	0.0	7.4	1.0	13.4	9.0	36.6	27.5	10%				
	Feb-16	39	1.4	0.0	2.0	1.0	10.4	6.0	15.5	12.0	25%				
	Mar-16	67	1.4	0.0	1.3	1.0	11.8	8.0	12.6	10.0	16%				
	Apr-16	39	1.4	0.0	1.7	0.0	11.0	6.5	14.5	12.0	11%				
	May-16	51	2.0	0.0	2.3	0.0	13.7	8.0	15.0	11.5	16%				
Jun-16	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 <sup>1</sup>	within 14 days from receipt of order <sup>1,2</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>1,2</sup>		
	Jul-16	47	2.0	0.5	2.2	1.0	11.3	9.0	16.0	14.0	32%	Not Applicable	Not Applicable		
	Aug-16	70	0.9	0.0	1.1	0.0	6.3	6.0	14.4	14.0	38%				
	Sep-16	56	0.9	0.0	0.9	0.0	9.6	7.5	14.2	14.0	58%				
	Oct-16	59	1.0	0.0	1.3	0.0	9.1	10.0	14.9	14.0	42%				
	Nov-16	33	1.3	0.0	1.5	0.0	11.0	9.0	12.6	12.0	58%				
	Dec-16	62	0.6	0.0	0.9	0.0	7.3	9.0	10.2	10.0	64%				
	Jan-17	58	1.0	0.0	1.0	0.0	6.6	5.5	11.5	10.5	41%				
	Feb-17	52	1.1	0.0	1.7	1.0	9.3	6.0	14.0	14.0	32%				
	Mar-17	60	0.6	0.0	0.9	0.0	6.0	4.0	11.4	10.0	67%				
	Apr-17	48	0.4	0.0	0.6	0.0	7.6	5.5	10.7	9.0	61%				
	May-17	68	0.7	0.0	1.1	0.0	11.0	7.0	11.5	11.0	60%			62%	62%
	Jun-17	70	1.6	0.0	1.6	0.0	7.6	4.0	12.7	10.0	49%			55%	55%
	Jul-17	53	2.0	0.0	2.3	0.0	11.8	6.0	13.1	12.0	56%			60%	62%
Aug-17	73	0.7	0.0	0.9	0.0	4.6	2.0	12.2	9.0	56%	59%			59%	
Sep-17	53	1.4	0.0	1.9	1.0	9.9	8.5	12.3	10.0	53%	55%	55%			
Oct-17	57	1.1	0.0	1.7	1.0	5.6	5.0	12.1	11.0	62%	63%	63%			

**Data Notes:**

<sup>1</sup>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 October 2017 which is "first look" data).

<sup>2</sup>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 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**

Table2 Title: Competency Inpatient Evaluations and Restorations with Data Summary													
EASTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to <sup>1</sup> :								Percent complete within 7 days from order signature date <sup>1</sup>	Percent completed within 7 days from receipt of order <sup>1,2</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>1,2</sup>	
		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-15	5	8.9	1.0	13.9	5.0	47.9	43.0	56.3	59.0	0%	Not Applicable	Not Applicable
	May-15	4	10.1	1.0	14.2	5.0	65.8	61.0	69.5	69.5	0%		
	Jun-15	3	7.7	1.0	11.1	5.0	75.2	68.0	89.9	102.0	0%		
	Jul-15	5	7.5	1.0	11.4	5.0	50.9	14.0	91.8	81.0	0%		
	Aug-15	3	10.2	1.0	19.6	5.0	44.5	31.0	78.2	80.0	0%		
	Sep-15	8	6.7	1.0	10.2	4.0	42.6	47.0	32.0	32.0	0%		
	Oct-15	7	2.0	1.0	7.9	6.0	28.9	16.0	61.1	70.0	0%		
	Nov-15	6	2.8	0.0	9.6	7.0	44.2	46.0	49.0	49.0	0%		
	Dec-15	11	2.4	1.0	4.2	2.0	21.1	20.5	83.6	84.0	0%		
	Jan-16	4	5.4	1.0	8.9	2.0	30.9	31.0	52.9	51.0	0%		
	Feb-16	3	12.9	1.0	16.3	2.0	47.5	31.0	50.9	56.0	0%		
	Mar-16	5	15.5	1.0	16.3	1.0	19.2	15.5	69.2	45.0	0%		
	Apr-16	2	4.9	0.5	5.6	1.0	7.5	7.5	44.0	39.0	0%		
	May-16	4	0.3	0.0	0.3	0.0	0.0	0.0	12.5	11.5	50%		
	Jun-16	9	2.5	0.0	2.5	0.0	10.0	9.0	11.4	11.0	13%		
	Jul-16	3	3.1	1.0	3.5	1.0	4.0	4.0	20.2	20.5	14%		
	Aug-16	12	1.2	0.0	1.3	0.0	1.3	1.0	4.9	6.0	100%		
	Sep-16	10	1.6	0.5	1.6	1.0	3.0	3.0	6.5	6.0	73%		
	Oct-16	12	0.7	0.0	0.8	0.0	4.3	4.0	5.6	6.0	69%		
	Nov-16	7	2.0	0.0	1.0	0.0	4.5	4.5	8.1	6.5	60%		
	Dec-16	9	1.7	2.0	1.3	1.0	0.0	0.0	6.6	6.0	64%		
	Jan-17	10	0.4	0.0	0.2	0.0	0.5	0.5	6.9	5.5	50%		
	Feb-17	11	1.3	0.0	1.9	1.0	0.0	0.0	5.8	7.0	42%		
	Mar-17	6	2.0	1.0	2.4	1.0	0.0	0.0	4.8	5.0	83%		
	Apr-17	10	1.1	0.0	1.5	1.0	0.0	0.0	5.2	6.0	82%		
	May-17	5	0.2	0.0	3.0	1.0	0.0	0.0	9.2	9.0	17%		
	Jun-17	10	0.3	0.0	2.3	1.0	7.3	7.5	6.5	6.5	40%		
	Jul-17	7	3.3	0.0	4.6	2.5	5.0	5.0	11.2	10.0	27%		
	Aug-17	9	0.8	0.0	0.9	0.0	9.3	7.0	7.2	7.5	30%		
	Sep-17	10	1.3	1.0	3.3	1.0	6.0	3.0	11.8	13.5	25%		
Oct-17	9	0.6	0.0	0.8	1.0	12.0	12.0	13.8	13.0	0%			
Inpatient Restoration	Apr-15	7	6.8	1.0	8.1	1.0	25.3	22.0	0.0	0.0	100%	Not Applicable	Not Applicable
	May-15	1	6.3	1.0	7.9	2.0	35.0	41.0	54.7	62.0	0%		
	Jun-15	4	0.6	1.0	1.8	1.0	45.3	39.0	46.0	56.0	20%		
	Jul-15	11	1.3	0.0	4.5	2.0	16.2	11.0	45.3	56.0	33%		
	Aug-15	11	1.6	0.0	5.7	3.0	26.4	27.0	35.5	35.5	50%		
	Sep-15	17	1.5	0.0	4.6	1.0	37.2	35.0	20.4	1.0	57%		
	Oct-15	6	3.2	0.0	6.4	4.0	45.6	37.0	87.4	93.0	0%		
	Nov-15	10	2.4	0.0	4.1	2.0	51.7	48.0	90.8	92.0	0%		
	Dec-15	6	3.8	0.0	4.2	0.5	26.3	20.0	84.7	86.5	0%		
	Jan-16	15	2.3	0.0	2.7	0.0	31.1	19.0	53.8	58.0	25%		
	Feb-16	16	2.0	0.0	2.3	0.0	24.2	24.0	55.8	43.5	0%		
	Mar-16	18	1.1	0.0	1.1	0.0	27.7	23.0	45.2	46.5	0%		
	Apr-16	13	1.5	0.0	1.7	1.0	16.3	11.5	30.4	31.0	0%		
	May-16	19	1.5	0.0	1.6	0.0	10.2	13.0	9.9	7.0	53%		
	Jun-16	19	0.4	0.0	0.4	0.0	7.8	10.0	9.5	9.5	22%		
	Jul-16	11	0.7	0.0	0.7	0.0	2.0	2.0	7.2	5.0	60%		
	Aug-16	7	0.4	0.0	0.4	0.0	0.0	0.0	4.6	5.5	100%		
	Sep-16	21	0.2	0.0	0.2	0.0	1.5	1.5	4.1	5.0	86%		
	Oct-16	19	0.9	0.0	0.9	0.0	4.4	5.0	5.5	5.5	48%		
	Nov-16	18	0.7	0.0	0.7	0.0	13.5	13.5	6.3	7.0	48%		
	Dec-16	12	0.3	0.0	0.3	0.0	15.0	15.0	2.7	2.0	92%		
	Jan-17	19	1.3	0.0	1.3	0.0	1.0	1.0	7.5	7.0	65%		
	Feb-17	23	0.7	0.0	0.5	0.0	4.3	6.0	5.4	5.0	48%		
	Mar-17	18	1.3	0.0	1.4	0.0	5.2	3.0	5.3	7.0	58%		
	Apr-17	18	2.1	0.0	2.1	0.0	8.6	6.0	6.9	6.5	48%		
	May-17	20	1.4	0.0	1.8	0.0	5.9	5.5	8.1	7.0	35%		
	Jun-17	14	2.0	0.0	2.4	0.0	7.5	2.5	8.6	8.0	33%		
	Jul-17	13	2.2	1.0	2.2	1.0	15.8	10.0	10.3	8.5	28%		
	Aug-17	23	0.6	0.0	1.7	0.0	6.4	4.0	11.6	9.0	29%		
	Sep-17	21	1.5	0.0	1.9	1.0	12.8	11.0	15.2	15.0	4%		
Oct-17	10	0.8	0.0	1.2	1.0	6.7	8.0	15.9	15.5	13%			

