

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

**January 31, 2021**

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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 January 31, 2021 and covers the events of December 2020. 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 55.

This report provides the Class Member data for competency services displayed in two periods: November 1, 2020 – November 30, 2020 and December 1, 2020 to December 31, 2020. The November data are considered “mature” and the December 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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### **TEMPORARY CHANGES TO ADMISSIONS PRACTICES AT WSH, ESH, AND THE RTFs DUE TO THE COVID-19 PANDEMIC – JANUARY UPDATE**

Due to the COVID-19 pandemic, and in an effort to protect both patients and staff in accord with guidance from federal, state, and local health departments and the DSHS incident command center, forensic admissions at WSH and ESH are occurring at a decreased capacity to ensure proper quarantining procedures for new admissions prior to being admitted to a non-quarantine ward. There are no restrictions on legal authority and all forensic admissions are being accepted at both ESH and WSH effective July 24, 2020. Additionally, census at all three residential treatment facilities has been reduced by four-to-five patients to maintain proper physical distancing.

***Current updated information will be provided in late January for the final report.*** The Department of Health (DOH) has encouraged gradual admissions to WSH to limit exposure of COVID-19 among patients. As of January 29, 2021, WSH has had 100 confirmed cases of COVID-19 in clients, including 3 deaths, and 205 confirmed cases in staff members, impacting many separate wards, including forensic wards. Seventeen client and seven staff cases are currently active.

Initially, ESH did not experience any COVID-19 cases; however, more recently a number of cases have resulted in two wards placed on quarantine with admissions temporarily placed on hold and diverted to WSH and the RTFs in the early portion of July. By late July, ESH was able to resume admissions following quarantine procedures employed by WSH. As of January 29, 2021, ESH has had 98 staff members and 28 clients test positive for COVID-19. The outbreak remains active with one current client case and five cases among staff members.

Two of the three RTFs, Fort Steilacoom Competency Restoration Program (FSCR) and Yakima have now had positive COVID-19 test results with 16 staff members testing positive at Yakima, including 1 currently active case, and three staff members testing positive at FSCR, including 1 active case. Due to COVID-19, each facility has reduced its census to accommodate social distancing. Ten clients have also tested positive at Yakima, and none of their cases are active.

These are temporary measures that are necessary in order to implement COVID-19 protections at WSH, ESH, and the RTFs, and DSHS will continue to increase forensic admissions to all five facilities as soon as that can safely be accomplished. These measures are a change from prior practice and are subject to change at any time as additional information is received.

### **THE NEW OUTPATIENT COMPETENCY RESTORATION PROGRAM (OCRP)**

The OCRP element of the Trueblood contempt settlement agreement that is managed by the Washington State Health Care Authority (HCA), provides an additional option for courts to order community-based restoration services in a less restrictive environment for defendants with appropriate acuity levels in the three Phase 1 regions. The intent of OCRP is to provide the most appropriate level of care to the individual, ideally closer to their home community. Providing restoration services in a safe and cost-effective environment, while utilizing the newly available community treatment program should hopefully reduce the number of people wait-listed to receive competency restoration in an inpatient setting.

On July 1, 2020, OCRP services debuted in two of the three Phase 1 regions of the Trueblood settlement, and on September 1, in the Southwest region. This month's report covers events from December 1 – December 31. Data

from this month are considered “first-look” and are likely to change as they mature. Data tables reflecting OCRP services are included in Tables 4c., 14., and Appendix G. Figures 2, 5, and 6 represent the visual presentation of OCRP data in this month’s report. Additional figures and tables may be added as needed over the next several months as system configurations and data reporting needs are refined and finalized post go-live.

As you will note on the tables’ July data rows, zero Trueblood class member cases are listed. One case did enter OCRP in July. A misunderstanding in issuing multiple competing restoration orders and a mistimed release from jail resulted in the client not qualifying to be a class member. As a result, the client’s data is not included in table below.

In August, two class members entered OCRP; however, a data entry error, which required developer-level intervention to correct, prevented proper data display of one August case until the October monthly report. As of early October, the case displays correctly.

In September, two new class members entered OCRP, one client each in the Pierce and Spokane regions. Two clients were removed from OCRP in September due to non-compliance with the program and were transferred to Eastern State Hospital and the Maple Lane Competency Restoration Program, respectively.

As of December, two participants have completed OCRP, and one new class member entered OCRP from jail. As of early January 2021, 20 total clients have entered OCRP and 9 of those have been removed due to various challenges resulting in program non-compliance. Ongoing work to adjust OCRP’s policies and practices in light of real world experiences with clients is ongoing.

**ANALYSIS OF MATURE DATA: MAY 1, 2015 THROUGH NOVEMBER 30, 2020**

**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 - November 2020
  - Western State Hospital (WSH): 254.4
  - Eastern State Hospital (ESH): 59.5
  - Both hospitals: 313.9
  
- Average monthly inpatient evaluation orders signed for April 2015 - November 2020
  - WSH: 14.0
  - ESH: 8.6
  - Both hospitals: 22.6
  
- Average monthly restoration orders signed for April 2015 - November 2020
  - WSH: 77.4 \*
  - ESH: 17.8
  - Both hospitals: 95.2 \*
  - Hospitals + Residential Treatment Facility (RTF's): 109.1
  
- Average monthly RTF restoration orders signed for August 2018 - November 2020
  - RTF's: 33.9 \*\*
  
- Average monthly OCRP restoration orders signed for July 2020 - November 2020
  - Phase 1 OCRP (All Locations): 0.83\*\*\*

\* From April 2015 to July 2018, this figure also includes restoration orders for the RTF's; therefore, these figures exceed the WSH figures and the two hospital figures combined.

\*\* Prior to August 2018, RTF data was combined with WSH. From August 2018 onward, RTF data is reported separately.

\*\*\* OCRP treatment began in two Phase 1 regions on July 1, 2020 and in the third Phase 1 region on September 1, 2020. Only client's whose wait for treatment was jail-based are included in this data measure.

**SUMMARY POINTS RELATED TO ORDERS AND TIMELINESS BASED ON MATURE NOVEMBER DATA****Orders:**

- For November, the number of jail-based evaluation orders assigned to WSH decreased by 25 percent following moderate increases in September and October.
  
- ESH's jail-based evaluation orders declined approximately 10 percent in November but have maintained pre-pandemic levels.
  
- In October and November, WSH received 15 inpatient evaluation orders. October and November exceeded the average of 14 monthly orders. ESH orders for the month of October more than doubled from 11 orders up to 23 orders, the highest number of orders received within a given month. After October's record month, demand dropped by nearly 50 percent for November to 12 orders.

- WSH received 71 restoration orders in November, a significant decrease in orders compared to October, and moderately below the average monthly orders of 77.4. ESH had 23 orders in November, which is a slight decrease from the 21 orders in October. The RTF's received 16 orders, which is a 64 percent decrease from October.

\* Prior to August 2018, RTF data was included with the data for WSH. From August 2018 onward, RTF data is reported separately.

#### **Wait Times:**

- Regarding jail-based 14-day evaluation completion times, WSH decreased modestly to 12.2-days on average in November, from order to completion. ESH evaluation times decreased significantly on average from 13.6-days to 11.6-days. The combined average, across the system, decreased to 12.1-days from 12.8-days.
- The average inpatient evaluation admission wait time at WSH is currently 29.8-days in November, a significant decrease from October. ESH's average wait time increased to 86.1-days in November, a significant increase from October. It is worth noting that the average inpatient evaluation wait times are subject to significant monthly swings in either direction due to the small numbers of patients being admitted and evaluated through this legal authority.
- Restoration admission wait times at WSH is 45.7-days on average in November, which represents a marginal increase in wait times from October. The ESH average admission wait time is 40.3-days in November, which is a moderate increase in wait times compared to October.

#### **Timeliness:**

- At ESH, overall timeliness for jail-based evaluation completion decreased modestly to an average 85 percent completion rate within 14-days from receipt of order. ESH's timely completion rate decreased to 69 percent in November.
- At both hospitals combined, November's overall timeliness for inpatient evaluation admissions decreased to a six-percent completion rate within 7-days from receipt of order. Likewise, WSH had a nine-percent on time completion rate in October and ESH has had a zero-percent on time completion rate in November.
- At both hospitals and the RTF's combined, overall timeliness for inpatient restoration admissions for November was at a 13 percent completion rate within 7-days. WSH also had a 12 percent completion rate within 7-days, the RTFs were at 17 percent for November, and ESH remained at zero percent completion rate within 7-days in November.

## OUTLIER CASES (MATURE) NOVEMBER

Evaluations and restorations not completed within standard timelines become outliers. The monthly outlier population cases have been defined as:

- Population is active span cases from the “mature” data month. Currently, the “mature” month is November.
- Evaluation spans: are incomplete or were completed after the end of the “mature” month and wait more than 20-days for an evaluation (In-Jail), or admission (Inpatient), or a change of client status to out of jail, or order withdrawn by court.
- Restoration spans: are incomplete or were completed after the end of the “mature” month and wait more than 40-days for admission, or a change of client status to out of jail, or order withdrawn by the court.

**Table 1a. Outlier Cases (Mature)**

TABLE 1a. OUTLIERS FOR THE MONTH OF:		November-2020	
Type	Number of spans:	span begin to span end, or end of reporting period	
		Minimum Number of days	Maximum Number of days
In-Jail Evaluations	9	21	45
Inpatient Evaluations	35	21	132
Inpatient Restorations	80	41	111

Table 1 continues below detailing reasons contributing to delays in completing evaluations for outlier cases. The Trueblood definition for outliers is offered above on page 9.

**Table 1b. Summary of Evaluator Delay Reasons**

TABLE 1b. Continued SUMMARY OF EVALUATOR DELAY REASONS <sup>1</sup>			
REASONS FOR DELAY IN DATABASE	In-Jail Evaluations	Inpatient Evaluations	Inpatient Restorations
Defendant No Show			
Defendant Reschedule			
Evaluator availability	1		
Police reports availability			
Relevant discovery availability			
Jail/Outside facility staffing issues	1		
Attorney scheduling conflicts	1		
Jail return/Discharge with no eval done			
Requires amended court order			
Charges adjudicated prior to eval			
New charges - wait for new court order			
Client released from custody & can't be located			
Defendant would not participate without attorney present	1		
Defendant would not cooperate with evaluation	1		
Interpreter needed but court order did not request it			
Other patient cooperation problem	1		
Evaluator rejected by prosecutor			
Medical Record/Collateral Information			
Interpreter scheduling conflicts			
Defense Expert scheduling			
police reports	1	3	2
Attorney No Show	1		
Jail conference room availability/scheduling issues			
Processor error/clerical error			
Delay in Report Distribution			
Client or other required evaluation personnel have contracted or been exp	1		
No COVID-safe option to conduct the evaluation			
Delay in Submission of Evaluation Report due to Staff Furlough			
Order Processing Delay due to Staff Furlough			
Late Assignment			
Unknown	5		
Not Applicable <sup>2</sup>		32	78

<sup>1</sup>An incomplete case may have more than one delay reason. Therefore, the number of delay reasons may be greater than the number of outlier cases.

<sup>2</sup>Not Applicable indicates that none of the delays listed in the table apply to the competency service specified, or the case was completed within the compliance deadline with no delay reason recorded.

Finally, Table 1 concludes below with a focus on the reasons outlier cases are delayed prior to and during the admissions process for in-patient services.

**Table 1c. Summary of Admission Delay Reasons**

TABLE 1c. continued SUMMARY OF ADMISSION DELAY REASONS <sup>1</sup>			
REASONS FOR DELAY IN DATABASE	In-Jail Evaluations	Inpatient Evaluations	Inpatient Restorations
Bed availability		30	78
Medical clearance availability			
Police reports availability			
Relevant discovery availability			
NCIC/Processing			
Hospital staffing issues			
Jail/Outside facility staffing issues			
Jail return/Discharge with no eval done			
Requires amended court order			
Charges adjudicated prior to eval			
Other patient cooperation problem			
Evaluator rejected by prosecutor			
Medical Record/Collateral Information			
Awaiting Instructions from Court			
change from JH to PR			
Client released from custody & can't be located			
In Custody - Not In Jail			
in hospital - furlough from jail			
Medical Clearance Needed			
Client contracted or has been exposed to COVID-19			
Client Being Reevaluated			1
Order Processing Delay due to Staff Furlough			
Unknown		5	2
Not Applicable <sup>2</sup>	9		

<sup>1</sup>An incomplete case may have more than one delay reason. Therefore, the number of delay reasons may be greater than the number of outlier cases.

<sup>2</sup>Not Applicable indicates that none of the delays listed in the table apply to the competency service specified, or the case was completed within the compliance deadline with no delay reason recorded.

## CLASS MEMBER STATUS DATA TABLES

The following series of tables present mature class member status data for November. December data, highlighted in light orange are “first look” and are subject to change over time as the data matures. Data highlighted in salmon indicate a data value that has matured and has been updated during the most recent reporting period.

