

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

August 30, 2018

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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 August 31, 2018 and covers the events of July, 2018. 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 35.

This report provides the Class Member data for competency services displayed in two periods; June 1, 2018 – June 30, 2018 and July 1, 2018 – July 31, 2018. The June data are considered “mature” and the July 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 June 30, 2018 (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-June 2018
 - WSH: 222.5
 - ESH: 52.3
 - Both hospitals: 274.8
- Average monthly inpatient evaluation orders signed for April 2015-June 2018
 - WSH: 17.5
 - ESH: 7.7
 - Both hospitals: 25.2
- Average monthly restoration orders signed for April 2015-June 2018
 - WSH: 84.3
 - ESH: 14.8
 - Both hospitals: 99.1

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 284 in June from 304 the previous month. This is still well above the 222.5 average. ESH saw an increase to 66 orders from 63 the previous month, which is also well above the 52.3 average. Combined, the hospitals received 347 orders in June, which is well above the 274.8 average.
- WSH received 8 inpatient evaluation orders which is below the 17.5 average. ESH had 11 inpatient evaluation orders, which is also above the 7.7 average. Orders at both sites totaled 19 which is also below the 25.2 average.
- WSH received 98 restoration orders which is above the 84.3 average. ESH had 22 orders which is well above the 14.8 average. There were 120 restoration orders across both hospitals which is also above the 99.1 average.

Wait Times:

- Regarding jail-based 14 day evaluation completion times, WSH is at 9.7 days on average from order to completion and ESH is averaging 14.3 days. The combined average is 10.5 days.
- The average inpatient evaluation admission wait times at WSH is 33.7 days. ESH average is at 24.7 days. The combined average is 30.2 days.
- Restoration admission wait times at WSH is 45.2 days on average. The ESH average is 20.4 days. The combined average is 41.0 days.

Timeliness:

- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 65% completion rate within 14 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient evaluation admissions is at a 3% completion rate within 7 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient restoration admissions is at a 7% completion rate within 7 days.

Outlier Cases (Mature)

The monthly outlier population cases have been defined by the court monitor as:

- * Population from the mature data month.
- * Evaluations: incomplete status and waiting more than 20 days for an evaluation (In-Jail or Inpatient), by the end of the reporting period.
- * Restorations: incomplete status and waiting more than 40 days for restoration services (Inpatient), by the end of the reporting period.
- * Wait times for Inpatient services are measured from order to admission, not completion of the evaluation or restoration services.

Type	Number of referrals:	Minimum Number of days between order signed and end of reporting period	Maximum Number of days between order signed and end of reporting period
In-Jail Evaluations:	0	0	0
Inpatient Evaluations:	6	24	66
Inpatient Restorations (Misdemeanor):	4	43	64
Inpatient Restorations (Felony):	56	43	107

SUMMARY OF DELAY REASONS FOR <u>IN-JAIL EVALUATIONS</u>	
REASONS FOR DELAY IN DATABASE	OUTLIER CASES
Attorney scheduling conflict	0
Change in status from PR to JH or JH to PR	0
Client released from custody/jail	0
Defendant would not cooperate or would not participate without attorney	0
Good Cause Extension Needed	0
Interpreter scheduling conflicts	0
Late receipt of order or discovery availability delay	0
Medical Record/Collateral Information	0
No Reason Listed (cell was left blank)	0
Other	0
TOTAL:	0

SUMMARY OF DELAY REASONS FOR <u>INPATIENT EVALUATIONS AND RESTORATIONS</u>	
REASONS FOR DELAY IN DATABASE	OUTLIER CASES
Bed Availability	65
Change in status from PR to JH or JH to PR	0
Client released from custody/jail	0
Late receipt of order or discovery availability delay	0
Medical Record/Collateral Information	0
No Reason Listed (cell was left blank)	0
Other	1
TOTAL:	66

CLASS MEMBER STATUS DATA TABLES (See APPENDICES H-L “First Look” July)

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

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to ² :								within 14 days from order signature date ²	within 14 days from receipt of order ^{2,3}	within 14 days from receipt of order or 21 days from order signature date ^{2,3}
			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 - 14 day compliance	Jul-17	220	0.3	0.0	0.5	0.0	8.9	7.0	13.8	14.0	48%	49%	49%
	Aug-17	272	0.6	0.0	0.9	0.0	5.6	3.0	12.6	11.0	54%	55%	56%
	Sep-17	236	0.4	0.0	0.8	0.0	7.2	5.0	11.9	11.0	54%	54%	55%
	Oct-17	256	0.5	0.0	0.9	0.0	7.9	6.0	12.6	11.0	52%	53%	53%
	Nov-17	262	0.6	0.0	0.9	0.0	5.3	3.0	10.6	10.0	69%	69%	70%
	Dec-17	180	0.5	0.0	0.8	0.0	5.8	4.0	9.7	9.0	70%	70%	71%
	Jan-18	227	0.4	0.0	0.5	0.0	4.7	5.0	9.0	8.5	69%	69%	69%
	Feb-18	235	0.6	0.0	0.7	0.0	3.6	2.0	8.9	9.0	75%	75%	76%
	Mar-18	270	0.6	0.0	0.7	0.0	4.7	4.0	9.0	9.0	76%	76%	76%
	Apr-18	265	0.5	0.0	0.5	0.0	6.2	5.0	9.9	10.0	75%	76%	76%
	May-18	304	0.4	0.0	0.5	0.0	5.4	6.0	9.3	9.0	74%	75%	75%
	Jun-18	284	0.5	0.0	0.6	0.0	5.0	3.0	9.7	9.0	72%	72%	73%
Jul-18	252	0.3	0.0	0.4	0.0	7.1	7.0	10.3	10.0	75%	75%	75%	

Data Notes: See Appendix H

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

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 7 days from receipt of order ^{2,3}	Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{2,3}
			hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete		completion				
			Average	Median	Average	Median	Average	Median	Average	Median			
Inpatient Evaluation	Jul-17	16	0.9	0.0	0.9	0.0	32.9	30.0	42.4	48.0	10%	10%	10%
	Aug-17	28	0.7	0.0	0.7	0.0	16.5	11.5	40.6	51.0	9%	9%	9%
	Sep-17	22	0.3	0.0	0.3	0.0	27.8	31.0	32.3	36.0	7%	7%	7%
	Oct-17	16	2.3	0.0	2.5	0.0	33.0	34.0	38.4	49.0	10%	10%	10%
	Nov-17	15	1.4	0.0	1.6	0.0	31.8	27.0	50.5	48.0	0%	0%	0%
	Dec-17	16	4.2	0.5	4.2	0.5	31.4	32.0	43.5	50.0	8%	8%	8%
	Jan-18	16	3.2	0.5	3.2	0.0	33.2	31.0	48.4	60.5	5%	5%	5%
	Feb-18	6	4.9	0.0	4.9	0.0	40.6	41.0	55.2	62.0	7%	7%	7%
	Mar-18	12	2.0	0.0	2.0	0.0	31.8	25.0	44.1	61.5	17%	17%	17%
	Apr-18	10	2.1	0.0	2.1	0.0	23.2	19.5	56.3	62.0	0%	0%	0%
	May-18	11	0.7	0.0	0.7	0.0	21.3	22.0	41.4	42.0	4%	4%	4%
	Jun-18	8	1.7	0.0	1.7	0.0	25.1	17.0	33.7	40.0	5%	5%	5%
Jul-18	17	1.8	0.0	1.8	0.0	21.5	18.0	41.8	42.0	0%	0%	0%	
Inpatient Restoration ⁴	Jul-17	102	1.5	0.0	1.5	0.0	24.2	18.0	35.3	19.0	9%	9%	10%
	Aug-17	108	0.8	0.0	0.8	0.0	28.4	27.0	26.1	15.0	13%	14%	14%
	Sep-17	97	0.8	0.0	0.8	0.0	29.1	23.0	35.3	25.0	10%	10%	10%
	Oct-17	107	0.8	0.0	0.8	0.0	34.3	28.5	32.2	24.0	13%	13%	13%
	Nov-17	92	1.6	0.0	1.6	0.0	38.1	34.5	38.8	39.0	13%	13%	13%
	Dec-17	84	1.6	0.0	1.6	0.0	43.8	34.0	37.7	35.0	12%	12%	12%
	Jan-18	78	1.0	0.0	0.9	0.0	44.9	42.0	52.2	44.0	5%	6%	6%
	Feb-18	95	1.1	0.0	1.0	0.0	39.0	27.0	47.3	34.0	7%	8%	8%
	Mar-18	96	1.1	0.0	1.1	0.0	35.8	30.0	45.8	27.5	9%	10%	10%
	Apr-18	121	1.4	0.0	1.4	0.0	30.1	26.0	46.0	38.0	8%	10%	10%
	May-18	96	1.2	0.0	1.2	0.0	38.5	37.0	37.6	25.0	10%	10%	10%
	Jun-18	98	1.1	0.0	1.1	0.0	36.9	34.0	45.2	49.0	7%	7%	7%
Jul-18	92	1.4	0.0	1.4	0.0	39.7	34.0	43.7	35.0	10%	10%	11%	