Data Notes:

<sup>1</sup>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 October 2017 which is "first look" data).

<sup>2</sup>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 3a. Class Member Status at WSH and ESH (Totals) – Jail-based Competency Evaluations**

Table 1 Title: Competency Outpatient (Jail) Evaluations and Data Summary															
TOTALS BOTH HOSPITALS	Court Orders Signed	Days from order signature to <sup>1</sup> :								Percent complete within 7 days from order signature date <sup>1</sup>	Percent completed within 14 days from receipt of order <sup>1,2</sup>	Percent completed within 14 days from receipt of order or within 21 days from order signature date <sup>1,2</sup>			
		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-15	209	2.1	0.0	3.5	1.0	17.8	10.0	20.3	14.0	12%	Not Applicable	Not Applicable		
	May-15	209	2.1	0.0	3.2	1.0	22.1	13.0	18.2	12.0	14%				
	Jun-15	240	2.3	1.0	3.6	1.0	20.8	13.0	24.1	17.0	9%				
	Jul-15	259	2.0	0.0	3.3	1.0	17.9	11.0	26.5	19.0	5%				
	Aug-15	192	2.0	0.0	3.0	1.0	19.7	13.0	25.4	21.0	6%				
	Sep-15	241	1.8	0.0	2.5	1.0	16.0	9.0	22.9	18.0	9%				
	Oct-15	219	1.9	0.0	2.5	1.0	16.6	11.0	19.2	16.0	17%				
	Nov-15	196	1.8	0.0	2.8	1.0	21.6	17.0	20.5	16.0	23%				
	Dec-15	236	1.6	0.0	2.1	0.0	16.2	10.0	20.4	15.0	11%				
	Jan-16	221	1.8	0.0	2.5	0.0	12.2	6.0	19.0	13.0	23%				
	Feb-16	243	0.7	0.0	0.8	0.0	7.4	5.0	11.0	8.0	42%				
	Mar-16	290	0.9	0.0	0.9	0.0	8.2	6.0	9.7	7.0	51%				
	Apr-16	240	0.9	0.0	1.0	0.0	7.7	5.0	10.0	8.0	48%				
	May-16	266	1.0	0.0	1.1	0.0	8.3	6.0	10.6	9.0	44%				
Jun-16	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 <sup>1</sup>	within 14 days from receipt of order <sup>1,2</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>1,2</sup>		
	Jul-16	274	0.9	0.0	1.0	0.0	9.2	6.0	12.9	10.0	44%	Not Applicable	Not Applicable		
	Aug-16	301	0.8	0.0	0.9	0.0	7.2	6.0	13.4	12.0	49%				
	Sep-16	313	0.7	0.0	1.0	0.0	7.3	7.0	12.9	12.0	47%				
	Oct-16	295	0.6	0.0	1.0	0.0	8.3	6.0	13.4	13.0	48%				
	Nov-16	240	1.3	0.0	1.8	0.0	10.2	9.0	13.2	13.0	49%				
	Dec-16	253	1.0	0.0	1.5	0.0	8.5	9.0	12.7	12.0	57%				
	Jan-17	257	0.9	0.0	1.1	0.0	7.9	6.0	12.7	12.0	46%				
	Feb-17	233	1.1	0.0	1.6	0.0	7.8	6.0	12.5	12.0	52%				
	Mar-17	313	1.0	0.0	1.3	0.0	5.7	3.0	10.9	9.0	66%				
	Apr-17	261	0.5	0.0	0.7	0.0	8.1	5.0	10.8	9.0	63%				
	May-17	327	0.4	0.0	0.7	0.0	9.0	7.0	11.3	10.0	58%			59%	59%
	Jun-17	345	0.5	0.0	0.8	0.0	6.5	4.0	13.5	13.0	41%			43%	43%
	Jul-17	274	0.7	0.0	0.9	0.0	9.7	7.0	13.2	13.0	49%			51%	51%
Aug-17	345	0.6	0.0	0.7	0.0	5.9	3.0	12.5	11.0	54%	55%			56%	
Sep-17	290	0.6	0.0	1.0	0.0	7.7	5.0	12.0	11.0	54%	54%	55%			
Oct-17	305	0.6	0.0	1.0	0.0	8.0	6.0	12.5	11.0	55%	55%	56%			

Data Notes:

<sup>1</sup>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 October 2017 which is "first look" data).

<sup>2</sup>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 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**