**Table 2. Class Member Status Western State Hospital – Jail-based Competency Evaluations**

TABLE 2. Class Member Status Western State Hospital – Jail-based Competency Evaluations <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		within 14 days from order signature date <sup>5,6</sup>	within 14 days from receipt of order <sup>5,6</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	337	0.5	0.0	0.8	0.0	n/a	n/a	344	12.6	13.0	69 %	76 %	77 %
Jan-20	393	0.5	0.0	0.8	0.0	n/a	n/a	360	12.2	13.0	76 %	81 %	85 %
Feb-20	358	0.5	0.0	0.8	0.0	n/a	n/a	373	12.1	13.0	81 %	84 %	86 %
Mar-20	247	0.6	0.0	0.9	0.0	n/a	n/a	338	12.3	13.0	78 %	82 %	85 %
Apr-20	183	0.5	0.0	0.8	0.0	n/a	n/a	150	13.7	13.0	62 %	68 %	69 %
May-20	202	0.4	0.0	0.5	0.0	n/a	n/a	200	14.3	13.0	65 %	71 %	72 %
Jun-20	240	0.7	0.0	0.9	0.0	n/a	n/a	244	12.3	13.0	83 %	85 %	86 %
Jul-20	296	0.7	0.0	0.7	0.0	n/a	n/a	267	12.1	12.0	80 %	81 %	83 %
Aug-20	290	0.3	0.0	0.3	0.0	n/a	n/a	292	11.3	12.0	86 %	90 %	92 %
Sep-20	309	0.4	0.0	0.5	0.0	n/a	n/a	292	11.7	12.0	81 %	84 %	85 %
Oct-20	328	0.6	0.0	0.8	0.0	n/a	n/a	331	12.6	13.0	82 %	86 %	89 %
Nov-20	246	0.7	0.0	0.9	0.0	n/a	n/a	257	12.2	13.0	79 %	81 %	85 %
Dec-20	239	0.4	0.0	0.6	0.0	5.1	3.0	266	13.0	13.0	74 %	84 %	85 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the report is sent to the court, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 to June 2016, the in-jail evaluation compliance deadline was within 7 days from court order signature date, and from July 2016 to April 2017, the in-jail evaluation compliance deadline was within 14 days from court order signature date. 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 (if the order was received within 0 and 7 days from order signature date) (or 14 days from the beginning or notification of a period of waiting in jail). 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 14 days from the beginning or notification of a period of waiting in jail) or 21 days from order signature date (if the order was received after 7 days from order signature date). In addition, starting in August 2018, the in-jail evaluation compliance calculations are adjusted based on Good Cause Extensions granted by the court.

**Table 3. Class Member Status Western State Hospital – Inpatient Competency Evaluation Services**

**TABLE 3. Class Member Status Western State Hospital – Inpatient Competency Services (Inpatient Evaluations)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	2	0.9	0.5	0.9	0.5	n/a	n/a	6	36.8	30.0	0%	0%	0%
Jan-20	8	0.0	0.0	0.0	0.0	n/a	n/a	3	22.7	26.0	0%	0%	0%
Feb-20	9	0.1	0.0	0.1	0.0	n/a	n/a	6	19.8	21.5	0%	0%	0%
Mar-20	3	0.2	0.0	0.2	0.0	n/a	n/a	6	42.8	48.5	17%	17%	17%
Apr-20	4	0.2	0.0	0.3	0.0	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a
May-20	4	0.5	0.0	0.6	0.0	n/a	n/a	1	0.0	0.0	100%	100%	100%
Jun-20	10	0.5	0.0	0.5	0.0	n/a	n/a	8	55.1	18.0	0%	0%	0%
Jul-20	5	0.3	0.0	0.2	0.0	n/a	n/a	3	44.7	51.0	0%	0%	0%
Aug-20	7	0.4	0.0	0.3	0.0	146.0	146.0	11	116.0	132.0	0%	0%	0%
Sep-20	7	0.7	0.0	0.4	0.0	146.0	146.0	7	62.0	75.0	0%	0%	0%
Oct-20	15	1.1	0.0	1.0	0.0	104.5	104.5	12	52.4	49.5	0%	0%	0%
Nov-20	15	0.8	0.0	0.7	0.0	58.9	56.0	11	29.8	37.0	9%	9%	9%
Dec-20	17	0.4	0.0	0.2	0.0	35.3	28.0	8	46.3	53.0	0%	0%	0%

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 4a. Class Member Status Western State Hospital – Inpatient Competency Restoration Services**

**TABLE 4a. Class Member Status Western State Hospital – Inpatient Competency Services (Restorations)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	82	3.1	0.0	3.1	0.0	n/a	n/a	81	32.1	36.0	31 %	33 %	35 %
Jan-20	58	2.2	0.0	2.3	0.0	n/a	n/a	68	40.0	38.5	15 %	18 %	18 %
Feb-20	61	2.2	0.0	2.4	0.0	n/a	n/a	56	39.9	41.5	9 %	11 %	11 %
Mar-20	57	1.8	0.0	1.9	0.0	n/a	n/a	59	25.6	23.0	12 %	14 %	15 %
Apr-20	41	1.9	0.0	1.9	0.0	n/a	n/a	29	41.2	34.0	14 %	14 %	14 %
May-20	30	1.8	0.0	1.8	0.0	n/a	n/a	25	63.6	43.0	0 %	0 %	0 %
Jun-20	39	1.6	0.0	1.6	0.0	n/a	n/a	41	89.8	87.0	2 %	2 %	2 %
Jul-20	59	4.8	0.0	1.6	0.0	n/a	n/a	43	36.9	22.0	7 %	7 %	19 %
Aug-20	52	2.3	0.0	0.6	0.0	n/a	n/a	66	83.2	80.0	6 %	6 %	6 %
Sep-20	56	2.5	0.0	0.7	0.0	98.2	97.5	58	59.2	51.5	7 %	7 %	9 %
Oct-20	99	2.7	0.0	1.2	0.0	77.1	76.0	63	43.3	32.0	14 %	14 %	16 %
Nov-20	71	2.6	0.0	0.7	0.0	64.6	65.5	76	45.7	37.0	12 %	9 %	12 %
Dec-20	84	1.6	0.0	0.7	0.0	42.4	41.0	52	36.3	37.0	13 %	15 %	15 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems and includes both WSH and RTF data for those months in this table. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System, is based on the number of periods individuals waited for competency services in jail, and only includes WSH data for those months in this table.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 4b. Class Member Status Residential Treatment Facilities – Inpatient Competency Restoration Services**

TABLE 4b. Class Member Status Residential Treatment Facilities – Inpatient Competency Services (Restorations) <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	37	1.2	0.0	1.3	0.0	n/a	n/a	41	27.1	27.0	22 %	22 %	22 %
Jan-20	47	0.6	0.0	0.5	0.0	n/a	n/a	48	41.2	42.5	4 %	4 %	4 %
Feb-20	16	1.4	0.0	1.3	0.0	n/a	n/a	33	36.7	34.0	6 %	6 %	6 %
Mar-20	29	1.5	0.0	2.0	0.0	n/a	n/a	31	36.9	33.0	3 %	3 %	3 %
Apr-20	26	1.2	0.0	3.1	0.0	n/a	n/a	25	33.2	27.0	8 %	12 %	12 %
May-20	18	0.8	0.0	0.8	0.0	n/a	n/a	21	47.4	38.0	0 %	0 %	0 %
Jun-20	26	1.5	0.0	1.7	0.0	n/a	n/a	23	43.8	41.0	9 %	9 %	9 %
Jul-20	30	3.6	0.0	1.3	0.0	n/a	n/a	35	36.8	33.0	3 %	3 %	3 %
Aug-20	48	2.5	0.0	0.3	0.0	n/a	n/a	32	21.9	21.0	3 %	3 %	3 %
Sep-20	39	2.2	0.0	0.4	0.0	n/a	n/a	46	23.5	20.0	9 %	9 %	9 %
Oct-20	44	1.7	0.0	0.6	0.0	n/a	n/a	41	32.1	28.0	10 %	10 %	10 %
Nov-20	16	0.9	0.0	0.3	0.0	n/a	n/a	30	26.4	23.0	17 %	17 %	17 %
Dec-20	11	1.4	0.0	0.2	0.0	n/a	n/a	33	33.3	33.0	12 %	12 %	12 %

<sup>1</sup>Data before - AUG-2018 is not included because during those months, the RTF data was combined with the WSH data. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

On July 1, 2020, OCRP services debuted in two of the three Phase 1 regions of the Trueblood settlement, and on September 1, 2020, services debuted in the Southwest region. This month’s report covers events from December 1 – December 31 and earlier. Table 4c. below is one of two OCRP data tables available in this monthly report.

As with any new program or process, it often takes some time to ensure all internal and external parties are functioning correctly within the new environment. As processes have been utilized in real world conditions, the courts, OCR providers, and our agencies have provided education and outreach where needed as well as adjusted processes to reflect lessons learned and actual operational experiences.

One case did enter OCRP in July. A misunderstanding in issuing multiple competing restoration orders and a mistimed release from jail resulted in the client not qualifying to be a class member. As a result, the client’s data is not included in table below. In August, two class members entered OCRP; however, a data entry error, which required developer-level intervention to correct, prevented one case from displaying correctly in the table below. The case displayed correctly in time for the October report.

**Table 4c. Class Member Status OCRP**

TABLE 4c: Class Member Status Outpatient Competency Restoration Program (OCRP) <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jul-20	0	n/a	n/a	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a
Aug-20	2	0.0	0.0	0.0	0.0	n/a	n/a	1	4.0	4.0	100 %	100 %	100 %
Sep-20	2	0.0	0.0	0.0	0.0	n/a	n/a	3	6.3	7.0	100 %	100 %	100 %
Oct-20	0	n/a	n/a	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a
Nov-20	0	n/a	n/a	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a
Dec-20	1	3.0	3.0	0.0	0.0	n/a	n/a	1	5.0	5.0	100 %	100 %	100 %

<sup>1</sup>The OCRP was implemented July 1, 2020. The data are pulled from the BHA Forensic Data System and Navigator Case Management System and based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>"Days from order signature to" represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts are from data recorded in the BHA Forensic Data System and Navigator Case Management System.

<sup>5</sup>The following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>According to the Settlement Agreement, "For criminal defendants waiting in jail, an offer of admission to the community outpatient restoration services program will occur within the constitutional timelines for restoration as outlined by the Federal Court." Therefore, this table captures the 3 compliance deadlines captured for inpatient competency restoration: 1) percent completed within 7 days from court order signature date (as stipulated from April 2015 to April 2017) and 2) percent of orders completed within 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail) and 3) percent of all orders completed within either of two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date) (from May 2017 onward as outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389).

**Table 5. Class Member Status Eastern State Hospital – Jail-based Competency Evaluations**

TABLE 5. Class Member Status Eastern State Hospital – Jail-based Competency Evaluations <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		within 14 days from order signature date <sup>5,6</sup>	within 14 days from receipt of order <sup>5,6</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	68	0.5	0.0	1.4	1.0	n/a	n/a	82	13.6	14.0	52 %	60 %	63 %
Jan-20	82	0.7	0.0	1.4	1.0	n/a	n/a	75	13.1	13.0	63 %	72 %	79 %
Feb-20	67	0.7	0.0	1.7	1.0	n/a	n/a	66	11.4	12.5	68 %	71 %	73 %
Mar-20	60	0.7	0.0	1.3	1.0	n/a	n/a	69	12.8	13.0	74 %	77 %	80 %
Apr-20	21	0.6	0.0	1.0	1.0	n/a	n/a	34	11.3	9.5	85 %	88 %	91 %
May-20	39	0.3	0.0	1.1	1.0	n/a	n/a	31	11.0	8.0	90 %	90 %	90 %
Jun-20	47	0.8	0.0	1.9	1.0	n/a	n/a	32	11.2	10.5	72 %	75 %	88 %
Jul-20	53	0.6	0.0	1.5	0.5	n/a	n/a	65	12.7	10.0	71 %	74 %	88 %
Aug-20	68	0.5	0.0	1.4	0.0	n/a	n/a	47	14.4	10.0	70 %	72 %	79 %
Sep-20	77	0.8	0.0	1.8	0.0	n/a	n/a	86	12.3	9.5	77 %	77 %	85 %
Oct-20	74	1.3	0.0	1.6	1.0	n/a	n/a	79	13.6	10.0	78 %	80 %	89 %
Nov-20	68	1.5	1.0	2.0	1.0	n/a	n/a	62	11.6	12.0	77 %	79 %	85 %
Dec-20	49	1.4	1.0	2.1	1.0	7.8	6.0	61	14.6	13.0	56 %	62 %	69 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the report is sent to the court, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 to June 2016, the in-jail evaluation compliance deadline was within 7 days from court order signature date, and from July 2016 to April 2017, the in-jail evaluation compliance deadline was within 14 days from court order signature date. 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 (if the order was received within 0 and 7 days from order signature date) (or 14 days from the beginning or notification of a period of waiting in jail). 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 14 days from the beginning or notification of a period of waiting in jail) or 21 days from order signature date (if the order was received after 7 days from order signature date). In addition, starting in August 2018, the in-jail evaluation compliance calculations are adjusted based on Good Cause Extensions granted by the court.