Data Notes: See Appendix H

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

EASTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to ² :								within 14 days from order signature date ²	within 14 days from receipt of order ^{2,3}	within 14 days from receipt of order or 21 days from order signature date ^{2,3}	
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete		completion					
		Average	Median	Average	Median	Average	Median	Average	Median				
Jail-based Evaluation - 14 day compliance	Jul-17	54	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	50	1.4	0.0	1.9	1.0	9.9	8.5	12.3	10.0	53%	55%	55%
	Oct-17	62	1.4	0.0	2.0	1.0	7.4	5.0	11.1	10.0	60%	61%	61%
	Nov-17	64	1.3	0.0	2.0	1.0	6.9	8.0	11.8	11.0	58%	59%	59%
	Dec-17	52	1.3	0.0	2.3	1.0	11.7	10.0	13.5	10.0	65%	66%	70%
	Jan-18	73	1.1	0.0	1.8	1.0	5.1	6.0	12.7	13.0	61%	64%	64%
	Feb-18	65	0.8	0.0	1.9	1.0	4.9	2.0	10.9	11.0	59%	61%	61%
	Mar-18	75	1.4	0.0	2.3	1.0	10.5	10.0	11.9	12.5	55%	59%	59%
	Apr-18	51	1.7	0.0	2.2	1.0	7.4	5.0	14.0	13.0	52%	55%	56%
	May-18	63	0.8	0.0	1.6	1.0	6.0	6.0	14.0	13.0	45%	47%	47%
	Jun-18	66	0.8	0.0	1.9	1.0	7.6	5.0	14.3	14.0	39%	45%	45%
Jul-18	62	0.8	0.0	1.6	1.0	9.5	7.0	12.4	12.0	53%	57%	58%	

Data Notes: See Appendix H

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

EASTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 7 days from receipt of order ^{2,3}	Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{2,3}	
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete		completion					
		Average	Median	Average	Median	Average	Median	Average	Median				
Inpatient Evaluation	Jul-17	7	3.3	0.0	4.6	2.5	5.0	5.0	11.2	10.0	27%	27%	27%
	Aug-17	9	0.8	0.0	0.9	0.0	9.3	7.0	7.2	7.5	30%	30%	30%
	Sep-17	8	1.3	1.0	3.3	1.0	6.0	3.0	11.8	13.5	25%	25%	25%
	Oct-17	9	0.6	0.0	0.8	1.0	12.0	12.0	13.8	13.0	0%	0%	0%
	Nov-17	5	2.8	0.0	3.8	0.5	1.5	1.5	11.7	8.0	20%	20%	20%
	Dec-17	12	0.2	0.0	1.3	1.0	6.5	6.5	6.5	8.0	42%	50%	50%
	Jan-18	8	0.8	0.5	0.9	0.5	0.0	0.0	5.9	5.5	70%	70%	70%
	Feb-18	5	0.3	0.0	0.4	0.0	7.0	7.0	8.0	8.0	14%	14%	14%
	Mar-18	13	0.6	0.0	1.4	0.0	16.1	15.0	14.9	15.0	6%	6%	6%
	Apr-18	7	1.6	0.0	2.0	0.0	8.5	8.5	18.8	17.5	0%	0%	0%
	May-18	11	0.8	0.0	1.4	1.0	11.9	10.0	14.0	15.0	8%	8%	8%
	Jun-18	10	0.7	0.0	2.9	1.0	7.8	5.0	24.7	23.0	0%	0%	0%
Jul-18	10	0.4	0.0	2.4	1.0	18.0	19.0	16.7	16.0	21%	21%	21%	
Inpatient Restoration	Jul-17	13	2.2	1.0	2.2	1.0	15.8	10.0	10.3	8.5	28%	33%	33%
	Aug-17	23	0.6	0.0	1.7	0.0	6.4	4.0	11.6	9.0	29%	29%	29%
	Sep-17	18	1.5	0.0	1.9	1.0	12.8	11.0	15.2	15.0	4%	4%	4%
	Oct-17	11	0.8	0.0	1.2	1.0	5.0	6.0	15.9	15.5	13%	13%	13%
	Nov-17	12	1.1	0.0	2.4	1.0	5.8	5.5	5.9	6.5	44%	44%	44%
	Dec-17	20	1.3	0.0	2.3	0.0	10.2	10.0	9.2	9.0	25%	29%	29%
	Jan-18	16	0.3	0.0	0.4	0.0	1.2	1.0	5.3	6.0	63%	63%	63%
	Feb-18	19	1.0	0.0	1.2	0.0	7.6	8.0	9.4	9.5	20%	20%	20%
	Mar-18	18	1.6	0.0	2.0	1.0	10.8	10.0	14.4	15.5	8%	12%	12%
	Apr-18	16	3.2	0.0	3.4	0.5	15.9	14.5	21.2	21.0	4%	4%	4%
	May-18	20	2.6	0.0	2.8	0.0	9.2	8.0	20.2	17.5	0%	0%	0%
	Jun-18	22	3.5	0.5	3.9	1.0	17.4	17.0	20.4	22.0	3%	3%	3%
Jul-18	15	3.4	0.0	3.8	0.5	18.4	17.0	26.3	28.0	9%	9%	9%	

Data Notes: See Appendix H

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 ² :								within 14 days from order signature date ²	within 14 days from receipt of order ^{2,3}	within 14 days from receipt of order or 21 days from order signature date ^{2,3}
			hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete		completion				
			Average	Median	Average	Median	Average	Median	Average	Median			
Jail-based Evaluation - 14 day compliance	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	286	0.6	0.0	1.0	0.0	7.7	5.0	12.0	11.0	54%	54%	55%
	Oct-17	318	0.7	0.0	1.1	0.0	7.9	6.0	12.3	11.0	54%	54%	55%
	Nov-17	326	0.7	0.0	1.1	0.0	5.7	3.0	10.9	10.0	67%	67%	68%
	Dec-17	232	0.7	0.0	1.2	0.0	7.1	5.0	10.6	10.0	68%	69%	71%
	Jan-18	300	0.5	0.0	0.8	0.0	4.8	5.0	9.9	9.0	67%	68%	68%
	Feb-18	300	0.7	0.0	1.0	0.0	4.0	2.0	9.3	9.0	72%	72%	73%
	Mar-18	345	0.8	0.0	1.1	0.0	6.5	5.0	9.7	9.0	71%	72%	72%
	Apr-18	316	0.7	0.0	0.9	0.0	6.5	5.0	10.6	10.0	71%	72%	72%
	May-18	367	0.5	0.0	0.7	0.0	5.5	6.0	10.1	9.0	68%	70%	70%
	Jun-18	350	0.5	0.0	0.8	0.0	5.7	4.0	10.5	10.0	65%	67%	67%
Jul-18	314	0.4	0.0	0.6	0.0	7.7	7.0	10.7	11.0	70%	71%	71%	