Table2 Title: Competency Inpatient Evaluations and Restorations with Data Summary													
TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to <sup>1</sup> :								Percent complete within 7 days from order signature date <sup>1</sup>	Percent completed within 7 days from receipt of order <sup>1,2</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>1,2</sup>
			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-15	15	7.8	1.0	11.0	3.0	39.9	33.0	45.1	48.5	9%	Not Applicable	Not Applicable
	May-15	13	7.3	1.0	9.7	3.0	55.3	47.0	50.9	25.0	5%		
	Jun-15	12	5.9	1.0	8.0	3.0	65.0	54.0	44.4	18.0	15%		
	Jul-15	19	5.7	1.0	7.8	3.0	49.9	15.0	14.8	15.0	20%		
	Aug-15	17	6.9	1.0	8.4	2.0	33.0	17.0	53.9	29.0	5%		
	Sep-15	22	4.3	1.0	5.7	1.0	39.4	22.0	20.4	20.0	10%		
	Oct-15	22	2.4	1.0	4.3	1.0	27.6	19.0	30.8	24.0	0%		
	Nov-15	21	2.0	1.0	3.9	1.0	30.8	18.0	26.4	22.0	5%		
	Dec-15	22	3.3	1.0	4.1	1.0	17.8	14.0	47.5	29.0	6%		
	Jan-16	17	4.8	1.0	6.6	1.0	27.0	23.0	33.7	29.0	0%		
	Feb-16	19	7.7	1.0	9.0	1.0	24.5	12.0	30.6	22.0	5%		
	Mar-16	27	6.7	1.0	6.9	1.0	12.6	9.0	26.6	16.0	8%		
	Apr-16	22	1.7	0.0	1.8	0.0	11.2	9.0	24.2	21.0	4%		
	May-16	22	1.5	0.0	1.5	0.0	9.5	6.0	17.8	20.0	22%		
	Jun-16	25	3.2	1.0	3.2	1.0	11.4	8.0	21.9	23.0	3%		
	Jul-16	22	4.3	1.0	4.3	1.0	7.2	4.0	16.6	14.0	8%		
	Aug-16	44	2.5	0.5	2.5	0.5	10.6	9.0	11.8	11.5	29%		
	Sep-16	33	2.1	1.0	2.2	1.0	12.8	14.0	11.7	8.0	28%		
	Oct-16	34	1.2	0.0	1.2	0.0	16.0	18.0	17.3	21.0	22%		
	Nov-16	28	1.4	0.0	1.2	0.0	20.5	21.5	23.2	29.5	16%		
	Dec-16	29	2.6	0.0	2.6	0.0	16.9	19.5	21.1	21.0	22%		
	Jan-17	25	1.9	0.0	2.0	0.0	10.6	12.0	18.0	14.0	29%		
	Feb-17	31	2.0	0.0	2.3	0.0	14.0	12.0	10.8	7.5	31%		
	Mar-17	29	1.6	0.0	2.0	0.0	10.8	11.0	19.9	25.0	21%		
	Apr-17	38	0.7	0.0	1.1	0.0	13.6	11.0	17.6	21.0	17%		
	May-17	34	1.9	0.0	2.2	0.0	22.6	20.0	24.3	28.0	8%		
	Jun-17	30	1.9	0.0	2.2	0.0	27.6	28.5	29.4	39.0	11%		
	Jul-17	23	1.3	0.0	1.5	0.0	31.7	28.0	33.7	45.0	14%		
	Aug-17	37	0.7	0.0	0.8	0.0	15.6	9.0	31.9	43.0	12%		
	Sep-17	34	0.5	0.0	0.8	0.0	25.6	23.5	26.0	28.0	11%		
	Oct-17	25	1.3	0.0	1.4	0.0	32.0	33.5	31.4	27.0	6%		
	Inpatient Restoration <sup>3</sup>	Apr-15	67	1.5	0.0	2.2	1.0	35.3	16.0	37.6	43.0		
May-15		60	1.5	0.0	1.9	0.0	35.8	20.0	27.8	18.0	24%		
Jun-15		66	1.6	0.0	2.0	1.0	20.6	13.0	34.9	25.0	20%		
Jul-15		88	1.4	0.0	1.9	0.0	16.1	10.0	24.5	20.0	26%		
Aug-15		72	1.9	0.0	2.4	0.0	23.5	20.0	24.0	33.0	25%		
Sep-15		112	1.6	0.0	2.1	0.0	27.6	21.0	22.7	13.0	29%		
Oct-15		79	2.1	1.0	2.9	1.0	26.9	25.0	32.1	45.0	20%		
Nov-15		65	1.5	1.0	2.0	1.0	37.2	34.0	42.1	49.0	21%		
Dec-15		71	1.8	1.0	2.3	1.0	27.5	23.0	47.4	52.0	15%		
Jan-16		76	2.6	0.0	2.8	0.0	29.6	19.0	37.5	46.0	23%		
Feb-16		80	3.3	0.0	3.8	1.0	24.2	21.0	37.1	41.0	12%		
Mar-16		98	1.3	0.0	2.2	0.0	26.5	24.0	31.8	39	24%		
Apr-16		78	1.7	0.0	2	0.0	22.9	22.0	35.5	41	10%		
May-16		87	1.7	0.0	1.9	0.0	22.1	20.0	25.2	19	31%		
Jun-16		90	1.2	0.0	1.3	0.0	21	15.0	23	14.5	13%		
Jul-16		78	1.6	0.0	1.8	0.0	11.4	6.0	20.4	13.0	19%		
Aug-16		102	1.4	0.0	1.6	0.0	12.6	13.0	11.8	11.5	28%		
Sep-16		125	1.4	0.0	1.5	0.0	14.0	10.0	14.3	12.0	22%		
Oct-16		93	1.2	0.0	1.3	0.0	23.9	25.0	18.6	14.0	14%		
Nov-16		99	1.4	0.0	1.4	0.0	24.0	20.5	23.6	13.0	18%		
Dec-16		110	1.5	0.0	1.5	0.0	26.6	23.0	21.4	13.0	17%		
Jan-17		103	1.8	0.0	1.8	0.0	25.1	20.5	25.4	15.5	21%		
Feb-17		117	1.5	1.0	1.5	1.0	20.7	18.0	24.4	10.5	20%		
Mar-17		126	1.4	0.0	1.4	0.0	23.0	19.5	22.6	12.0	18%		
Apr-17		98	1.2	0.0	1.2	0.0	25.5	20.0	29.4	21.0	10%		
May-17		123	1.5	0.0	1.5	0.0	27.4	22.0	28.7	20.0	13%		
Jun-17		112	1.9	0.0	1.9	0.0	27.1	21.5	24.7	15.0	13%		
Jul-17		116	1.5	0.0	1.5	0.0	24.2	18.0	32.5	18.0	11%		
Aug-17		132	0.7	0.0	0.9	0.0	26.6	22.0	23.9	14.0	15%		
Sep-17		123	0.9	0.0	0.9	0.0	27.6	19.0	32.7	19.0	9%		
Oct-17		121	0.8	0.0	0.8	0.0	33.8	28.0	29.4	18.0	13%		

Data Notes:

<sup>1</sup>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 October 2017 which is "first look" data).

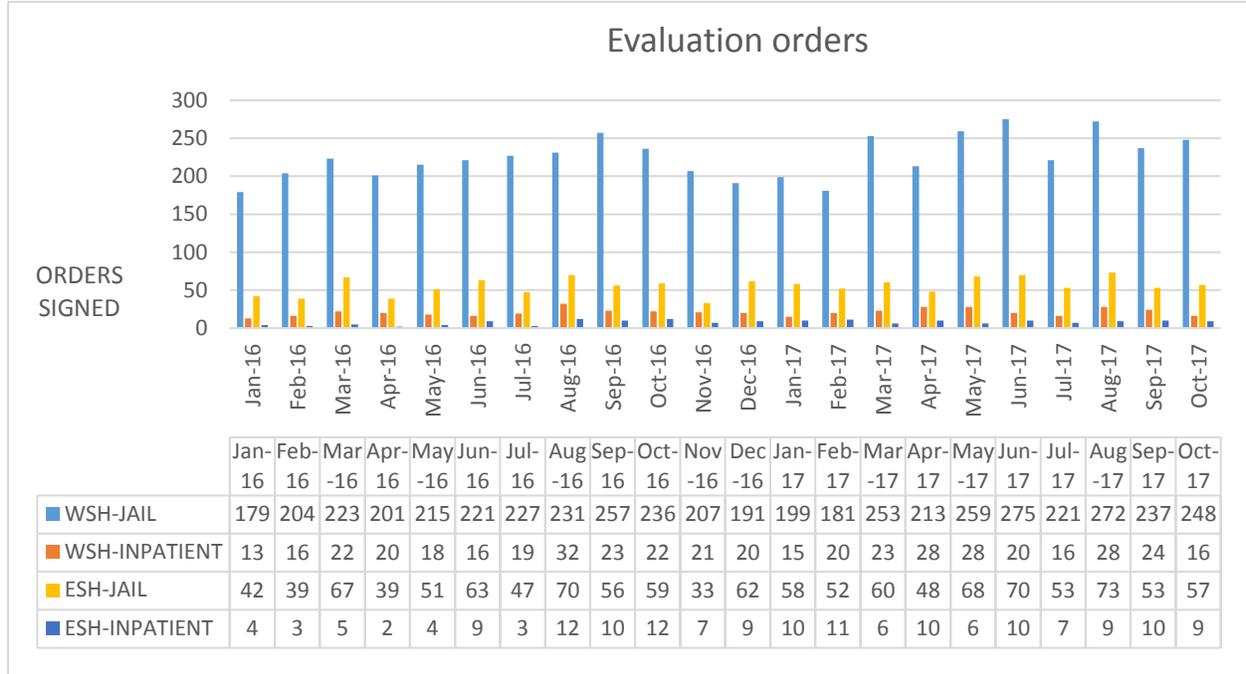
<sup>2</sup>As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit 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).