**Table 6. Class Member Status Eastern State Hospital – Inpatient Competency Services**

**TABLE 6. Class Member Status Eastern State Hospital – Inpatient Competency Services (Inpatient Evaluations)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	13	0.3	0.0	0.6	0.0	n/a	n/a	11	21.6	21.0	18 %	18 %	36 %
Jan-20	11	0.1	0.0	0.4	0.0	n/a	n/a	9	19.2	23.0	11 %	11 %	11 %
Feb-20	4	0.2	0.0	0.4	0.0	n/a	n/a	8	26.3	22.0	25 %	25 %	38 %
Mar-20	7	0.3	0.0	2.1	0.0	n/a	n/a	5	56.0	56.0	0 %	0 %	0 %
Apr-20	2	0.4	0.0	2.3	0.0	n/a	n/a	4	16.8	12.0	50 %	50 %	50 %
May-20	3	0.1	0.0	2.7	0.0	n/a	n/a	3	48.3	44.0	0 %	0 %	0 %
Jun-20	16	0.8	0.0	1.1	0.0	n/a	n/a	2	108.0	108.0	0 %	0 %	0 %
Jul-20	13	0.6	0.0	0.7	0.0	n/a	n/a	5	36.4	28.0	20 %	20 %	40 %
Aug-20	2	0.7	0.0	0.8	0.0	n/a	n/a	11	66.2	55.0	0 %	0 %	0 %
Sep-20	11	0.7	0.0	1.2	0.0	n/a	n/a	15	48.2	62.0	13 %	13 %	13 %
Oct-20	23	0.8	0.0	0.9	0.0	73.2	78.0	17	32.9	7.0	24 %	29 %	59 %
Nov-20	12	0.5	0.0	0.8	0.0	62.1	59.5	7	86.1	84.0	0 %	0 %	0 %
Dec-20	14	0.5	0.0	0.7	0.0	38.0	24.0	18	50.4	35.0	0 %	0 %	6 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 7. Class Member Status Eastern State Hospital – Inpatient Competency Restoration Services**

TABLE 7. Class Member Status Eastern State Hospital – Inpatient Competency Services (Restorations) <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	34	2.5	1.0	2.9	0.0	n/a	n/a	21	30.4	40.0	29%	29%	29%
Jan-20	22	2.2	0.0	2.6	0.0	n/a	n/a	20	37.8	40.0	0%	0%	0%
Feb-20	24	1.0	0.0	1.1	0.0	n/a	n/a	21	47.0	60.0	19%	19%	19%
Mar-20	16	0.6	0.0	0.6	0.0	n/a	n/a	21	47.1	48.0	5%	5%	5%
Apr-20	14	1.3	0.0	1.3	0.0	n/a	n/a	22	58.6	61.0	9%	9%	9%
May-20	10	2.5	0.0	1.5	0.0	n/a	n/a	18	57.2	51.5	0%	0%	0%
Jun-20	7	3.4	0.0	2.1	0.0	n/a	n/a	11	53.6	57.0	0%	0%	0%
Jul-20	16	1.2	0.0	1.0	0.0	n/a	n/a	4	81.3	91.0	0%	0%	0%
Aug-20	15	0.8	0.0	0.7	0.0	n/a	n/a	13	49.2	48.0	15%	15%	15%
Sep-20	28	0.7	0.0	0.5	0.0	n/a	n/a	24	62.1	62.0	4%	4%	4%
Oct-20	21	0.9	0.0	0.2	0.0	68.3	65.0	7	36.3	36.0	0%	0%	0%
Nov-20	23	0.8	0.0	0.1	0.0	54.4	49.0	6	40.3	35.5	0%	0%	0%
Dec-20	19	0.7	0.0	0.2	0.0	43.5	48.0	37	71.6	80.0	3%	5%	5%

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 8. Class Member Status at WSH and ESH (Totals) – Jail-based Competency Evaluations**

TABLE 8. Class Member Status at WSH and ESH (Totals) – Jail-based Competency Evaluations <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		within 14 days from order signature date <sup>5,6</sup>	within 14 days from receipt of order <sup>5,6</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	405	0.5	0.0	0.9	0.0	n/a	n/a	426	12.8	13.0	66 %	73 %	75 %
Jan-20	475	0.5	0.0	0.8	0.0	n/a	n/a	435	12.4	13.0	74 %	80 %	84 %
Feb-20	425	0.6	0.0	1.0	0.0	n/a	n/a	439	12.0	13.0	79 %	82 %	84 %
Mar-20	307	0.6	0.0	1.0	0.0	n/a	n/a	407	12.3	13.0	77 %	81 %	84 %
Apr-20	204	0.5	0.0	0.8	0.0	n/a	n/a	184	13.3	13.0	66 %	72 %	73 %
May-20	241	0.4	0.0	0.6	0.0	n/a	n/a	231	13.8	13.0	68 %	73 %	74 %
Jun-20	287	0.7	0.0	1.1	0.0	n/a	n/a	276	12.2	13.0	82 %	84 %	86 %
Jul-20	349	0.6	0.0	0.9	0.0	n/a	n/a	332	12.2	12.0	78 %	80 %	84 %
Aug-20	358	0.3	0.0	0.6	0.0	n/a	n/a	339	11.8	12.0	84 %	87 %	90 %
Sep-20	386	0.5	0.0	0.8	0.0	n/a	n/a	378	11.9	12.0	80 %	82 %	85 %
Oct-20	402	0.8	0.0	1.0	0.0	n/a	n/a	410	12.8	13.0	81 %	85 %	89 %
Nov-20	314	0.8	0.0	1.2	0.0	n/a	n/a	319	12.1	13.0	78 %	81 %	85 %
Dec-20	288	0.6	0.0	0.9	0.0	5.5	3.0	327	13.3	13.0	71 %	80 %	82 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the report is sent to the court, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 to June 2016, the in-jail evaluation compliance deadline was within 7 days from court order signature date, and from July 2016 to April 2017, the in-jail evaluation compliance deadline was within 14 days from court order signature date. 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 (if the order was received within 0 and 7 days from order signature date) (or 14 days from the beginning or notification of a period of waiting in jail). 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 14 days from the beginning or notification of a period of waiting in jail) or 21 days from order signature date (if the order was received after 7 days from order signature date). In addition, starting in August 2018, the in-jail evaluation compliance calculations are adjusted based on Good Cause Extensions granted by the court.

**Table 9. Class Member Status at WSH and ESH State Hospital (Totals) – Inpatient Competency Evaluation**

TABLE 9. Class Member Status at WSH and ESH State Hospital (Totals) – Inpatient Services (Inpatient Evaluations) <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	15	0.5	0.0	0.7	0.0	n/a	n/a	17	27.0	30.0	12 %	12 %	24 %
Jan-20	19	0.1	0.0	0.2	0.0	n/a	n/a	12	20.1	23.0	8 %	8 %	8 %
Feb-20	13	0.1	0.0	0.2	0.0	n/a	n/a	14	23.5	21.5	14 %	14 %	21 %
Mar-20	10	0.2	0.0	1.2	0.0	n/a	n/a	11	48.8	50.0	9 %	9 %	9 %
Apr-20	6	0.3	0.0	1.4	0.0	n/a	n/a	4	16.8	12.0	50 %	50 %	50 %
May-20	7	0.3	0.0	1.5	0.0	n/a	n/a	4	36.3	30.0	25 %	25 %	25 %
Jun-20	26	0.7	0.0	0.8	0.0	n/a	n/a	10	65.7	55.5	0 %	0 %	0 %
Jul-20	18	0.5	0.0	0.5	0.0	n/a	n/a	8	39.5	31.5	13 %	13 %	25 %
Aug-20	9	0.6	0.0	0.6	0.0	146.0	146.0	22	91.1	80.0	0 %	0 %	0 %
Sep-20	18	0.7	0.0	0.9	0.0	146.0	146.0	22	52.6	63.5	9 %	9 %	9 %
Oct-20	38	0.9	0.0	1.0	0.0	82.1	78.0	29	41.0	32.0	14 %	17 %	34 %
Nov-20	27	0.7	0.0	0.8	0.0	60.3	56.0	18	51.7	37.0	6 %	6 %	6 %
Dec-20	31	0.4	0.0	0.4	0.0	36.4	28.0	26	49.1	43.0	0 %	0 %	4 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 10. Class Member Status at WSH and ESH State Hospital, and RTFs (Totals) – Inpatient Competency Restoration Services**

TABLE 10. Class Member Status at WSH and ESH State Hospital, and RTFs (Totals) – Inpatient Services (Restorations) <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Dec-19	153	2.4	0.0	2.5	0.0	n/a	n/a	143	30.4	34.0	28 %	29 %	30 %
Jan-20	127	1.7	0.0	1.8	0.0	n/a	n/a	136	40.1	41.0	9 %	10 %	10 %
Feb-20	101	1.7	0.0	1.8	0.0	n/a	n/a	110	40.3	37.0	10 %	11 %	11 %
Mar-20	102	1.5	0.0	1.6	0.0	n/a	n/a	111	32.8	28.0	8 %	9 %	10 %
Apr-20	81	1.6	0.0	1.9	0.0	n/a	n/a	76	43.6	39.0	11 %	12 %	12 %
May-20	58	1.7	0.0	1.7	0.0	n/a	n/a	64	56.5	43.0	0 %	0 %	0 %
Jun-20	72	1.8	0.0	1.7	0.0	n/a	n/a	75	70.4	69.0	4 %	4 %	4 %
Jul-20	105	4.1	0.0	1.5	0.0	n/a	n/a	82	39.0	32.0	5 %	5 %	11 %
Aug-20	115	2.1	0.0	0.6	0.0	n/a	n/a	111	61.5	38.0	6 %	6 %	6 %
Sep-20	123	2.1	0.0	0.6	0.0	98.2	97.5	128	46.9	36.5	7 %	7 %	8 %
Oct-20	164	2.2	0.0	1.0	0.0	75.7	73.0	111	38.7	31.0	12 %	12 %	13 %
Nov-20	110	2.0	0.0	0.5	0.0	62.1	63.0	112	40.2	30.0	13 %	11 %	13 %
Dec-20	114	1.4	0.0	0.5	0.0	42.6	42.0	122	46.2	42.0	10 %	11 %	11 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

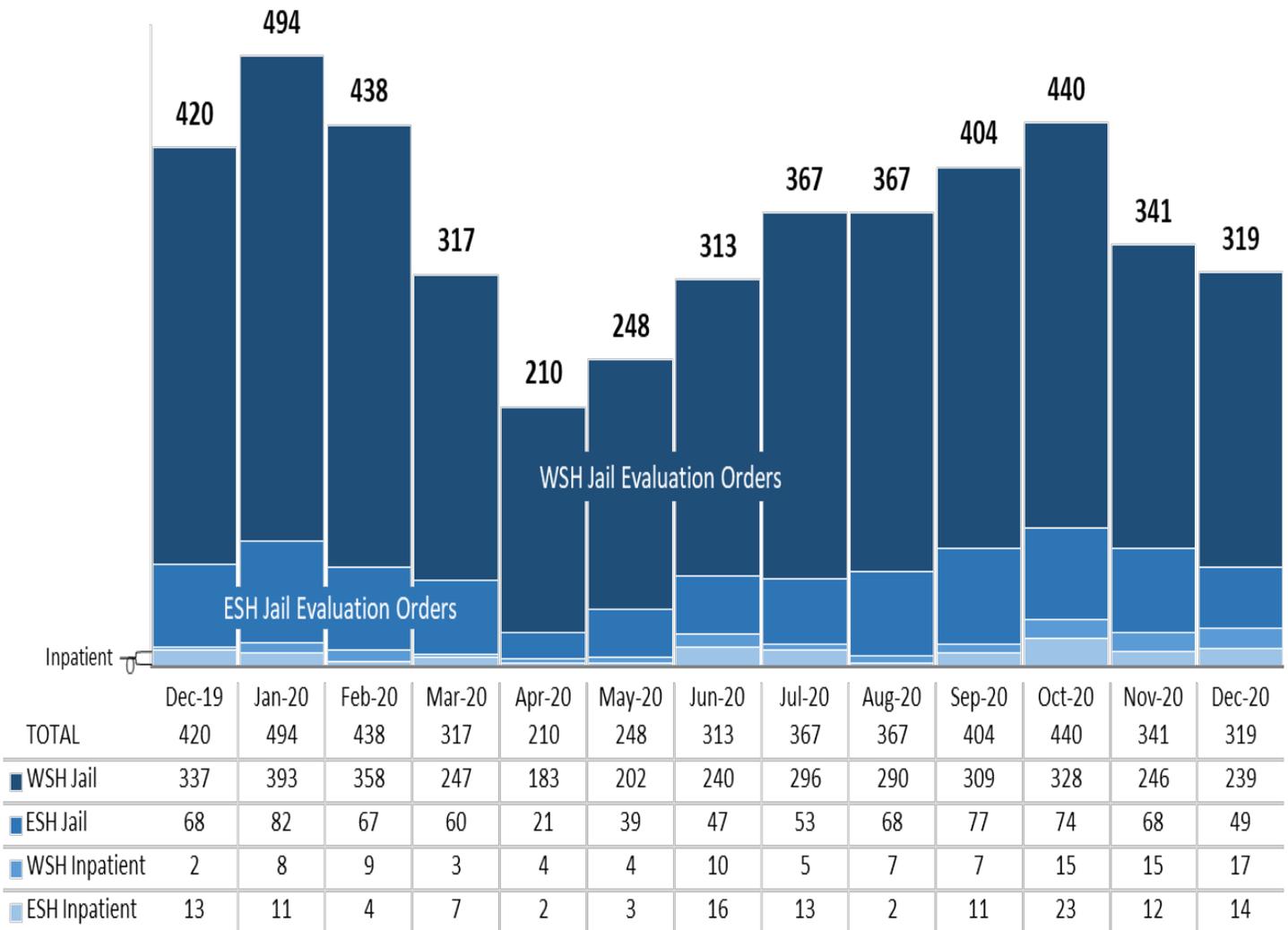
<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

## CLASS MEMBER STATUS DATA GRAPHS

The following figures, Figures 1-6, present “first look” December data. The data are subject to change as they mature over a longer time horizon.