Data Notes: See Appendix H

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

TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 14 days from receipt of order ^{2,3}	Percent completed within 14 days from receipt of order or within 21 days from order signature date ^{2,3}
			hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete		completion				
			Average	Median	Average	Median	Average	Median	Average	Median			
Inpatient Evaluation	Jul-17	23	1.3	0.0	1.5	0.0	31.7	28.0	33.7	45.0	14%	14%	14%
	Aug-17	37	0.7	0.0	0.8	0.0	15.6	9.0	31.9	43.0	12%	12%	12%
	Sep-17	30	0.5	0.0	0.8	0.0	25.6	23.5	26.0	28.0	11%	11%	11%
	Oct-17	25	2.0	0.0	2.1	0.0	32.3	34.0	30.5	23.0	8%	8%	8%
	Nov-17	20	1.6	0.0	1.8	0.0	29.1	27.0	45.2	44.5	2%	2%	2%
	Dec-17	28	3.2	0.0	3.5	1.0	29.4	25.0	28.7	11.0	16%	19%	19%
	Jan-18	24	2.7	0.5	2.7	0.0	30.7	25.5	33.0	24.5	19%	19%	19%
	Feb-18	11	4.1	0.0	4.1	0.0	35.6	38.5	44.1	44.0	8%	8%	8%
	Mar-18	25	1.5	0.0	1.8	0.0	25.4	21.0	35.2	22.0	13%	13%	13%
	Apr-18	17	1.9	0.0	2.1	0.0	21.4	17.5	34.9	23.0	0%	0%	0%
	May-18	22	0.7	0.0	0.9	0.0	18.0	15.0	34.1	38.0	5%	5%	5%
	Jun-18	18	1.3	0.0	2.3	1.0	16.5	11.0	30.2	31.5	3%	3%	3%
Jul-18	27	1.2	0.0	2.0	1.0	20.7	18.0	25.1	28.5	9%	9%	9%	
Inpatient Restoration ⁴	Jul-17	115	1.5	0.0	1.5	0.0	24.2	18.0	32.5	18.0	11%	11%	12%
	Aug-17	131	0.7	0.0	0.9	0.0	26.6	22.0	23.9	14.0	15%	16%	16%
	Sep-17	115	0.9	0.0	0.9	0.0	27.6	19.0	32.7	19.0	9%	9%	9%
	Oct-17	118	0.8	0.0	0.8	0.0	33.5	27.5	29.4	18.0	13%	13%	13%
	Nov-17	104	1.5	0.0	1.6	0.0	37.2	31.0	35.1	30.5	15%	15%	15%
	Dec-17	104	1.6	0.0	1.6	0.0	42.8	34.0	31.4	12.0	13%	13%	13%
	Jan-18	94	0.9	0.0	0.9	0.0	43.1	41.0	46.7	39.5	9%	10%	10%
	Feb-18	114	1.1	0.0	1.1	0.0	37.2	26.0	41.2	25.0	9%	9%	9%
	Mar-18	114	1.1	0.0	1.2	0.0	33.9	25.0	41.8	23.5	9%	10%	10%
	Apr-18	137	1.5	0.0	1.6	0.0	29.5	25.0	42.0	27.0	8%	9%	9%
	May-18	116	1.3	0.0	1.4	0.0	35.8	35.0	35.6	22.0	9%	9%	9%
	Jun-18	120	1.4	0.0	1.5	0.0	34.8	25.0	41.0	28.5	7%	7%	7%
Jul-18	107	1.6	0.0	1.7	0.0	37.7	33.0	40.9	28.0	10%	10%	11%	