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

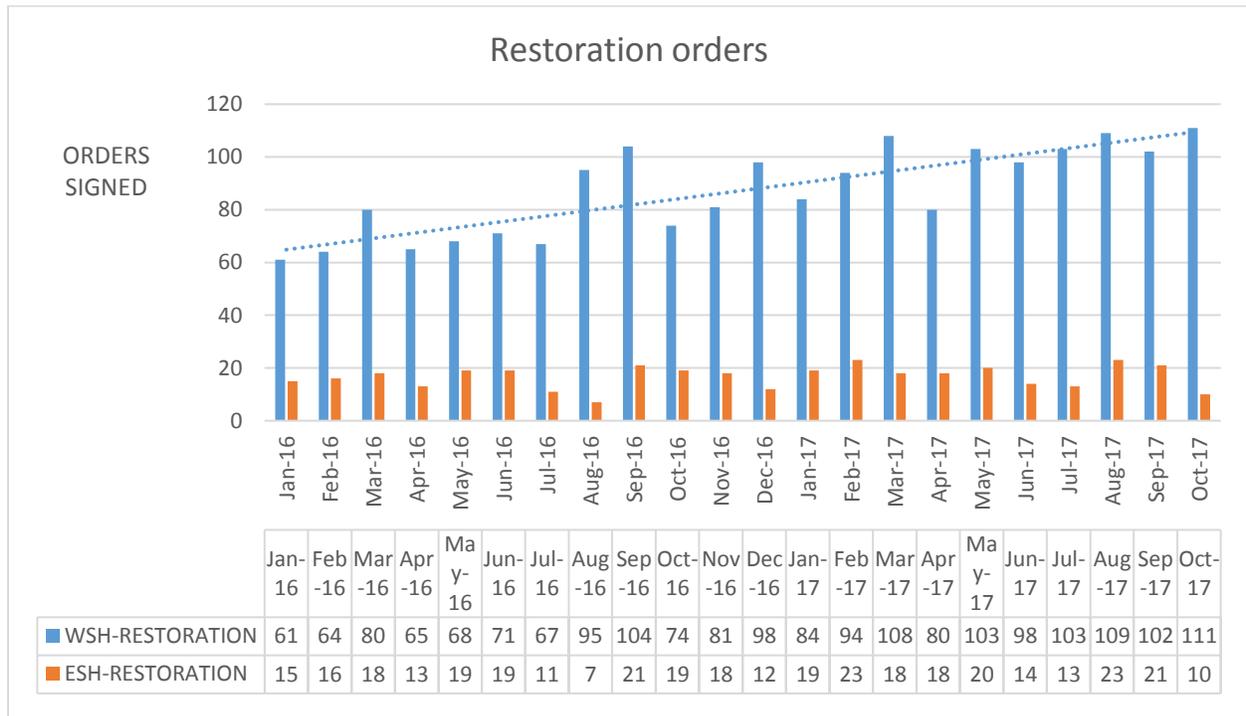
**CLASS MEMBER STATUS DATA GRAPHS**

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

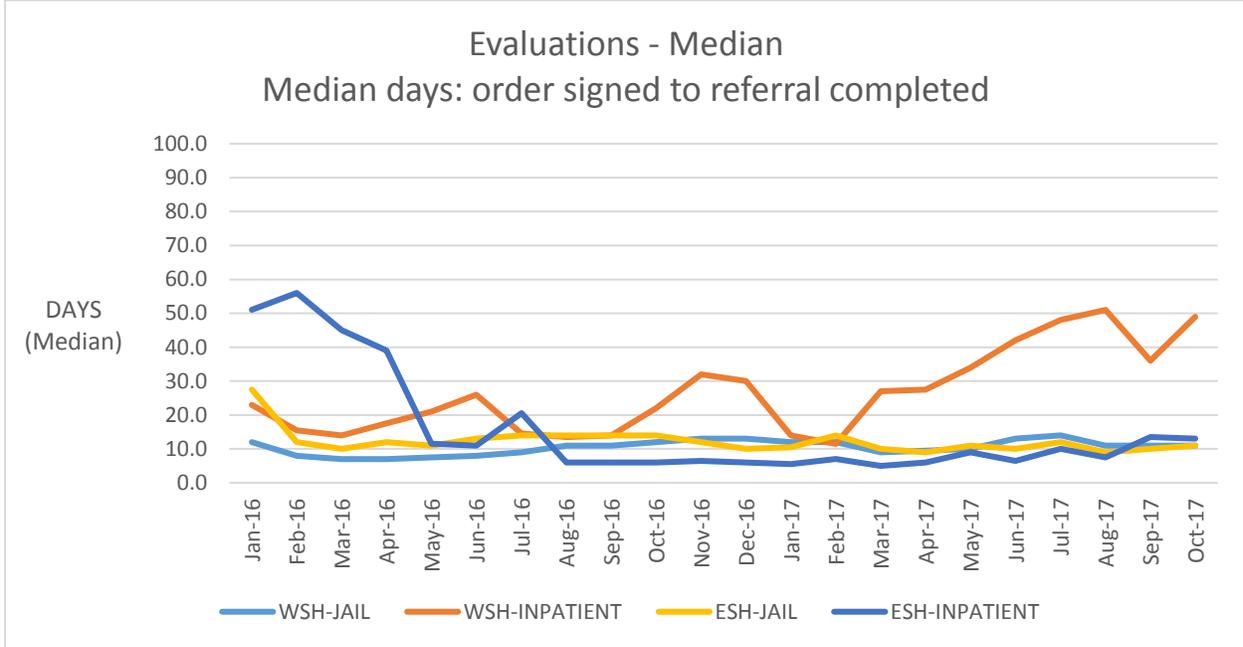
**FIGURE 1. Evaluation Orders**



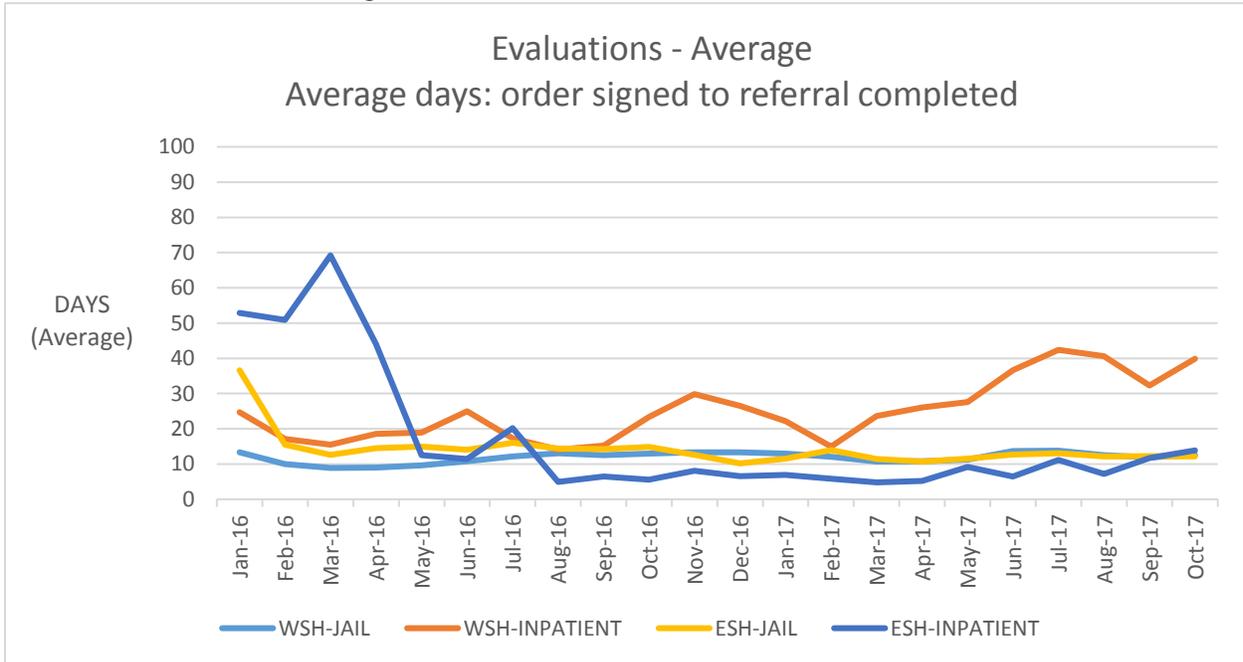
**FIGURE 2. Restoration Orders**



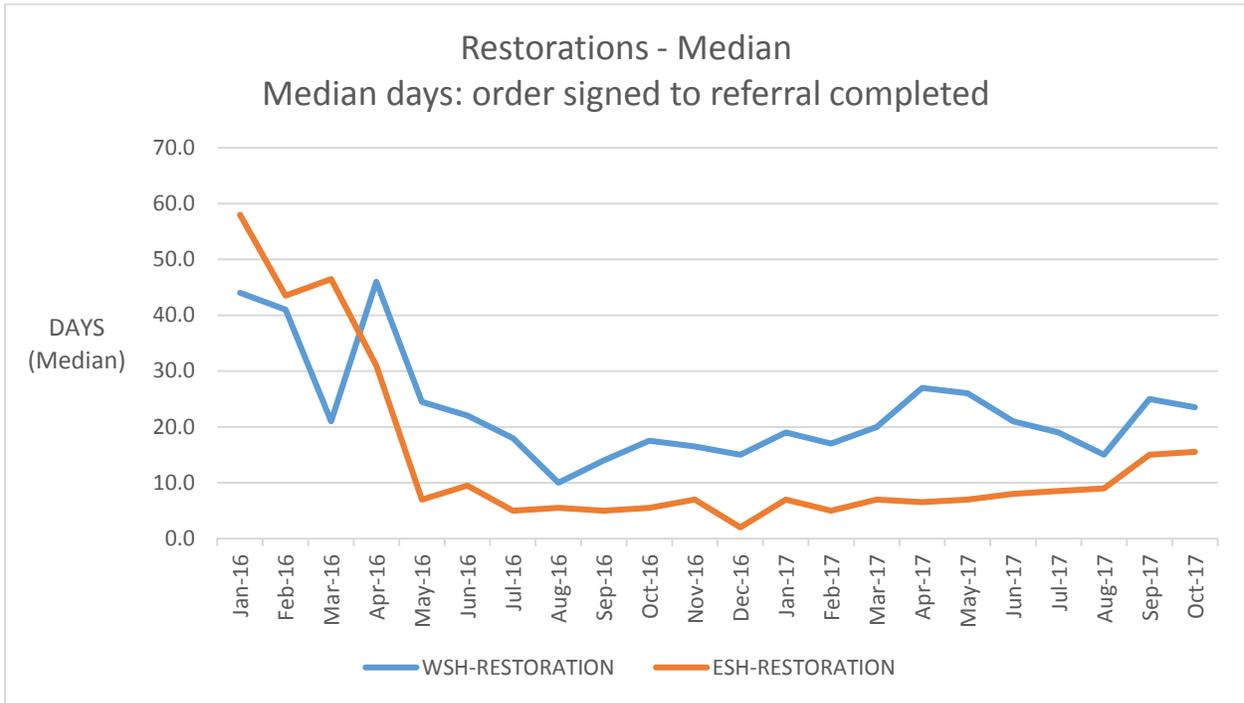