**Figure 1. Signed Evaluation Orders for Trueblood Class Members**



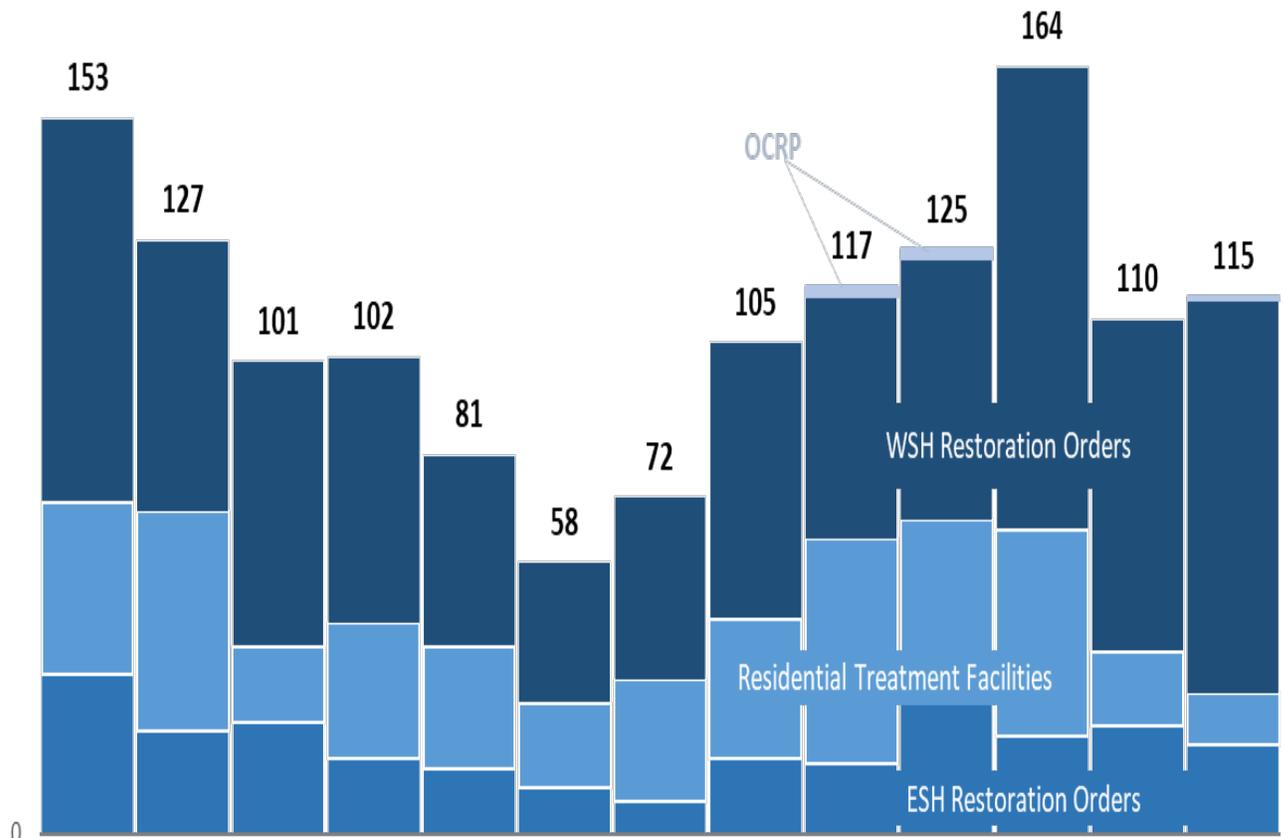
SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, January 2021.

On July 1, 2020, OCRP services debuted in two of the three Phase 1 regions of the Trueblood settlement, and on September 1, 2020, services debuted in the Southwest region. This month’s report covers events from December 1 – December 31 and earlier. Figures 2, 5, and 6 on the following pages represent the visual presentation of OCRP data in this month’s report.

As with any new program or process, it often takes some time to ensure all internal and external parties are functioning correctly within the new environment. As processes have been utilized in real world conditions, the courts, OCR providers, and our agencies have provided education and outreach where needed as well as adjusted processes to reflect lessons learned and actual operational experiences.

One case did enter OCRP in July. A misunderstanding in issuing multiple competing restoration orders and a mistimed release from jail resulted in the client not qualifying to be a class member. As a result, the client’s data is not included in table below. In August, two class members entered OCRP. A data entry error, which required developer-level intervention to correct, prevented one case from initially displaying correctly in the table below. The case displayed correctly in time for the October report.

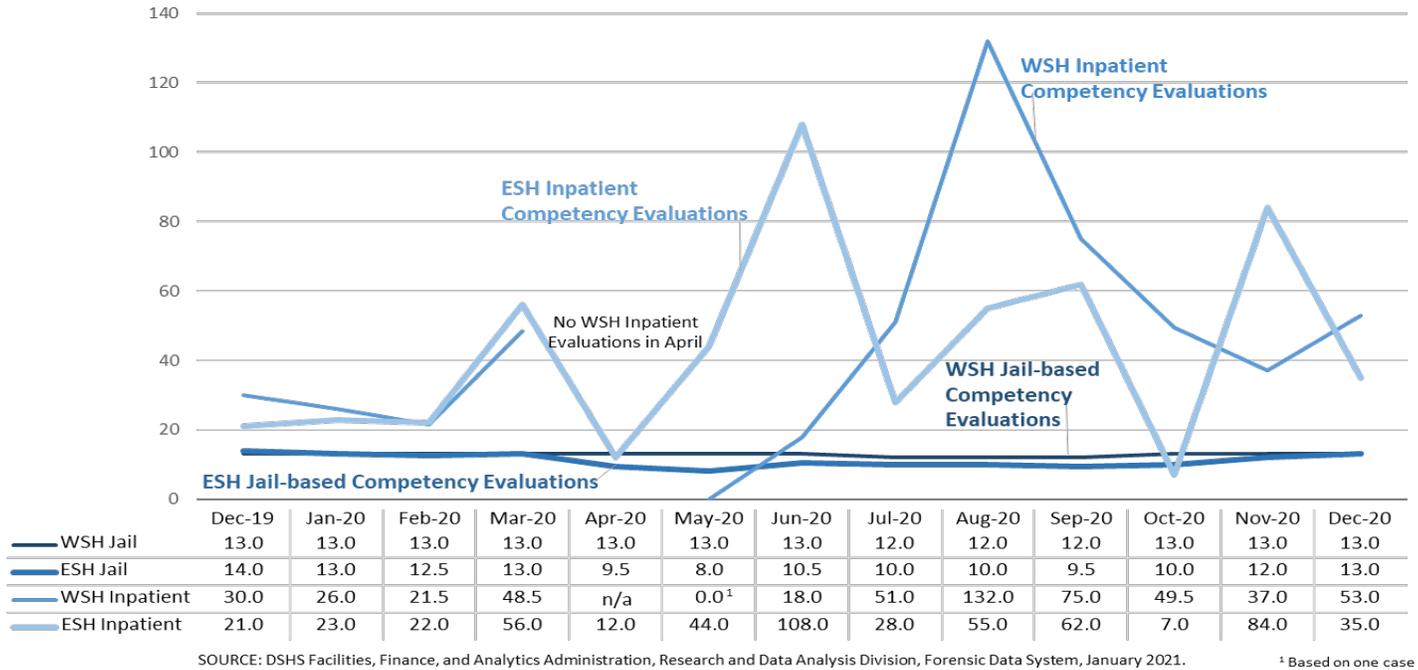
**Figure 2. Signed Restoration Orders for Trueblood Class Members**



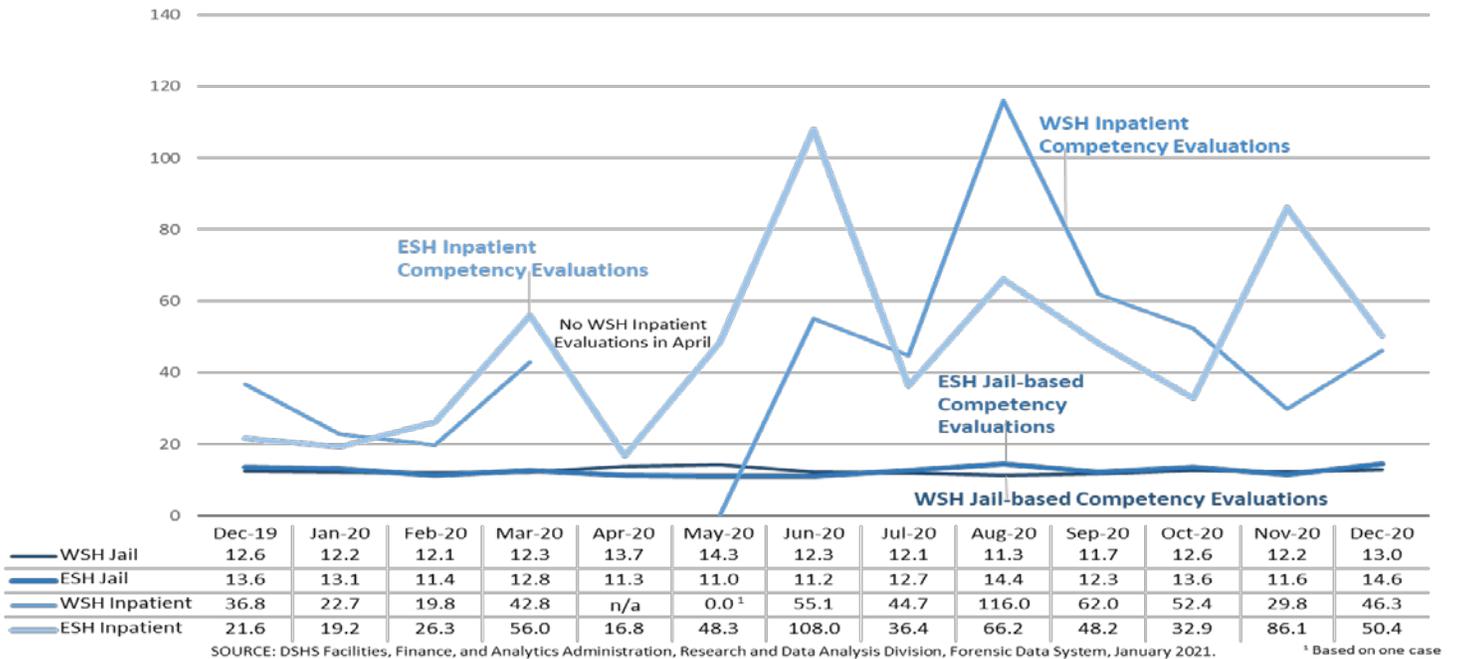
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
TOTAL	153	127	101	102	81	58	72	105	117	125	164	110	115
OCRP	n/a	0	2	2	0	0	1						
WSH Restoration	82	58	61	57	41	30	39	59	52	56	99	71	84
RTF Restoration	37	47	16	29	26	18	26	30	48	39	44	16	11
ESH Restoration	34	22	24	16	14	10	7	16	15	28	21	23	19

SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, January 2021.

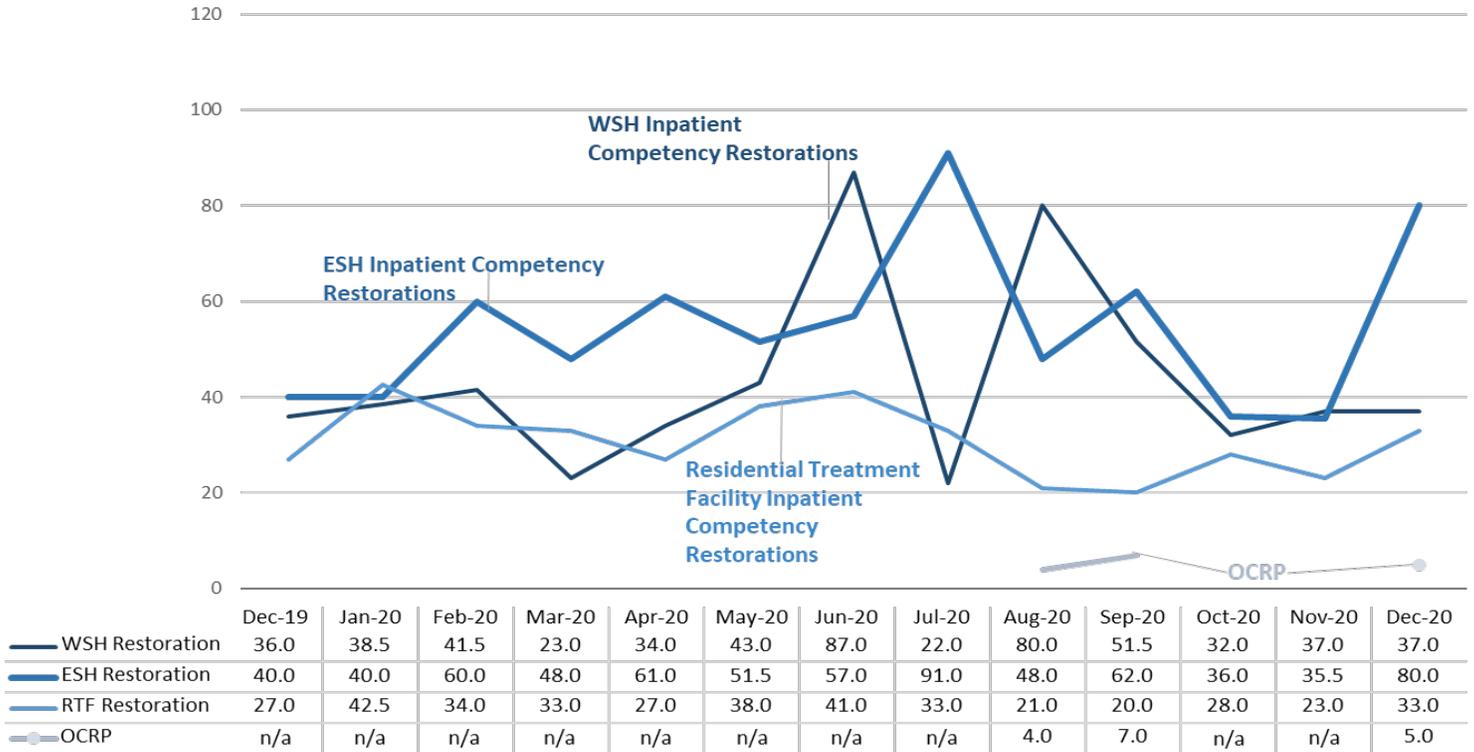
**Figure 3. Median Days from Court Order Signature to Completed Evaluation**