Data Notes: See Appendix H

CLASS MEMBER STATUS DATA GRAPHS

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

FIGURE 1. Evaluation Orders

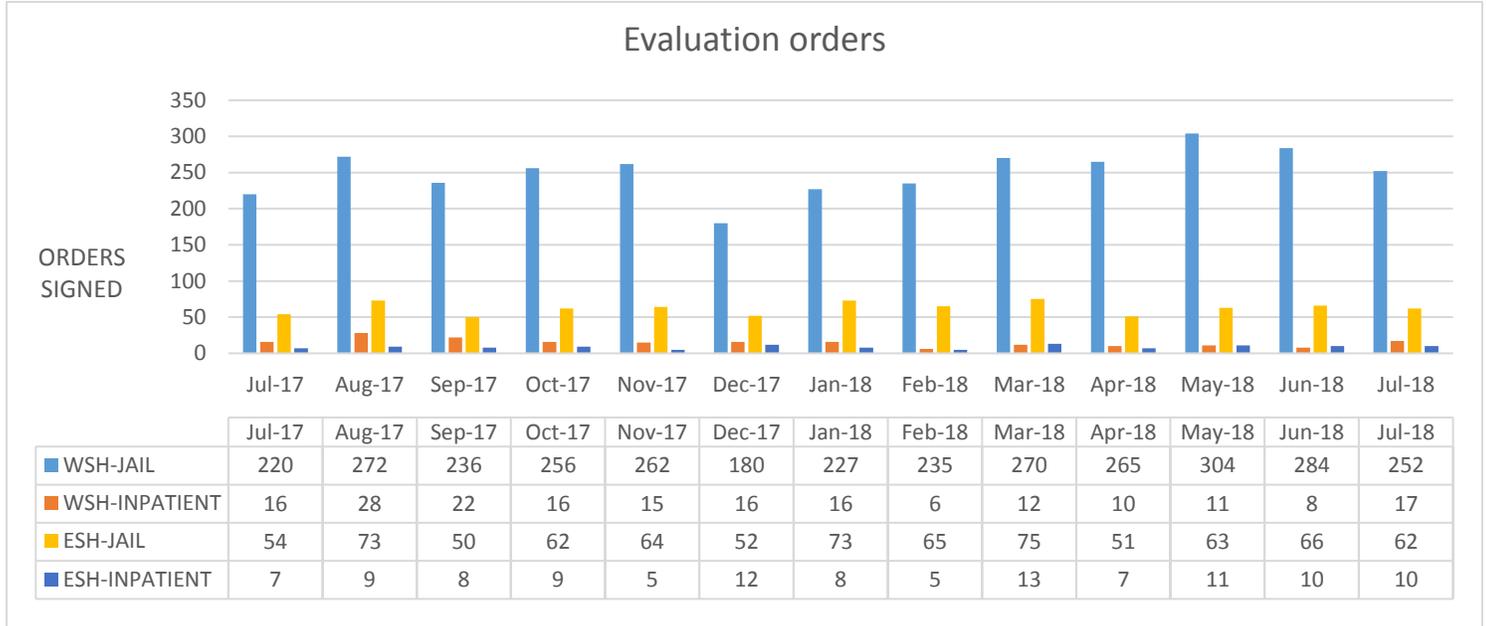


FIGURE 2. Restoration Orders

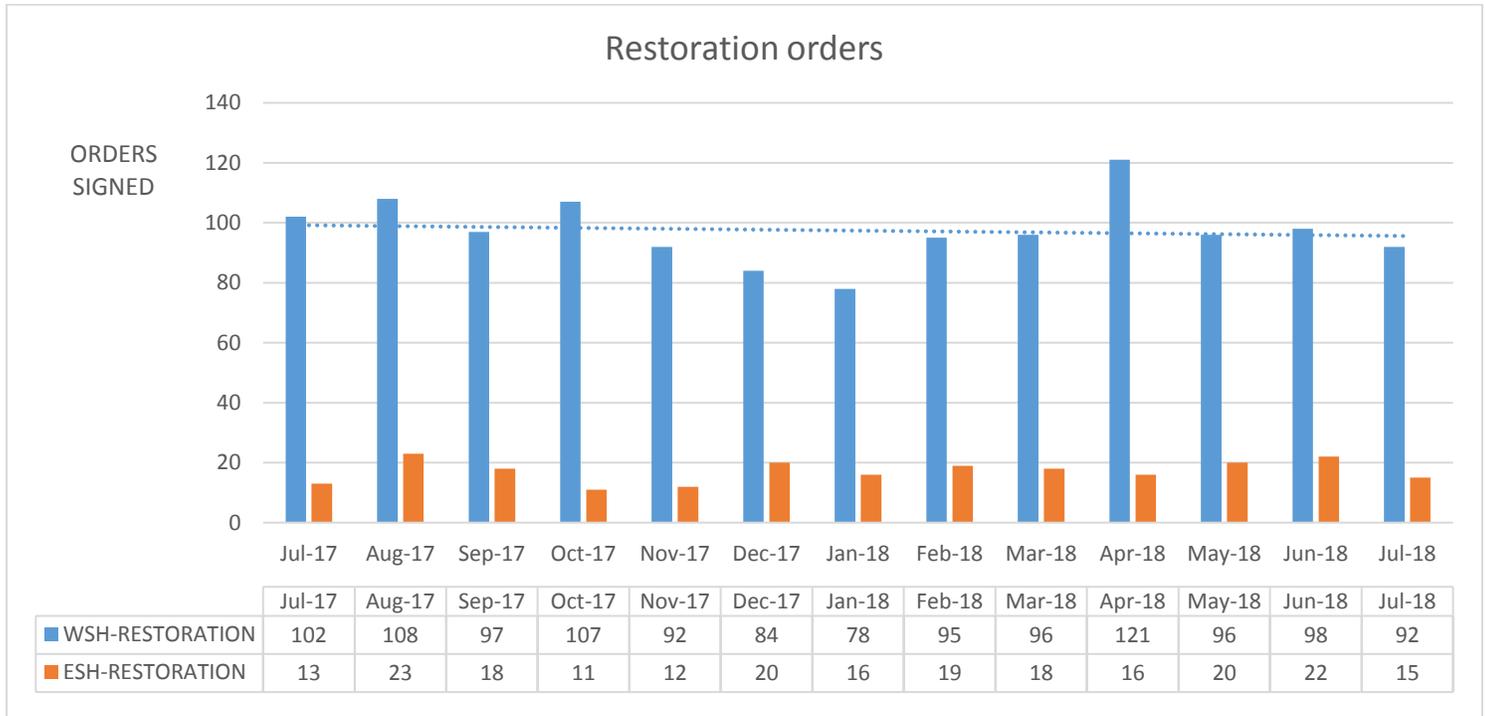


FIGURE 3. Evaluations – Median

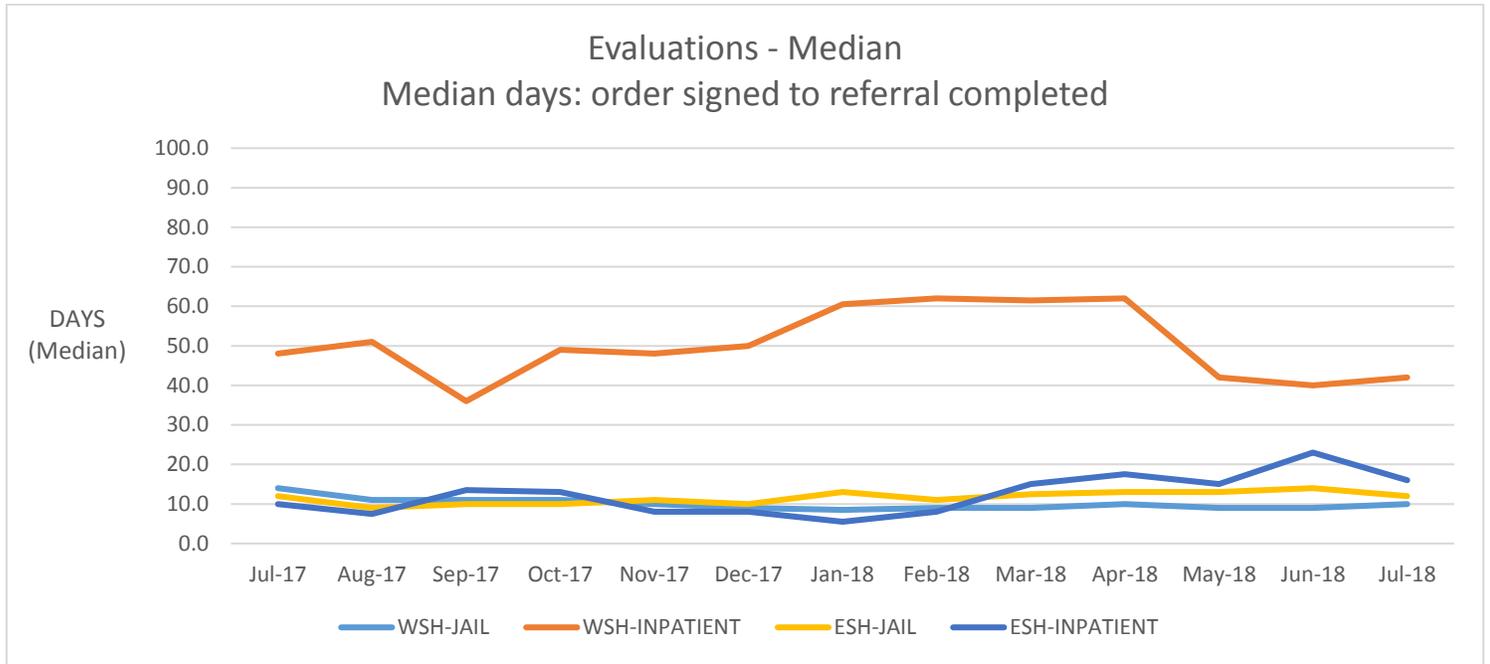


FIGURE 4. Evaluations – Average

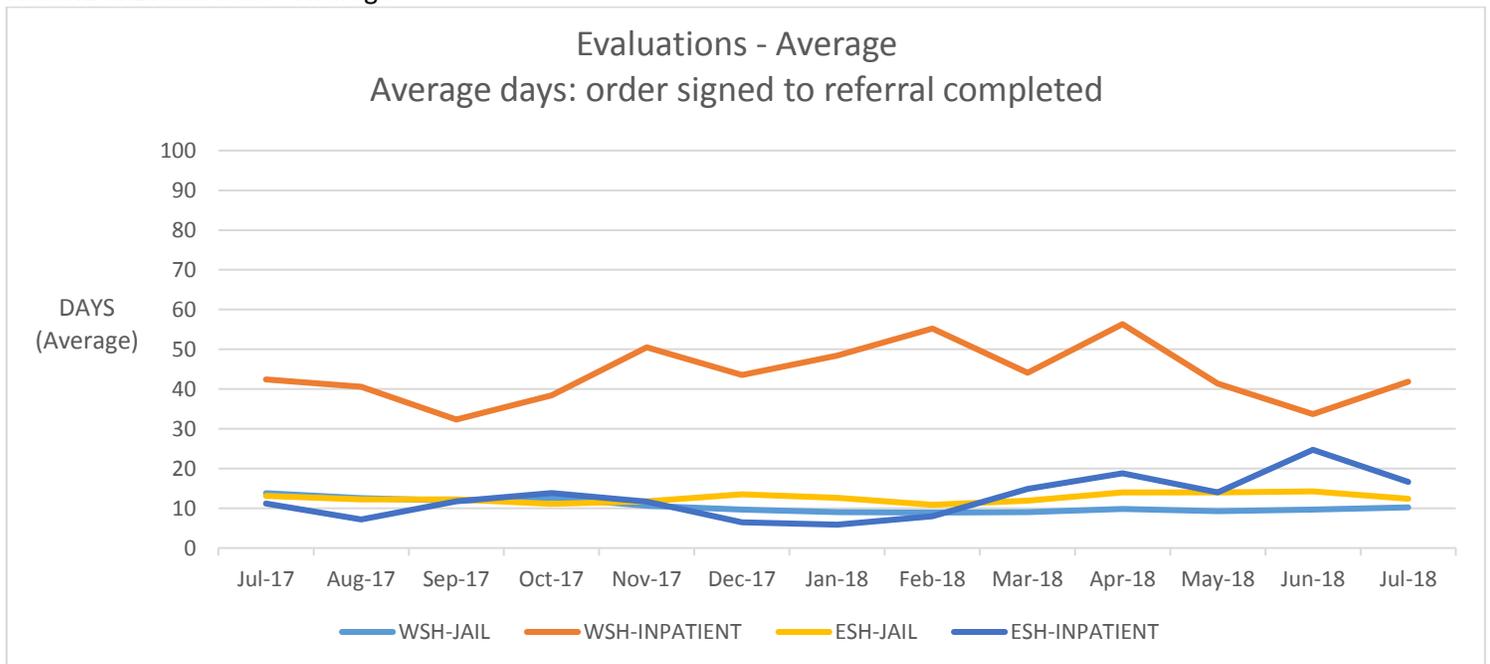


FIGURE 5. Restorations - Median

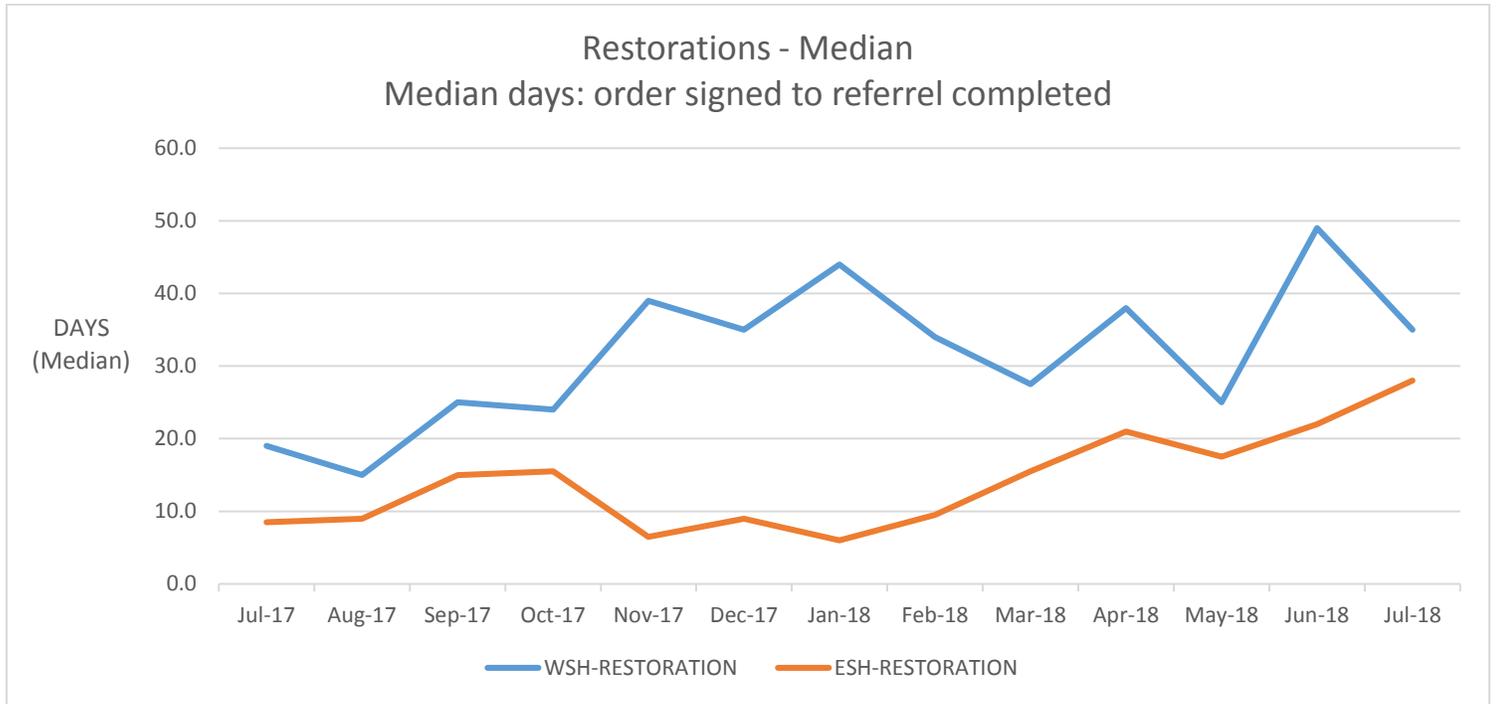


FIGURE 6. Restorations – Average

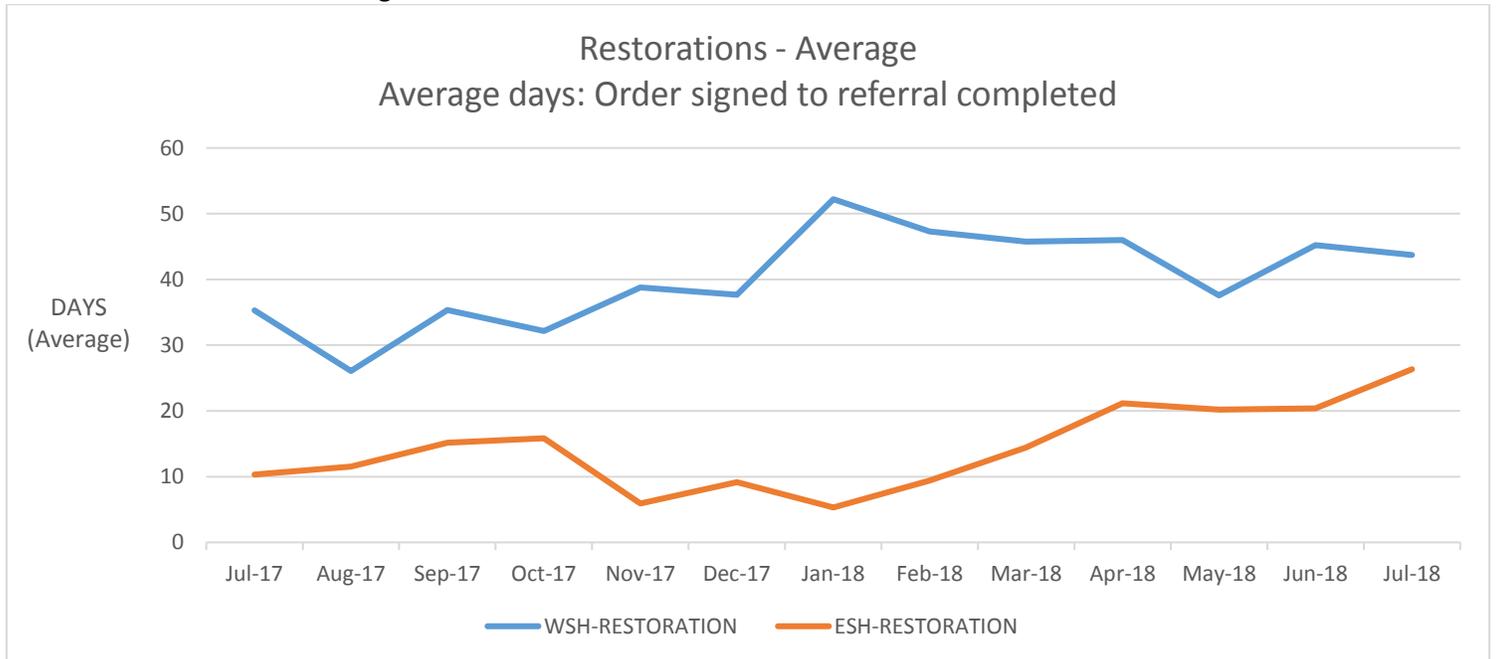


TABLE 4a-4c. Summary of jail evaluations, in-patient evaluations, and restorations by month since February, 2016. **NOTE:** These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month the order packet was completed. July 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.

4a. TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED ^{1,2}			
MONTH	14 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 14 DAYS OR LESS FROM ORDER SIGNATURE DATE
Jul-17	196	274	71.5%
Aug-17	262	345	75.9%
Sep-17	207	286	72.4%
Oct-17	258	318	81.1%
Nov-17	283	326	86.8%
Dec-17	218	232	94.0%
Jan-18	281	300	93.7%
Feb-18	282	300	94.0%
Mar-18	317	345	91.9%
Apr-18	289	316	91.5%
May-18	336	367	91.6%
Jun-18	306	350	87.4%
Jul-18	209	314	66.6%

Data Notes:

¹Data 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.

4b. TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED ^{1,2}			
MONTH	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE
Jul-17	8	23	34.8%
Aug-17	7	37	18.9%
Sep-17	7	30	23.3%
Oct-17	5	25	20.0%
Nov-17	1	20	5.0%
Dec-17	11	28	39.3%
Jan-18	10	24	41.7%
Feb-18	2	11	18.2%
Mar-18	7	25	28.0%
Apr-18	1	17	5.9%
May-18	3	22	13.6%
Jun-18	0	18	0.0%
Jul-18	4	27	14.8%

Data Notes:

¹Data presented in this table represent the number of inpatient competency evaluation admissions completed within 7 days from order signature date of all orders signed in the specified month.

TABLE 4 CONTD.