**FIGURE 3. Evaluations – Median**



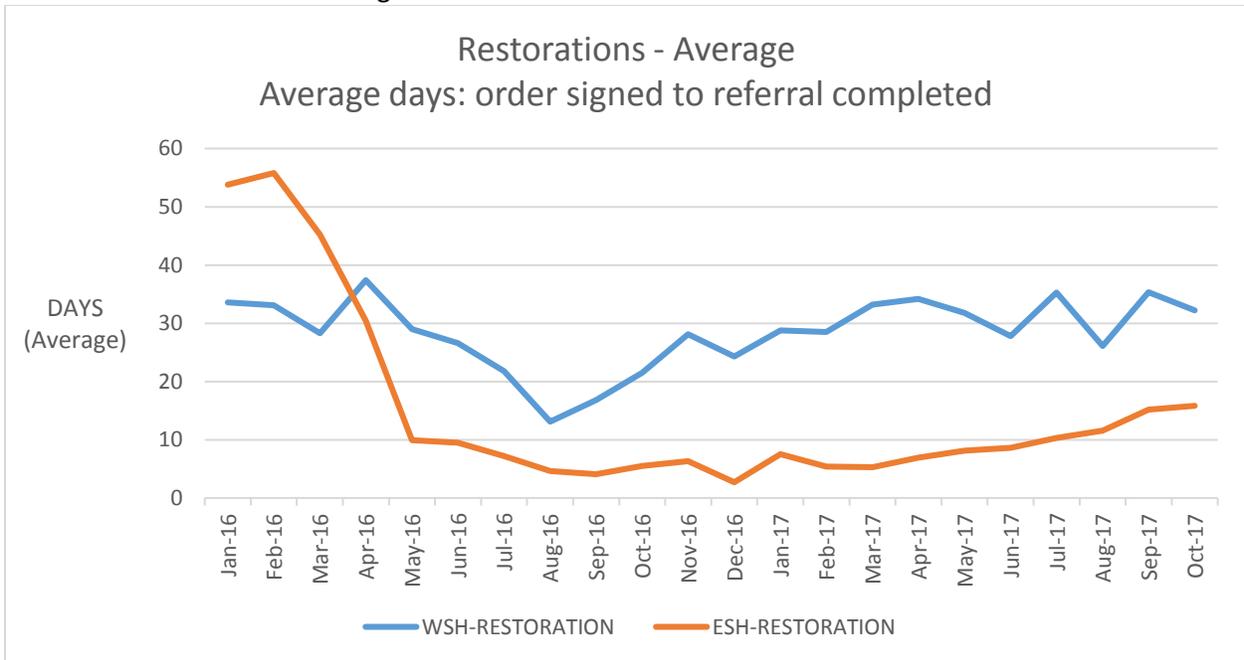
**FIGURE 4. Evaluations – Average**



**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.** October 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	222	345	64.3%
Jul-17	196	274	71.5%
Aug-17	262	345	75.9%
Sep-17	207	290	71.4%
<b>Oct-17</b>	<b>173</b>	<b>305</b>	<b>56.7%</b>

TABLE 4 CONTD.