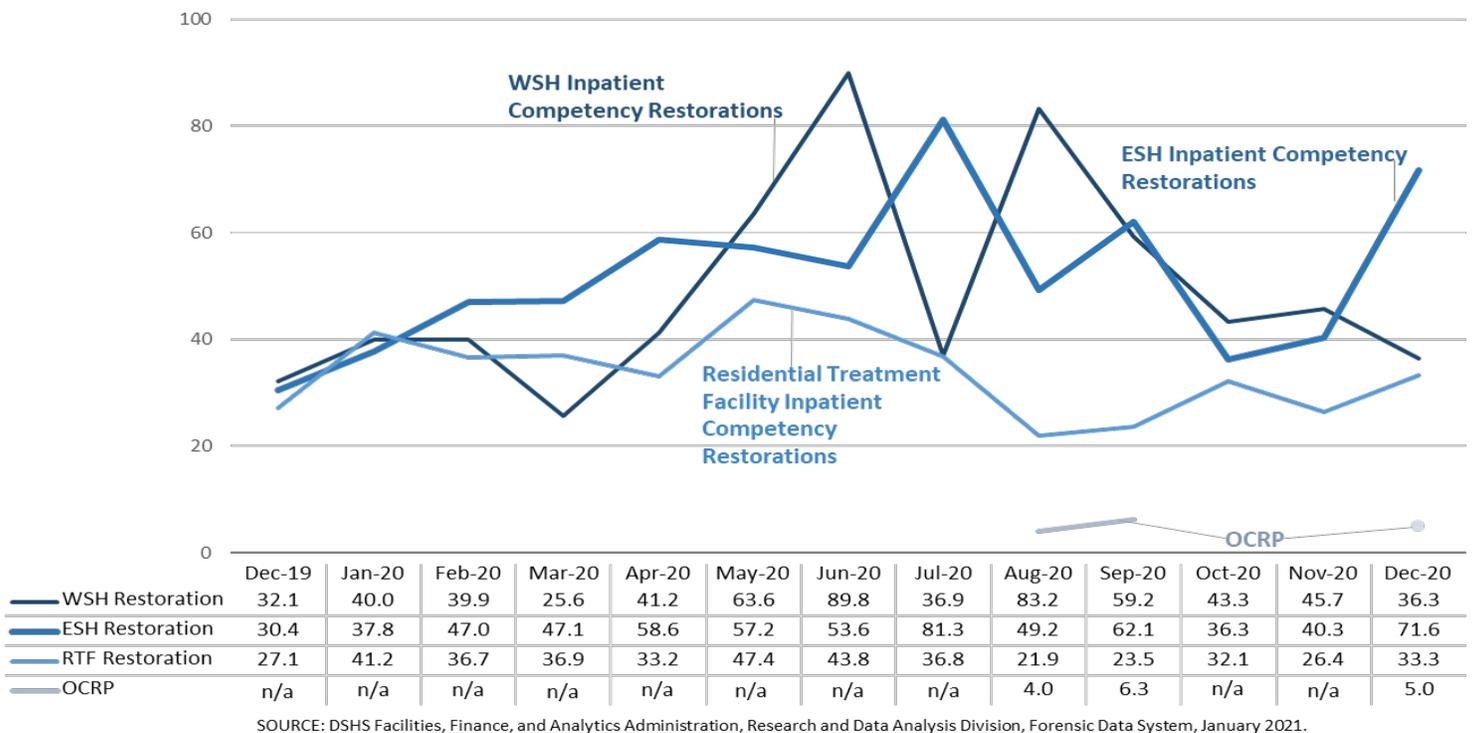
**Figure 4. Average Days from Court Order Signature to Completed Evaluation**



**Figure 5. Median Days from Court Order Signature to Completed Restoration**



**Figure 6. Average Days from Court Order Signature to Completed Restoration**



**TABLES 11-14: SUMMARY OF JAIL EVALUATIONS, IN-PATIENT EVALUATIONS, AND RESTORATIONS BY MONTH SINCE FEBRUARY 2016**

The data presented in this section, from Tables 11-14 (percent days or less), are based on the month that the Court Order was signed and will therefore be different from the data shown previously in Tables 2-10, which are based on the month the order packet was completed. December 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. A rolling thirteen months is displayed in Tables 11-14.

**Table 11. Total Completed Jail Evaluation Orders by Month Court Order Signed**

BY START MONTH							
TABLE 11. TOTAL COMPLETED JAIL EVALUATION ORDERS BY MONTH COURT ORDER SIGNED <sup>1</sup>							
MONTH	<i>Court Orders Signed</i> <sup>2</sup>	14 DAYS OR LESS FROM ORDER SIGNATURE DATE <sup>3</sup>	PERCENT 14 DAYS OR LESS FROM ORDER SIGNATURE DATE <sup>3</sup>	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER <sup>3,4</sup>	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER <sup>3,4</sup>	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE <sup>3,4</sup>	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE <sup>3,4</sup>
Dec-19	405	287	71 %	306	76 %	323	80 %
Jan-20	475	378	80 %	400	84 %	414	87 %
Feb-20	425	323	76 %	343	81 %	355	84 %
Mar-20	307	232	76 %	244	79 %	250	81 %
Apr-20	204	128	63 %	138	68 %	140	69 %
May-20	241	187	78 %	194	80 %	199	83 %
Jun-20	287	225	78 %	232	81 %	239	83 %
Jul-20	349	290	83 %	296	85 %	312	89 %
Aug-20	358	292	82 %	303	85 %	312	87 %
Sep-20	386	308	80 %	320	83 %	337	87 %
Oct-20	402	324	81 %	337	84 %	349	87 %
Nov-20	314	224	71 %	247	79 %	255	81 %
Dec-20	288	170	59 %	182	63 %	188	65 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>**Court Orders Signed** is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: orders completed and percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>4</sup>From April 2015 to June 2016, the in-jail evaluation compliance deadline was within 7 days from court order signature date, and from July 2016 to April 2017, the in-jail evaluation compliance deadline was within 14 days from court order signature date. 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 (if the order was received within 0 and 7 days from order signature date) (or 14 days from the beginning or notification of a period of waiting in jail). 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 14 days from the beginning or notification of a period of waiting in jail) or 21 days from order signature date (if the order was received after 7 days from order signature date). In addition, starting in August 2018, the in-jail evaluation compliance calculations are adjusted based on Good Cause Extensions granted by the court.

**Table 12. Total Completed Inpatient Evaluation Orders by Month Court Order Signed**

TABLE 12. TOTAL COMPLETED INPATIENT EVALUATION ORDERS BY MONTH COURT ORDER SIGNED <sup>1,2</sup>							
MONTH	Court Orders Signed <sup>1</sup>	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <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>
Dec-19	15	2	13 %	2	13 %	3	20 %
Jan-20	19	3	16 %	3	16 %	3	16 %
Feb-20	13	1	8 %	1	8 %	2	15 %
Mar-20	10	1	10 %	1	10 %	1	10 %
Apr-20	6	1	17 %	1	17 %	1	17 %
May-20	7	1	14 %	1	14 %	1	14 %
Jun-20	26	0	0 %	0	0 %	1	4 %
Jul-20	18	1	6 %	1	6 %	1	6 %
Aug-20	9	0	0 %	0	0 %	0	0 %
Sep-20	18	2	11 %	2	11 %	3	17 %
Oct-20	38	4	11 %	5	13 %	9	24 %
Nov-20	27	1	4 %	1	4 %	1	4 %
Dec-20	31	0	0 %	0	0 %	1	3 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: orders completed and percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>4</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 13. Total Completed Restoration Orders by Month Court Order Signed**

TABLE 13. TOTAL COMPLETED RESTORATION ORDERS BY MONTH COURT ORDER SIGNED <sup>1,2</sup>							
MONTH	Court Orders Signed <sup>1</sup>	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <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>
Dec-19	153	41	27 %	43	28 %	44	29 %
Jan-20	127	12	9 %	13	10 %	13	10 %
Feb-20	101	11	11 %	12	12 %	12	12 %
Mar-20	102	8	8 %	9	9 %	10	10 %
Apr-20	81	8	10 %	9	11 %	9	11 %
May-20	58	1	2 %	1	2 %	1	2 %
Jun-20	72	2	3 %	2	3 %	2	3 %
Jul-20	105	6	6 %	6	6 %	11	10 %
Aug-20	115	6	5 %	6	5 %	6	5 %
Sep-20	123	13	11 %	13	11 %	14	11 %
Oct-20	164	11	7 %	11	7 %	12	7 %
Nov-20	110	13	12 %	11	10 %	13	12 %
Dec-20	114	12	11 %	14	12 %	14	12 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: orders completed and percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>4</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

On July 1, 2020, OCRP services debuted in two of the three Phase 1 regions of the Trueblood settlement, and on September 1, 2020, services debuted in the Southwest region. This month’s report covers events from December 1 – December 31 and earlier. Table 14. below is one of two OCRP data tables available in this monthly report.

As with any new program or process, it often takes some time to ensure all internal and external parties are functioning correctly within the new environment. As processes have been utilized in real world

conditions, the courts, OCR providers, and our agencies have provided education and outreach where needed as well as adjusted processes to reflect lessons learned and actual operational experiences.

One case did enter OCRP in July. A misunderstanding in issuing multiple competing restoration orders and a mistimed release from jail resulted in the client not qualifying to be a class member. As a result, the client’s data is not included in table below. In August, two class members entered OCRP; however, a data entry error, which required developer-level intervention to correct, prevented one case from displaying correctly in the table below. The case displayed correctly in time for the October report.

**Table 14. OCRP Completed Restoration Orders by Month Court Order Signed**

TABLE 14. OUTPATIENT COMPETENCY RESTORATION PROGRAM COMPLETED RESTORATION ORDERS BY MONTH COURT ORDER SIGNED <sup>1</sup>							
MONTH	Court Orders Signed <sup>1</sup>	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <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>
Jul-20	0	0	n/a	0	n/a	0	n/a
Aug-20	2	2	100 %	2	100 %	2	100 %
Sep-20	2	2	100 %	2	100 %	2	100 %
Oct-20	0	0	n/a	0	n/a	0	n/a
Nov-20	0	0	n/a	0	n/a	0	n/a
Dec-20	1	1	100 %	1	100 %	1	100 %

<sup>1</sup>The OCRP was implemented July 1, 2020. The data are pulled from the BHA Forensic Data System and Navigator Case Management System and based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>**Court Orders Signed** is the number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<sup>3</sup>The following data elements exclude periods of waiting for competency services in jail that have not yet ended: orders completed and percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>4</sup>According to the Settlement Agreement, “For criminal defendants waiting in jail, an offer of admission to the community outpatient restoration services program will occur within the constitutional timelines for restoration as outlined by the Federal Court.” Therefore, this table captures the 3 compliance deadlines captured for inpatient competency restoration: 1) number and percent completed within 7 days from court order signature date (as stipulated from April 2015 to April 2017) and 2) number and percent of orders completed within 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail) and 3) the number and percent of all orders completed within either of two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date) (from May 2017 onward as outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389).

## RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

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The state's 2017-19 operating budget appropriated \$51 million for implementation of efforts to improve timeliness of competency restoration services pursuant to Chapter 5, Laws of 2015 (SSB 5889). The budget funded an additional 30-bed forensic ward in Fiscal Year (FY) 2019, by converting one 30-bed civil ward. The Forensic ward re-opened in May 2018.

On January 25, 2018, Judge Pechman approved contempt fine funds to remodel Building 27. This resulted in the 30-bed FSCRП opening on WSH's campus in August 2019. The state's FY'19 supplemental operating budget provided the funding to operate FSCRП.

The FY 2018 supplemental capital budget included \$6.5 million to renovate ESH's 1N3 and 3N3 wards to provide another 50 forensic beds at ESH. It also included \$10.5 million in the 2017-19 biennium and proposed \$9.6 million in the 2019-21 biennium for pre-design, design, and renovation of WSH Building 29 to support closure and renovation of 60 civil beds into 42 additional forensic beds. Eventually 40 beds were built due to the necessity of including seclusion rooms in the wards.

DSHS, the HCA and the Washington State Criminal Justice Training Commission (CJTC) received the funding below that will benefit implementation of the contempt settlement agreement approved in the Trueblood et al. v. DSHS lawsuit. Phase 1 of the settlement's phased agreement covers Pierce, Southwest, and the Spokane regions. This agreement outlines five key areas of investment: competency evaluations, competency restoration, crisis diversion and supports, education and training, and workforce development (all funding below is for the 2019-2021 biennium unless otherwise noted).

1. Administration: \$2.5 million for staff at DSHS and HCA to administer the contempt settlement agreement;
2. Competency evaluation: \$5 million for 18 competency evaluators at DSHS (13 in FY'20 and 5 in FY'21);
3. Competency restoration: \$1.89 million to HCA for OCRP; programs are active in the three Phase 1 regions;
4. Crisis services: \$10.23 million to HCA for expanded triage, stabilization, and mobile diversion services;
5. Diversion support: \$11 million to HCA to divert individuals with behavioral health issues from the criminal court system for misdemeanor crimes; funding for crisis triage, OCR services, and housing supports;
6. Engagement and Outreach: \$4.7 million to HCA for services identified to clients through comprehensive predictive data modeling; allows supportive FPATH outreach teams to connect high utilizers to services;
7. Housing supports: \$6.4 million to HCA's FHARPS teams for housing services and transitional housing vouchers for referrals from OCRP, FPATH, other Trueblood services, and transitioning from crisis services.

8. Technical assistance to jails & workforce development: \$1.28 million to DSHS for staff to provide technical assistance and training to jails, and to provide dedicated support to workforce development activities;
9. \$2.2 million to DSHS to fund nine forensic navigators, a new position/program established in the settlement agreement. Navigators' work began in the Phase 1 regions on July 1, 2020;
10. \$400,000 and one position to HCA to develop an enhanced continuing education curriculum for certified peer counselors covering the criminal court system; focuses on curriculum development, training materials, and training costs;
11. \$899,000 for the CJTC to provide crisis intervention training to law enforcement agencies; \$4 million to CJTC to fund the Washington Association of Sheriffs & Police Chiefs co-responders.

### **2021-2023 BIENNIAL BUDGET PROCESS FOR TRUEBLOOD AGREED SETTLEMENT**

The COVID-19 pandemic emerged in Washington state in February 2020 and resulted in quarantines and economic closures to mitigate the virus, which also decreased state revenue such that the Office of Financial Management (OFM) mandated that Governor led executive agencies propose and enact 15 percent budget reductions as soon as possible. Generally, budget cuts impacting Trueblood-related programs were limited to temporary staff furloughs.