4c. TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED ^{1,2}			
MONTH	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE
Jul-17	30	115	26.1%
Aug-17	36	131	27.5%
Sep-17	22	115	19.1%
Oct-17	36	118	30.5%
Nov-17	36	104	34.6%
Dec-17	32	104	30.8%
Jan-18	24	94	25.5%
Feb-18	24	114	21.1%
Mar-18	23	114	20.2%
Apr-18	22	137	16.1%
May-18	25	116	21.6%
Jun-18	23	120	19.2%
Jul-18	21	107	19.6%

Data Notes:

¹Data presented in this table represent the number of inpatient competency restoration admissions completed within 7 days from order signature date of all orders signed in the 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 ^{1,2}	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER ^{1,2}	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE ^{1,2}	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE ^{1,2}
Jul-17	274	203	74.1%	205	74.8%
Aug-17	345	262	75.9%	264	76.5%
Sep-17	286	211	73.8%	213	74.5%
Oct-17	318	261	82.1%	264	83.0%
Nov-17	326	285	87.4%	291	89.3%
Dec-17	232	219	94.4%	221	95.3%
Jan-18	300	284	94.7%	286	95.3%
Feb-18	300	284	94.7%	285	95.0%
Mar-18	345	321	93.0%	324	93.9%
Apr-18	316	293	92.7%	294	93.0%
May-18	367	340	92.6%	342	93.2%
Jun-18	350	318	90.9%	318	90.9%
Jul-18	314	208	66.2%	209	66.6%

Data Notes:

¹As 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 ^{1,2}	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2}	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2}	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2}
Jul-17	23	8	34.8%	8	34.8%
Aug-17	37	7	18.9%	7	18.9%
Sep-17	30	7	23.3%	7	23.3%
Oct-17	25	5	20.0%	5	20.0%
Nov-17	20	1	5.0%	1	5.0%
Dec-17	28	11	39.3%	11	39.3%
Jan-18	24	10	41.7%	10	41.7%
Feb-18	11	2	18.2%	2	18.2%
Mar-18	25	7	28.0%	7	28.0%
Apr-18	17	1	5.9%	1	5.9%
May-18	22	3	13.6%	3	13.6%
Jun-18	18	0	0.0%	0	0.0%
Jul-18	27	4	14.8%	4	14.8%

Data Notes:

¹As 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 ^{1,2}	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2}	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2}	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2}
Jul-17	115	31	27.0%	32	27.8%
Aug-17	131	37	28.2%	37	28.2%
Sep-17	115	23	20.0%	23	20.0%
Oct-17	118	37	31.4%	38	32.2%
Nov-17	104	36	34.6%	36	34.6%
Dec-17	104	34	32.7%	34	32.7%
Jan-18	94	25	26.6%	25	26.6%
Feb-18	114	24	21.1%	24	21.1%
Mar-18	114	26	22.8%	26	22.8%
Apr-18	137	24	17.5%	24	17.5%
May-18	116	25	21.6%	25	21.6%
Jun-18	120	23	19.2%	23	19.2%
Jul-18	107	22	20.6%	23	21.5%

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 the bill 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 intended to move forward with this expansion to provide relief to class members. However, on November 1, 2017, Plaintiffs and the Department submitted a proposal to the court that would transition the operations planned for Yakima expansion to Building 27 at WSH. On November 21, 2017, at a status hearing in the Federal District Court, the Department with the Governor's office reiterated the plan to shift the expansion money from Yakima to Building 27 at WSH for operations if the court would release fine money to pay for the capital improvements. On January 25, 2018, Judge Pechman heard a motion to use contempt fine funds for the remodel of Building 27 and agreed, in principal, once a few minor changes were made to the plan. Therefore, in the FY 2018 Operating Supplemental Budget, the additional funds that were earmarked for the twenty-four bed expansion at the Yakima Residential Treatment Facility were removed.

The FY 2018 Supplemental Capital Budget includes \$3 million for renovation of 1N3 for twenty-five forensic and \$3.5 million for renovation of 3N3 to provide another twenty-five forensic beds at Eastern State Hospital. It also includes \$10.5 million in the 2017-19 biennium and a proposed \$9.6 million in the 2019-21 biennium for predesign, design, and renovation of Western State Hospital Building 29 to support sixty additional forensic beds.

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. On October 13, 2017 TriWest requested and received aggregate level referral data from DSHS. DSHS provided TriWest the daily aggregate data on November 28, 2017. TriWest informed DSHS that they received word of conditional approval by the IRB on November 30, 2017. On February 1, 2018, TriWest informed DSHS that the WSIRB acknowledged receipt of their response to conditional approval and revised application. On April 9, 2018, TriWest provided DSHS a signed copy of the IRB approval that would allow DSHS to share client-level data for the study. DSHS updated the data that was prepared for TriWest in November of 2017 while waiting for the IRB approval to include more recent data through February, 2018. DSHS provided TriWest the client level data in April 2018 after receiving a copy of the WSIRB approval from TriWest.

TriWest provided an update on May 22, 2018. TriWest has been working with the client level data provided by DSHS including talking with DSHS data staff at the headquarters and the state hospitals to gain some understanding of data issues TriWest had identified. TriWest found those conversations helpful. However, they observed that some data challenges remain. TriWest is working on revising their coding for the bed model. TriWest also noted that they have provided an update to the Court Monitor so she is aware of the data issues and appreciates the efforts to troubleshoot and move forward.

On June 27, 2018, TriWest reported reviewing and analyzing the client-level data, as well as the model that calculates the number of historic beds needed to reduce wait times. TriWest reported they are in the process of transforming the model into a version that uses entirely de-identified data so it may be posted to the DSHS website.

TriWest reported to DSHS plans to have a draft to DSHS in early to mid-August 2018.

TRUEBLOOD KEY ACCOMPLISHMENTS – JULY 2018

RECRUITING:

- National search for Center Director at the Center for Forensic Services netted 5 strong candidates, who were referred for consideration in May. Interviews have not been conducted.
- Talent Acquisition program staff support hiring needs associated with the Building 27 project at WSH. Four of the 5 positions in phase 1 of the staffing plan are being actively recruited. Phase 1 positions are projected to start in August 2018.
- Recruitment for a Lead Psychiatrist is currently underway. Projected hire date is to be determined.
- Talent Acquisition program staff support hiring needs associated with the Building 27 for phase 2 of the remaining core FTE's.

RESIDENTIAL TREATMENT FACILITIES (RTF's) DATA:

YAKIMA

Data Elements	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018 Avg
Census (last day of month)	22	22	22	22	18	23	23						21.71429
Total patients admitted	13	15	10	11	9	9	11						11.14286
Completed and found competent (1st Restoration)	10	10	10	9	7	3	7						8
Not likely restorable (transported back to jail)	2	1	0	1	3	0	1						1.142857
Court Order lapsed (Transported back to Jail)	1	1	0	1	1	0	2						0.857143
Felony patients completed and found not likely restorable (1st Restoration)	0	0	0	0	0	0	0						0
Misdemeanor patients not restored (no further treatment by law)	0	0	0	0	0	0	0						0
Total transferred to State Hospital	1	3	0	0	2	1	2						1.285714
For physical aggression	0	2	0	0	0	0							0.333333
For sexually inappropriate behavior	0	0	0	0	0	0							0
For medical reasons	0	1	0	0	2	0	1						0.571429
Due to court ordered treatment at SH	0	0	0	0	0	0							0
Other	1	0	0	0	0	1	1						0.428571
Total patients eloped	0	0	0	0	0	0	0						0
Total recommended for early evaluation	2	6	2	2	2	0	0						2
Total recommended for 2nd 90-day order	2	3	0	1	4	1	3						2
Total recommended for 3rd 90-day order	0	0	0	0	1	0	1						0.285714

MAPLE LANE

Data Elements	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018 Avg
Census (last day of month)	25	26	27	25	26	27	28						26.28571
Total patients admitted	18	11	16	7	19	16	16						14.71429
Completed and found competent (1st Restoration)	11	4	4	7	4	6	5						5.857143
Not likely restorable (transported back to jail)	0	0	0	1	0	3	0						0.571429
Court Order lapsed (Transported back to Jail)	0	0	0	0	0	0	0						0
Felony patients completed and found not likely restorable (1st Restoration)	0	0	0	0	0	0	0						0
Misdemeanor patients not restored (no further treatment by law)	2	0	3	2	5	4	3						2.714286
Total transferred to State Hospital	4	4	1	0	2	0	0						1.571429
For physical aggression	3	3	1	0	0	0	0						1
For sexually inappropriate behavior	1	0	0	0	0	0	0						0.142857
For medical reasons	0	1	0	0	1	0	0						0.285714
Due to court ordered treatment at SH	0	0	0	0	1	0	0						0.142857
Other	0	0	0	0	0	0	0						0
Total patients eloped	0	0	0	0	0	0	0						0
Total recommended for early evaluation	8	0	0	5	3	5	5						3.714286
Total recommended for 2nd 90-day order	4	2	7	5	1	4	3						3.714286
Total recommended for 3rd 90-day order	0	0	0	3	0	0	0						0.428571