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	29	116	25.0%
Aug-17	36	132	27.3%
Sep-17	21	123	17.1%
<b>Oct-17</b>	<b>32</b>	<b>121</b>	<b>26.4%</b>
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	34	14.7%
Jun-17	7	30	23.3%
Jul-17	8	23	34.8%
Aug-17	7	37	18.9%
Sep-17	7	34	20.6%
<b>Oct-17</b>	<b>4</b>	<b>25</b>	<b>16.0%</b>

**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 <sup>1</sup>	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER <sup>1</sup>	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE <sup>1</sup>	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE <sup>1</sup>
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	345	229	66.4%	230	66.7%
Jul-17	274	203	74.1%	205	74.8%
Aug-17	345	267	77.4%	269	78.0%
Sep-17	290	214	73.8%	216	74.5%
<b>Oct-17</b>	<b>305</b>	<b>175</b>	<b>57.4%</b>	<b>176</b>	<b>57.7%</b>

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 <sup>1</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1</sup>	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1</sup>
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	31				
Mar-17	29				
Apr-17	38				
May-17	34	5	14.7%	5	14.7%
Jun-17	30	7	23.3%	7	23.3%
Jul-17	23	8	34.8%	8	34.8%
Aug-17	37	7	18.9%	7	18.9%
Sep-17	34	7	20.6%	7	20.6%
<b>Oct-17</b>	<b>25</b>	<b>4</b>	<b>16.0%</b>	<b>4</b>	<b>16.0%</b>

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 <sup>1</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1</sup>	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1</sup>
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	32	27.6%	33	28.4%
Aug-17	132	37	28.0%	37	28.0%
Sep-17	123	22	17.9%	22	17.9%
<b>Oct-17</b>	<b>121</b>	<b>34</b>	<b>28.1%</b>	<b>35</b>	<b>28.9%</b>

## RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

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### 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 in Fiscal Year 2019 (July 1, 2018 to June 30, 2019), 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, 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 third 30-day extension to the Systems Improvement Agreement was approved, with a current end date of November 2, 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 (HMH) ward. Once accomplished, the remaining placements would be filled by ESH patients who reside

on ESH's HHM ward. Once the ESH MMH 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 met with TriWest to discuss their model and the data needed. DSHS then provided TriWest with a list of data elements that would be provided to them to ensure TriWest and DSHS are using the same terminology and data sets. TriWest then sent DSHS their Institutional Review Board (IRB) proposal and data elements for review and edits, and DSHS responded with edits. On October 13, TriWest requested and received aggregate level referral data from DSHS. TriWest also reported that the IRB proposal was reviewed by the WSIRB Board on October 19, 2017. TriWest sought status updates from the WSIRB Board, but is still waiting for a reply. Once this reply is received, DSHS will proceed with the data collection necessary to assist TriWest's work on this project.

## **TRUEBLOOD KEY ACCOMPLISHMENTS – OCTOBER 2017**

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### **RECRUITMENT**

- A third Systems Improvement Agreement (SIA) recruiting project has begun at Western State Hospital (WSH). It is projected that there will be 60-90 new positions created by this effort. Work has begun on the project by the recruitment team at DSHS HQ.
- The Talent Acquisition staff at the WSH Hiring Center are now back at DSHS HQ, having finished the emergency hiring and initial SIA projects. Recruitment efforts will continue as before with operational HR personnel at WSH taking care of on-site business such as reference and background checks, licensure, payroll and benefits, and new employee orientation.
- Recruitment continues at Maple Lane for Residential Rehabilitation Counselor and Security Guard positions as needed.
- OFMHS needs to fill one more forensic evaluator supervisor position in Lacey. The recruitment team is preparing job announcements for remaining positions and will open those announcements in the first week of November.

### **RESIDENTIAL TREATMENT FACILITIES**

- As of October 31, 2017, the census at the Yakima Competency Restoration Program was 24. A total of 177 patients have been admitted since the program opened. Out of this total, 106 completed the program and were determined competent, 23 were determined not likely restorable, 32 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, and 1 was recommended for an additional period of restoration but did not receive the order prior to the lapse date on the current restoration order. A total of 16 patients have been transferred to the state hospital. Fifty-four (54) patients have been recommended for early evaluation.
- As of October 31, 2017, the census at Maple Lane Competency Restoration Program is 30. A total of 312 patients have been admitted since the program opened. Of these, 281 patients have been

discharged. A total of 160 completed the program and were opined competent. A total of 35 were determined not likely restorable. There were 42 misdemeanor patients who were not restored and by law could not be offered an additional period of restoration services. There were 18 patients transferred to the state hospital. Of these 18, 13 were transferred due to physical aggression, 1 for sexually inappropriate behavior, 3 for medical reasons, and 1 due to a court order stipulating that the patient be treated only at Western State Hospital. Of patients returned to jail: 1 for severe aggression, 2 to await a Sell Hearing, 2 at the request of defense counsel to attend competency update hearings, and 1 at the request of defense counsel to be present for a Sell Hearing. There was 1 patient that eloped from the facility. There were 2 patients who were not evaluated at the facility, and returned to jail on the last day of their restoration order. There was 1 patient who was Not Competent but restorable who left for a Sell Hearing at the end of the restoration period and returned to the facility. There were 9 patients found Not Competent but restorable for whom a second 90-day or third 180-day order was not issued prior to the end of the first or second restoration period (6 left for jail and later returned, 3 were diverted to Western State Hospital). Referrals for early evaluation were made for 53 patients. There have been 37 patients who were recommended for, and received, second 90-day orders; another has been recommended, but has not yet received the second 90-day order. There have been 3 patients who were recommended for, and received, a third 180-day order; another has been recommended, but has not yet received the third 180-day 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 impacts of contracting (funding needs, labor requirements) were still under review during the month of October.

**TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—NOVEMBER 2017**

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
<b>Court Appointed Monitor Coordination</b>				
Monthly Reports	Release October report	Complete	<ul style="list-style-type: none"> <li>• Maintain compliance with the Court.</li> <li>• Use data to review and improve the provision of forensic services.</li> </ul>	<ul style="list-style-type: none"> <li>• Released October report to Stakeholders.</li> </ul>
<b>Legislative Coordination</b>				
Implement Engrossed Substitute Senate Bill (ESSB) 6656: Funding applications	Apply for funding from the Office of Financial Management (OFM) from the Governor's Behavioral Health Innovation Fund relating to the state hospitals' forensic systems.	<p>Passed legislature. Expires on July 1, 2019 per Section 14.</p> <p>Complete.</p>	<ul style="list-style-type: none"> <li>• Section 5(2) requires OFM to contract with an external consultant to examine the current configuration and financing of the state hospital system and make recommendations on a number of different areas, including identification of the potential costs, benefits, and impacts associated with dividing one or both of the state hospitals into discrete hospitals to serve civil and forensic patients in separate facilities. The consultants' report is due to the Governor and Legislature by Oct. 1, 2016.</li> <li>• Section 5(3) requires DSHS to contract for the services of an academic or independent state hospital psychiatric clinical care model consultant to examine the clinical role of staffing at the state hospitals. The consultants'</li> </ul>	<p>The Select Committee for Quality Improvement in State Hospitals last met on December 20, 2016. Preliminary findings of the committee thus far were posted in January, 2017. The Committee is scheduled to reconvene for meetings on October 30, 2017 and December 15, 2017. Updates will be provided following those meetings. Complete meeting materials are available at: <a href="http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals">http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals</a></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"> <li>Section 6 creates the Governor's Behavioral Health Innovation Fund in the state treasury. Only the director of financial management or designee may authorize expenditures from that Fund, which are provided solely to improve quality of care, patient outcomes, patient and staff safety, and the efficiency of operations at the state hospitals.</li> </ul>	
<p>Consult with DOH about draft legislation requiring DOH certification of forensic evaluators to determine the need for a sunrise review</p>	<p>Consult DOH</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators.</li> <li>Develop long-term certification of forensic evaluators, consistent with the Trueblood Court Monitor's recommendations on mid- and long-term performance to implement a forensic certification program to sustain performance.</li> </ul>	<p>In a decision package request made by the Department, a position that will work on both diversion initiatives and the work of implementing the certification program (labor relations, initial and ongoing training, liaison with DOH, certification, etc.) was requested.</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
<b>Labor Coordination</b>				
Engage Labor Leaders and Members	Conduct ongoing bi-monthly meetings with Labor leaders	Ongoing	<ul style="list-style-type: none"> <li>• Discuss policy, budget and operational changes likely required to comply with the Trueblood requirements.</li> <li>• Obtain staff necessary to safely support operation of additional forensic and civil beds at the state hospitals.</li> <li>• Obtain necessary psychiatrists and physicians to supplement services proved by employees at Western State Hospital to safely support the operation of additional forensic and civil beds.</li> </ul>	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. In the month of October, no Labor meetings were scheduled.
<b>Data Collection and Fiscal Modeling</b>				
Monthly report data collection	Identify and obtain needed data	Ongoing	<ul style="list-style-type: none"> <li>• Obtain data for monthly reports and develop standardized reports to inform policy development and implementation.</li> </ul>	Data collection is ongoing.
Institute data audit process	Review data and files of cases with anomalies and identify trends	Ongoing	<ul style="list-style-type: none"> <li>• Ensure completeness and accuracy of wait list data.</li> </ul>	Data validation process is ongoing.
Forensic Data System Design/ Development	Build data models- Entity Relationship Diagram (ERD)	Complete	<ul style="list-style-type: none"> <li>• Integrated Forensic System with consistent data entry and tracking of all class members from creation of court order for mental competency evaluation through completion of evaluation and/or restoration (whichever is later).</li> <li>• Provide capability for access by evaluators to discovery documents and</li> </ul>	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
	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.	May 2018 Integration Testing events and culminates with a July 2018 go-live. The progress this month is as follows: <ul style="list-style-type: none"> <li>• Analysis of data migration from existing system is underway. This has been delayed and is now scheduled for presentation to Governance in December.</li> <li>• Project Team has completed the Evaluation &amp; Restoration Module and the Scheduling &amp; Delays Module.</li> <li>• User Acceptance Testing was completed for both modules. Results of the UAT have been reviewed and incorporated.</li> <li>• Project team is preparing to begin working on the Residential Treatment Facility Module.</li> </ul>
	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		
<b>Human Resources</b>				
Hire Office of Forensic Services HQ positions	Hire and Onboard	Complete	Provide infrastructure for forensic services system and improve effective and timely provision of competency services.	The Liaison and Diversion Specialist position was filled on November 1, 2017. Transition work will continue for the first few weeks as the new hire becomes assimilated into OFMHS. The inpatient evaluator supervisor position was filled on October 16, 2017. As such, only one supervisor position remains open. The new supervisor vacated an evaluator position for which a candidate accepted an offer in October and starts December 1, 2017.
Hire additional hospital ward staff	Conduct targeted hiring events	In progress	Obtain required staff of all classes to safely and appropriately operate additional civil and forensic beds and to meet data collection, analysis and reporting needs.	<ul style="list-style-type: none"> <li>• The third Systems Improvement Agreement (SIA) recruitment project has begun. Regional HR representatives at WSH will be working with recruiters at HQ to accomplish the recruiting goals of this project.</li> <li>• The Talent Acquisition staff at the WSH Hiring</li> </ul>
	Pursue contracting			

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>Center are now stationed at DSHS HQ. Recruitment efforts continue for forensic evaluators and supervisors.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Competency Evaluation</b>				
Build capacity for out-station sites	Site agreements	N/A	<ul style="list-style-type: none"> <li>Increased capacity at out-station sites will reduce wait time for evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>The Thurston County outstation began operating October 1, 2017.</li> <li>Work continues to find a suitable outstation in Mason County with progress being made in considering a DSHS space in Shelton.</li> </ul>
	Out-station sites operational	Completed		
Coordinate with forensic mental health system partners	Regular meetings with County Stakeholders	Ongoing	<ul style="list-style-type: none"> <li>Stakeholder meetings will focus on topics where collaborative work is required to meet the requirements of the Trueblood Decision.</li> </ul>	<ul style="list-style-type: none"> <li>Office of Forensic Mental Health Services Director and Liaison Specialist are participating as members of the WINGS Public Guardianship Steering Committee with the Administrative Office of the Courts (AOC) to explore the possibility of utilizing public guardianship and other less restrictive options to the benefit of the forensic population. 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.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<ul style="list-style-type: none"> <li>• Liaison participates in an Outreach and Re-Entry Committee lead by the Health Care Authority (HCA), which is exploring diversion options for individuals with behavioral health issues involved in the forensic system. HCA is soliciting input from other agencies for ideas on pilot programming. The group is reviewing best practices received from stakeholders and rating them on impact vs. resource requirements. The next meeting is scheduled for November 2, 2017.</li> <li>• Following the first quarterly meeting with Spokane County stakeholders on August 9th, an interim phone/WebEx meeting was scheduled for October 31 with Spokane County and ESH to discuss ideas for reducing mis-assignments and discharge planning for forensic services patients.</li> <li>• OFMHS attended the September 28th Behavioral Health Organization meeting.</li> <li>• 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</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				this 'data dashboard' to each of the counties with their specific data (for current meetings and then for future meetings with additional counties).
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.	The Quality Assurance program for competency reports began November 1, 2017. The policy was created, reviewed, and implemented in October, 2017.
Explore and pursue triage system possibilities	Roll out Phase II	In progress	Establish an efficient evaluation to identify individuals who: need inpatient services due to serious mental health condition; clearly do not require inpatient evaluation services; or are clearly competent due to changes in their condition since the issuance of an order for evaluation (such as no longer drug affected).	<ul style="list-style-type: none"> <li>• As of October 31st DSHS has received 150 triage referrals from jail staff/defense and approved 103. One referral was admitted to ESH. 32 were not approved for expedited admission. 7 referrals were admitted to WSH/MLCRP prior to completion of the triage process, 5 did not have a valid order for restoration at the time of referral, and 1 was diverted to a medical hospital. In addition, requests were made for more information on 3 referrals multiple times and no new information was received.</li> <li>• 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 October, 2017 a total of 79 calls were made, and 9 resulted in referral requests.</li> <li>• Since tracking began, 1,437 calls have been made.</li> </ul>
<b>Competency Restoration</b>				
WSH – opening 30 forensic beds once 30 civil	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 in Fiscal Year (July 1, 2018 to June 30, 2019) 2019, assuming the closure of one thirty bed civil ward and subsequent

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
patients transition to community				conversion to a forensic unit. The Aging and Long Term Service 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, 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. This request can be found here: <a href="https://www.dshs.wa.gov/data/budget/2018/030-PL-CV-Forensic-Ward-Staffing.pdf">https://www.dshs.wa.gov/data/budget/2018/030-PL-CV-Forensic-Ward-Staffing.pdf</a>
Provide Restoration Treatment at the Maple Lane Competency Restoration Program (MLCRP)	Open Maple Lane facility	Complete	<ul style="list-style-type: none"> <li>Identify alternate facility capacity to meet <i>Trueblood</i> compliance.</li> <li>Any competency restoration treatment program at Maple Lane is anticipated to transfer to operation at a State Hospital before DOC would be housing inmates on that campus.</li> </ul>	As of October 31, 2017, the census at Maple Lane Competency Restoration Program is 30. A total of 312 patients have been admitted since the program opened. Of these, 281 patients have been discharged. A total of 160 completed the program and were opined competent. A total of 35 were determined not likely restorable. There were 42 misdemeanor patients who were not restored and by law could not be offered an additional period of restoration services. There were 18 patients transferred to the state hospital. Of these 18, 13 were transferred due to physical aggression, 1 for sexually inappropriate behavior, 3 for medical reasons, and 1 due to a court order stipulating that the patient be treated only at Western State Hospital. Of patients returned to jail: 1 for severe
	Restore patients to competency	Ongoing		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>aggression, 2 to await a Sell Hearing, 2 at the request of defense counsel to attend competency update hearings, and 1 at the request of defense counsel to be present for a Sell Hearing. There was 1 patient that eloped from the facility. There were 2 patients who were not evaluated at the facility, and returned to jail on the last day of their restoration order. There was 1 patient who was Not Competent but restorable who left for a Sell Hearing at the end of the restoration period and returned to the facility. There were 9 patients found Not Competent but restorable for whom a second 90-day or third 180-day order was not issued prior to the end of the first or second restoration period (6 left for jail and later returned, 3 were diverted to Western State Hospital). Referrals for early evaluation were made for 53 patients. There have been 37 patients who were recommended for, and received, second 90-day orders; another has been recommended, but has not yet received the second 90-day order. There have been 3 patients who were recommended for, and received, a third 180-day order; another has been recommended, but has not yet received the third 180-day order.</p>