Trueblood partner agencies have submitted their 2021-2023 biennium budget requests to OFM for evaluation and potential inclusion in the Governor's biennial budget proposal to the legislature that will be released in mid-December. Enacted maintenance funding for current programs and potential funding for new requests may become available to this monthly report as soon as May 2021.

### **NEED PROJECTIONS AND BED CAPACITY**

In June 2017, Judge Pechman directed the Court Monitor to have a competency services bed need study conducted to illustrate patient demand and bed need, to ultimately determine the feasibility, timeframe, compliance with court orders, and to measure the impact of community-based competency evaluation on the demand for inpatient competency evaluation and restoration beds. The TriWest Group was selected as the contractor to complete this work. The Court Monitor provided DSHS the draft report on October 3, 2018. DSHS received the finalized report via webinar on December 10, 2018.

## TRUEBLOOD KEY ACCOMPLISHMENTS – DECEMBER 2020

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Talent Acquisition program staff Business Managers continue to support hiring needs associated with FSCRCP.

### **RECRUITING**

The recruiting numbers presented below are from December.

Applicants presented to Eastern State Hospital for consideration are indicated below:

- Mental Health Technicians – 49 presented
- Psychiatric Security Attendant – 16 presented
- LPN's – 2 presented
- Psychologist – 1 presented
- RN's – 12 presented
- Psychiatrist – 1 presented
- Physician – 2 presented
- Psychology Associate – 7 presented
- Institutional Counselor – 11 presented

Applicants presented to Western State Hospital for consideration are indicated below:

- Psychiatrist – 2 presented
- RN's – 24 presented
- LPN's – 20 presented
- Psychiatric Social Worker – 11 presented
- Psychiatric Security Attendant – 69 presented
- Psychiatric Security Nurse – 15 presented
- Institution Counselors – 60 presented
- Psychologist – 2 presented

Applicants presented to FSCRCP for consideration are indicated below:

- Psychologist – 1 presented

Applicants presented for statewide consideration are indicated below:

- Psychologist (Forensic Evaluators) – 5 presented

**RESIDENTIAL TREATMENT FACILITIES (RTF's) DATA**

This section presents monthly data for the current month and the trailing year (13-months), with a year-over-year average comparison. All three RTF's: Yakima, Maple Lane, and FSCRCP are presented in their own table, Tables 15-17 in this section of the report.

**Table 15. Monthly RTF Data for Yakima**

Data Elements	Dec-19	2019 Avg	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020 Avg
Census (last day of month)	21	22.83	21	23	23	20	19	20	19	18	20	20	20	19	20.17
Total patients admitted	6	11.00	12	10	10	6	5	8	8	7	7	9	4	6	7.67
Completed and found competent (1st Restoration) *	5	6.50	5	5	6	8	4	3	4	5	2	7	2	2	4.42
Not likely restorable (transported back to jail)	0	0.75	2	2	0	0	0	2	1	0	1	0	0	1	0.75
Court Order lapsed (Transported back to Jail) **	2	1.58	2	0	2	0	0	1	0	1	0	0	0	0	0.50
Felony patients completed and found not likely restorable (1st Restoration)	0	0.00	0	0	0	0	0	0	0	0	0	0	0	2	0.17
Misdemeanor patients not restored (no further treatment by law)	0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Total transferred to State Hospital	1	1.75	4	1	3	1	2	1	3	2	2	1	2	2	2.00
For physical aggression	1	0.50	1	1	0	0	0	0	1	1	0	1	0	1	0.50
For sexually inappropriate behavior	0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0.00
For medical reasons	0	1.08	1	0	2	0	0	0	1	0	0	0	1	0	0.42
Due to court ordered treatment at SH	0	0.08	0	0	0	1	2	1	1	1	1	0	1	1	0.75
Other ***	0	0.08	2	0	1	0	0	0	1	0	1	0	0	0	0.42
Total patients eloped	0	0.00	0	0	0	0	0	0	0	1	0	0	0	0	0.08
Total recommended for early evaluation	0	1.50	1	3	5	3	2	2	2	2	1	3	0	0	2.00
Total recommended for 2nd 90-day order	5	3.00	1	3	3	5	4	3	3	3	2	5	3	5	3.33
Total recommended for 3rd 90-day order	0	0.17	1	0	0	0	0	0	0	0	0	0	0	0	0.08

\* Discharge was for a resident opined competent in jail and YCRC was not notified until after transporting him. Transport was scheduled the next day for pick up.

\*\* Patient was transported back to jail for Sell hearing. Case was dismissed and defendant was released.

\*\*\* Transfer to MLCRP for interpreter services YCRC is unable to provide.

**Table 16. Monthly RTF Data for Maple Lane**

Data Elements	Dec-19	2019 Avg	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020 Avg
Census (last day of month)	25	27.83	28	28	22	22	19	14	20	18	22	22	25	23	21.92
Total patients admitted	10	13.08	17	11	12	7	9	4	16	8	16	12	8	11	10.92
Completed and found competent (1st Restoration)	4	5.08	8	6	8	4	7	6	5	6	5	6	2	11	6.17
Not likely restorable (transported back to jail)	1	1.33	0	3	2	0	1	1	0	0	1	0	1	1	0.83
Court Order lapsed (Transported back to Jail)	0	0.00	0	0	0	0	0	0	0	0	0	1	0	0	0.08
Felony patients completed and found not likely restorable (1st Restoration)	0	0.25	0	1	0	0	0	1	0	0	0	0	0	0	0.17
Misdemeanor patients not restored (no further treatment by law)	1	1.67	0	0	1	1	0	1	0	2	4	0	1	1	0.92
Total transferred to State Hospital	1	1.50	2	0	0	0	1	0	0	1	1	1	0	0	0.50
For physical aggression	0	1.00	1	0	0	0	0	0	0	1	0	1	0	0	0.25
For sexually inappropriate behavior	0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0.00
For medical reasons	1	0.25	1	0	0	0	0	0	0	0	1	0	0	0	0.17
Due to court ordered treatment at SH	0	0.08	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Other	0	0.17	0	0	0	0	1	0	0	0	0	0	0	0	0.08
Total patients eloped	0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Total recommended for early evaluation	3	3.17	2	4	4	2	0	2	0	0	2	2	0	4	1.83
Total recommended for 2nd 90-day order	6	4.08	1	6	1	3	1	2	0	4	0	3	4	3	2.33
Total recommended for 3rd 90-day order	1	0.67	0	0	0	0	0	0	0	0	0	0	0	0	0.00

**Table 17. Monthly RTF Data for Fort Steilacoom**

Data Elements *	Dec-19	2019 Avg	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	2020 Avg
Census (last day of month)	23	11.80	25	21	15	19	21	19	19	18	20	25	25	20	20.58
Total patients admitted	15	7.80	14	8	4	7	5	6	7	9	10	11	5	4	7.50
Completed and found competent (1st Restoration)	7	1.80	8	5	2	4	2	6	3	2	2	2	1	3	3.33
Not likely restorable (transported back to jail)	0	0.20	0	2	1	0	0	0	0	0	1	2	1	1	0.67
Court Order lapsed (Transported back to Jail)	6	1.60	0	0	0	0	0	0	0	1	1	0	0	0	0.17
Felony patients completed and found not likely restorable (1st Restoration)	0	0.20	3	2	1	0	0	0	1	1	0	2	1	1	1.00
Misdemeanor patients not restored (no further treatment by law)	1	0.20	0	0	0	0	0	0	1	0	2	0	1	0	0.33
Total transferred to State Hospital	1	0.60	0	4	5	0	1	3	1	1	2	0	2	4	1.92
For physical aggression	1	0.20	0	3	2	0	1	3	1	1	0	0	0	1	1.00
For sexually inappropriate behavior	0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0.00
For medical reasons	0	0.20	0	0	1	0	0	0	0	0	0	0	0	0	0.08
Due to court ordered treatment at SH	0	0.00	0	0	0	0	0	0	0	0	1	0	2	3	0.50
Other	0	0.20	0	0	2	0	0	0	0	0	1	0	0	0	0.25
Total patients eloped	0	0.00	0	0	0	0	0	0	0	1	1	0	0	0	0.17
Total recommended for early evaluation	0	0.00	0	0	0	0	0	0	1	0	0	1	0	1	0.25
Total recommended for 2nd 90-day order	0	1.00	2	3	1	2	2	3	2	1	1	2	6	2	2.25
Total recommended for 3rd 90-day order	0	0.00	0	0	0	0	2	0	1	0	0	0	0	0	0.25

\* FSCRCP began admitting patients on August 28, 2019

**TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED – DECEMBER 2020**

The table below shows implementation steps taken and planned and is updated for the current reporting period.

**Table 18. Trueblood Implementation Steps**

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
<b>Court Appointed Monitor Coordination</b>				
Monthly reports	Released December 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>	Release of December report to stakeholders completed.
<b>Legislative Coordination</b>				
Implement Engrossed Substitute Senate Bill 6656: Funding applications.	Apply for funding from the Office of Financial Management from the Governor's Behavioral Health Innovation Fund relating to the state hospitals' forensic systems.	Complete	<ul style="list-style-type: none"> <li>• 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,</li> </ul>	<p>The Select Committee for Quality Improvement in State Hospitals met on October 30, 2017 and on December 15, 2017. During the December 15, 2017 meeting, the Department presented material on the three prosecutorial diversion programs funded in FY '18. Additionally, the Court Monitor provided an overview and update on the eight programs that received Trueblood fine money for diversion services.</p> <p>In 2018, during the months of January, February, March, May, June, August, September, November, and December, no hearings were scheduled. Meetings were held on the following dates: April 18, July 24, and October 18, 2018.</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
			<p>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 consultant’s report was due to the Governor and Legislature by Oct. 1, 2016.</p> <ul style="list-style-type: none"> <li>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 consultant’s report was due to the Governor and</li> </ul>	<p>In 2019, the first meeting of the year was held on January 7, 2019 with an agenda (and other meeting materials) found here: <a href="https://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-state-hospitals">https://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-state-hospitals</a></p> <p>The committee sunset on July 1, 2019.</p> <p>The Behavioral Health Recovery System Transformation (BHRST) committee was convened after July 1, 2019, likely conducting similar work as the Select Committee. No meetings were scheduled in the months of July or August. The committee first met on September 26, 2019. A second meeting was held on November 12, 2019.</p> <p>No meeting was scheduled in December 2019 or January 2020 with the Legislative session beginning on January 13, 2020. Additionally, no meetings were scheduled for February through August. A meeting of the BHRST committee occurred on September 25, 2020 and a follow-up meeting scheduled on October 23, 2020. The agenda and other meeting materials can be found here for the October 23<sup>rd</sup> meeting:</p> <p><a href="https://app.leg.wa.gov/committeeschedules/Home/Documents/28006?//29870/01-01-2020/11-15-2020/Agenda///Bill/">https://app.leg.wa.gov/committeeschedules/Home/Documents/28006?//29870/01-01-2020/11-15-2020/Agenda///Bill/</a></p>

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			<p>Legislature by Oct. 1, 2016.</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p>A meeting was not scheduled for November or December 2020.</p>

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<p>Consult with key partners and stakeholders, including out of state agencies, regarding potential legislation, potential certification of forensic evaluators, and other opportunities to enhance quality assurance.</p>	<p>Consult key partners including out of state agencies.</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>Consultation with other states regarding certification of forensic evaluators continues through periodic videoconferences and follow-up contacts with key staff in other states. Information from these sessions will be shared with OFMHS leadership to discuss next steps. A meeting will be scheduled in January 2021.</p>

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<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</li> </ul>	<p>DSHS scheduled a demand to bargain on extra-duty pay for the month of October at labor’s request. The demand to bargain led to the agreement to form a workgroup to explore wording changes that best fit the work of the forensic evaluators. This workgroup will be meeting in the month of December to produce recommendations for discussion in January 2021.</p>

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			forensic and civil beds.	
<b>Data Collection and Fiscal Modeling</b>				
Monthly report data collection	Identify and obtain needed data.	Complete	<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. The Forensic Data System (FDS) technical team continues to meet bi-monthly with program (OFMHS) and data (Research and Data Analysis (RDA)). Reporting needs are identified, ran through change control, and implemented as needed. This process is operationalized.
Institute data audit process.	Review data and files of cases with anomalies and identify trends.	Complete	<ul style="list-style-type: none"> <li>Ensure completeness and accuracy of wait list data.</li> </ul>	Data validation process is ongoing. IT project team, and RDA analysts, researched data anomalies to determine the cause, impact, and remediation required.
Forensic Data System design/development	Analyze legacy applications data quality for potential data migration.	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</li> </ul>	The project team continues to support the FDS, its users, and RDA to streamline the reporting process out of the new system.