REQUESTS FOR INFORMATION (RFI) RELEASES

- Two Request for Information releases were completed during the months of February and August, 2017. Additionally, the plaintiffs provided a list of prospective interested individuals to conduct Competency to Stand Trial evaluations as possible contractors in the November 21, 2017 status hearing. The Department reached out to the names provided by the plaintiffs in gathering information about logistical and financial needs to complete such evaluations. Contact was started in November and was completed in December, 2017. A total of thirty-one potential contractors were contacted, with 17 agreeing to speak with the Director of OFMHS. Data was shared in the status hearing on January 25, 2018 and the Court Monitor provided the recommendation of completing a third Request for Information with modifications to the deadline requirements and target individuals who responded positively during the outreach to apply. The third RFI was drafted and sent to the court monitor, the Plaintiff attorneys, and the Attorney General's Office for review and comment. A final draft was completed and on February 28th, the third Request for Information was completed and distributed. The RFI closed on April 30 and a preliminary meeting was held with the Assistant Secretary in May 2018. A follow-up meeting was held on June 6, 2018. The plan for having the capacity for increases in demand is being addressed in the *Trueblood* negotiation settlement.

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—JULY 2018

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Court Appointed Monitor Coordination				
Monthly Reports	Release July report	Complete	<ul style="list-style-type: none"> • Maintain compliance with the Court. • Use data to review and improve the provision of forensic services. 	Released July 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) required 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 was due to the Governor and Legislature by Oct. 1, 2016. • Section 5(3) required 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 met on October 30, 2017 and on December 15, 2017.</p> <p>During the December 15, 2017 meeting, the Department presented material on the three prosecutorial diversion programs currently being funded. Additionally, the Court Monitor provided an overview and update on the eight programs that received <i>Trueblood</i> Fine money for diversion services.</p> <p>During the months of January, February, and March, no hearings were scheduled. A meeting was held on April 18, 2018 and a subsequent meeting was held on July 24, 2018 with an agenda (and other meeting materials) found here:</p> <p>https://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-state-hospitals</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
			<p>report was due to the Governor and Legislature by Oct. 1, 2016.</p> <ul style="list-style-type: none"> Section 6 created 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>No meetings were scheduled in May or June.</p>
<p>Consult with DOH about draft legislation requiring DOH certification of forensic evaluators to determine the need for a sunrise review</p>	<p>Consult DOH</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators. Develop long-term certification of forensic evaluators, consistent with the <i>Trueblood</i> Court Monitor's recommendations on mid- and long-term performance to implement a forensic certification program to sustain performance. 	<p>OFMHS has not been allocated the necessary resources to pursue DOH certification programs for forensic evaluators in the past. A request for resources has been included in a preliminary decision package submission for the Department during the fiscal year 2019-21 budget submission process.</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 <i>Trueblood</i> 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. 	<p>In 2018, a UMCC meeting was scheduled and held on February 27, 2018. Additional UMCC meetings with the forensic evaluators will be scheduled in 2018.</p> <p>A demand to bargain on juvenile evaluations was completed on June 22, 2018. Additional Labor meetings are being scheduled for the operations of Building 27 at WSH as an RTF for the month of August with all three of the labor organizations.</p>
Data Collection and Fiscal Modeling				
Monthly report data collection	Identify and obtain needed data	Ongoing	Obtain data for monthly reports and develop standardized reports to inform policy development and implementation.	Data collection is ongoing.
Institute data audit process	Review data and files of cases with anomalies and identify trends	Ongoing	Ensure completeness and accuracy of wait list data.	Data validation process is ongoing.
Forensic Data System Design/ Development	Build data models- Entity Relationship Diagram (ERD)	Complete	<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 July 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.	(IT) events and culminates with an August 2018 go-live. The progress this month is as follows: IT3 was conducted July 10. All critical defects were resolved. Train-The-Trainers was conducted July 12. Eastside training was conducted the week of July 16 th . Westside training was conducted the week of July 23 rd . Project Governance met on July 27. System readiness and training completion was reviewed. Governance voted unanimously to move forward with Go-live August 1, 2018. System was prepared for Go-live and detailed cutover plan was developed to de-commission existing systems including migrating data to CARLA for go-live.
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.	In June 2018, no interviews were scheduled for the one vacant supervisor position or the remaining forensic evaluator position at ESH. OFMHS continues to receive applications from qualified individuals for evaluators. Due to availability of the candidates, interviews were pushed from late July to August in order to recruit to fill the vacant inpatient evaluator positions at ESH.
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.	Recruiting efforts continue at WSH. The Talent Acquisition staff at DSHS HQ continue to recruit for positions at WSH.
	Pursue contracting			

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Competency Evaluation				
Build capacity for out-station sites	Site agreements	N/A	Increased capacity at out-station sites will reduce wait time for evaluation.	<p>Although DSHS is in the early stages of implementing the new data management system, CARLA, it is already proving very helpful in tracking cases across the outstations and quickly identifying and assigning evaluators in areas where they are needed on a daily basis. This includes getting rapid assistance from other evaluation teams.</p> <p>The Department believes this technology enhancement will greatly increase the capacity of the outstations.</p>
	Out-station sites operational	Complete		
Coordinate with forensic mental health system partners	Regular meetings with County Stakeholders	Ongoing	Stakeholder meetings will focus on topics where collaborative work is required to meet the requirements of the <i>Trueblood</i> Decision.	<p>Quarterly stakeholder meetings continue to occur with Pierce County; most recently on June 5. The next meeting is scheduled for September 12.</p> <p>On July 16, OFMHS Liaison and Diversion Specialist Tim Hunter visited the Whatcom County Incarceration Prevention Reduction Task Force. This interdisciplinary team has been meeting for several years now. They are well organized and have several sub committees working on specific initiatives.</p> <p>On July 17, Mr. Hunter hosted a meeting with two newly assigned King County diversion staff. Each of these staff come to their positions with significant experience in King County’s behavioral healthcare systems, including work with diversion programs.</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>On July 19, Mr. Hunter met with Great Rivers BHO leadership staff to learn about diversion efforts underway with Cowlitz, Lewis, Pacific, Wahkiakum and Grays Harbor counties.</p> <p>On July 25, Mr. Hunter met with Salish BHO staff to learn about diversion efforts within Clallam, Kitsap and Jefferson Counties.</p> <p>On July 31, Mr. Hunter met with staff in Snohomish County who are working to revise/update protocols regarding early mental health screenings, to be conducted prior to the court ordering competency evaluation. Both the screening tool, and the related “local rule” regarding its use, are being revised to increase clarity of purpose and reduce confusion.</p>
Continue current county-conducted evaluation system until 2018	Establish quality criteria for evaluation reports	Ongoing	Obtain data needed from counties in order to meet court ordered reporting requirements.	<p>The Quality Assurance (QA) program for competency reports began November 1, 2017. Forensic Evaluator Supervisors were provided with a manual of standards for competency evaluations and then audited competency evaluation reports generated by their direct reports.</p> <p>During Q2 2018, 73.2% of forensic evaluators had competency evaluation reports audited by supervisors. A total of 68 competency evaluation reports were reviewed in Q2 2018. Q3 2018 data will be available after the end of September 2018.</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
<p>Explore and pursue triage system possibilities</p>	<p>Roll out Phase II</p>	<p>In progress</p>	<p>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).</p>	<p>As of July 31, 2018, OFMHS has received 232 triage referrals from jail staff/defense. Of those referrals, 153 were approved. 55 of the referrals were denied, and 24 of these referrals were withdrawn before placement could be made.</p> <p>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 July 2018, a total of 25 calls were made, and 5 resulted in referral requests.</p> <p>Since tracking began, 1,927 calls have been made.</p> <p>The Triage Services manuals are completed and were distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and others.</p>
<p>Develop Telehealth video-conferencing systems to assist in the completion of evaluations</p>	<p>State-wide implementation and utilization of technology</p>	<p>Ongoing</p>	<p>Establishing this technology in multiple locations around the state (especially in rural areas) will allow OFMHS to conduct more evaluations, thereby helping to meet Court ordered requirements.</p>	<p>OFMHS successfully completed the first competency evaluation via secure videoconferencing, between the Snohomish County Jail and a DSHS facility, on February 6, 2018.</p> <p>OFMHS continues to move forward with our telehealth videoconferencing program, conducting forensic competency evaluations via secure video links. To date, eight forensic evaluations have been conducted utilizing this telehealth videoconferencing technology. OFMHS</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				continues to educate courts and jails on this technology in hopes of generating greater interest in, and utilization of, this technology.
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.	<p>The 2017-19 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 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.</p> <p>South Hall 10 (S10) was reopened in May, 2018 for forensic patients after civil patients were either moved or discharged. S10 is to be for forensic patients who are committed by NGRI and are ready to begin to transition to the community. WSH is on track for these additional beds so long as they can maintain and retain new Psychiatrists to manage patient care.</p>
WSH addition 45 beds	Bed Occupancy with forensic patients	Ongoing		The Legislature funded this request to operate 45 additional beds in building 27 and the S4 ward. The initial FY 2018 request can be found here:

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>https://www.dshs.wa.gov/data/budget/2018/030-PL-CV-Forensic-Ward-Staffing.pdf</p> <p>Forensic 3 (F3) was opened in June, 2018 as another forensic admissions ward. F1 and F2 will continue to be the highest acuity for admission/restoration and F3 will add capacity for a similar, less acute admission/restoration program. South Hall 4 (S4) is expanding from 15 beds to 30. Because of the challenge to hire Psychiatrists, the expansion of S4 is moving more slowly, increasing by one bed per week, until WSH can get locum support or additional Psychiatrists hired.</p>
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. 	Please see data table on page 21.
	Restore patients to competency	Ongoing	<ul style="list-style-type: none"> 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. 	

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Provide Restoration Treatment at the Yakima Competency Restoration Program (YCRP)	Open Yakima facility	Complete	Anticipated duration of one year and possible one year extension.	Please see data table on page 21.
	Restore patients to competency	Ongoing		
Provide Restoration Treatment at Building 27	Open Building 27	Ongoing	<ul style="list-style-type: none"> Identify alternate facility capacity to meet <i>Trueblood</i> compliance. Collaborate with court parties to open the facility. 	<p>AustinCina continues to revise construction plans to remodel the facility according to ongoing decisions made by the parties. This plan will inform OFMHS’s operational project schedule which is under development.</p> <p>The parties meet via conference call every 1-2 weeks to update on progress and plan next steps.</p> <p>The OFMHS Project Manager, Megan Celedonia, has broken the project down into 20 “buckets of work” (BOWs) for organizational and planning purposes. BOW teams include: staffing, policy development, admissions criteria, licensure/certification, communications, labor relations, parties liaison, construction, training, patient records, facility services, purchasing, budget/fiscal, IT, incident reporting system, emergency management planning,</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>labor and industries insurance, contracts, ESH referrals, and project management.</p> <p>The OFMHS Project Manager’s most recent Monthly Report can be found here:</p> <div style="text-align: center;">  <p>B27 Monthly Report 8-3-18.pdf</p> </div>
<p>Outpatient Competency Restoration Programs (OCRP)</p>	<p>Diversion Programs are Operational</p>	<p>Ongoing</p>	<p>Development and implementation of outpatient competency restoration programs in King, Pierce, and Spokane Counties.</p>	<p>OFMHS is continuing to plan for OCRP program implementation pending inclusion of the funding in the state budget. A new Groundswell report was received by DSHS on June 30, 2018. This report:</p> <ol style="list-style-type: none"> 1) Summarized their visits to Clark and Snohomish counties which explored feasibility. 2) Updated the Task Order Two report (updates regarding King, Pierce, and Spokane). 3) Provided information regarding programming needs and costs, in order to help DSHS prepare a budget request regarding outpatient competency restoration. <p>This topic is a primary component of the negotiation process between plaintiffs and DSHS. More information on these efforts will be included in forthcoming reports, as those negotiations progress.</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
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.	During the month of July there have been no concerns or questions about transportation issues brought forward to the attention of DSHS.
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.	OFMHS Liaison and Diversion Specialist will continue to monitor the programs and provide technical assistance as needed to address any barriers. Contracts were amended to extend each of these three programs for another year, from 7/1/18 through 6/30/19.
Increase diversion opportunities	Governor's Office to contract with diversion consultant	Complete	Hire a consultant to identify how best to divert persons with mental illness from the criminal justice system and identify appropriate funding mechanisms with appropriate stakeholders.	The Department engaged a jail /diversion consultant, who came out to DSHS in 2016 and provided a report at the end of that same year.

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 314 jail evaluation orders signed in July, 209 were completed within 14 days, which is 66.6%. 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 July 31, 2018, OFMHS has received 232 triage referrals from jail staff/defense. Of those referrals, 153 were approved. 55 of the referrals were denied, and 24 of these referrals were withdrawn before placement could be made.</p> <p>The Triage Services manuals are completed and were distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and others.</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	<p>As of July 31, 2018, OFMHS has received 232 triage referrals from jail staff/defense. Of those referrals, 153 were approved. 55 of the referrals were denied, and 24 of these referrals were withdrawn before placement could be made.</p> <p>The Triage Services manuals are completed and were distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and others.</p>
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	DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement ran from November 2, 2017 to

			<p>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 Plaintiffs and the court monitor in developing a bed capacity/expansion plan.</p> <p>Western State Hospital (WSH) was resurveyed May 2018 and did not meet all the Conditions of Participation with CMS. As of July 9, 2018, WSH was decertified. Eastern State Hospital remains The Joint Commission accredited and CMS certified.</p>
6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS's terms of participation is achieved in March by:			
<p>C. Reporting on the implementation status of the plan and timeframe in Defendants' monthly reports to the Court Monitor</p>	<p>Beginning April 15, 2016, ongoing</p>	<p>Ongoing</p>	<p>DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement ran 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 Plaintiffs and the court monitor in developing a bed capacity/expansion plan.</p> <p>Western State Hospital (WSH) was resurveyed May 2018 and did not meet all the Conditions of Participation with CMS. As of July 9, 2018, WSH was decertified. PSHB Sec. 204 budgeted for the 30 beds at WSH and was completed prior to CMS decertification.</p>
8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds by:			
<p>D. Executing contracts for implementation by the selected providers</p>	<p>April 15, 2016</p>	<p>Complete</p>	<p>Prosecutorial diversion was funded for fiscal year 2018.</p>

10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system by:			
<p>E. Implementing revisions to the existing system or initiating development of a new forensic data and management information system</p>	<p>To initiate new system development efforts- May 27, 2016</p>	<p>Ongoing development and project underway.</p>	<p>IT3 was conducted July 10. All critical defects were resolved. Train-The-Trainers was conducted July 12. Eastside training was conducted the week of July 16th. Westside training was conducted the week of July 23rd. Project Governance met on July 27. System readiness and training completion was reviewed. Governance voted unanimously to move forward with Go-live August 1, 2018. System was prepared for Go-live and detailed cutover plan was developed to de-commission existing systems including migrating data to CARLA for go-live.</p>

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 were submitted to the court on August 15, 2016 and will be included in this report, when finalized each month, as Appendices M and N.
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 O 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. FAC is a recurring meeting that is meeting with regularity.

APPENDICES

Appendices A – G:

This file is submitted with the DRAFT report and includes mature data tables for June, 2018 as well as outliers and order received data.

Appendices H – L:

This file is submitted with the DRAFT report and includes first look data tables for July, 2018.

Appendix M: Calculation of Inpatient Contempt Fines

This file is submitted with the FINAL report.

Appendix N: Calculation of Jail-Based Contempt Fines

This file is submitted with the FINAL report.

Appendix O: Good Cause Exceptions

This file is submitted with the FINAL report.