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	<ul style="list-style-type: none"> <li>• Anticipated duration of one year and possible one year extension.</li> <li>• Identify alternate facility capacity to support timely competency services that will meet the Trueblood compliance deadline of 05/27/16.</li> </ul>	As of October 31, 2017, the census at the Yakima Competency Restoration Program was 24. A total of 177 patients have been admitted since the program opened. Out of this total, 106 completed the program and were determined competent, 23 were determined not likely restorable, 32 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, and 1 was recommended for an additional period of restoration but did not receive the order prior to the lapse date on the current restoration order. A total of 16 patients have been transferred to the state hospital. Fifty-four (54) 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 24 bed expansion at Yakima Residential Treatment Facility. The Department intended to move forward with this expansion to provide relief to class members. In August, Plaintiff's provided notice contesting the opening of the 24 expanded beds. A court date was set in September to hear the Plaintiff's motion. Court testimony occurred in September and additional testimony is planned in future months. Work on completing the Union notices and contract continued to move forward in the month of October.
Outpatient Competency	Diversion Programs are Operational	Ongoing	Development and implementation of outpatient competency restoration	The new task order with Groundswell Services was signed in October. The next round of meetings with stakeholders in Pierce, King, and Spokane counties

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Restoration Programs			programs in King, Pierce, and Spokane Counties.	have been scheduled for December 13-15, 2017. The goal of these meetings will be to further discuss the local model proposed in each county for OCRP implementation and understand any barriers that need to be addressed.
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.	DSHS continues to work with jails to transport defendants in a timely manner.
<b>Diversion Alternatives</b>				
Implement 2E2SSB 5177 (2015) provisions for dismissal of charges & referral to treatment	Diversion Programs are Operational	Ongoing	Prosecutor can dismiss criminal charges without prejudice & refer to community-based mental health services.	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 File Transfer Protocol site. King signed the contract in October and all three sites are providing the required data and narrative deliverables based on contract requirements. The next quarterly update call is scheduled for January 11, 2018.
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.

<b>1. Implement a triage system to sort class members waiting for in-jail evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:</b>			
Requirements	Date	Status	Progress Notes
A. Producing a triage plan for review and comment	March 1, 2016	Complete	Complete
B. Putting the triage plan into effect, after accounting for the comments received	March 15, 2016	Complete	Complete
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	See 3c below and review task progress in "explore and pursue triage system possibilities."
<b>2. Eliminate the backlog of class members currently waiting for in-jail evaluations by:</b>			
A. Formally notifying DSHS's forensic evaluators and Pierce County's panel evaluators of plan to eliminate the backlog of people waiting for in-jail evaluations and requesting their help in doing so, and providing plans to get evaluations done through the use of extra duty pay and other methods available	February 15, 2016	Complete	Complete
B. Preparing a list of all backlog cases, organized by jail and by county	March 1, 2016	Complete	Complete
C. Finalizing recruitment of evaluators to aid in the backlog elimination effort and setting a schedule for the evaluation of each backlog case	March 1, 2016	Complete	Complete
D. Initiating the backlog elimination effort	March 7, 2016	Complete	Complete

<p>E. Completing evaluations for all backlog cases (any patient waiting more than 14 days at the end of the month)</p>	<p>April 15, 2016, Ongoing</p>	<p>Ongoing</p>	<p>Of the 305 jail evaluation orders signed in October, 173 were completed within 14 days, which is 56.7%. This number is expected to rise once the data are mature.</p>
<p><b>3. Implement a triage system to sort class members waiting for in-hospital evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:</b></p>			
<p>C. Reporting on the implementation and effectiveness of the triage plan in Defendants’ monthly reports to the Court Monitor</p>	<p>Beginning April 15, 2016, ongoing</p>	<p>Ongoing</p>	<p>As of October 31st DSHS has received 150 triage referrals from jail staff/defense and approved 103. One referral was admitted to ESH. 32 were not approved for expedited admission. 7 referrals were admitted to WSH/MLCRP prior to completion of the triage process, 5 did not have a valid order for restoration at the time of referral, and 1 was diverted to a medical hospital. In addition, requests were made for more information on 3 referrals multiple times and no new information was received.</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>
<p><b>4. Implement a triage system to sort class members waiting for restoration services by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:</b></p>			
<p>C. Reporting on the implementation and effectiveness of the triage plan in Defendants’ monthly reports to the Court Monitor</p>	<p>Beginning April 15, 2016</p>	<p>Complete</p>	<p>As of October 31st DSHS has received 150 triage referrals from jail staff/defense and approved 103. One referral was admitted to ESH. 32 were not approved for expedited admission. 7 referrals were admitted to WSH/MLCRP prior to completion of the triage process, 5 did not have a valid order for restoration at the time</p>

			of referral, and 1 was diverted to a medical hospital. In addition, requests were made for more information on 3 referrals multiple times and no new information was received.
<b>5. Report on the implementation status of the CMS Plan of Correction by:</b>			
B. Reporting on the implementation status in Defendants' monthly reports to the Court Monitor	Beginning March 15, 2016, ongoing	Ongoing	On June 2, 2016, DSHS finalized negotiations with CMS to enter into a 13 month Systems Improvement Agreement (SIA) to allow Western State Hospital (WSH) the time and guidance needed to fix systemic operating problems and put more focus on patient treatment and overall safety. 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. A third 30-day extension was approved with a current end-date of November 2, 2017.
<b>6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS's terms of participation is achieved in March by:</b>			
C. Reporting on the implementation status of the plan and timeframe in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement will run from November 2, 2017 to July 2, 2018. A copy of the agreement was shared with Dr. Mauch by Defense Counsel on November 3, 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. During court hearings in August and in September, bed expansion plans were discussed with a focus on expanding capacity at Yakima by 24 beds.

<b>8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds by:</b>			
D. Executing contracts for implementation by the selected providers	April 15, 2016	Complete	Prosecutorial diversion was funded for fiscal year 2018.
<b>10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system by:</b>			
E. Implementing revisions to the existing system or initiating development of a new forensic data and management information system	To initiate new system development efforts- May 27, 2016	Ongoing development and project underway.	<ul style="list-style-type: none"> <li>• Project Team has completed the Evaluation &amp; Restoration Module and the Scheduling &amp; Delays Module.</li> <li>• User Acceptance Testing (UAT) was completed for both modules. Results of the UAT have been reviewed and are being incorporated at this time.</li> </ul>

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

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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 15<sup>th</sup> of every month, DSHS is required to submit contempt fines data to the court. These data will be submitted to the court on 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 INJECTION AS TO IN JAIL COMPETENCY EVALUATIONS**

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

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

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

Through use of the interim solution, DSHS is collecting data on use of the good cause exception. The data required to be reported can be found in Appendix 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. This past month, BHA/OFMHS reached out to external stakeholders and re-invited them to FAC. This includes prosecutors, defense attorneys, judges, and Dr. Mauch. We had 3 external stakeholders, including Dr. Mauch, attend our last FAC meeting.

## APPENDICES

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### **Appendices A – G:**

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

### **Appendices H – L:**

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