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			<p>(whichever is later).</p> <ul style="list-style-type: none"> <li>• Provided capability for access by evaluators to client status changes, regardless of location, to reduce delays.</li> <li>• Provided a single platform for quality reporting, eliminating the variability currently inherent in leveraging legacy applications not meant for this purpose.</li> </ul>	
<p>FDS Post-implementation Processes</p>	<p>Data migration clean-up</p>	<p>In Process</p>	<ul style="list-style-type: none"> <li>• Some migrated data contained historical elements that needed to be</li> </ul>	<p>Governance has deferred the load of the data sets from legacy systems. RDA is working on a dataset that might provide a better lookup for evaluators. That dataset will be reviewed when ready.</p>

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	Usability	Complete	<p>cleaned up in the new system.</p> <ul style="list-style-type: none"> <li>The system contains modules that align with roles of forensic activities and allows for controlled access by those same user roles. This controlled access prevents users from easily seeing activity for a court order that crosses many modules.</li> <li>Modify search screens to reveal all court orders for individual clients.</li> <li>To streamline the admissions process, create refined report for inpatient movement (Due</li> </ul>	<p>The IT project team has modified search screens to show a more complete snapshot of the court order which has eliminated the barriers resulting from role based access. Roles are still limited in what data may be edited.</p> <p>System now directs users to all court orders for a client, including the client’s aliases.</p> <p>The Due In/Due Out Report has been modified to contain the essential fields for the hospital admission coordinators. Additional requirements will be gathered to best meet the needs of admission coordinators.</p>

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	System data issues	Complete	<p>In/Due Out Report).</p> <ul style="list-style-type: none"> <li>• Improve data integrity (date client status effectively changed, Forensic Evaluation Completion, Due In Date and Due Out Date)</li> <li>• Resolve missing data (CINs)</li> <li>• Built ability to link queues, status start dates and status due dates to changes in client data, delay reasons and good cause extensions to changes in client status.</li> </ul>	<p>Client Status History table has been added to the database and user interface, user interface has been updated to capture updated Court Order Due Date for Forensic Evaluation Completion.</p> <p>New Client Identification Number confirmer has been trained, and we are requesting access to additional secondary systems for identifying clients.</p> <p>New structure for capturing client status has been released to users on April 17, 2019.</p>
	RDA reporting issues	Complete	<ul style="list-style-type: none"> <li>• Ensure RDA is accounting for all/ correct elements when building reports.</li> </ul>	<p>RDA has expertise in the legacy database schemas and the court requirements. The IT project team has expertise in the new FDS schema and will continue to transfer that expertise to RDA.</p>

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<b>Human Resources</b>				
Hire OFMHS HQ positions.	Hire and onboard.	Complete	<ul style="list-style-type: none"> <li>Provide infrastructure for forensic services system and improve effective and timely provision of competency services.</li> </ul>	All 18 new positions added for Fiscal Year 20-21 have been filled. In November, several interviews were completed and two offers made. One offer was accepted in November with a start date on January 4, 2021. The second offer was accepted with a start date in February. Recruiting continues to fill the remaining vacant evaluator position. The supervisor position for the east side started on November 16, 2020, and the Seattle supervisor position was also filled with a start date of January 1, 2021
Hire additional hospital ward staff.	Conduct targeted hiring events.	In progress	<ul style="list-style-type: none"> <li>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.</li> </ul>	Talent Acquisition recruiting efforts continue.  <b>See page 33 for additional details on recruiting.</b>
	Pursue contracting			
<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>	Most evaluations at outstation sites and all evaluations at RTFs have been conducted by telehealth to reduce COVID-19 exposure risk for all parties. The system used for the tele-evals is able to accommodate interpreter services and attorney requirements to be present. Data regarding the number of tele-evals is now more accurate due to improvements in FDS.
	Outstation sites operational	Complete		

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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>	<p>Quarterly stakeholder meetings continue to occur with partners. Recently, an additional monthly meeting with Pierce County was added to address outpatient restoration and forensic navigator progresses. The ongoing larger stakeholder meeting in Pierce continues with the most recent meeting on December 16. The next meeting will be held January 21.</p> <p>OFMHS is now partnering with King County’s Department of Behavioral Health and Recovery to convene a group to address issues related to Trueblood class members. This group has met monthly since May 2019, with the most recent meeting occurring on December 14, 2020. The next meeting is set for January 25, 2021. Participants include police, behavioral health providers, shelter services, prosecutors, defenders, DRW, DSHS, and more.</p>
Continue current county-conducted evaluation system until 2018.	Establish quality criteria for evaluation reports.	Ongoing	<ul style="list-style-type: none"> <li>Obtain data needed from counties in order to meet Court ordered reporting requirements.</li> </ul>	<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 Q4 2020, 79.4-percent of forensic evaluators had competency evaluation reports audited by supervisors. A total of 97 competency evaluation reports were reviewed in Q4 2020. Q1 2021 data will be available in April 2021.</p>

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Explore and pursue triage system possibilities.	Roll out Phase 2.	In progress	<ul style="list-style-type: none"> <li>Establish an efficient evaluation to identify individuals who need Inpatient services due to a serious mental health condition; who clearly do not require inpatient evaluation services; or who are clearly competent due to changes in their condition since the issuance of an order for evaluation (i.e., no longer drug affected).</li> </ul>	<p>As of November 30, 2020, OFMHS has received 480 triage referrals from jail staff/defense. Of those referrals, 288 were approved, 130 of the referrals were denied, and 62 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. Since tracking began, approximately 2,420 calls have been made including 21 calls to jails in December.</p>
Develop Telehealth video-conferencing systems to assist in the completion of evaluations.	State-wide implementation and utilization of technology.	Ongoing	<ul style="list-style-type: none"> <li>Establishing this technology in multiple locations around the state (especially in rural areas) will allow OFMHS to conduct more</li> </ul>	<p>The pilot evaluation of the video-conferencing (VC) system was completed in February 2019 with 50 evaluations. The VC program is now in operational mode and continues at two of the pre-existing sites (two county jails). OFMHS provided two training seminars on the topic in 2019.</p>

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			<p>evaluations, thereby helping to meet Court ordered requirements.</p>	<p>Jennifer Popchockhakim, work force development staff member in OFMHS, is now point person on VC expansion and its feasibility. OFMHS continues to educate courts and jails on this technology to generate greater interest in and utilization of this technology. With the COVID-19 pandemic, and high levels of infection in many Washington state counties, video technology is seeing more interest from jails and other entities seeking to continue evaluations while minimizing physical contact/proximity of clients and staff.</p> <p>OFMHS has reached out to 24 westside and 21 eastside jails to expand the use of the VC system. The westside jails include city and county jails in Skagit, Issaquah, Puyallup, King (King County Correctional Facility, and Maleng Regional Justice Center), South Correctional Entity (SCORE) in Des Moines, Klickitat, Skamania, San Juan, Kitsap, Kent, Pierce, Thurston, Mason, Lewis, Aberdeen, Grays Harbor, Whatcom, Clallam, Wahkiakum, Jefferson, Pacific, Cowlitz, and Clark. Working systems have been established in County jails in Thurston County, Kitsap County, Klickitat County, Clallam County, Wahkiakum County, Whatcom County, and in the Puyallup, SCORE, Kent, Issaquah, and Aberdeen jails. These add to existing connections established earlier in Snohomish, and Island Counties. OFMHS continues to work towards initiating the system with the other facilities.</p>

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				<p>The jails on the eastside include county jails in, Spokane, Stevens, Ferry, Okanogan, Pend Oreille, Chelan, Kittitas, Grant, Benton, Douglas, Walla Walla, Franklin, Adams, Whitman, Lincoln, Columbia, Garfield, Asotin, and Yakima city jail, the Airway Heights Correctional Center, the Colville Tribes Corrections Detention Facility. Working systems have been established in the Spokane, Ferry, Benton, Franklin, Grant, Okanogan, Whitman, and Stevens County jails, Yakima City Jail, and the Colville Tribes Corrections Detention Facility. Yakima County jail remains operational as an original pilot site. OFMHS continues to work with several jails and to provide ongoing support to the operational systems and to come up with workable solutions for some jails hampered by inadequate Wi-Fi.</p> <p>Technical support is ongoing for established VC systems at Western State Hospital, Maple Lane, and Yakima.</p> <p>Since August 2018, more than 1,200 video conferences have been authorized by court order. Fewer than 2.0% of attempts have been rejected by the client’s attorney. Less than 1.0% of attempts were rejected by the client. For calendar year 2020, video conferences averaged more than 80 evaluations per month. This data is mature through December 2020.</p>

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<b>Competency Restoration</b>				
SH addition 45 beds	Bed occupancy with forensic patients.	Complete	<ul style="list-style-type: none"> <li>Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements.</li> </ul>	<p>Previously, the Legislature funded conversion of a civil ward to a 30-patient forensic ward. South Hall 10 re-opened in May 2018 and is serving NGRI patients who are ready to begin transitioning to the community.</p> <p>The Legislature funded this request to operate 45 additional beds in building 27 FSCRП and the South Hall 5 (S5) ward. The initial FY 2018 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></p> <p>Forensic 3 (F3) opened in June 2018 as another forensic admissions ward. F3 adds capacity for a less acute admission/restoration program. S5 expanded from 15 beds to 30. S5 reached full patient capacity in fall 2018.</p> <p>As of January 25, FSCRП has a census of 20. FSCRП is at its 25 census. Due to COVID-19, the census is capped at 25 to allow social distancing in groups and at meals.</p>

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<p>WSH addition 40 beds</p>	<p>Bed occupancy with forensic patients.</p>	<p>In Progress</p>	<ul style="list-style-type: none"> <li>Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements.</li> </ul>	<p>In the 2017-19 budget, the Legislature allotted funding for the conversion of 60 beds from civil to 42 forensic beds on two wards at Western State Hospital per the settlement.</p> <p>WSH is beginning the conversion of current staff positions to fill positions on the new CFS E3/E4 Wards (<i>Trueblood</i>). Schedules are currently being reviewed for final installation of furniture, equipment and supplies. The final configuration of the two wards will result in 40 new beds instead of 42, in order to accommodate a seclusion room on each ward.</p> <p>Additional delays are occurring in construction because of limitations being experienced by the contractor, a disruption in supply chain deliveries including materials, and availability of workforce. The contractor is operating at 50 percent of the pre-COVID-19 workforce, and the plumbing sub-contractor is also significantly affected by staffing delays. Construction is proceeding, and at this time, the final date of completion is primarily impacted by a materials shortage and delay in receiving the necessary materials. It should be noted the state of emergencies declarations have been careful to keep both WSH and ESH included in the essential construction categories, but that has not fully mitigated these disruptions. As a result, the Court granted an extension of time allowing additional time to complete construction and open the new wards to patients. Occupancy is expected to be</p>

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				<p>granted and patients accepted into the new wards in February.</p> <p>As of January 29, 2021, WSH has had 100 clients and 205 staff infected with COVID-19. Three clients have died as a result of COVID-19. COVID-19 outbreaks have curtailed admissions, at times, and have added significant complexities to our care for clients.</p>
<p>ESH addition of 50 beds</p>	<p>Bed occupancy with forensic patients.</p>	<p>Complete</p>	<ul style="list-style-type: none"> <li>Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements.</li> </ul>	<p>The legislature funded, in the 2019-2021 biennial budget (for purposes of the Trueblood contempt settlement agreement), additional forensic bed capacity.</p> <p>Over \$24 million was allocated to DSHS for the addition of forensic bed capacity at ESH. These funds support two new 25-bed competency restoration units at ESH.</p> <p>The installation of equipment, supplies, and the final walk through at E3/E4 and 1N3/3N3 successfully occurred in early August.</p> <p>The ongoing COVID-19 emergency impacted construction activities. Toward the end of construction, notable impacts included:</p> <p>Although ESH beds had been fully on track for completion within the timeframe, the contractor invoked the force majeure clause (citing the</p>

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				<p>“pandemic” term) to suspend work. It should be noted the state of emergencies declarations were careful to keep both WSH and ESH included in the essential construction categories, but that did not fully mitigate disruptions. As a result, the Court granted an extension of time, which allowed additional time to complete construction and open the new wards to patients.</p> <p>Ward 1N3 opened on June 1. Ward 3N3 opened on August 3. A recent outbreak of COVID-19, infecting a total of 98 staff and 28 clients, as of January 29, 2021, has significantly slowed patient admissions. As a result of COVID-19, each ward is limited to a maximum of 23 patients.</p>
<p>Provide Restoration Treatment at MLCRP.</p>	<p>Restore patients to competency.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>• To meet or exceed the restoration rates at both state hospitals.</li> <li>• Hard closure date set for June 30, 2024 unless the trigger event occurs.</li> </ul>	<p><b>Also, see data Table 16 on page 35.</b></p> <p>The Length of Stay data pulled on January 7, 2021 shows that restoration patients on 45-day orders at MLCRP stay longer than patients at the other two RTF’s on 45-day orders. MLCRP’s numbers are comparable with WSH and ESH.</p>

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Provide Restoration Treatment at YCRP.	Restore patients to competency.	Ongoing	<ul style="list-style-type: none"> <li>To meet or exceed the restoration rates at both state hospitals.</li> <li>Hard closure date set for December 31, 2021 unless the trigger event occurs.</li> </ul>	<p><b>Also, see data Table 15 on page 34.</b></p> <p>As for the Length of Stay report that was pulled on January 7, 2021, the Yakima program has the shortest Length of Stay for first 45 day orders. They have a longer length of stay for First 90 day orders compared to the other two RTF's. The program is meeting the restoration rates of both state hospitals. Until late January, admissions have been on hold at Yakima due to a COVID-19 outbreak.</p>
Provide Restoration Treatment at FSCR. P.	Open Building 27.	Complete	<ul style="list-style-type: none"> <li>Identify alternate facility capacity to meet Trueblood compliance.</li> <li>Collaborate with Court parties to open the facility.</li> </ul>	<p>Our DSHS Medical Director, Dr. Waiblinger is filling in as the interim FSCR. P. Medical Director. As of November 13, 2020, the census was at 24. Due to COVID-19, the census will be capped at 25 to allow social distancing in groups and at meals.</p> <p>On October 5, the Psychiatric ARNP had completed WSH and OFMHS' NEO training and had started working in the unit. Dr. Waiblinger will be mentoring her since this is her first appointment as a Psychiatric ARNP. The program will be recruiting for a half-time psychiatrist since Dr. Waiblinger is only allotted to work in the program 0.40 FTE.</p> <p>The recruitment for the half-time psychiatrist is still being worked on. The PDF will have to go back through class and comp since it was originally allocated as a full-time position. Currently, the program has a Locums psychiatrist filling this role.</p>

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	Restore patients to competency.	Ongoing	<ul style="list-style-type: none"> <li>To meet or exceed the restoration rates at both state hospitals.</li> </ul>	<p><b>Also, see data Table 17 on page 35.</b></p> <p>As for the length of stay report pulled on January 7, 2021, FSCR is meeting the restoration rates of the other RTF's. They currently have the longest length of commitment for 180 day felony competency orders averaging 301-days. This quarter, WSH had a shorter stay for first 90-day orders compared to all three RTF's and ESH.</p>
Implementation of OCRPs	Diversion programs are operational.	Complete	<ul style="list-style-type: none"> <li>Development and implementation of OCRP in the Pierce, Spokane, and Southwest regions.</li> </ul>	<p>OCRCP was funded as part of the 2019-2021 biennial budget. This funding allowed for HCA to contract with community behavioral health providers in the Phase 1 regions through a Request for Information (RFI) and Request for Proposals (RFP) process that began in September 2019 and concluded with finalized contracts with an OCRCP provider in each Phase 1 implementation regions in April 2020. Contractors include: Frontier Behavioral Health (Spokane Region), Greater Lakes Mental Health (Pierce Region) and Lifeline Connections (Southwest Region).</p> <p>An OCRCP workgroup including staff from DSHS and HCA was convened in August 2019 that worked to develop a community-based program model for OCRCP, RFI and RFP language, community outreach and regional workgroup presentations, and procedural and policy language. The OCRCP workgroup has also developed policy language regarding removal from OCRCP to an inpatient level of care, transportation agreements, a policy for determining clinical appropriateness for OCRCP, and proposed WAC</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
				<p>language to govern the program. This workgroup is ongoing.</p> <p>HCA and DSHS have continually worked together to provide outreach and education to implementation regions. This outreach and education has included targeted events with implementation region courts. OCRP providers were also trained in the Breaking Barriers Competency Restoration Program. They received specialized training on how to work with individuals with intellectual and developmental disabilities, and they were able to visit FSCRCP to observe live treatment programming. The OCRP administrator and DSHS clinical staff provide ongoing technical assistance as well as ongoing outreach and education to Phase 1 and 2 regions.</p> <p>On July 1, 2020, two of the three implementation regions went live serving OCRP participants. The Southwest region had requested a delayed start date due to hiring challenges as a result of the Covid-19 pandemic. The Southwest region went live on September 1, 2020.</p> <p>As of December 31, 2020, 20 individuals have been ordered to receive OCRP services, with 9 of those removed from the program due to non-compliance. Reasons for non-compliance include: three returned to jail on new charges; four Conditional Release revoked due to decompensation or refusal to participate; and</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>one Charges Dismissed after returned to inpatient restoration.</p> <p>DSHS and HCA are working to identify and initiate program improvements to increase efficacy of OCRP. These improvements include: publications for use with participants and stakeholder groups to ensure accurate messaging is happening regarding OCRP; an OCRP Transition Plan has been developed to coordinate element involvement prior to a participant releasing from jail; HCA has requested that the Jail Technical Assistance training staff develop a training for jail staff on OCRP; quality assurance review will be completed on all OCRP removals to ensure policy and contract deliverables are being followed and to identify service gaps to inform program development.</p>
	<p>Diversion programs are operational.</p>	<p>Phase 2, July 2021 - June 2023</p>	<ul style="list-style-type: none"> <li>Development and implementation of OCRP in the King region.</li> </ul>	<p>HCA, in partnership with DSHS, is working to engage King County for Phase 2 of the <i>Trueblood</i> program implementation. Since March 2020, both HCA and DSHS have been participating in the King County Competency Continuum workgroup that includes membership from King County law enforcement, defense council, prosecution, judges, county staff, and advocates. HCA and DSHS will also be targeting community partner groups of court and jail staff to begin the stakeholding process for OCRP.</p>
<p>County transport of patients</p>	<p>Coordinate with counties to develop transport protocols.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>Ensure timely transport of patients to support delivery</li> </ul>	<p>No issues were raised during this reporting period concerning county transport of patients.</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
			of competency services as directed in court order.	
<b>Diversion Alternatives</b>				
Implement 2E2SSB 5177 (2015) provisions for dismissal of charges & referral to treatment.	Diversion programs are operational.	Ongoing	<ul style="list-style-type: none"> <li>Prosecutor can dismiss criminal charges without prejudice &amp; refer to community-based mental health services.</li> </ul>	OFMHS Liaison and Diversion Specialist will continue to monitor the programs and provide technical assistance as needed to address any barriers.

## FEBRUARY 8, 2016 COURT ORDER STATUS REPORT/UPDATES

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

**Table 19.** Court Order Status Updates

Requirements	Date	Status	Progress Notes
<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<sup>1</sup>:</b>			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016	Ongoing	<b>Refer to 3C. &amp; 4C. below.</b>
<b>2. Eliminate the backlog of class members currently waiting for in-jail evaluations<sup>2</sup>:</b>			
E. Completing evaluations for all backlog cases (any patient waiting more than 14 days at the end of the month <sup>3</sup> )	April 15, 2016	Ongoing	Of the 314 jail evaluation orders signed in November, 245 were completed within 14 days, which is 78.0%. This number is expected to rise as the data continue to mature.
<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:</b>			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016	Ongoing	For additional information, review the Task column in Table 18 labeled " <b>Explore and pursue triage system possibilities</b> " on page 47.
<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:</b>			
C. Reporting on the implementation and effectiveness of the triage plan in	Beginning April 15, 2016	Ongoing	For additional information, review the Task column in Table 18 labeled: " <b>Explore and pursue triage system possibilities</b> " on page 47.

<sup>1</sup> By agreement with the Court Monitor, long completed requirements 1.A. & 1.B. were removed from *Table 19* beginning with the April 2020 report.

<sup>2</sup> By agreement with the Court Monitor, long completed requirements 2.A. & 2.B. were removed from *Table 19* beginning with the April 2020 report, and 2.C. & 2.D. were removed from *Table 19* beginning with the May 2020 report.

<sup>3</sup> Under a previously completed section of this order, requirement 2.C., a targeted objective to recruit forensic evaluators, was satisfied.

Requirements	Date	Status	Progress Notes
Defendants' monthly reports to the Court Monitor			
<b>5. Report on the implementation status of the CMS Plan of Correction:</b>			
B. Reporting on the implementation status in Defendants' monthly reports to the Court Monitor	Beginning March 15, 2016	Ongoing	<p>DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services (CMS). 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.</p> <p>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>WSH was resurveyed May 2018 and did not meet all the Conditions of Participation (COP) with CMS. As of July 9, 2018, WSH was decertified. WSH continues to work using Functional Work Teams (FWTs) towards CMS certification.</p> <p>ESH remains accredited by The Joint Commission and CMS certified.</p> <p>The Legislature funded design of a new hospital, which will be required to meet all the COPs for CMS certification. Currently, this project is within the pre-design phase with aspects of the overall plan being developed. A draft design of the rough outline of the new building has been developed.</p> <p>As of late 2020, pre-design work for the new hospital is complete. The department submitted a legislative decision package requesting capital funding to advance the project through the full design phase.</p>

Requirements	Date	Status	Progress Notes
<b>6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS's terms of participation is achieved in March:</b>			
<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</p>	<p>Ongoing</p>	<p>DSHS entered into a second System Improvement Agreement with CMS. 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>WSH was resurveyed May 2018 and did not meet all the COP with CMS. As of July 9, 2018, WSH was decertified. WSH continues to work using Functional Work Teams (FWTs) towards CMS certification. PSHB Sec. 204 budgeted for the 30 beds at WSH and was completed prior to CMS decertification.</p> <p>The Legislature funded design of a new hospital, which will be required to meet all the COPs for CMS certification. Currently, this project is within the pre-design phase with aspects of the overall plan being developed. A draft design of the rough outline of the new building has been developed.</p> <p>As of late 2020, pre-design work for the new hospital is complete. The department submitted a legislative decision package requesting capital funding to advance the project through the full design phase.</p>

<i>Requirements</i>	<i>Date</i>	<i>Status</i>	<i>Progress Notes</i>
<b>8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds:</b>			
D. Executing contracts for implementation by the selected providers	April 15, 2016	Complete	Prosecutorial diversion was funded for fiscal year 2021 effective July 1, 2020 – June 30, 2021.
<b>10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system:</b>			
E. Implementing revisions to the existing system or initiating development of a new forensic data and management information system. The decision was to initiate new system development efforts.	January 2020	Complete	<p>Project governance has established a normal data / reporting meeting with RDA, OFMHS, and the project technical team.</p> <p>Data errors now generate RDA errors reports that are sent to OFMHS key personnel. Workflow issues are directed to OFMHS for adoption and technical issues are reviewed by the technical team for design changes.</p>

## 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 were submitted to the Court on August 15, 2016 and will be included in this report, when finalized each month, as Appendices J and K;*
- (2) Diversion plans – DSHS is ordered to develop, in consultation with the Court Monitor, plans for the expenditure of the contempt fines; and*
- (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 Tables 11-14.*

## 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, the department 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 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 Court Order, DSHS identified a series of necessary changes that will enable the department to comply with the Order, including 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; and*
- (10) Modify the current IT systems or develop a new database in which to maintain the information once all above steps are completed.*

DSHS implemented the FDS on August 1, 2018. Included in this design were the data elements needed to report to the courts. Included in the initial release is the implementation of the new forensic algorithm waitlist. Data was migrated from existing systems and provided the starting point for DSHS on August 1. The Project team continues to support the FDS, its users and the RDA unit to provide increased data granularity for reporting out of a new system.

The Forensic Advisory Committee (FAC) meets semi-monthly and provides business process clarification and recommendations to the technical team. The FAC will continue to meet to provide input during system optimization and future enhancements. Recommendations from the FAC may be referred to the Governance Committee when appropriate. The Governance Committee meets at least monthly to

monitor status and render final decisions on key topics. Governance also prioritizes the future functionality to ensure that the IT project work aligns with the needs of the Court and other stakeholders.

## APRIL 26, 2017 ORDER ADOPTING THE PARTIES’ MEDIATED SETTLEMENT AGREEMENT

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As indicated below, the April 26, 2017 order partially adopting the parties’ mediated settlement agreement, modified prior Court Orders regarding outreach, deadlines, and notification requirements specific to deadlines for evaluation and restoration services.

*Having reviewed the Joint Motion to Adopt the Mediated Settlement Agreement, Dkt. # 389, and discussed the proposed agreement with all Parties at the status hearings held on March 21, 2017 and April 18, 2017, the Court partially adopts the Agreement of the parties, and ORDERS that the prior orders of the Court are MODIFIED in the following manner:*

- (1) *Outreach: The Parties will jointly generate outreach documents to inform state courts of their statutory obligations to provide orders for competency services within twenty-four hours, as well as to inform the state courts of a summary of the Trueblood litigation and injunction. The Parties will jointly request the opportunity to present to Washington State judicial education programs and other outreach that the Parties jointly deem necessary to ensure third Parties are aware of their obligation to timely provide orders for competency services.*
- (2) *Deadline for in-jail evaluations: 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. Both sets of data will continue to be tracked in DSHS’ monthly reports.*
- (3) *Deadline for in-patient evaluation and restoration services: 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. Both sets of data will continue to be tracked in DSHS’ monthly reports.*
- (4) *Receipt of Order: When sent electronically, orders are deemed received as of the time they are electronically transmitted to the Department.*
- (5) *Trigger Point for Notice to Plaintiffs’ Counsel: If at any point in the future the percentage of orders received within 3 days of signature drops below the table 1 benchmarks for two consecutive months, the Parties shall meet and confer within 30 days to determine if there are factors within Defendants’ control that are causing delays in order transmission that can be changed and/or if there are factors beyond the Defendants’ direct control that the Parties can collaborate to influence in the direction of faster transmission of orders.*

**Table 1.** Percentage trigger for orders received within 3 days of signature

<b>Jail-based evaluation orders</b>	<b>93</b>
<b>Inpatient competency orders</b>	<b>85</b>

- (6) *Data Collection: Defendants will continue to track the data referenced in paragraphs 2, 3, and 5, above, and currently reflected in Appendix A of DSHS’ Monthly Reports. Additionally, when DSHS issues its monthly reports, it will simultaneously provide the data from Appendix A in Excel format to Plaintiffs.*

*The Court ORDERS that from this point forward, calculation of compliance with the Court’s Injunction, Dkt. #131, calculation of compliance with the Modified Injunction as to In-jail Evaluations, Dkt. #303, calculation of contempt under the Order of Contempt, Dkt. #289, and any other aspect of the Court’s prior rulings that are not consistent with the Agreement text set forth above, are MODIFIED to be in conformance with this Order.*

The enumerated orders above, especially numbers two, three, and five, can be viewed in data presented within the monthly *Trueblood* report or in data displayed in the appendices that follow. For item two, the applicable data can be reviewed in Appendix A, Tables 2, 5, 8. For item number three, the data can be viewed in Appendix A, Tables 3, 4a., 4b., 4c., 6, 7, 9, 10. Item number five’s data is viewable in the non-numbered tables available in Appendix H.

## APPENDICES

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***Appendices A-H: Data Tables; Class Member Evaluation/Restoration Information; Class Member Restoration Information for the Maple Lane, Yakima, Fort Steilacoom Programs, & Outpatient Competency Restoration Program; and Percent of Court Orders Received Within Three Days***

*This file is submitted with the DRAFT and FINAL reports and includes data tables as well as order received rate data.*

***Appendix I: Outliers and Delay Comments***

*This file is submitted with the DRAFT and FINAL report and contains the Outlier data and delay comments.*

***Appendix J: Calculation of Inpatient Contempt Fines***

*This file is submitted with the FINAL report only and contains the calculation of inpatient contempt fines data.*

***Appendix K: Calculation of Jail-Based Contempt Fines***

*This file is submitted with the FINAL report only and contains the calculation of in-jail contempt fines data.*

***Appendix L: Good Cause Exceptions***

*This file is submitted with the FINAL report only and contains the good cause extension request data.*